



# Two Sources of Hope in the Deadly Epidemic

Robert L. DuPont, MD

President, Institute for Behavior and Health

[www.IBHinc.org](http://www.IBHinc.org)

*Reclaiming Recovery: Getting Back to Basics*

October 30, 2019

No One with a Substance Use Disorder  
is Hopeless

# Recovery is Possible

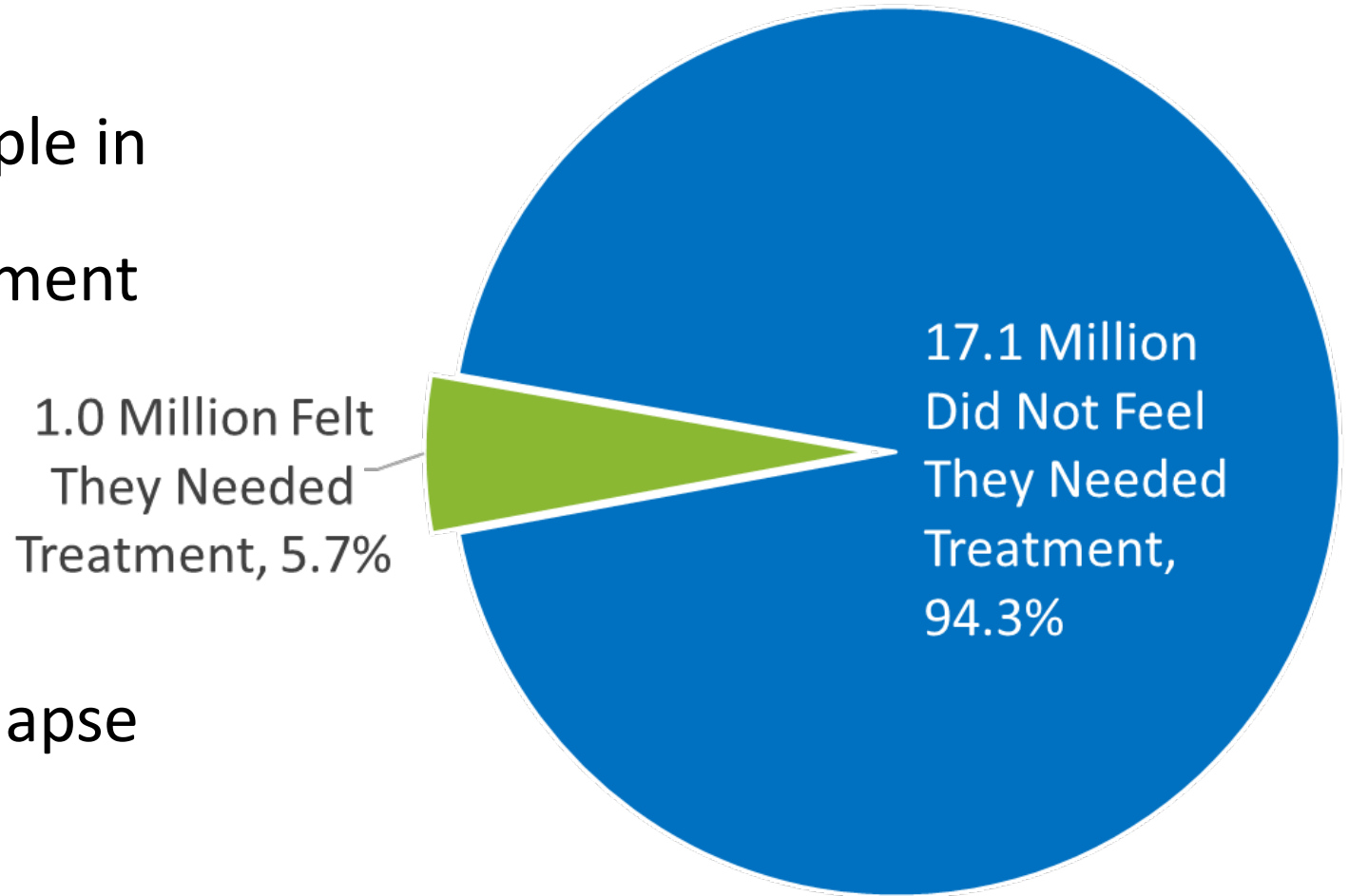
- ***A voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship***
- 23 million people in the US are the evidence
- The use of medications as prescribed is consistent with recovery
- Role of recovery support, including 12-Step fellowships
- National recovery movement is widespread – and growing
- They are the most important evidence – they are the pathfinders

# Today's Treatment Paradigm

- Addiction is life-long threat, but treatment is stand-alone and short-term
- Medication-assisted treatment (MAT) is mostly short-term:
  - About half of buprenorphine patients leave in 3-6 months
  - About half of methadone patients leave in 6-9 months
- Many addicted patients continue to use alcohol and other drugs while in treatment
- Treatments not using MAT are usually even shorter

