

# OMICS GROUP



OMICS Group International through its Open Access Initiative is committed to make genuine and reliable contributions to the scientific community. OMICS Group hosts over **400** leading-edge peer reviewed Open Access Journals and organizes over **300** International Conferences annually all over the world. OMICS Publishing Group journals have over **3 million** readers and the fame and success of the same can be attributed to the strong editorial board which contains over **30000** eminent personalities that ensure a rapid, quality and quick review process. OMICS Group signed an agreement with more than **1000** International Societies to make healthcare information Open Access.

# OMICS Journals are welcoming Submissions

OMICS Group welcomes submissions that are original and technically so as to serve both the developing world and developed countries in the best possible way.

OMICS Journals are poised in excellence by publishing high quality research. OMICS Group follows an Editorial Manager<sup>®</sup> System peer review process and boasts of a strong and active editorial board.

Editors and reviewers are experts in their field and provide anonymous, unbiased and detailed reviews of all submissions. The journal gives the options of multiple language translations for all the articles and all archived articles are available in HTML, XML, PDF and audio formats. Also, all the published articles are archived in repositories and indexing services like DOAJ, CAS, Google Scholar, Scientific Commons, Index Copernicus, EBSCO, HINARI and GALE.

**For more details please visit our website:**

**<http://omicsonline.org/Submitmanuscript.php>**

**David Taylor**

**Editor of Journal of  
Pharmaceutical Care & Health  
Systems**

- David Taylor is Director of Pharmacy and Pathology at the Maudsley Hospital, Professor of Psychopharmacology at King's College, London and Honorary Professor at the Institute of Psychiatry.
- David is also the Editor-in-Chief of the journal Therapeutic Advances in Psychopharmacology and Head of Pharmaceutical Sciences in King's Health Partners. He has previously been President of the College of Mental Health Pharmacists and Chairman of the UK Psychiatric Pharmacy Group.
- Professor Taylor has been the lead author of the Maudsley Prescribing Guidelines since their inception in 1993. The Maudsley Prescribing Guidelines have sold over 200,000 copies in eleven editions and been translated into nine languages.
- David has also authored over 200 clinical papers in journals such as the BMJ, British Journal of Psychiatry and Journal of Clinical Psychiatry. These papers have been cited over 5000 times. Professor Taylor has an H Index of 41.

## Biography

- Studies of drug use in mental health

**Research Interests**

- Bishara D, Olofinjana O, Sparshatt A, Kapur S, Taylor D, Patel MX. Olanzapine: a systematic review and meta-regression of the relationships between dose, plasma concentration, receptor occupancy, and response. *Journal of Clinical Psychopharmacology* 2013; 33: 329-335
- Taylor D, Lenox-Smith A, Bradley A. A review of the suitability of duloxetine and venlafaxine for use in patients with depression in primary care with a focus on cardiovascular safety, suicide and mortality due to antidepressant overdose. *Therapeutic Advances in Psychopharmacology* 2013; 3: 151-161
- Patel MX, Matonhodze J, Baig MK, Taylor D, Szmukler G, David AS. Naturalistic outcomes of community treatment orders: antipsychotic long-acting injections versus oral medication. *Journal of Psychopharmacology* 2013; 27: 629-637
- Sparshatt A, McAllister Williams RH, Baldwin DS, Haddad PM, Bazire S, Weston E, Taylor P, Taylor D. A naturalistic evaluation and audit database of agomelatine: clinical outcome at 12 weeks. *Acta Psychiatrica Scandinavia* 2013; 128: 203-211
- Whiskey E and Taylor D. A review of the adverse effects and safety of noradrenergic antidepressants. *Journal of Psychopharmacology* 2013; 27: 732-739
- Frogley C, Anagnostakis K, Mitchell S, Mason F, Taylor D, Dickens G, Picchioni MM. A case series of clozapine for borderline personality disorder. *Annals of Clinical Psychiatry* 2013; 25: 125-134 [0]
- Sylvia M, Dobbs SM, Charlett A, Dobbs RJ, Weller C, Iguodala O, Smeets C, Lawson AJ, Taylor D, Bjarnason I. Antimicrobial Surveillance in Idiopathic Parkinsonism: Indication-Specific Improvement in Hypokinesia Following *Helicobacter pylori* Eradication and Non-Specific Effect of Antimicrobials for Other Indications in Worsening Rigidity. *Helicobacter* 2013; 18: 187-196
- Watras M, Taylor D. A therapeutic interaction between cimetidine and clozapine: case study and review of the literature. *Therapeutic advances in Psychopharmacology* 2013; 3: 294-297
- Blaecher C, Smet A, Flahou B, Pasmans F, Ducatelle R, Taylor D, Weller C, Bjarnason I, Charlett A, Lawson AJ, Dobbs RJ, Dobbs SM, Haesebrouck F. Significantly higher frequency of *Helicobacter suis* in patients with idiopathic parkinsonism than in control patients. *Alimentary Pharmacology and Therapeutics* 2013; 38: 1347-1353
- Bishara D, Taylor D. Adverse effects of clozapine in older patients: epidemiology, prevention and management. *Drugs and Aging* 2014; 31: 11-20

