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TRANSCRIPT:

Welcome to this edition of the Silicon Valley Fraternal Order of Police Resource Guides, a platform dedicated to addressing law enforcement issues and the health and well-being of our members and their families. Today, we're focusing on an essential and insightful discussion about addiction treatment options and their implications. In this episode, your host, Victoria Napolitano, will speak with Dr. Eugene C. Santillano, a highly esteemed addiction medicine specialist. Dr. Santillano is a dual board-certified physician in family medicine and addiction medicine, boasting over two decades of experience delivering comprehensive medical care. His unique perspective, gained from his work since 2015 developing and implementing outpatient addiction treatment programs within indigent care clinics in Santa Cruz County, has made a significant impact on addiction recovery.

Today's discussion will center around an emerging therapy that is gaining attention in the addiction field—ketamine. Dr. Santillano will explore how ketamine, with its potential to reduce symptoms of depression and suicidal thoughts rapidly, is being utilized not only for addiction treatment but also in addressing suicidal tendencies among individuals battling substance use disorders. As a passionate advocate for medication-assisted treatment (MAT), he emphasizes

the need to integrate these innovative approaches into primary and urgent care settings to optimize patient outcomes.

Whether you or a loved one is seeking to understand more about ketamine's role in addiction treatment or is just curious about the latest developments in this field, this episode promises to enhance your knowledge significantly. So please sit back, relax, and join the discussion with your host, Victoria Napolitano, and Dr. Eugene Santillano.

Dr. Santillano, thank you so much for joining me here for Silicon Valley FOP Lodge 52. Bless to be alive, very thankful, and I actually just came back from a presentation on the same subject, so I'm really excited to be bringing information about ketamine and how it can be used for people in their mental health recovery.

That's very, very important these days. Would you say it's getting worse regarding the suicides and the mental health issues we're having today?

I actually have an opinion that we have too much information, right? So before the internet and before we had access to global information, we likely had mental health issues throughout the world and throughout our country and in our societies and in our families, but it wasn't as public as it is today. So I think part of it is a little bias about knowing about mental issues and knowing about things that are happening. But there are different weapons in this century than there were in the previous century, and so it seems like it's a lot more egregious because it can affect a lot more people very quickly.

I've been working in primary care for more than 20 years. I've enjoyed my career and the variances and the different types of jobs that I've had in primary care, including teaching doctors how to be doctors and residency education. I've worked in emergency departments, I've worked in urgent cares, but about 10 years ago, I was introduced to the opportunity to prescribe buprenorphine. There was an acute need in Santa Cruz County. They needed someone to take over a buprenorphine clinic. I had never prescribed buprenorphine before; I had never

really heard of buprenorphine before. What I realized very quickly was that buprenorphine is a very safe medication that could be used for opiate replacement therapy.

Over the progression of the last 10 years, there have been a lot of hurdles removed so that now access to buprenorphine is much more widely available for clients who are dealing with opiate use disorders. Part of it is the epidemic that's happened. What's interesting is that fentanyl has gotten a lot of attention because it's creating deaths at an earlier age. People are not using substances for dozens of years before they might have an exposure to fentanyl and die, even on their first use of an opiate.

Fentanyl has really created this emotional response that has made it very urgent for us to respond and create an opportunity for improvement. However, alcohol continues to be the number one killer for substances in the United States.

Really? More than drugs?

More than opiates, yes. Alcohol continues to have more deaths annually. It's because people are drinking over multiple years. They might call something like alcohol or substance use a "slow suicide." There is some relation between the substance use, with fentanyl creating a "fast suicide."

It's not really always an intention to end life, but I've definitely seen people who are struggling with validation in their lives reaching for fentanyl to end their life. That's a little different. Fentanyl has been used for a long time in our operating rooms. I know that you've known women that have given birth—it’s one of the most commonly used medications for epidurals. But the problem with the fentanyl we're seeing circulating on the streets is that it is not measured and is being put in things that people don’t recognize.

For example, I've heard of people in my own family or friends that have lost 17 or 19-year-olds who thought they were taking a pill called Xanax. Xanax is a benzodiazepine— you might hear of

it as a "chill pill"—and it can be tainted with fentanyl. They took it one time at home, in their bed alone, thinking they would chill out, and they never woke up because their family found them the next day, and the substance that caused their death was fentanyl.