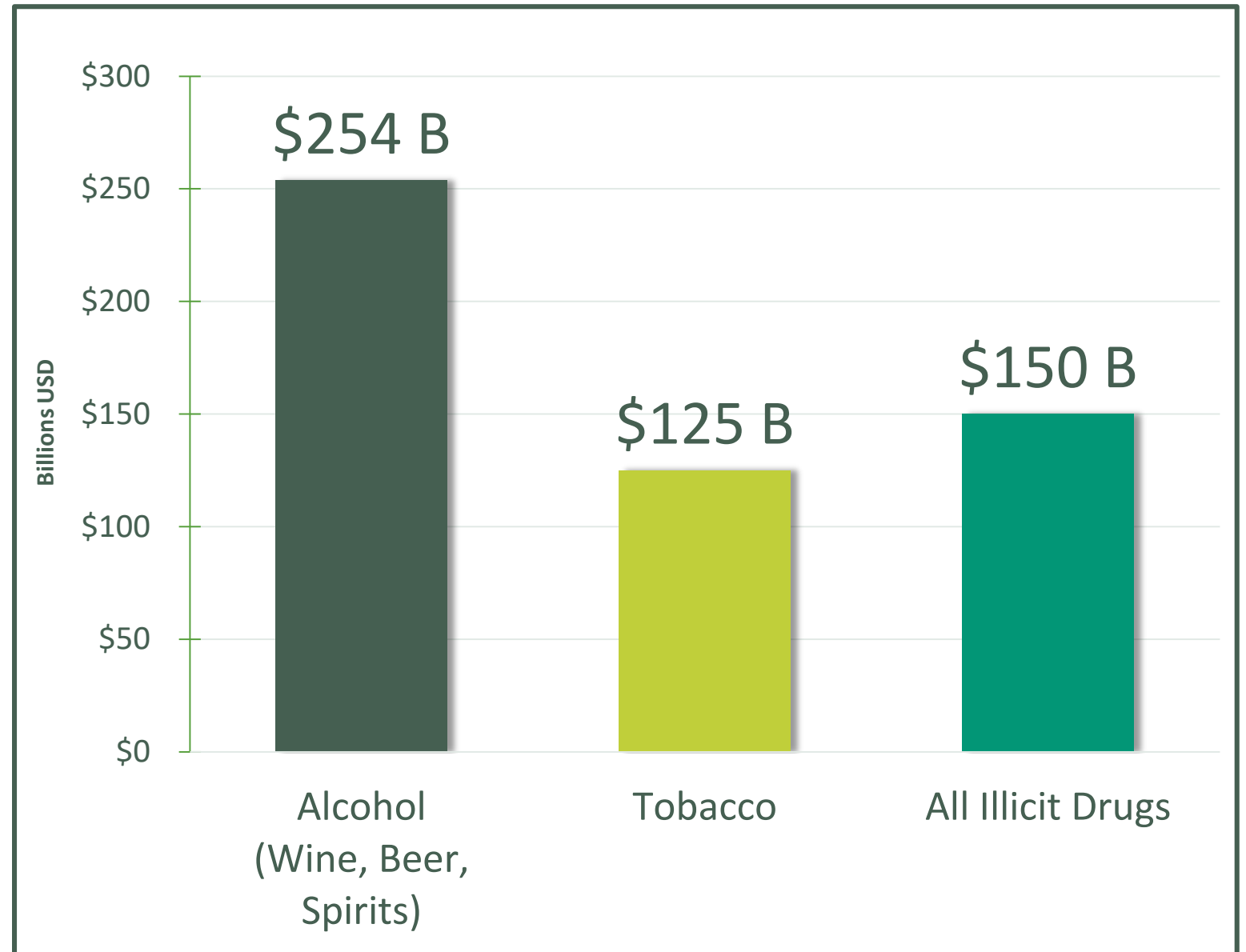
# Reality Check on Treatment

- Nationally 18.2 million people in the US needed but did not receive SUD specialty treatment in 2018
- Over 94% do **NOT** want treatment
- Dropout is common and relapse is defined as central to the disease



# The Money

Annual Spending  
on Legal and  
Illegal Drugs



# How Do We Build Recovery?

- Addiction is seldom solitary
- Recovery also is seldom solitary
- The key is found in building recovery communities
  - College campuses, ground-zero for addictive drug use
  - Oxford House

Make Recovery the Expected Outcome of  
Addiction Treatment



# The New Paradigm for Long-Term Recovery

- Manage the environment in which the decision to use or not use drugs is made:
  - Accept substance use and it continues
  - Identify and intervene immediately with any use of alcohol and other drugs while guiding the individual to recovery and use stops
- Inspired by the care management of the state physician health programs (PHPs)