# Recent Publications

A maladaptive pattern of use leading to impairment, in at least one of the following, occurring within a 12-month period:

- recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home
- recurrent substance use in situations in which it is physically hazardous
- recurrent substance-related legal problems
- continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance

## **Substance Abuse**

A maladaptive pattern of use, leading to impairment as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

- tolerance
- withdrawal
- the substance is often taken in larger amounts or over a longer period than was intended
- there is a persistent desire or unsuccessful efforts to cut down or control substance use
- a great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects
- important social, occupational, or recreational activities are given up or reduced because of substance use
- the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance

# Substance Dependence



# Drugs & Effects



- Hashish, Marijuana
- How Consumed: swallowed, smoked
- Effects: euphoria, slowed thinking and reaction time, confusion, impaired balance and coordination
- Consequences: cough, frequent respiratory infections, impaired memory and learning, increased heart rate, anxiety, panic attacks

## Cannabinoids



- Barbiturates, Benzodiazepines, GHB, Rohypnol, Quaalude
- How Consumed: swallowed, injected
- Effects: reduced anxiety, feeling of well-being, lowered inhibitions, slowed pulse and breathing, lowered blood pressure, poor concentration
- Consequences: fatigue, confusion, impaired coordination, memory, judgment, respiratory depression and arrest, death

## Depressants

- Ketamine, PCP
- How Consumed: Injected, swallowed, smoked, snorted
- Effects: increased heart rate and blood pressure, impaired motor function, delirium, panic, aggression
- Consequences: memory loss, numbness, nausea/vomiting, depression

## Dissociative Anesthetics



- LSD, Mescaline, Mushrooms
- How Consumed: swallowed, smoked
- Effects: increased body temperature, heart rate, blood pressure, loss of appetite, sleeplessness, numbness, weakness, tremors, altered states of perception and feeling, nausea
- Consequences: persisting perception disorder (flashbacks)

# Hallucinogens



- Codeine, heroin, morphine, opium  
Oxycodone, Hydrocodone
- How Consumed: injected, swallowed,  
smoked, snorted
- Effects: pain relief, euphoria, drowsiness
- Consequences: nausea, constipation,  
confusion, sedation, respiratory  
depression and arrest, unconsciousness,  
coma, death



## Opioids

- Amphetamine, cocaine, MDMA, methamphetamine, nicotine, Ritalin
- How Consumed: injected, smoked, swallowed
- Effects: increased heart rate, blood pressure, metabolism, feelings of exhilaration, energy, increased mental alertness
- Consequences: rapid or irregular heart beat, reduced appetite, weight loss, heart failure, nervousness, insomnia



