

War on Brains

21st Century Opium Wars

Government vs. You



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by Dan Youra

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Introduction

A 1980's *War on Drugs* poster portrayed a drug-damaged brain as an egg frying in a skillet. The poster's ominous message, "This is your brain on drugs," was countered with a catchy call-to-action - "Just Say No" - splashed across the sizzling egg.

Since the launch of the poster by the Partnership for a Drug Free America, the *War on Drugs* has escalated from a fried egg to drone-launched missiles and SWAT teams.

The mantra "Just Say No" introduced by Nancy Reagan in 1982 continues to inspire legions of anti-drug crusaders. The bad news for the faithful is that brains continue to fry. Worse, the dream of a "Drug Free America" is exposed as a mass delusion.

With a quarter century of hindsight and mountains of evidence from clinical studies in brain research, spilling out of medical and behavioral research laboratories, "Just Say No" does not work. It is incapable of working. It should have been obvious even in the 80s that a fried brain can't say **No!**

The reality of a brain damaged by chemical dependency is dramatically worse than a cracked egg in a pan. A heated pan can cool to room temperature in a few minutes. An addicted brain may be fried for life.

War on Brains

When, at the launch of the notorious *War on Drugs*, the United States set its sights on drugs as the enemy, it locked in on the wrong target. The war that

was raging then and continues to rage now is not the *War on Drugs*. It is the *War on Brains*.

Brains are on the front lines. Brains are the target. Brains are attacked relentlessly by waves of electromagnetic pulses, such as from broadcast TV, cellular devices, satellites, phones, and cable. The messages pour in. The brain is tattooed by the incessant irradiation it receives from the propagandists' reign of terror.

The eradication of all poppies, coca leaves and marijuana buds on the planet would be touted by anti-drug warriors as the final victory in the *War on Drugs* - the *coup de gras* of grass."Mission Accomplished" banners would fly over DEA compounds from DC to Helmand Province, Cochabamba and Humboldt County.

And, what about all the legal drugs? DEA's drug commando squads can shut down all the pharmaceutical companies, empty the world's medicine cabinets, dig up all the ginseng roots and then fly their "Mission Accomplished" banner, right? Wrong.

What if DEA agents could plug up every human orifice so that no one could shoot, snort, inhale, chew or swallow? Victory could be declared, right?

No, the problem is not the flower, leave, bud, capsule, powder, root, spray, fume or smoke. The problem is not the fermented grape or the distilled grain. The problem is not a brown bean, brewed or steamed. None of these is the enemy.

The victory banner that should be flown above the DEA headquarters, United States Capitol, White House, State Capitols, and law enforcement headquarters from DC to Mars is *NOT* "Mission Accomplished."

It is "Mission Aborted."

Stop fighting drugs. The mission needs to be refocused. A new plan. A new direction needs to rise out of the spent cartridges of the failed **War on Drugs**. New targets. New priorities. New strategies.

What are all those cliches bureaucracies like so much? New end game. Push the envelope. Outside the Box. What do any of these mean anyway? How are they working? They need to go the way of the DEA's fly swatter mentality.

The new direction that is begging for attention is focused on arguably the greatest asset possessed by each human being - the brain.

So as not to lose the passion experienced in the three decades of battles in the **War on Drugs**, it can be valuable to rally the weary anti-drug warriors around a new battle, conceived in liberty and dedicated to the proposition that all brains are not created equal, yet each worthy of support in fighting off the adversaries that challenge the wounded, the defeated and the barely surviving.

The new **War on Brains**.

Brains are under attack in a massive onslaught of unending bombardment. The newly formed brigades need to rally round the threatened brains. What are called for are legions of supporters, cadres of compassion, officers and foot soldiers who can be taught how to defend the brain, see through disguises and take action to fortify defenses and protect the left and right hemispheres of hope.

The war is more defensive than offensive, more educational than confrontational, more about engendering safety, building trust, encouragement and sharing love.

It may sound anachronistic and incongruous to speak of an army of care givers and army of lovers, but upon serious exploration of the best treatments for

addiction, it can be clearly demonstrated that such an army can lead to a winning strategy and a successful outcome for individuals and for society as a whole.

To get behind the new *War on Brains* it may be helpful to describe the soldiers who are needed to replace the DEA's *SWAT* team approach, referred to as "the fly swatter" approach. *Special Weapons Assault Teams* need to be replaced by *SWAB* teams - *Special Weapons Assist Brains* - whose members would resemble the nuns in Mother Teresa's Missionaries of Charity more than black-helmeted transformers in a DEA Humvee. Rather than appearing as commandos decked out in camouflage, flak jackets and machine guns, the battalions of brain defenders would appear in white uniforms, flashing arms of blue and white bands, *a la* Mother Teresa's troops, carrying compassion clips, mercy magazines and a special weapon that has been sorely lacking in the drug cops' arsenal - *KNOWLEDGE*.