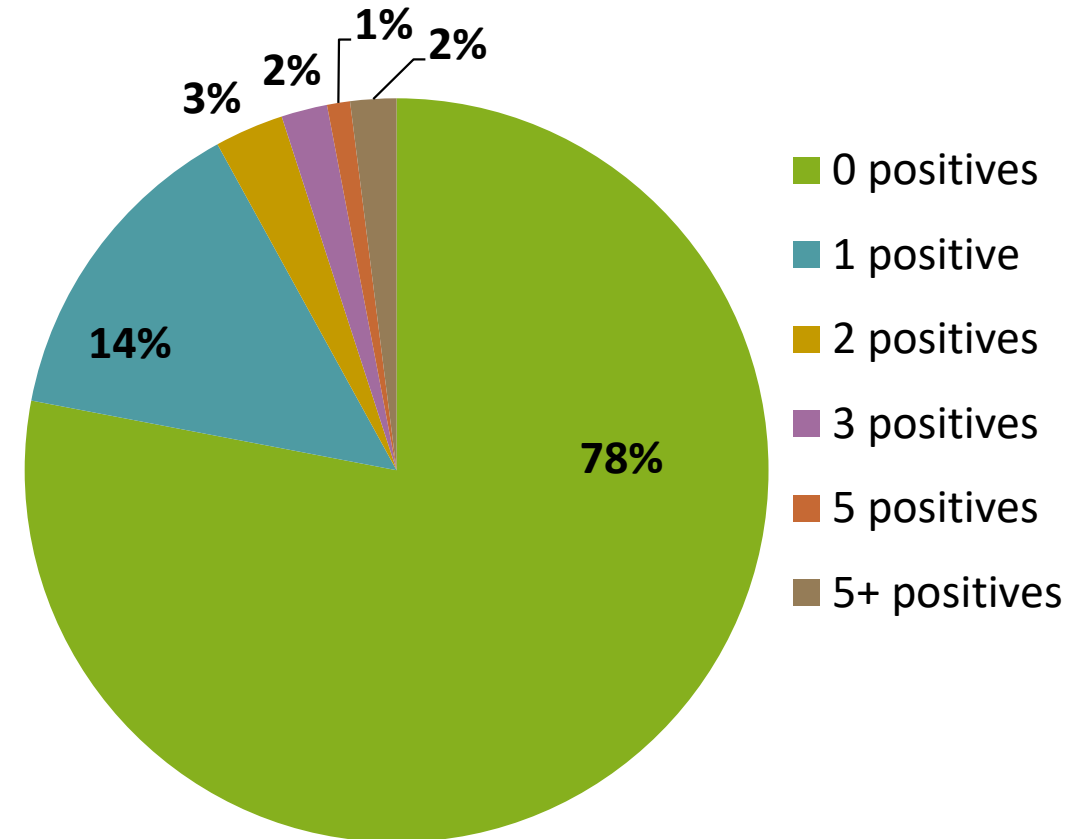
# PHP System of Care Management

- Zero tolerance for any substance use with frequent random drug tests and immediate, serious consequences for any missed or positive drug tests
  - Including the risk of losing their licenses to practice medicine
- Evaluation and intervention
- Monitoring contract, usually for 5 years
- Brief high-quality substance use disorder treatment – plus treatment for comorbid conditions
- Sustained Immersion in community support, mostly 12-Steps (AA/NA)
- Long-term monitoring and support – inspired by care, respect – not punishment

# Long-Term PHP Results

- Over the course of 5 years:
  - 78% of all physicians had zero positive drug tests
  - 14% had only 1 positive
  - 3% had 2 positives
  - 5% had 3 or more positives
- Outcomes as excellent for physicians with opioid use disorders as for those with alcohol and other substance use disorders

Positive Drug Tests



# Five Years AFTER Monitoring Stops

- Anonymous online survey of physicians from 8 PHPs who had completed a contract for a substance use disorder at least 5 years earlier
- 89% completed contract without any relapse during monitoring
- 96% considered themselves to be “in recovery”
- Most valuable element of PHP care was 12-step meeting attendance (35%) followed by treatment (26%)
- 88% attended 12-step meetings since completing their PHP contract; 69% attended during the past year
- 96% reported being licensed to practice currently – none lost their license due to substance use

# The Key to PHP Success

- Started and now widely led by physicians in recovery
- From the first day to the last day in PHP care, physicians are surrounded by and supported by physicians who have traveled the long road to recovery

# Essential Role of Leverage

- Five-year recovery is possible with strong support of people who care about those with SUDs
- Roles for health care, the criminal justice system, employers and families
- While nearly all physicians initially object to PHP care management, when they are in recovery, they recognize that the PHPs saved their lives

# Critical Lesson from the PHP Experience

- It is not hopeless to wait for a person with a substance use disorder to decide to stop using drugs
- But it is dangerous and wasteful to wait until the person is ready
- It is better to intervene early and to provide recovery support

# Harm Reduction

- Reduce the negative consequences of drug use
  - Overdose
  - Spread of communicable disease (e.g., HIV/AIDS, Hepatitis C)
  - Criminal justice consequences
- Meeting individuals with substance use problems where they are at – while using
  - Overdose reversal (Naloxone)
  - Needle exchange
  - Safe injection sites
  - Medically prescribed heroin (“heroin-assisted treatment”)