## Stimulants



**10 Years of Meth Use**



**Long Term Methamphetamine Use**



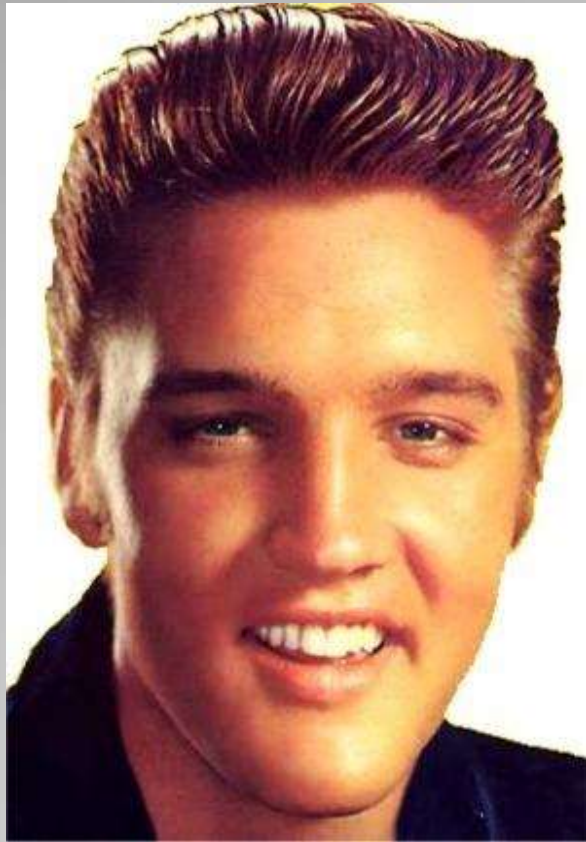


**Long term Meth**



- Steroid
  - Injected, swallowed, applied to skin
  - no intoxication effect
  - hypertension, blood clotting and cholesterol changes, liver cysts and kidney cancer, hostility and aggression, acne
    - in adolescents - premature stoppage of growth
    - in males - prostate cancer, reduced sperm production, shrunken testicles, breast enlargement
    - in females - menstrual irregularities, development of beard and other masculine characteristics
- Dextromethorphan
  - swallowed
  - Dissociative effects, distorted visual perceptions to complete dissociative effects
  - memory loss; numbness; nausea/vomiting
- Inhalants
  - Inhaled through nose or mouth
  - stimulation, loss of inhibition; headache; nausea or vomiting; slurred speech, loss of motor coordination; wheezing
  - unconsciousness, cramps, weight loss, muscle weakness, depression, memory impairment, damage to cardiovascular and nervous systems, sudden death