The army for the new war is already deployed. The troops are in the trenches. While the drug warriors voraciously consumed three decades worth of public capital and mega tons of ammunition, blowing up flowers, leaves and buds, an unseen army fought on, underfunded in hand-to-hand combat, deploying its stealth knowledge to protect vulnerable brains.

This army of *SWAB* teams is made up of dedicated counselors, social workers, volunteers, nurses, practitioners and doctors working to protect brains under attack. They are at their battle stations in rehab clinics, county health offices, community counseling centers, free clinics, medical centers, hospitals and homeless shelters.

The time is long past for US drug policy to admit that it is powerless over flowers, leaves and buds. Time to park the Humvees. Dump the bullet proof

vests. Get rid of the fly swatters. Just as the Old Testament verse about the wisdom of changing swords into plowshares became a mantra for 20th Century leaders trying to forge peace among nations, so is it time to apply the same wisdom to saving the victims of the drug wars. It is time to change SWATS into SWABS.

Frontal Attack

Now at the beginning of the 21st Century's second decade modern medicine brings to light new research uncovering the devastating damage to individuals wrought by the frontal attacks on fragile brains.

Enemy Combatants

The enemy combatants are more sinister and more pervasive than cocaine, meth and heroin. Enemy agents infiltrate the breakfast table, the neighborhood cafe, beverage machines and travel mugs.

Ten Commandments of Opioid Warriors and Opioid Abusers

First Commandment



God commands, "You shall have no other gods before me."

Addiction echoes, "You shall have no other gods before me."

Addictions change brains. Chemical addictions change brain cells. Definitions of addiction which do not include “brain change” are wishful thinking, bad habits or a coverup. Brain change is the *sine qua non* of addiction, the prime mover, the first cause. Step One of Alcoholics Anonymous admits *powerlessness* over alcohol. Chemical and habitual dependencies reflect brain diseases. Insidious compulsions infect the brain and take over behavior. Thoughts become obsessions. Will power is turned off. The ability to “Just Say No” is shut down.

No One Chooses to Be Addicted

Addiction is not a choice a person makes, just as no one chooses to have cancer or heart disease. And addiction is a chronic disease, with symptoms, onset, course of progress, and outcome. One thing you don’t want to do is ascribe blame to the person who is addicted, since he or she did not make the choice to become addicted



Second Commandment

Moses says, “You shall not make idols.”

Drug says, “I am your idol.”

The controlling possession demands absolute homage. “Bow down and worship me,” the disease implores, “and I shall reward you with great pleasure and more. Thou shalt have no other drug before me.”

Brain addiction is a disease. **B**rain **A**ddiction **D**isease can be labeled by its acronym **BAD**. It can be catalogued in disease taxonomies along with ADD, ADHD, OCD, MS, STD and a myriad of other multi-letter dysfunctions that challenge human health. A disease is defined as a pathological process involving organ dysfunction associated with morbidity and mortality. Addicts and chronic, non-cancerous pain patients often have relatively unique disease processes which commonly include co-morbid, psychiatric, and addictive disorders.

The disease cries out for constant attention and unceasing adoration, “Feed me and don’t take my name in vane.”



3. Third Commandment

Moses says, “Do not use the name of the Lord your God in vain”

Addiction says, “Don’t take my name in vane.”

COMMERCE RUNS ON ADDICTION

The 21st Century industrial machine is run on addiction. It is the lubricant that keeps the gears churning. Narcotic concoctions are brewed in the labs of corporate cartels to ignite the synapses of cortical consumption. Ads, brands, labels, toys, gadgets, apps, sounds, tastes, escapes are designed to keep ringing the bells of society’s Pavlovian brain. Madison Avenue tantalizes, titillates and tempts the nation’s neurons with a million messages a minute.

Brain Addiction Disease [BAD] meets the classic definition of a pandemic. The World Health Organization defines a pandemic as “a worldwide epidemic of a disease.”

ADDICTION: THE HOLY GRAIL

Addiction is Corporate America’s Holy Grail, an ATM inside every brain, a cortical cash machine, that rings up profits from a population in a perpetual state of arousal. Wall Street rings its bell. The media beat their drums. Aroused addicts salivate. Banks finance their cravings. The system works and thirsts are slacked for another day.

The pre-industrial butcher, baker and candlestick maker have morphed into the dealer, the pusher and drug gang enforcer.

The demons of addiction proclaim that “It is good. Keep holy the drug day. Everyday is drug day.”



Fourth Commandment

Preacher says, “Remember to keep holy the Sabbath.”

Drug says, “Remember that everyday is drug day.”