# A First Aid Approach is Not Enough

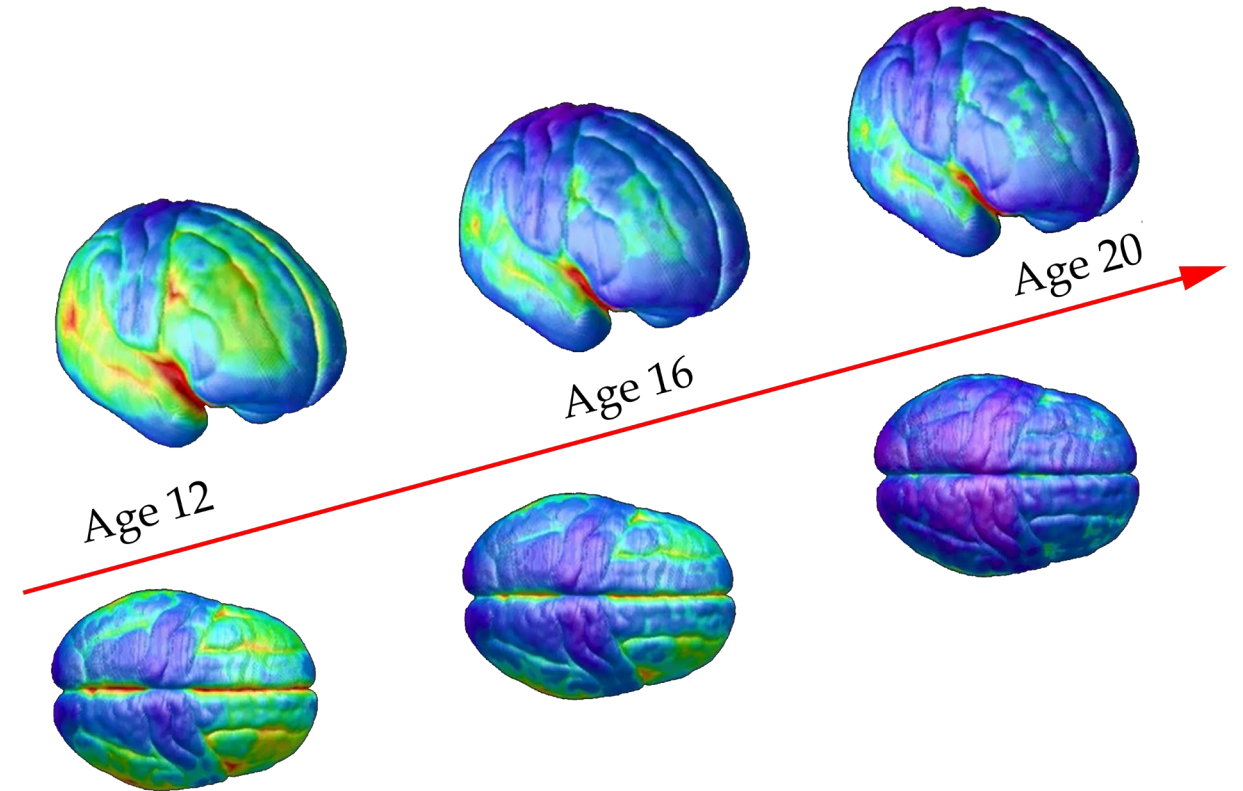
- What happens next after a harm reduction intervention?
  - Often continued substance use
- My challenge to harm reduction:
  - Evaluate all HR interventions on their ability to lead individuals into recovery

# How Do We Reduce the Future Prevalence of Substance Use Disorders?

→ *Focus on Youth*

# SUDs are Pediatric-Onset Diseases

- 90% of adults with SUDs began smoking, drinking or using other drugs **before age 18**
- Unique vulnerability of the developing adolescent brain
- Early use is often problem-free; only later do problems accumulate and the brain is hijacked