As you said, it's not intentional a lot of times.

Yes, I like to call this a poisoning. I have a very close experience with this in 2022 because my brother was celebrating. My brother used alcohol as his primary substance. You know that when someone uses alcohol, their decision-making capacity can go down; their ability to protect themselves can go down. He was partying and had received the day off to work as a campaign manager. It happened to be my birthday. I heard from him that day in a celebratory way, and he was downtown in San Francisco, and he never made it back to where he was staying.

Oh no.

He passed out in the street. When they found him, he was treated for an acute myocardial infarction, but his heart was fine. It was fentanyl, and he had lost his oxygenation and passed out. They took him to the University of California, San Francisco, the Zuckerberg Hospital, and they put him on ice for a few days. They didn't know who he was. I'm sure he was robbed when he passed out in the streets of San Francisco, but they were able to fingerprint him and called me a few days later. We were able to see him before they removed his tubes, but he was already dead.

Do you think someone gave that to him or what do you think happened?

He was not one to turn down a party. I don't know if he smoked it; I don't know if he ingested it, but he was exposed to fentanyl. My brother was not an opiate user. His primary substance was alcohol, and like I said, he enjoyed being a very charismatic and outgoing individual. Someone offered him the wrong party that night.

Oh no. I'm sorry. That's terrible.

That's also one of the reasons why it was really important for me to move in the direction of treating people with addiction. From a personal experience, I have seen a lot of loss in my family due to alcohol, and my brother's case with fentanyl secondary to alcohol. Substance use affects communities and families; it doesn't affect just individuals. I've been learning over time that it's really important to let go of some of my implicit bias and help support people in a different way.

I like that you said that because with you having this so close to home, you stand and you can help someone, and a part of you wants to help that person so it doesn't end up like your brother or someone else that you know.

Absolutely.

So what made you start thinking, like, how did you explore ketamine as a treatment for mental health?

I've been working in addiction for a long time, and there are some occasional introductions to alternative therapies. Some of these alternative therapies are not legal—we'll say underground—like psilocybin and MDMA. But ketamine is a substance that is FDA-approved for use in anesthesia. So it's being used off-label to treat depression, anxiety, PTSD, and substance use disorders. I decided to explore this more. I paired myself with a local psychotherapist interested in offering psychedelic-assisted therapy and introduced her to the idea of ketamine because it's above ground, and we can move forward with this kind of therapy.

As I learned more about it, I became increasingly impressed with how it's utilized as a medication. I'm really excited to be talking to people about this medication because there is no

medication on the planet that works faster for severe depression or suicidal ideation than ketamine.

That's incredible.

So how often would you, and again I know I'm generalizing that everyone is different, take it every day or several times a day?

Let me back you up a little bit and recognize that ketamine is not a medication that I recommend for daily use. It is a medication that is used under the supervision of someone trained to administer it. The specialties that have been using ketamine the most over the last 50 years include anesthesiologists and ER doctors. If you investigate, many of the ketamine clinics are associated with anesthesiology and ER doctors. They basically change the direction of their usual practice to offer ketamine.

In the late 1990s and 2000s, psychiatrists got wind of this medication and discussed using it for mental health at lower doses than those required for anesthesia. They found that in 70% of people who received this medication, their depression improved. What was special about this population is they had been treated with traditional therapies with up to five other medications and had not benefited. Ketamine worked, and then the National Institute of Mental Health went forward. Carlos Zarate was the doctor at the time, and he acknowledged they were giving ketamine to people with multi-drug-resistant depression—patients who had been on up to five medications before they were considered candidates for the study, having a 70% to 80% response in reducing depression and acute suicidal ideation.

This medication works in people who have tried other things, and it works quickly—within hours. Unlike other medications where people waited weeks to months for effects, this medication had effects in hours. That's what made Dr. Zarate so impressed. He thought, "Why are we looking at all these other medications when this works so quickly and effectively? We should focus on medications with this kind of outcome."

Yes, and then five different ones... So let's say someone gets put on a 72-hour hold and they're suicidal. Could they go in and use that to help them through the three days or even cut the three days down?

That's a very good question. There are definitely universities around the country that use ketamine, but typically not in a 72-hour hold. The ketamine protocols approved by the American Psychiatric Association involve providing six infusions within a very short duration—usually inside two or three weeks. People get six infusions separated by no more than four days. The reason for this is that when they did the studies with the National Institutes of Mental Health, one infusion worked quickly, but generally, the effects might have waned or gone away after about four days. They recognized they needed to give them another treatment to maintain them.