Public Health - the Wizard behind the curtain

How does a tiny town prevent the spread of brain eating addictions?

Where does a community build its Iron Curtain to contain the advancing plague? How can a family curtail the power of demons from entering its children’s brains?

HYDRA SERPENT MULTIPLIES

When large percentages of the population are threatened, prevention becomes a matter of public health, a matter for government. In every community, public health agencies are on the frontline in the war on addiction. Social workers, mental health specialists, addiction counselors, free clinics, recovery centers, doctors, nurses, and AA groups are lobbing water balloons at Hydra, the many-headed, addiction snake. In Greek mythology for each head cut off, the serpent grew two more. The monster spewed forth a poisonous breath so virulent, it was claimed, even her tracks were deadly. Ultimately Hydra was slain by Heracles, greatest of the Greek heroes.

TREATMENT BY BROCHURES

Ideally, prevention of medical diseases should be part of all clinical medicine. Unfortunately, all clinics are not created equal. The average non subsidized primary care setting is ill prepared to deal with the complexity of medical and psychiatric care required by Medicaid patients with chronic pain and addictive disorders. City and county health clinics are understaffed, underfunded and overworked. A lobby full of brochures is meant to substitute for a medical clinic full of doctors and nurses. Free clinics are well intentioned and supported, but lacking in diagnostic tools and volunteer training to treat the severity of patients' needs. It is all the more demanding given the coding and documentation requirements and the overall lack of reimbursement. Likewise, many Licensed Chemical Dependency Professionals (CDP) are often grossly unqualified to diagnose and manage the co-morbid conditions these patients present with. Some

lack formal medical training and are even less qualified to ensure that proper medical care is provided.

BEHIND THE CURTAIN

The journey up the Yellow Brick Road for an appointment with the Wizard of Oz ends at the impressive curtain that spans the horizon and reaches the sky. The Wizard's voice promises cures, excellent health, free health care and longevity free from pain. Big Brother promises benefits which even one's mother and father cannot give.

Oz's prescription for health: Don't look behind the curtain. Forget your mother and father. "Honor Big Brother."



Fifth Commandment

Angel says, "Honor your mother and father."

Demon says, "Honor Me."

Criminal Justice vs. Medical Treatment

JAIL CELLS vs. BRAIN CELLS

The criminal justice system is the primary screening agency for recognizing and addressing chemical abuse and dependencies. Most outpatient, licensed, chemical dependency services in the world today would not be financially viable without referrals and support from the criminal-justice system.

WARDENS vs. DOCTORS

Current laws, policies, and payment mechanisms for addiction services allow licensed, chemical dependency services to be provided outside the standards of medical training, experience and expertise.

Licensed Chemical Dependency Professionals (CDP) have neither the training nor expertise in medicine or psychiatry and, yet, have more authority and responsibilities for diagnosing and treating brain diseases than do specialized physicians and other doctorate level practitioners.

Efficiency and effectiveness in caring for these patients are further challenged by the burdens of current billing and documentation requirements.

SYSTEM IS BROKEN

The government model for treating addiction is to set up an 800 number, call center, push active cases into the justice system and fill county health clinics with brochures on prevention. Little is done to promote the involvement and leadership of physicians in the recognition and treatment of addictive disorders. **THIS SYSTEM IS BROKEN.** It reflects current laws, policies, and funding. The system needs an urgent and comprehensive overhaul. The times demand significant improvements. A practical example is the need for social services agencies to implement and pay for CPT codes associated with diagnosing and counseling patients with addictive disorders.

Demons feign divinity inside an addict's brain and admonish the imprisoned soul to keep the addiction alive. Death of the host is worse

than death of the disease. To the addict the command rings loud and clear, “Thou shalt not kill (the addiction).”



Sixth Commandment

The Book says, “*Thou shalt not kill.*”

The High says, “*Thou shalt not kill the addiction.*”

Another Model: Down the Rabbit Hole

Treating brain disease is properly the domain of medicine.

THE RABBIT HOLE LEADS TO AN UNREAL WORLD

Government agencies emphasize and promote professional, behavioral care for patients with chemical dependencies almost uniquely by Chemical Dependency Professionals (CDP). While this behavioral support is a necessary component of proper care, the medical and mental health components are often even more important particularly in opiate dependency. As an example of how current policies of government agencies de-emphasize proper medical and psychiatric care is the policy of not covering buprenorphine for opiate dependency unless the patient is receiving behavioral care through a CDP. In contrast, there are no DSHS policies that require a patient to receive proper medical care for a chemical dependency or a psychiatric disorder in order to qualify for behavioral care by a CDP. Even if a

patient is supervised by a physician, board-licensed in addiction medicine, government agency policy requires behavioral supervision by a CDP operating out of a state licensed facility when buprenorphine is to be covered.

