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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.
Research Interests

- Studies of drug use in mental health
Recent Publications


- 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


- Bishara D, Taylor D. Adverse effects of clozapine in older patients: epidemiology, prevention and management. Drugs and Aging 2014; 31: 11-20
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
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
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
Depressants

- 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
Dissociative Anesthetics

- 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
• 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)
• 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
Stimulants

- Amphetamine, cocaine, MDMA, methamphetamine, nicotine, Ritalin
- How Consumed: injected, smoked, snorted, 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
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 cancer, 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
Mixing Drugs
Past Month Use of Specific Illicit Drugs among Persons Aged 12 or Older: 2006

- Marijuana: 14.8 million
- Illicit Drugs Other Than Marijuana: 9.6 million
- Psychotherapeutics: 7.0 million
- Pain Relievers: 5.2 million
- Cocaine: 2.4 million
- Tranquilizers: 1.8 million
- Stimulants: 1.2 million
- Hallucinogens: 1.0 million
- Inhalants: 0.8 million
- Methamphetamine: 0.7 million
- Crack: 0.7 million
- Ecstasy: 0.5 million
- Sedatives: 0.4 million
- Heroin: 0.3 million
- OxyContin: 0.3 million
- LSD: 0.1 million
- PCP: 0.0 million

SAMHSA, 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
How to refer for evaluation

- 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
Types of treatment available

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