

# Keynote Forum





## Scott Stevens

Alcoholist.com, USA

### Look what dragged the cat in, Part II: Prioritizing the gateway drug

The decade of the 2010's shelled hospitals and first responders with an explosion of opioid-related illness, injury, and death. Preventable drug overdoses tallied 54,793 lives lost in 2016 – an increase of 391 percent since 1999. Accidental drug overdose deaths increased 327 percent over the same period. The majority of OD deaths (38,000) involve opioids. The drug category most frequently involved in opioid overdoses and growing at the fastest pace includes fentanyl, fentanyl analogs, and tramadol. The fentanyl category of opioids accounted for nearly half of opioid-related deaths.

Look What Dragged the Cat In: The Rise of an Opioid Crisis (aka Part I) presented in 2018 looked at the conclusive evidence that EVERY opioid related death is alcohol related. Part II uses data collected for the Monitoring the Future project at the University of Michigan along with results from the American Addiction Centers study on gateway drug use, behaviors, attitudes, and values. Alcohol was clearly the most common first substance used, the most widely consumed, and the one that was initiated the earliest-with some students reporting that their use began as early as the 5th grade. Researchers found that these children typically progressed to trying other illicit drugs in the following years. The notable contrast was children who had not tried alcohol by 12th grade and had almost never attempted using any other substance.

The abuse of drugs, regardless of classification, begins with the permissiveness granted the world's most lethal drug and third-leading cause of all preventable deaths: Alcohol. It's a straight line.

Nearly every non-muslim civilization on this rock has embraced alcohol. As a result, ours is largely a numbing society, especially in the sedation-happy Americas. This is the root. This is the seed of the opium trade that has gone unstemmed since prehistory. There is legit medical use for opium derivatives: What has driven growth is demand – not by the sick but by people who cannot get the mind alteration they desire through alcohol use alone.

Alcoholics and non-alcoholics alike drink the first drink for the same reason: To relieve a stress. In the U.S. which has a laissez faire agenda toward alcohol since its prohibition failure, the culture embraces a drinking lifestyle. Western culture normalizes alcohol use. In other words, we normalize drug use. What you ignore, you permit. What you permit, you condone.

The World Health Organization (WHO) indicates that alcohol use is the third leading preventable cause of death. Look what dragged the cat in: Part II looks at preventing or delaying first use.

In 1967, 72 percent of adult men smoked. Today, 72 percent don't. Prevention works. If there is genuine interest in healthy outcomes and preventing premature death from opioids, permissiveness of the starter or feeder or gateway or predecessor drug has to be addressed on five levels to reduce demand for all antecessor drugs. One of those ways is not legalizing recreational use of marijuana – no longer prioritized as the gateway drug, but a gateway nonetheless.

When we rethink the drink we can douse the pandemic that begat the current opioid crisis. Legislators and treatment experts must lead the transition from managing aftermaths of the current crisis to prevention of the next one. And phase out the ancient alcohol crisis – the elephant in the room – western culture ignores.

### **Biography**

Stevens is a journalist, posting regularly on health and alcohol issues for online news services and is a founding influencer at the world's largest medical portal, HealthTap. He blends intensive evidence-based research, wit, journalistic objectivity, blunt personal dialogue and no-nonsense business perspective in his five award-winning health and addiction books.

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2<sup>nd</sup> World Congress on

**ADVANCES IN ADDICTION SCIENCE AND MEDICINE**

&  
10<sup>th</sup> International Conference on

**DEMENTIA AND DEMENTIA CARE**

July 24-25, 2019 | Rome, Italy



## *Alberto de Bellis*

*Maria Rosaria Maglione Foundation Onlus, Italy*

### **Nerve growth factor & neuroprotection: State of the art**

**N**erve Growth Factor (NGF) is the founding member of the neurotrophins family of proteins, known for playing a critical protective role in the development and survival of sympathetic, sensory and basal forebrain cholinergic neurons in mammals, including humans. NGF has a neuroprotective action in Alzheimer's and Parkinson's disease, improves memory and reduces cognitive deficits, as showed by several studies in animal models and humans. NGF can be delivered to the Central Nervous System (CNS) via nasal route and has a neuroprotective action in case of neurodegenerative diseases and brain injury. Furthermore, recent studies have shown an active link between the nasal pathway and the spinal cord in the delivery of NGF to the CNS, thus demonstrating the neuroprotective ability of NGF to support injured neurons in a mouse model of spinal cord injury. Different ways of direct delivery of NGF to the CNS have been investigated in humans and animal models, including direct CNS infusion, gene therapy approaches, cell-based delivery using stem cells, and application of an encapsulated cell biodelivery device. All these approaches have the restriction of being invasive and invasive routes of administration are not optimal for clinical use. Intranasal delivery of NGF has so far been sufficiently investigated in animal models and only recently in humans, as demonstrated in a recent study on long-term intranasal administration of NGF in two patients affected by Frontotemporal dementia associated with corticobasal syndrome (FTD/CBS) and in another study on intranasal administration of NGF in a Brain Injury. These studies demonstrated the neuroprotective role of NGF administered nasally. Intranasal administration is the most effective and non-invasive way to deliver NGF to the CNS. These neuroprotective properties of NGF make it a strong candidate for the future treatment of neurodegenerative diseases and other pathologies of CNS (brain injury, spinal cord injury, ischemic damage) when administered via nasal route. NGF would not be able to cure the FTD/CBS but these observations support the hypothesis that NGF slows down the usual decline of the disease. However, these studies reinforce the concept that neurotrophins are able to reach and protect the CNS via nasal route and open the way for new lines of research. Hence, these findings suggest the ability of NGF to protect CNS neurons when administered via nasal spray.

