

Life in the *Fast Lane*

The drama of life and the traumas of life are of critical importance to Dr. Mona Gupta, as she works with patients in her Raleigh and Apex offices.

A well-trained, respected psychiatrist—with the sensitivities of her osteopathic training—she observes that trauma can unsettle lives in dramatic ways. “It is increasingly common for me to work with patients who are dealing with some type of trauma, and, in seeking relief, they are prescribed and take an opiate or some kind of painkiller. And suddenly they become aware that they are feeling better—much better—both physically and emotionally, and they then move down the path of becoming addicted to this new presence in their lives.

“I’m observing this pattern of behavior with patients of all ages, from younger adults or even teenagers all the way to the geriatric population. This opioid addiction has become a real problem. People are getting hooked on these pain killers, and many are going from one pain doctor to another to bolster their supply.”

GETTING HIGH, STAYING HIGH

The pattern, says Dr. Gupta, is that “many are filling multiple prescriptions, and then they’re getting high and pretty much staying high. And, before their new drug habit they were increasingly less sure of themselves in all aspects of their lives—their work, their relationships, their aspirations. They now feel better, feel lighter, and they feel they can function at a good level, whereas earlier—pre-drugs—they were less sure.

“Not everyone has this tendency to overdose,” she notes. “Some people get ill from taking pain pills. Others simply don’t like the changing sensations they feel in their bodies. But others have a genetic tendency or inclination to abuse these medications. A lot of people who fit these profiles come into my office, and discover, with a bit of guidance, that they feel worse, not better with the use of these drugs.”

ABUSING MEDICATIONS

For those who have a genetic tendency, says Dr. Gupta, “the path to serious drug abuse may begin with the abuse of pain-killing medications. They have spent all of their lives as well-functioning non-addicts, and now they have become drug seekers. They often will seek prescriptions from many sources for these drugs. They often remain productive members of society, but a serious issue is that, often, their search for a ‘high’ to sustain pain relief flips over to heroin abuse.”

Heroin, in fact, explains Dr. Gupta, “is typically less expensive than most of these pain pills, and it is more readily available. Heroin use was less of an issue for a fairly long



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time, but it’s making a comeback because restrictions on pain pills have gotten tighter and the drugs have become more expensive and are simply harder to get.”

TREATING HEROIN ABUSE

“The bottom line,” says Dr. Gupta, “is that we’re finding heroin abuse has become more common among my patients. I treat substance abuse in my office through different modalities. We have a substance abuse therapist so we can offer therapy, and we can provide a medication called Naltrexone—in its injection form it is called Vivitrol. There is also an implant that people can use which, like Naltrexone, is an opiate blocker—it blocks the high you can get with the drug, but it also blocks the pain-relieving abilities, as well.”

ACCEPTING THE PROBLEM

“We are experiencing a high level of success with these approaches to curbing and controlling drug use—when the patient is ready and willing to move in this direction.

No one can bring another to that point of intention. The intention needs to reside within the patient, not the provider of services.

“By ‘ready’ I mean the patient needs to embrace the intention of getting well, free of drugs. If I go ahead and give you Naltrexone, that doesn’t mean you will suddenly be clean, relieved of your cravings. Naltrexone helps with the cravings, but if you don’t have good coping skills you may still want to use, and you may act on that compulsion. What we need is a combined effort that embraces family support and the support of a therapist. We can’t simply give someone a pill and believe we have fixed their problem.

“When the time is right,” she continues, “after the patient has moved through the hard part, we can help them effectively use a number of support mechanisms, including high quality personal relationships, meditation, yoga, deep breathing exercises, and more. For some, exercise and running become their own addictions. A lot of people who are grappling with issues of addiction end up doing marathons, and the ‘runner’s high’ can become another form of addiction—indefinitely more beneficial than opioid addiction.

“And it’s true that we live at a time when most people want a quick fix. Feeling sad? Take a pill. Feeling mad? Take a pill. In the day of the Internet, we want and expect everything right away. Not tomorrow or next week, we want what we want right away.

“The reason why I talk a good deal about substance abuse,” says Dr. Gupta, “is because it is affecting all of us—no matter the social status or how much money we have or don’t have. It affects everyone. And it’s true: you can use tobacco in moderation, and drink alcohol, and use marijuana in moderation. Everything can be done in moderation. And its important to have a deep understanding of exactly what you are doing to and with your body and your senses, all of the time.” *h&h*

ECLECTIC PRACTICE

Dr. Gupta has an eclectic practice, working with adolescents and adults no matter the nature of their health issues. “I work with such challenging problems as bipolar disorder and schizophrenia as well as with scores of people who are simply challenged by events in their lives. I really do empathize with patients who are dealing with such every-day issues as anxiety, questions of self-image, depression, and perhaps health challenges. Every one of us has a period in our lives when we are challenged and need support and guidance.”

Dr. Gupta has a network of counselors and psychotherapists who are well-qualified to work with clients who need on-going support. “I do ‘talk therapy’ when it is appropriate, but I am a medical doctor and when we are dealing principally with behavioral or psychological issues, such as a history of trauma, I might refer the patient to a psychologist for longer-term therapy. I work with professionals who are very adept with PTSD patients, for example, and others who are excellent marriage counselors and therapists. It’s quite remarkable how often a rocky marriage is the root cause of depression and anxiety.”

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