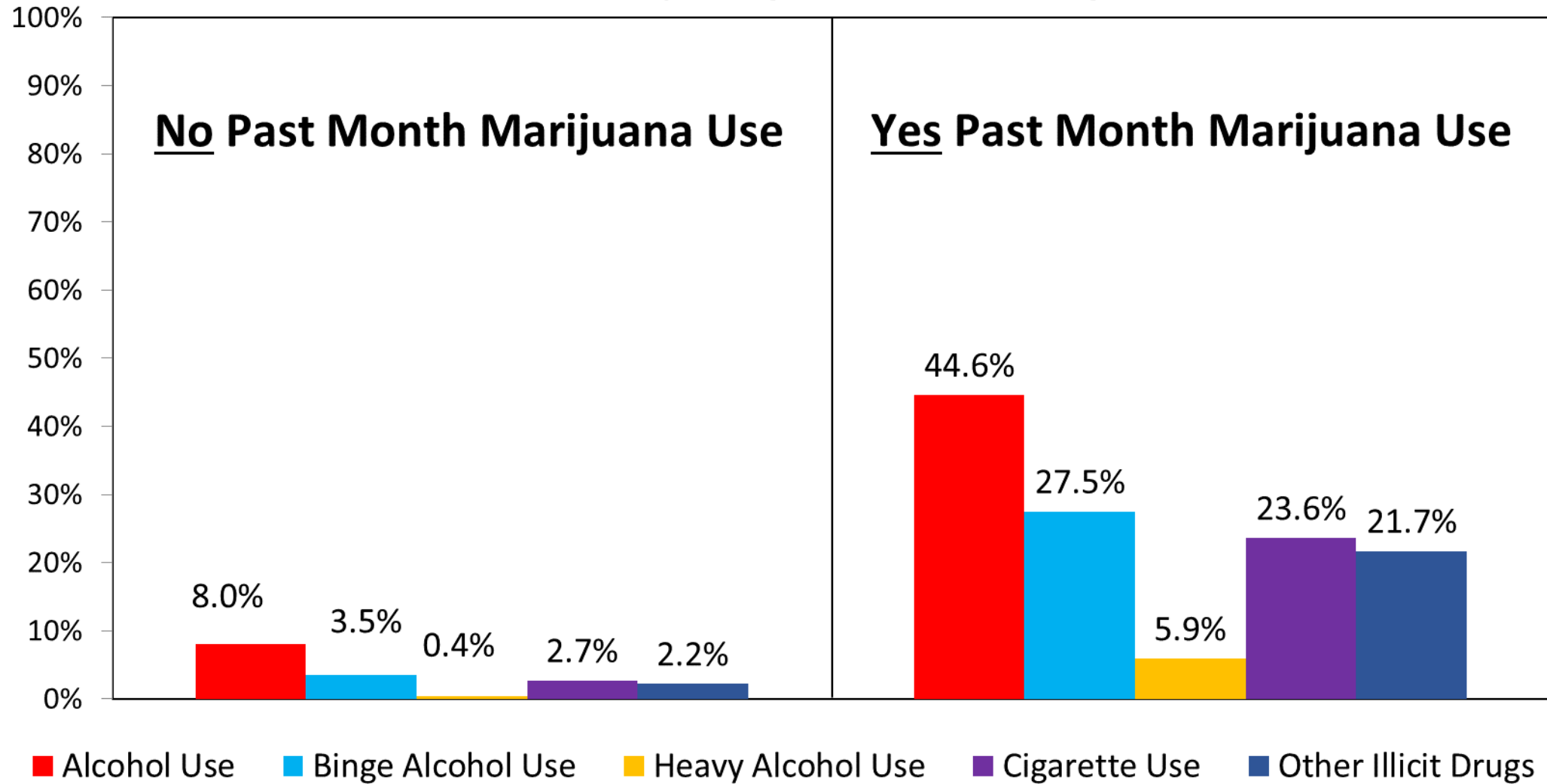




**For Teens,  
All Substance Use is Related**

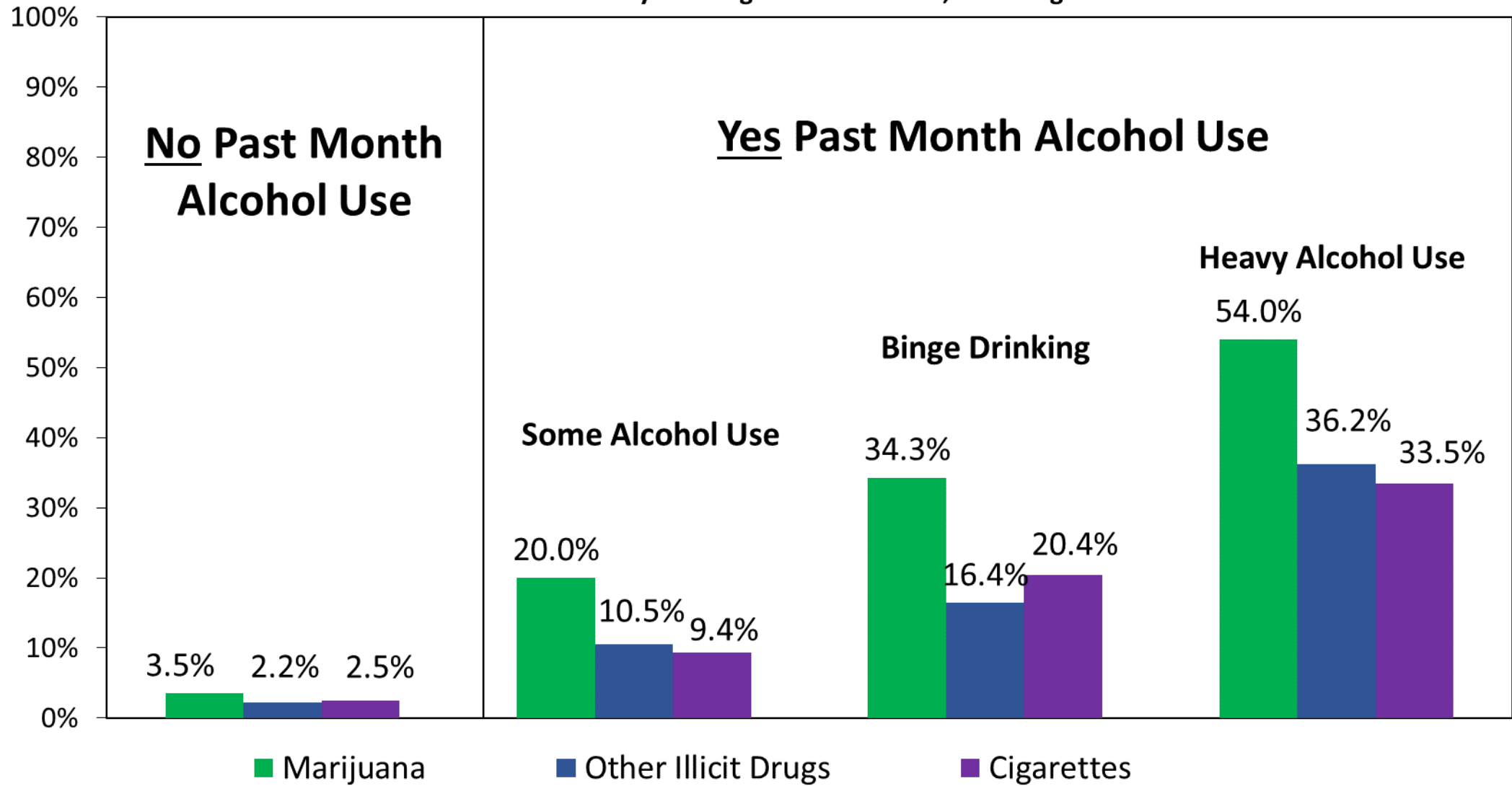
# Teen Marijuana Use is Associated with Higher Use of Other Drugs