They discovered that if they provided six treatments in two or three weeks, people would be stable for about a month. So, ideally, we can't just administer a single treatment during a 72-hour hold without the infrastructure in place to support it. You would need a facility willing to provide that and doctors capable of implementing that protocol.

Also, it's not FDA-approved for that mental health indication, which complicates the protocols. When people use it, they're using it off-label, meaning without permission. And because it's not FDA-approved, Medicare often doesn't approve medications that are not FDA-approved, controlling the cost of medicines.

So if someone requested it, can I come to you and say, "Hey, I've read about this. Can you administer this to me?"

What we do is offer the medication off-label, but it operates without insurance support because no one pays for it. So it's considered a cash-pay type of service. Definitely, it's something you're

hearing more about in the news. I know that one of the most famous people in the cabinet, Elon Musk, is a proponent and user of ketamine, so it's not something unknown.

However, as I mentioned, it is not a medication that has been generally approved for mental health, with one exception. In 2019, that same doctor, Dr. Zarate, worked with the pharmaceutical industry to create a nasal spray called Spravato, which is an S-ketamine formulation. The nasal spray has FDA approval for treating depression and was recently approved as a primary treatment for depression.

It was initially used for multi-drug-resistant patients, but now it can be used as primary therapy for depression. That medication is paid for, but there are limitations—such as requiring administration in a doctor's office equipped to do so. After administering it, the doctor monitors the patient for a couple of hours to ensure they can return home safely.

What would the side effects be?

The biggest issue with these administration times is that now you are paying for a provider to be around while the medication is having its effect. One of the most important things to understand is that the effects of this medicine can often be misunderstood as side effects from conventional medicine, which is one of the reasons why many are scared to use it.

One effect of the medicine when it reaches therapeutic benefits is that you can have some psychotropic experiences where you might experience visions or things that don't align with reality. This happens because it unlocks your brain's imagination. When you are stuck in depression, chronic anxiety, or stress, your body enters a cycle where your brain continues to repeat the same negative thoughts—leading you to believe those things. Ketamine can help unlock emotions that have been lost due to being stuck in those cycles.

I can't believe it's not bigger than it is already. As a pessimist, do you think the drug companies are trying to find their way to profit off of it? Could that be one of the hold-ups? It always seems like there's something weird going on in the pharmaceutical world.

Yes, it's a situation where if there's no profit potential, they won't push it forward. This medication has been FDA-approved since 1970, meaning the patent for it is long overdue. They missed the opportunity to include depression during the patent phase—they weren't thinking along those lines at the time. Thus, the medication won't be studied anymore. When you formulate a medicine into a new delivery method like a nasal spray, it becomes a branded medication, and that's where they can make money.

So if I came to you, hypothetically, what would make you feel like, "Victoria, you would be a good candidate for this?"

There are a few considerations when thinking about trying this medication. The most important thing is that you're willing to experience it. The truth is that this medication has been underutilized, and we likely don't know all the patients that would benefit from it.

Recently, my clients have been those treated for depression who have not had effective outcomes with conventional therapies. Often, their psychiatrist runs out of options and suggests ketamine as a possibility. So, these people who have tried traditional therapies and medications without favorable results should consider it.

But does that mean you have to wait? That's a good question. The FDA approval of Spravato has opened an opportunity for us to say that maybe you don't have to wait. For patients who are acutely suicidal and severely depressed, I believe there's no medication more effective right now than ketamine. Within one treatment, you can have improvement. It's tough for me to imagine holding back someone's opportunity to experience this medicine when they face such serious situations as severe depression or suicidal ideation.

How much worse can it be if you're stuck in depression and suicidal thoughts? I would try anything at that point.

There are so many people hurting who need something other than just words. I mean, of course, you need therapy and discussions and so forth, but as you mentioned, a medication can help elevate them beyond that initial hurdle.

It is something to consider for individuals who aren't finding solutions—something they are either interested in waiting for or experiencing right now. For example, I know clients that come to me with a family history of bad reactions to SSRIs, which are common antidepressants. They might think, "Why would I want my family to experience that?" That creates a protective response.

