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# Video Presentation

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## *Addiction 2019*



2<sup>nd</sup> International Conference on  
Addiction Research and Therapy  
May 13-14, 2019 | Prague, Czech Republic

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# Addiction Research and Therapy

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## **A retrospective chart review of Cranial Electrotherapy Stimulation for clients newly admitted to Residential Drug Treatment**

**Charles A Fisher**

Fisher Wallace Laboratories, USA

**C**ranial electrotherapy stimulation (CES) has been shown to produce improvements for insomnia, depression, and anxiety among individuals afflicted with these conditions both with and without primary substance abuse dependence. This report presents findings from a retrospective chart review examining the impact of CES on the retention rates of newly abstinent substance dependent individuals in community-based residential treatment. Clients who received CES sessions during their first month in residential treatment exhibited better retention rates during the first 30 days, as well as at 60 and 90 days in treatment, compared to

clients who did not receive CES. Sessions were well tolerated, and clients reported improved sleep and reduced stress.

### **Speaker Biography**

Charles A Fisher is a founder of Fisher Wallace Laboratories which is working to improve the awareness of cranial electrotherapy stimulation in the medical community and to reduce dependencies on medications. A drug-free device available through prescription from any health practitioner licensed for electrotherapy in the United States.

e: [chip@fisherwallace.com](mailto:chip@fisherwallace.com)

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# Accepted Abstracts

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## Genetic Addiction Risk Score (GARS®) with precision Pro-Dopamine Regulation matched to polymorphic risk alleles to combat Reward Deficiency Syndrome (RDS) including Substance Use Disorder (SUD) globally

**Kenneth Blum<sup>1,2</sup>, Marjorie C Gondré Lewis<sup>2,3</sup>, David Baron<sup>1,2</sup>, Lisa Lott<sup>2</sup>, Jessica Ponce-Rodriquez<sup>2</sup>, Mark Moran<sup>2</sup>, Lyle Fried<sup>4</sup> and Rajendra D Badgaiyan<sup>2,5</sup>**

<sup>1</sup>Western University, USA, <sup>2</sup>Geneus Health, USA, <sup>3</sup>Howard University, USA, <sup>4</sup>Translational Treatment Center, USA, <sup>5</sup>Ichan School of Medicine, USA

Research into the neurogenetic basis of addiction identified and characterized by Reward Deficiency Syndrome (RDS) includes all drug and non-drug addictive, obsessive and compulsive behaviours. This keynote presents a new model for the prevention and treatment of RDS behaviours based on objective biologic evidence. Currently, research directed toward improving treatment for highly drug-dependent patients in underserved populations is the basis of an NIH grant awarded to Kenneth Blum and Marjorie Gondré-Lewis. The grant explores utilization of the Genetic Addiction Risk Score (GARS) and the neuronutrient pro-dopamine regulator KB220. The development of GARS followed seminal research in 1990, whereby, Blum's group identified the first genetic association with severe alcoholism. The non-invasive GARS test identifies and measures the total number of risk alleles of genes and catabolic enzymes affecting an individual's neurochemical hypodopaminergic function and has been associated in hundreds of studies with RDS behaviours. In an unpublished study, the GARS predicted drug and alcohol severity predisposition as measured by the Addiction Severity Index (ASI) [ $\leq 4$  alleles for Drug &  $\leq 7$  alleles for Alcohol].

Genotyping data on approximately 1000 subjects [addicted, chronic pain, opioid maintained and non-addicted] will be presented. "Precision Behavioural Management" (PBM®) uses the GARS to customize KB220PAM formulations to deliver putative dopamine homeostasis based on developed algorithms matched to polymorphic results. Presented evidence derived from animal and human studies using BOLD neuroimaging and behavioural methodologies, support homeostatic activation of brain dopamine in the reward circuitry by KB220PAM, as well as anti-substance seeking and modification of RDS behaviours. RDS encompasses behaviours like PTSD, ADHD, over-eating, shopping, hoarding and related RDS cognitive insults. Combating the drug crisis requires PBM across ethnic groups, to bring dopamine homeostasis to those born with RDS predisposition. It is the goal through this novel model that by using PBM the addiction field will have a synergistic tool along with MAT or even alone, to overcome dopamine dysregulation either surfeit (adolescents) or deficit (adults) by the induction of "dopamine homeostasis."

e: drd2gene@gmail.com

 Notes:

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## Barriers to Naloxone access even though it is legal without prescription it still elusive