SAMHSA's National Survey on Drug Use and Health, Teens Aged 12-17



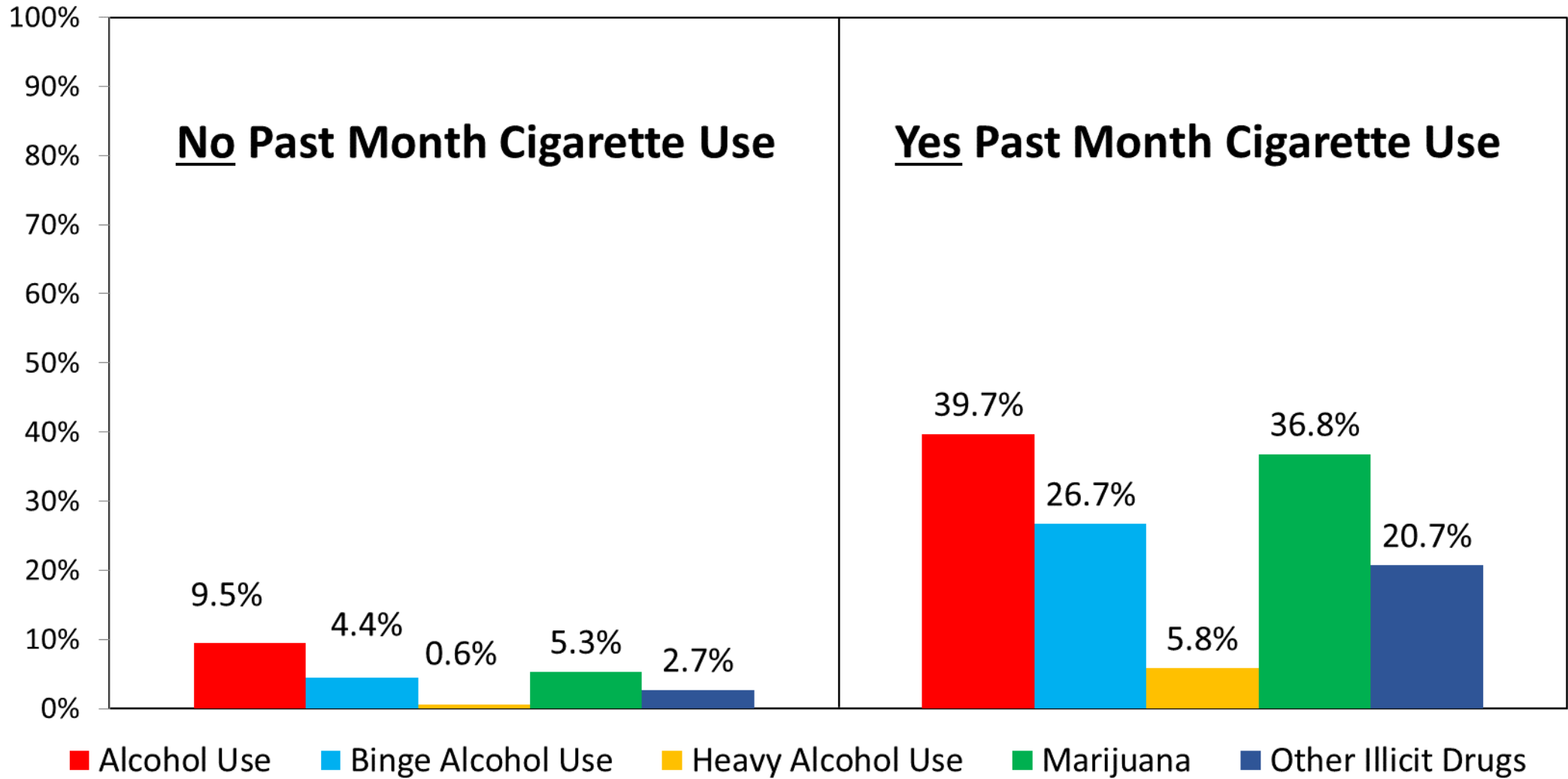
# Teen Alcohol Use is Associated with Higher Use of Other Drugs