What would the protocol for using ketamine look like for a patient? It's not just about ketamine by itself. Is there therapy, weekly meetings, or some structured approach as part of the recovery plan?

Actually, I might disagree with you a little. This medication can function primarily as a medication. There are patients who take, for example, an SSRI and rely entirely on that for treatment. Using ketamine can also be a monotherapy.

Now, when someone battles severe depression or suicidal ideation, I believe that medication is vital at that moment. Support systems should be in place after administering the medication. For instance, some people taking antidepressants might be more prone to suicide, so those around them need to provide constant support.

Would that be a lifelong commitment possibly?

We don't know much about long-term use of ketamine, as it has not been extensively studied that way. However, we understand from other antidepressant treatments that stopping medication increases the likelihood of relapse into depression, which can rise to 70%.

Patients with frequent bouts of depression may need to consider this medication as part of a chronic treatment plan. Some may start with ketamine while introducing another antidepressant; when that med kicks in within four to six months, they might find they don't need the ketamine anymore.

I have had one client this week who has been on seven different medications—none of which worked and all have side effects—and yet, ketamine worked for her every time. She has experienced relief from her depression for up to eight months after multiple treatments, but she recognizes that she still returns to ketamine because nothing else helps her like it does.

Can you take other medications along with ketamine?

You can. Many respond well, for example, to SSRIs; otherwise, we wouldn't use them. You could initiate ketamine to help suppress acute suicidality while also starting another medication. So by the time the other medication takes effect, the patient is feeling more stable.

Are you currently accepting new patients by any chance?

I'm absolutely receiving new clients! I would love to support anyone on their journey toward recovery from addiction or mental health disorders utilizing ketamine. Utilizing medications is my specialty in treating addiction. I firmly believe medications can help change our emotional responses, allowing us to redress less dangerous chemicals to achieve the same emotional control.

How would we get ahold of you? Do you have a website or email?

Yes! My website is addictionchangeexperts.com. That's all the words together, .com. My phone is also the best way to reach me; you can text me. Oftentimes, if I'm doing presentations, I can't answer calls, but I can respond in text. My phone number is 408-337-6383. I can provide remote consultations to anyone in California. For ketamine injections or infusions, I primarily perform those in my office in Sunnyvale, but I do have a partnership for a location in Watsonville.

Is there a consultation fee? It takes a lot of expertise and effort to provide these services, so is there an initial fee I need to pay once we decide to move forward?

My initial consultation fee is currently $400. That fee corresponds to a membership model. My company does not accept insurance, and because of other contracts, I'm unable to see clients with Medi-Cal or Medicare. But for those with private insurance, they can contract with my company through direct membership.

The initial consultation fee is $400, but once that's settled, we can decide on your membership. Some clients require acute detox, and I offer a more intense plan for one month, where we touch base frequently over several days. If you need less intense care, like monthly contact, there's a different level of plan. The intense plan is $800 for one month, while the monthly subscription is $250, billed monthly.

Let's say a husband and wife are going through the intense plan, but they also need support from family or friends. Do you involve them in that aspect?

I can empathize with that because I started my own journey with addiction as a child growing up in an alcohol-using household. My mother found salvation through Al-Anon. So, I absolutely believe in the importance of family support, but that support network is not readily available yet.

My favorite 12-step group to recommend for those dealing with addiction is M-A-R-A International, which stands for Medication-Assisted Recovery Anonymous. This organization rewrites the traditional 12 steps in a less judgmental way, allowing individuals to use substances to facilitate their healing. Some individuals I've encountered at regular 12-step programs feel judged for relying on antidepressants in their recovery. So, the Medication-Assisted Recovery Anonymous offers an understanding approach—encouraging help to achieve betterment.

I hope to work on a nonprofit family support group in the future because that's so important. One significant truth is that families often perceive these issues as moral failings, believing individuals should just "snap out of it." The reality needs to address the underlying emotional responses, some learned since childhood, which require guidance to unlearn.

Before we conclude, could you share your website again so that someone doesn't miss it and has time to text or add it to their contacts?

Absolutely! My name is Dr. Santillano, and you can find me at addictionchangeexperts.com. My phone number is 408-337-6383. I'd love to be a part of your recovery journey.

Until next time, I'm Victoria Napolitano with the Silicon Valley Fraternal Order of Police, Lodge 52.