**Ella Bannister**

Alabama Harm Reduction Coalition, USA

Naloxone (narcan) is an opioid antagonist that can reverse an opioid overdose. Naloxone access varies from state-to-state (government-to-government). Naloxone prescriptions dispensed from retail pharmacies increase nearly 12-fold between the fourth quarter of 2013 and the second quarter of 2015. Many states have passed laws to broaden the availability of been Lots on for users, friends, family, and other potential witnesses of overdose. However, some states even though they have passed naloxone laws those laws remain extremely restrictive / prohibitive when it comes to distributing to lay individuals within the communities. Some states allow no access to Community-Based Organizations that can secure funding to bolster the amount of Narcan

available for circulation to community members. Also, cost remains prohibitively expensive. Managed healthcare insurers only allow for one dose coverage per month at the \$40 copay, thereafter; the consumer cost Rises to \$350 per dose on the second dose and even higher after that dose. It is also worth noting that insurance coverage will only allow the co-pay process for the individual and active use not the other potential by standards. Community-Based Organizations access to special pricing to lower this cost exponentially and then turn save lives in all socioeconomic groups. Let's discuss barriers to want to walk home from policy to access. As well as, how we can be part of the solution.

e: [ella.bannister@alabamaharmreduction.org](mailto:ella.bannister@alabamaharmreduction.org)



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## Medical Assisted Treatment (MAT) and experience with Suboxone

**Ryan Ward**

Consultant Transformations Treatment Center, USA

I spent years having failed spinal surgeries and taking pain meds to continue a functioning life. I ended up at some of the best-known Rehabs in the U.S. and was always told AA was my only choice. I had multiple Doctors tell me that they would keep on Suboxone, but the Clinics rule didn't approve. I was repeatedly told that Suboxone was the equivalent to Heroin and it was only to be used for detox. I attempted every holistic therapy available and worked through AA for years. I returned to 6 different rehabs until 2011, and I found

a Suboxone MD in Florida. At the time, I had a year clean through AA but was in excruciating pain. This was not only life-saving, it allowed me to function with much less pain. There are drawbacks I can discuss, and people must understand the physical dependency. Rehabs teach the definition of insanity, doing the same thing and expecting different results. ironic that rehabs did the same with treatment! The idea is to save lives, and this gives people the extra time to heal.

e: ryan\_ward1@yahoo.com

 Notes:

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## **The influence of gender, race, and education on professional responsibility of addiction professionals: Implications for multicultural practice**

**Lori Simons**

Widener University, USA

A secondary analysis was conducted on 276 certified addiction professionals. The results indicate that White male addiction professionals and female addiction professionals of Colour use different counselling techniques and work with clients diagnosed with different conditions in addiction treatment. Addiction professionals with a doctorate degree had less exposure counselling clients with alcohol and drug disorders compared to professionals with a bachelor's degree. Addiction professionals with 20-years of employment experience and those addiction professionals with 20-years

of certification were also less likely to work directly with clients diagnosed with alcohol and drug disorders compared to professionals with five- to 10-years of employment experience and certification. Gender, race, education, employment, and certification are key components associated with the career lifespan of addiction professionals. Implications about gender, racial, and professional identity for further study and professional development are discussed.

e: [Insimons@widener.edu](mailto:Insimons@widener.edu)

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## Addiction and Personality

**Sam Vaknin**

Southern Federal University, Russia

**A**voluminous literature notwithstanding, there is little convincing empirical research about the correlation between personality traits and addictive behaviors. Substance abuse and dependence (alcoholism, drug addiction) is only one form of recurrent and self-defeating pattern of misconduct. People are addicted to all kinds of things: gambling, shopping, the Internet, reckless and life-endangering pursuits. Adrenaline junkies abound. The connection between chronic anxiety, pathological narcissism, depression, obsessive-compulsive traits and alcoholism and drug abuse is well established and common in clinical practice. But not all narcissists, compulsives, depressives, and anxious people turn to the bottle or the needle. Frequent

claims of finding a gene complex responsible for alcoholism have been consistently cast in doubt. In 1993, Berman and Noble suggested that addictive and reckless behaviors are mere emergent phenomena and may be linked to other, more fundamental traits, such as novelty seeking or risk taking. Psychopaths (patients with Antisocial Personality Disorder) have both qualities in ample quantities. We would expect them, therefore, to heavily abuse alcohol and drugs. Indeed, as Lewis and Bucholz convincingly demonstrated in 1991, they do. Still, only a negligible minority of alcoholics and drug addicts are psychopaths.

e: [samvaknin@gmail.com](mailto:samvaknin@gmail.com)



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## Treating dependence with Psychedelics


**Zuzana Postránecká**

Charles University, Czech Republic

Psychedelic research has been associated with the Czech Republic since the early 19th century and, after a long period of involuntary dormancy, it has recently gained new opportunities to follow up on its roots and evolve. The presentation will briefly describe the history of psychedelic research in the Czech Republic, summarize the role of the UN Drug Conventions, and discuss the Czech and international legislation pertaining to psychedelics. The discussion focuses on the dependence/abuse potential of classical psychedelics, their medical use, and their safety in medical versus non-

medical environment. Despite the assertions of the UN and occasional media disinformation about the dangers of psychedelics, recent investigations have shown that classical psychedelics are not addictive, show great promise in a broad spectrum of medical uses including drug dependence treatment and have been repeatedly proven to be safe in a clinical setting. Finally, the authors suggest a procedure for the preparation and implementation of controlled psychedelic therapy in the Czech medical and legal system.

e: [postraneckaz@seznam.cz](mailto:postraneckaz@seznam.cz)

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