

Drugs and Hope: **A Candid Conversation**



Dr. Leonardo Lado

BY MICHAEL PODRASKY

The drug problem in South Florida/Miami is staggering. In an effort to understand better the problem, the scope and new treatments, the following is an interview with Leonardo Lado, M.D., an innovator in regional drug treatment and licensed treating psychiatrist for the Prometa Treatment Protocol, The Village South, in Miami, Florida. He is a registered pharmacist and a graduate of the Mt. Sinai School of Medicine Fifth Pathway Program and completed his internship at Baylor College of Medicine, Department of Vascular Surgery under the supervision of Dr. Michael DeBakey. He completed his residency in general psychiatry at the University of Texas at Houston.

Define the substance abuse problem in South Florida/Miami:

An estimated five percent of those age 12 or older in the Miami-Ft. Lauderdale Metropolitan Statistical Area report having used an illicit drug in the past month, while another 17% report binge alcohol use within that same one-month period. (The NHSDA Report). Based on these estimates, a total of 22 percent of the Miami population – or nearly 71,000 people – are at risk for substance abuse or dependence. In addition, six out of ten (or 63 percent) adult males who are arrested test positive for illicit drugs. (*Miami, Florida Profile*

of Drug Indicators, February 2005).

A national survey also reports that 62 percent of 1,000 adults surveyed in the U.S. know someone who is addicted to alcohol or drugs (survey in conjunction with The Village South).

What types of illicit substances are you seeing in Miami?

According to adult males arrested in the same study (2003), the following illicit substances were found:

Cocaine	47.1%
Heroin	2.5%
Marijuana	40.7%
Methamphetamine	0.4%
Any drug	63.2%
Multiple drugs	26.9%

The use of powder cocaine among new drug users in Miami is on the rise, while methamphetamine use continues to increase in Miami – especially among gay male and techno-dance scenes as well as females and heterosexual males. Ice – a high purity, smokeable form of meth – is also increasingly available.

But what is the primary problem?

Cocaine. Forty-seven percent of those arrested test positive for cocaine and cocaine-related drug deaths have increased each year since 2001 (Miami, FL Profile of Drug Indicators, Office of Drug Control Policy, Drug Policy Clearing House, February, 2005).

What is the specific reason for this problem?

Florida is a major transit port for cocaine and other drugs entering the U.S. for other parts of the country—with its airports and seaports among the busiest in the nation. Cruise ship smuggling is another trafficking trend in the area. The Internet has also become a tool for powder cocaine sales in Miami.

Do drug problems span all gender/race/socio-economic groups?

Drug abuse and dependence affects all races and groups.

What is Prometa and how does it work?

Addiction is a brain disease –classified as such by the AMA and the World Health Association (WHO) – and requires medical intervention. Prometa is an innovative, medically based treatment option for alcohol, cocaine and methamphetamine dependence. Scientific evidence has established that the substance-dependent brain is physiologically and biochemically different from the 'normal' brain. Prometa is designed to address the neurochemical changes in the brain caused – or worsened – by chronic alcohol, cocaine or meth abuse as well as some of the nutritional deficits

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caused or worsened by substance dependence. When combined with the recommended individualized care, I believe Prometa is a promising treatment approach.

How is it used?

The Prometa protocols involve three pharmacologicals as well as a nutritional supplement, managed in a medically supervised setting over a 2-3 day period. Two of the drugs are administered orally and one intravenously over a 30-minute dosing schedule. This treatment is followed by a 12-week follow-up and assessment period.

For cocaine and meth dependence, Prometa requires a second treatment of two consecutive days about three weeks after the initial treatment.

Prometa patients also take additional prescription medication for one month following their initial treatment – along with nutritional supplements. They are also encouraged to enroll in some form of continuing care treatment – counseling, group support, for example.

What is the success rate?

Comprehensive clinical study data is not available yet. But UCLA has begun a multi-site study on Prometa and meth use – the results are expected in several months.

In an initial patient sample, at Little Company of Mary/San Pedro Hospital in California –the first facility administering Prometa – an early version of Prometa was administered to those who had already failed other treatments, many of whom had comorbid conditions, as well. Despite former attempts, the success rates of Prometa with this group exceeded 50 percent. And my colleagues in Ft. Myers are sharing that they are experiencing an even higher success rate with the current version of Prometa.

What other methods of treatment are recommended along with Prometa?

Some traditional tools of recovery are encouraged for all patients. Also, because of Prometa's rapid effect in reducing craving and restoring cognition, patients are accelerated through early recovery at a very fast pace and need to be exposed to advanced recovery tools – including the practical aspects of vocational rehabilitation. I would recommend:

- A recovery sponsor—there at all times, the difficult and the happy ones
- Ongoing weekly support group attendance
- The treatment of other conditions like depression and bipolar disorder often found with substance abuse
- Reconnection with the family
- A sense of spirituality –meaning a sense of higher purpose above one's self and how that spirituality has served in one's growth

Prometa...a Success Story

It all starts with alcohol for Jane, when she is 13. She quickly moves to marijuana, then crack cocaine and meth. Her habit forces her to shoplift and prostitute herself. She becomes pregnant, but is alone when her boyfriend is arrested. At 19, she loses parental rights. She has also contracted Hepatitis B and fears that she may have contracted AIDS. By the age of 20, she is sick, has no money and her options are few—if any. She feels trapped, limited and hopeless. She survives a suicide attempt and a breakdown, but she bears the battle scars of a woman far older. Meth and cocaine use seem to be winning that battle!

She is mandated by the court system to seek help, and she is granted free treatment with Prometa. The treatment and its recovery stimulate her to want to regain control of her life and even want to assume parental rights. Her intelligence begins to shine with her progress, and her mother reports that she is now in the upper 10% of her class with a bright, hopeful outlook. She continues with her life-long recovery with the help of a sponsor and group therapy.

Any final thoughts?

Addiction is an ongoing battle – Prometa, along with other therapies and support, can take away the cravings and provide hope. By reducing cravings that plague recovering patients, Prometa gives new hope in the recovery process.

Dr. Lado completed his residency at the University of Texas School of Medicine, Houston. He has been medical director of various hospitals including the Charter Hospital System, Gibson General Hospital and, recently The Willoughs, Naples. In addition to his work at The Village South, he practices psychiatry at Compass Health Systems and is a psychiatrist investigator for the Segal Institute for Research, where he is involved in numerous clinical trials.

With more than 75% of the patients he treats suffering from substance abuse, Dr. Lado – a psychopharmacologist by training – has focused on abuse for the past three years and is a frequent speaker on addiction, violence, mood and eating disorders.

For more information about Prometa,
visit www.overcomeaddiction.com
or call 866-426-3741