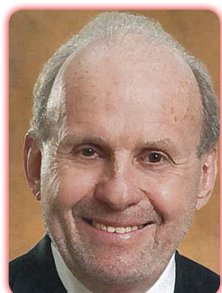


# Dual Diagnosis

July 18-19, 2016 Chicago, USA



**Norman S Miller**

Health Advocates PLLC, USA

## Marijuana and violence

As a Psychiatrist, Addiction Psychiatrist, Forensic Psychiatrist and Attorney, I gained a comprehensive perspective of the problems associated with opioid prescription medications. As the editor and author of the issue, I attempted to provide clinical and research experience and a comprehensive review of the available medical and scientific literature to the questions regarding efficacy for prescribing opioid medications for chronic pain. And why is the current policy to prescribe these medications on demand fueled by patients? This issue of Psychiatric Annals on prescription opioid medications answers the following questions: Why are opioid medications prescribed in large quantities and high frequency when there is little or no proven efficacy for their therapeutic value? Why are opioids the most commonly prescribed medication in the United States when their adverse consequences continue to grow and mount? Why does the medical profession continue to prescribe opioid medications that result in increased pain, psychiatric and medical disability, and even death? When the evidence is reviewed, there is minimal support for long-term prescribing of opioid medications. An extensive review of over 2,000 publications did not find evidence to justify opioid medication for chronic pain. In addition, there were few articles that researched addiction despite opioid medications' highly addicting pharmacologic properties. In fact, opioid addiction explains why doctors prescribe and patients consume opioids continuously with substantial risks of psychiatric and medical adverse consequences—and without benefit. The *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (*DSM-5*) provides for a diagnostic scheme for the frequent occurrence of substance or opioid-induced psychiatric disorders titled “Substance/Medication-Induced Depressive Disorder and Substance/Medication-Induced Anxiety Disorder.” In *DSM-5* the exclusionary criteria require accounting for psychiatric effects of opioid medications, such as depression and anxiety and withdrawal, before making diagnoses of depressive and anxiety disorders. The efficacy for prescribing opioid medications for chronic pain is not only limited by their highly addicting nature, but also by a paradoxical response—opioid-induced hyperalgesia. Surprisingly, opioids induce pain through increased pain sensitivity locally at the site of the lesions or diffusively at non-pathologic sites. Thus, efficacy is severely limited by mounting subjective pain induced by opioids. The engine that drives continued opioid use is, according to *DSM-5*, “Addictive and Opioid Use Disorders.” Opioid medications are scheduled medications defined by the Controlled Substance Laws as highly dangerous and addicting. The commonly prescribed opioid medications are schedule II, which Dr. Thomas Frieden, Director of the Centers for Disease Control and Prevention, recommends prescribing for no longer than 3 days except in extreme, justified cases due to their highly addicting nature.

## Biography

Norman S Miller, MD, JD, PLLC, is the Medical Director, Detoxification and Residential Programs, Bear River Health at Walloon Lake, and the President, Health Advocates PLLC. He is a Psychiatrist in East Lansing, Michigan and is affiliated with multiple hospitals in the area, including Covenant Medical Center and DMC Detroit Receiving Hospital. He received his medical degree from Howard University College of Medicine and has been in practice for 41 years. He is one of 6 doctors at Covenant Medical Center and one of 26 at DMC Detroit Receiving Hospital who specialize in Psychiatry..

[Norman.Miller@hc.msu.edu](mailto:Norman.Miller@hc.msu.edu)