**Other**

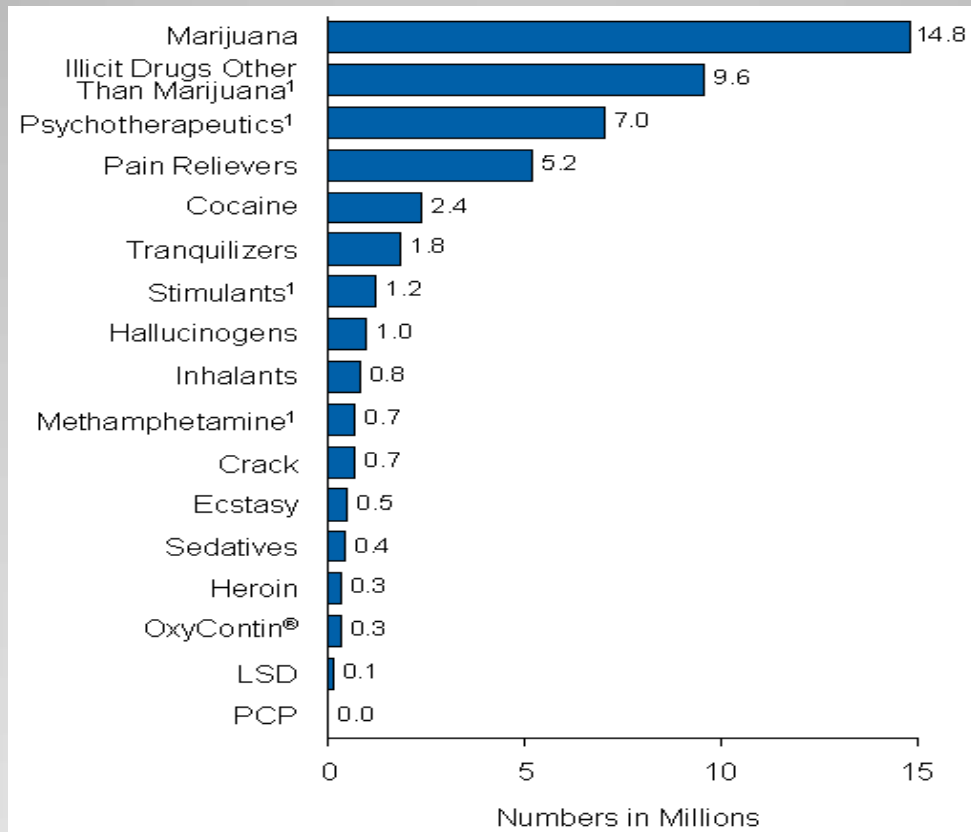


**Mixing Drugs**

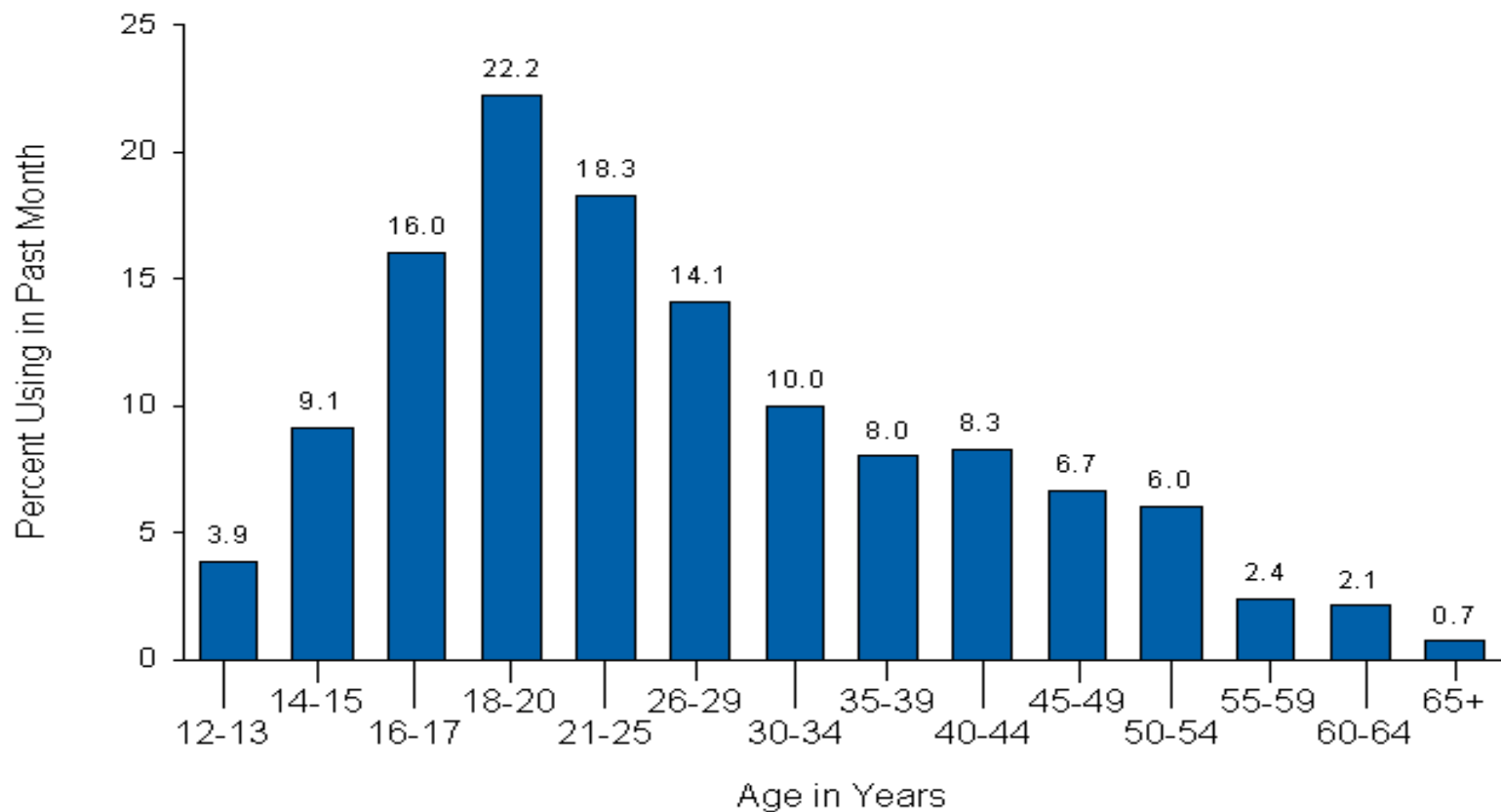
# Statistics

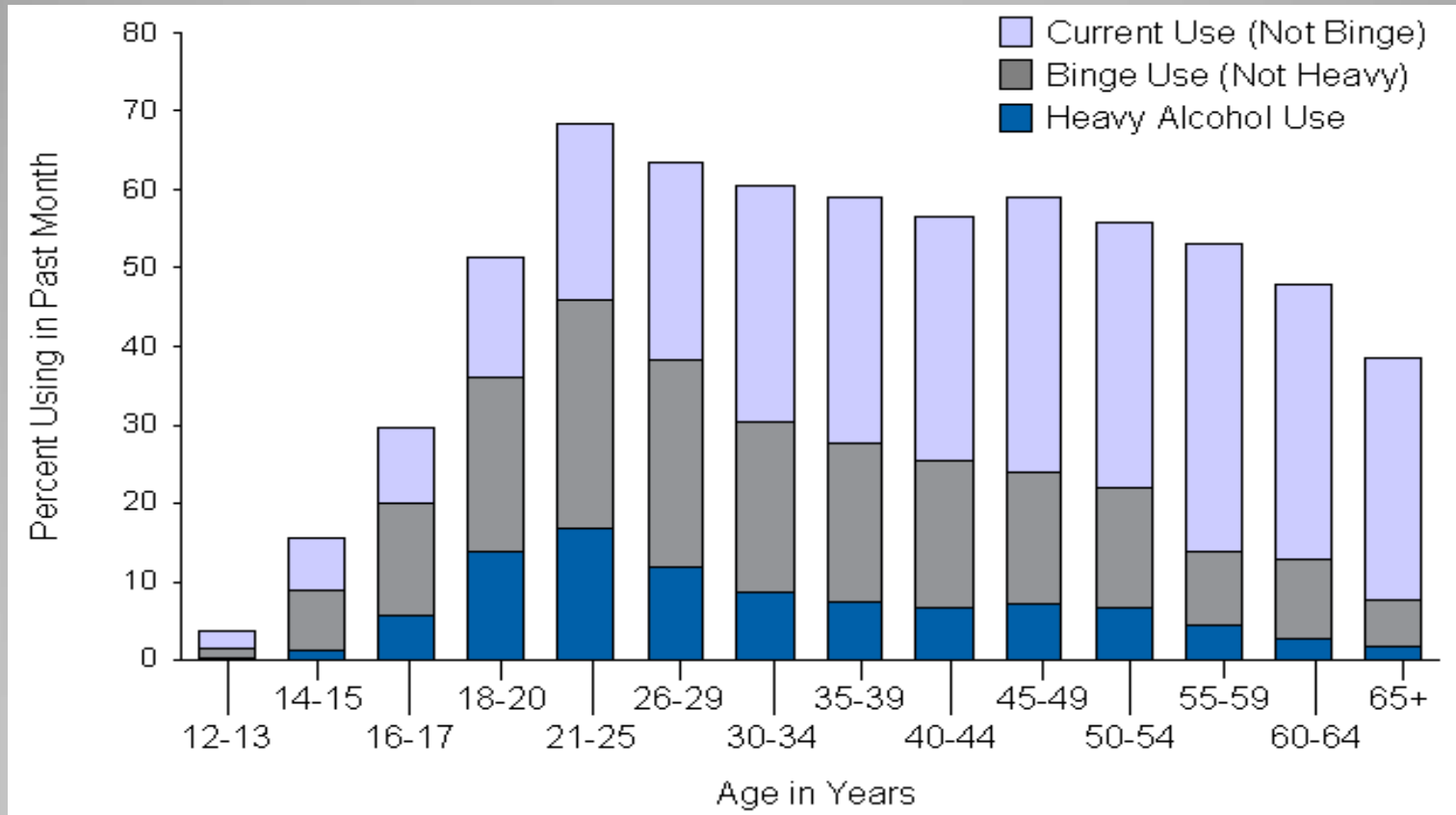
Substance Abuse and Mental Health Services Administration. (2007). *Results from the 2006 National Survey on Drug Use and Health: National Findings* (Office of Applied Studies, NSDUH Series H-32, DHHS Publication No. SMA 07-4293). Rockville, MD.

## Past Month Use of Specific Illicit Drugs among Persons Aged 12 or Older: 2006



## Past Month Illicit Drug Use among Persons Aged 12 or Older, by Age: 2006





## Current, Binge, and Heavy Alcohol Use among Persons Aged 12 or Older, by Age: 2006

- Open-ended questions
- Obtain releases for all other providers
- Maintain active communication with providers
- Observations

**Assessment**



- It sounds like you may benefit from talking to someone
- Provide 2-3 referrals
- Provide the patient with reassurance that you are referring to a resource you trust

**How to refer for evaluation**

- Abstinence vs. harm reduction
- Detoxification
- Outpatient
- Intensive Outpatient
- Inpatient
  - 30-day
  - Long-term residential
- Half-way house
- Anonymous meetings

**Types of treatment available**

- IT'S PROBABLY GOING TO HAPPEN!
- 2/3 relapse rate
- Before picking up
  - Post-Acute Withdrawal Syndrome
  - Return To Denial – “everything’s alright”
  - Avoidance And Defensive Behavior
  - Starting To Crisis Build
  - Feeling Immobilized (Stuck)
  - Becoming Depressed
  - Compulsive And/Or Impulsive Behaviors (Loss Of Control)
  - Urges And Cravings (Thinking About Drinking/Using)

**Relapse**

## OMICS Group Open Access Membership

OMICS publishing Group Open Access Membership enables academic and research institutions, funders and corporations to actively encourage open access in scholarly communication and the dissemination of research published by their authors.

For more details and benefits, click on the link below:

<http://omicsonline.org/membership.php>



**Approved By**

**E-signature: David Taylor**