SAMHSA's National Survey on Drug Use and Health, Teens Aged 12-17



# Teen Cigarette Use is Associated with Higher Use of Other Drugs

SAMHSA's National Survey on Drug Use and Health, Teens Aged 12-17





**One**  
**Choice**

## A New Vision for Youth Prevention

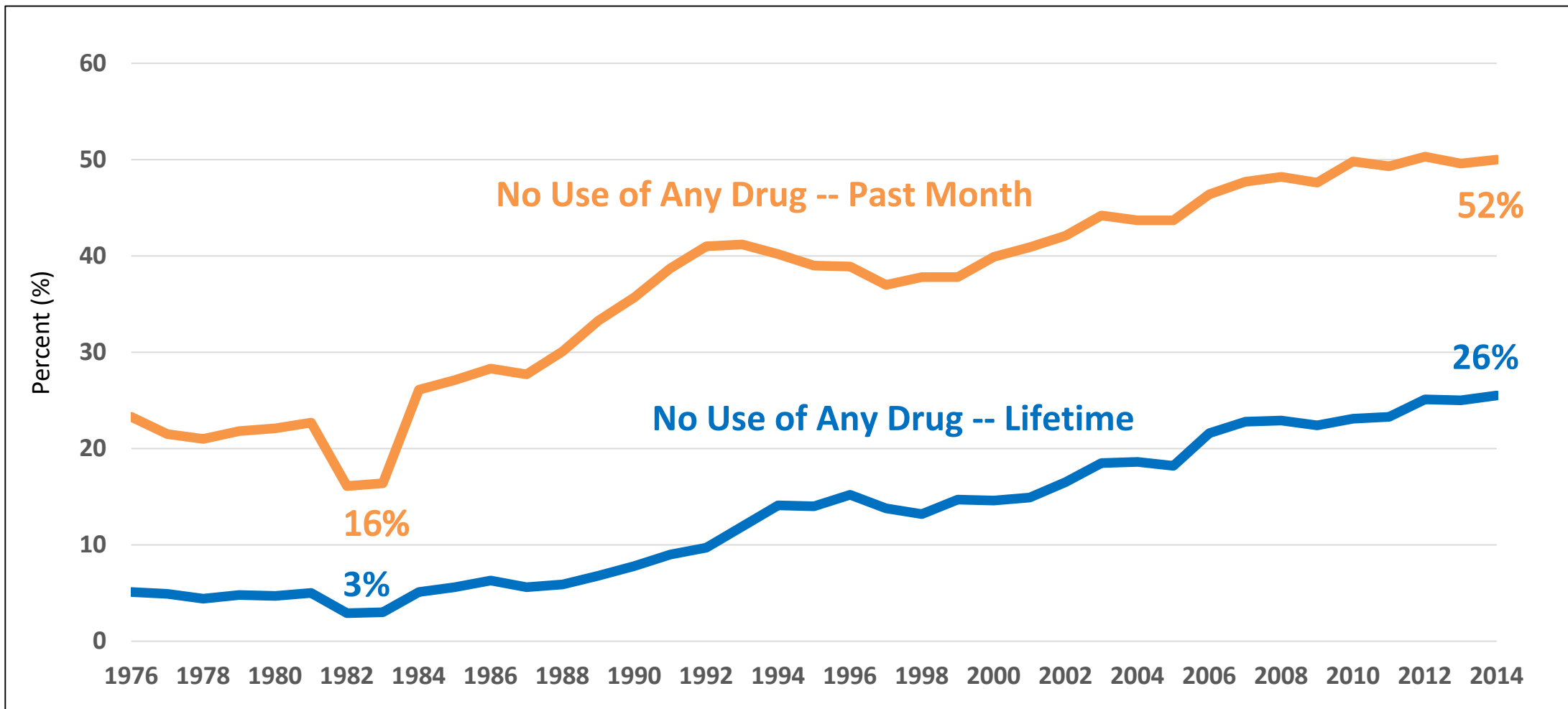
- A clear message in contrast to other vague prevention messages
- *No use of any alcohol, nicotine, marijuana or other drugs for reasons of health for youth under 21*
- Refocus current programs and messages on One Choice as a new health standard



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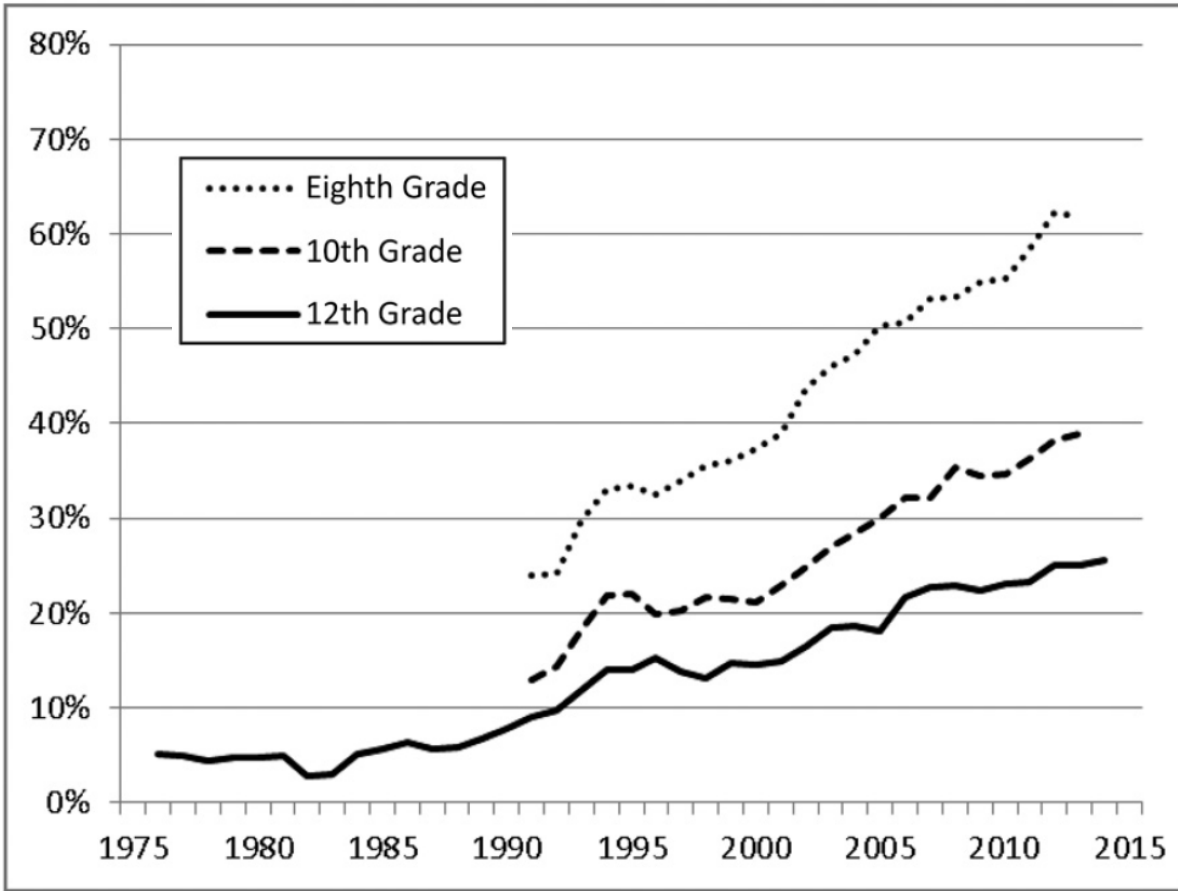
Is the One Choice Realistic?

