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August 16, 2004

Punyamurtula S. Kishore, MD, MPH

Dear Dr. Kishore:

On behalf of the 2004 AMERSA Executive Board, Abstract Review and Program Committees, it gives me great pleasure to inform you that your abstract on the *Home Detoxification Model* has been selected as this year's **Best Abstract Award for 2004**. This award is designed to recognize and encourage outstanding original research in substance abuse. As the award winner, you will receive a complimentary registration to this year's conference. You and the semi-finalists will present your abstracts in a special session on Thursday, November 17<sup>th</sup> at 7:00 pm, during the award presentions. Please limit your presentation to 10 minutes, plus 5 minutes for questions.

Congratulations on your outstanding abstract! We look forward to your participation in the conference this year and in the future.

Sincerely,

J. Harry Isaacson, MD and Mark Kraus, MD Co-Chairs, Program Committee

## IND A New England

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Mass. doctor hooked on practice of addiction medicine

## Kishore advocates patients try •home detox' method

By Poornima Apte

BROOKLINE, Mass. — About the first thing you notice when you walk into Dr. Punyamurtula Kishore's national museum of addictions in Brookline, Mass., is a cartoon depicting a man looking over his shoulder talking to what seem like alien creatures. He tells them to go away but the creatures gleefully insist they'll stick around. Kishore, an addictions specialist, says the cartoon depiction precisely mirrors what many of his patients go through.

"When you become addicted to a drug that drug develops a personality," Kishore says. "I have patients who tell me •Doctor, I feel as though someone is sitting on my shoulder telling me to try things — to not stop, it's very scary for them," Kishore says.

The 55-year old Brookline, Mass. resident is the founder and president of the National Library of Addictions and the Addiction Law center. Kishore started his first clinic in Brighton, Mass. in 1996. Now Kishore he has 12 clinics across Massachusetts; all of them are primary care facilities with a focus on addiction medicine and he sees about 100 patients a day.

Armed with a medical degree from India, Kishore emigrated to the United States in 1977. He enrolled at the Harvard School of Public Health for a master's degree and initially studied malaria. Soon, he branched out into international health but it was a stint at the Washingtonian Center for Addictions in Jamaica Plain, Mass., that made Kishore gravitate toward the practice of addiction medicine. Then newly arrived from India and still relatively young at 28 when he worked there, the center exposed Kishore to a side of medicine he had never seen before. "Coming from India, I had never seen addictions patients before so it was all eye-opening for me," Kishore says. When the director of the center left to pursue a career at Brown University, Kishore was appointed interim director. During that time, he was routinely called upon to counsel addiction patients in correction facilities, homeless shelters and other institutions. "I distilled all that experience into my own private practice," Kishore says.

Now years later, Kishore has incorporated all his studies and research to create a program that cures people of addictions in their homes — what is called the "home detox" method. According to Kishore, one of the many problems with most addiction treatments is that care is fragmented. "Sometimes the detox will take place at the hospital, then followup at a rehab clinic, counseling somewhere else, it gets to be too much for some patients," Kishore says. He says that many patients prefer the home detox methods because they can enjoy the privacy of home while going through all aspects of treatment. Kishore points out that the detox or "de-addiction" as he calls it is done in phases. The first week weaned from the drug is physiologically the most stressful. "You have taken away something the body loves so it reacts in anger, it collapses on itself — such a thing can be very scary for the patients," Kishore says.

Danielle Hogrell remembers this phase well. Now drug-free, Hogrell was severely addicted to oxycontin before she sought Kishore's help. "After years of chasing after it, you really realize you don't want it anymore," she says. Hogrell was prescribed Naltraxone after she was drug-free — the medicine blocks the opiate receptors in the brain; in other words it does not allow drugs to give the addict the "high" they would otherwise receive. "It really is a miracle, it makes the brain not want to get high any more," Hogrell says.

During the second week, after the physiological reactions settle down a bit, the mind takes over, Kishore says. "Nobody likes to be controlled by external forces so now they think ol can go back and control the drug' instead of it controlling me," Kishore says. This is when patients start making promises such as: "I will only use the drug on weekends." Such a technique, Kishore says, doesn't work. It has to be all or nothing. Kishore says it helps to know how the brain of an addict works. "People think •Oh addicts are bad people doing bad things to themselves," it's really not like that," Kishore says. He says the brains of addicts have different kind of "wiring circuitry" which needs to be reworked or "overlaid with new circuitry."

Addicts, Kishore says, need a lot of emotional support. "They are tied to the post — they really need to get that sense of optimism, that I can do this," Kishore says, something they achieve usually in the third week of detox. It is Kishore's compassionate approach to addicts that gets high marks from Hogrell. Now she works part-time at Kishore's clinics counseling addicts about remaining drug-free.

Hogrell and Kishore are well aware of teenage drug use and what messages don't work well with them. Kishore agrees that reminders that point out drugs' adverse effect on longevity don't work well with teens who live life in the present. Instead, peer groups are a big factor in drug use prevention. "We have to create this culture where to be sober is cool," Kishore says. Kishore, whose youngest patient has been an eight-year old boy addicted to oxycontin, uses recovered teen addicts as "ambassadors" to spread the word about the negative effects of drugs. Hogrell says the teens need to hear first-hand accounts of the perils of drug use and realize their dire effects on their lives. "Sometimes there'll be a teen who'll say •I came here for my mom' that won't work, you need to come in here for yourself," Hogrell says. Kishore says it's important the social network around the addict remains strong. He points out that liquor stores will sometimes send free samples to recovering alcoholics to get them hooked again. Drug dealers drop little "monster bags" with drugs in mailboxes to get addicts back in the cycle. "It's very important to eliminate the social scavengers," Kishore says. He points out that addicts' brain circuits are similar to each other's so one kind of addiction can easily be replaced by another. "If you take them off alcohol, they become addicted to scratch tickets or gambling," he says adding that the entire process needs to be treated without one addiction being replaced for another.

Kishore says that while things might have changed in India these days, the society is still pretty conservative. "We come from a teetotaller culture," he says. He comes across Indians in the United States who are suddenly exposed to a variety of temptations and don't quite know how to take it all in. "Some tank up in the evening, they drink after work and it becomes an addiction," Kishore says. He is also seeing a growing incidence of addiction among elders in the Indian community although a lot of the problems are kept under wraps. While Kishore would like to see advances made in the field of addiction medicine, he says it is a challenge because it borrows from many disciplines.

Hogrell too says the challenges of staying away from drugs are complex but can be easily overcome. She agrees with the cartoon depiction in Kishore's office and sees that many addicts have to battle their inner voices that try to get them hooked again. "You have to come to every meeting, counseling and support is a big part of this, you have to keep it up," Hogrell says.

"Sometimes it really is just one day or even one hour at a time."