Further, as stated above, opiate dependency is a chronic relapsing disease. Scientific evidence supports and the State's medical directors concur that the prognosis for opiate dependency is poor without agonist therapy. Currently methadone or buprenorphine are the only proven and available agonist therapies. Buprenorphine is relatively safe when compared to methadone. Despite the clear and unequivocal chronic nature of the disease, the government agency's standard policy is to limit buprenorphine treatment to six months. Methadone clinics are another option, but in rural areas they are rarely available and with pain patients are likely not to be used.

STAY ABOVE GROUND

The disease with the greatest economic and social and health impact on life in the 21st Century is ADDICTION. It is the primal disease. It is the primary contributing cause to a host of other societal problems. Conquer addiction and the world has a chance to return to health. Chipping away at any of the other diseases cannot produce the breadth and depth of improvement in public health that results from curing the BAD one - Brain Addiction Disease.

The addiction speaks: "Thou shalt not commit me."



Seventh Commandment. _____

Tablets command, “Thou shalt not commit adultery.”

Needle commands, “I am your only love.”

Give unto Caesar the things that are Caesar’s and give unto doctors the things that are doctors.

Anyone can be elected to public office. Anyone can be hired to work in a government agency. No Ph.D. or M.D. is required to be elected or be hired.

Not so with the medical doctor who treats diseases. Years of study and successful completion of a medical degree program are a prerequisite to do brain surgery.

Unfortunately, the boundary between bureaucrats and brain surgeons has broken down. Public service employees in local health departments have their hands deeper into the cerebral cortex of society’s addicts than the skilled hands of medical doctors.

Government agents are stealing work from doctors. “Thou shalt not steal.”

Eighth Commandment



**Society
Steal.”**



demands, “Thou Shalt Not

The drug

comforts, “It’s already yours.”

The Truth Shall Set You Free

Public health departments have not done enough to promote standard medical and psychiatric involvement in the treatment and prevention of addictive disorders. Outside of academia and highly subsidized governmental settings, proper and appropriate medical and psychiatric services to clients with chemical dependency problems are not provided in licensed outpatient chemical dependency service. Where is the compassionate care for Medicaid clients? Where is the collaboration between public health and doctors? Why is the relationship one of exasperation and routine frustrations on matters concerning addiction, care, and prevention.

Ninth Commandment _____

The Preacher admonishes, “Don’t Lie.”

The Drug affirms, “There are no lies.”

Government is Not a Doctor

Public health clients and Medicaid patients are disproportionately likely to develop or have an addictive disorder that is unrecognized or poorly treated.

50% of recent opiate overdoses deaths have been associated with Medicaid clients. This is no surprise. Given this dramatic statistic, it appears problematic for anyone to blame physicians. I think the facts point more toward it being an issue with public health clients and the government-dependent health care system. In particular, public health patients are most prone to suffer from serious mental health disorders and addictive diseases.



Tenth Commandment

High Priest commands, “Don’t covet your neighbor’s goods.”

The High reassures, “What is your neighbor’s is yours.”

Say Know to Drugs

Attempts to assure proper medical care by legislation or administrative rules that define proper medical care have a poor track record of assuring good patient outcomes. The exceptions are most common in the public health domain and have to do primarily with prevention efforts. New rules and requirements are unlikely to promote the best in medical care. The best results come from the best practitioners receiving the best training and practicing in the best settings. Contextual issues are so important, particularly when treating brain diseases, that simple recipes and guidelines are likely to never replace the astute and well trained clinician.

CONCLUSION

Conclusions . . .

FAQ

What is the Olympas model of addiction?

The Olympas addiction model is a clinical program developed by J. Kimber Rotchford, MD, medical director, Olympas Pain and Addiction Services Clinic, for the prevention, care and treatment of Brain Addiction Disease (BAD). The model defines an organic relationship between chemicals in the brain and changes in human behavior. Treatment is based on a combination of medications and behavior modification.

Why is it called the Olympas model?

Dr. Rotchford's model of addiction and recovery draws an analogy between the brain and Mt. Olympus, "Home of the Gods" in ancient Greece. Just as the pantheon of power ruled the affairs of humans from atop the sacred mountain, likewise, the brain is seen as the command center for the human body, the state of its health affecting the health and wellbeing of the person.

What is the meaning of "Just Say Know"

"Just Say Know" is a three-word slogan, a cognate to the US government's three-word phrase "Just Say No" launched in the 1980s to urge resistance to drug use among youth. The word *Know* replaces the word *No*. For early Greeks the secret to success was contained in the wise counsel from the Oracle of Delphi: "Know Yourself." This wisdom is incorporated into the Olympus recovery program which urges knowledge and acceptance, rather than unrealistic expectations of improvement from just saying *No*.