#### **Biography**

Alberto de Bellis, Neurosurgeon, is the Founder and Chairman of Maria Rosaria Maglione Foundation onlus, non-profit organization for Neuroscience based in Naples-Italy. The MRM Foundation runs in honor of the founder's mother, Maria Rosaria Maglione, who suffers from Frontotemporal dementia. The activity of the MRM foundation is mainly aimed at research and health care for neurodegenerative diseases, brain tumors and spinal cord injury and in support of partner foundations operating in Kenya-Africa.

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## *Lynda Hacker Araoz*

*Columbia County Pathways to Recovery, USA*

### **Parents as resources for recovery: A view from the trenches**

Drug addiction has long been shrouded in stigma, supported by a prevailing negative profile of the user. In recent years thousands of people in recovery have shared their personal stories to help change that profile and reduce the stigma surrounding addiction. Yet stigma is attached not only to the individual user, but to his or her family as well. While there has been general agreement that addiction impacts all levels of society and that there is no “cookie cutter” approach to treatment for the user, there seems to be a reluctance to recognizing that dynamics within families also varies widely. The view that parents are enablers and that dysfunction within the family lies at the heart of addiction often is an impediment rather than an enhancement to treatment. Just as the challenges for treatment providers have changed over the years, models of treatment and perception need to change to adapt to the shifting landscape of drug usage.

Research indicates that family support contributes to positive treatment outcome and yet families continue to be ostracized from treatment and in some cases blamed for their child’s drug use. Just as we need to meet the user where is his recovery process, we also need to recognize the complex challenges faced by families trying to help a loved one on the pathway to recovery. Parents have much to contribute to the treatment process and should be viewed as resources, not as stumbling blocks to effective treatment.

#### **Biography**

Lynda Hacker Araoz has a master’s degree in both Clinical Social Work and English Literature and has worked as a Prevention Coordinator, adolescent/family therapist, Director of Support Services and faculty member at several colleges. She is also the author of **The Weight of a Feather: A Mother’s Journey through the Opiate Addiction Crisis**, released by Morgan James Publishing in November 2018. In her book, she vividly describes the impact of her son’s addiction on other family members as well as the trials along his road to recovery. She is currently a member of Friends of Recovery-NY, the Board of Directors of Columbia County Pathways to Recovery, CCPR help-line staff for parents and others looking for treatment options and college faculty at HVCC.

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# Jasminka Vuckovic-Kosanovic

Gambler's Help Services, Australia

## Gambling: The hidden disorder

**Statement of the Problem:** Gambling is common in Australian society – nearly 75 per cent of Australian adults gamble in any year. About 300,000 Australians have a gambling problem, but only 10 per cent of people with problematic gambling behaviour seek help. The hidden nature of gambling disorder has the minimal signs and symptoms concealing the level of severity associated with this condition subsequently causing significant dysfunction for individuals, and families.

**Findings:** Current research recognises that the course of the disorder can vary by type of gambling as well as life circumstances, and acknowledges the overwhelming evidence indicating its association with consistently high rates of comorbid psychopathology-particularly mood, anxiety, and substance use disorders; other impulse control disorders; bipolar disorder; and antisocial personality disorder. For instance, a meta-analysis of 11 population surveys found high mean prevalence for nicotine dependence (60.1%), a substance use disorder (57.5%), depressive disorders (37.9%), and anxiety disorders (37.4%).

**Theoretical Orientation:** As the largest Victorian service, Gambler's Help Southern (GHS) offers a range of evidence-based psychotherapeutic interventions often individually tailored and underpinned by Cognitive-Behaviour Therapy (CBT), minimal or brief interventions, Motivational Enhancement Therapies (MET), mindfulness-based therapies, group and couple therapies. Newly created interactive online video psychological interventions and prevention programs will be made available to individuals with problematic gambling behaviour, and families who are mostly new to treatment. Financial counselling delivers a range of interventions integrated with therapeutic and other services. GHS assists close to 2,000 people across Melbourne southern catchments per annum.

**Conclusion:** While psychological treatment approaches and interventions are essential to manage tertiary prevention of gambling, influencing public policy changes are equally necessary, supporting a range of strategies from prevention, health promotion and treatment, at individual, community, industry and government levels.

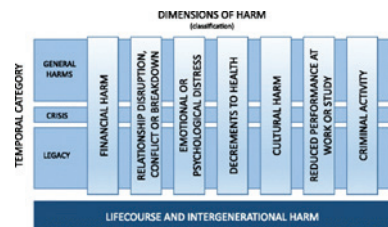


Figure 1: Conceptual Framework of Gambling Related Harm

## Biography

Jasminka Vuckovic-Kosanovic is the Clinical Manager of the Gambler's Help program, at Connect Health and Community, in Melbourne, Australia. She has made a significant contribution to community services in particular, designing and implementing early intervention programs in youth mental health and homelessness embedding trauma-informed care into clinical practice and service design. Her extensive clinical management experience in the community health sector has been brought to bear on clinical complexities of cognitive disability associated with acquired brain injury, childhood trauma and co-occurring gambling, mental health and other addictive disorders. She has implemented interactive online video psychological interventions and prevention programs for individuals with problematic gambling behaviour and families who are mostly new to treatment. She has a Masters of Global Health and Social Work, with her main interest in co-occurring mental health and addictive disorders, has prepared a number of paper presentations, and peer-reviewed articles on these topics.

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