→ *American Youth are Showing  
the Way Forward*

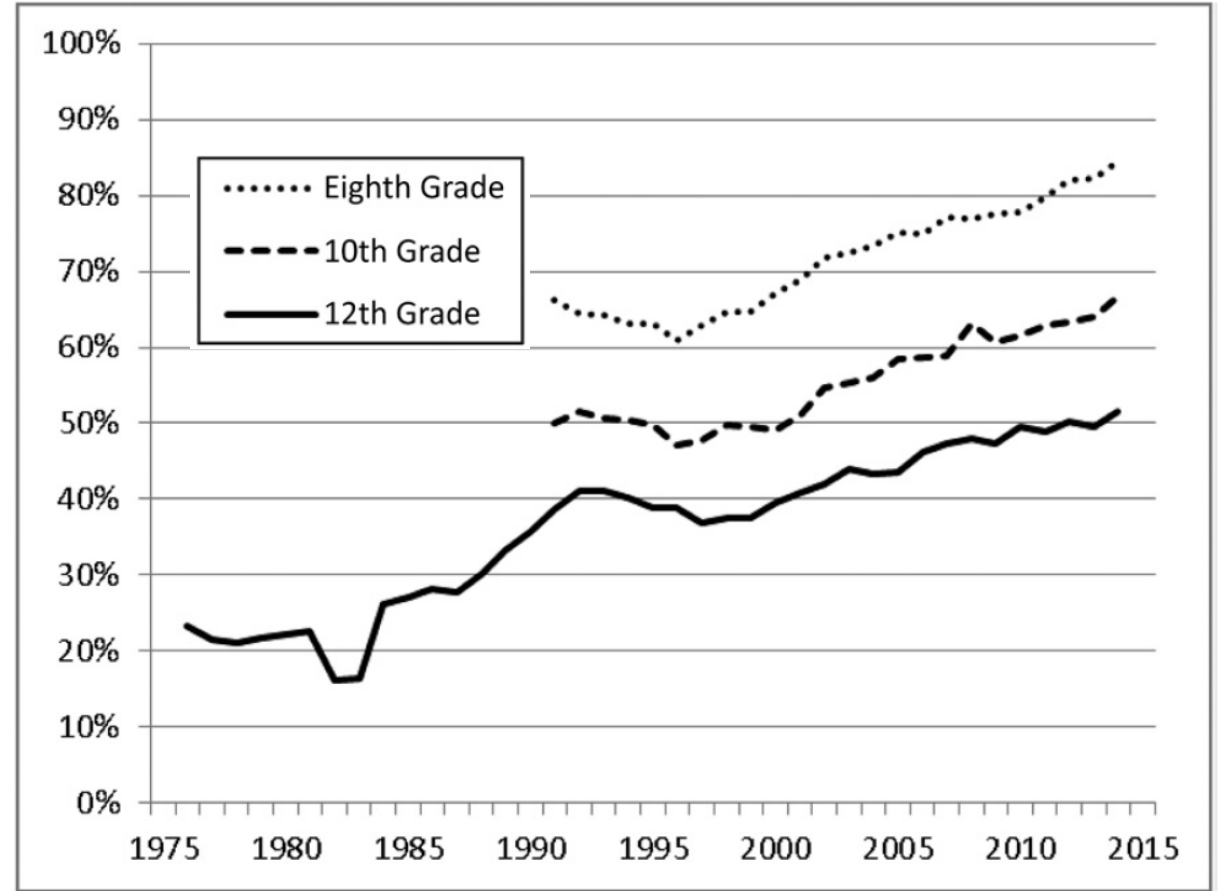


## No Use of Alcohol, Cigarettes, Marijuana and Other Illicit Drugs by US High School Seniors: 1976-2014

MONITORING THE FUTURE



**LIFETIME**



**PAST MONTH**

## No Use of Alcohol, Cigarettes, Marijuana and Other Illicit Drugs: Grades 8, 10, 12

MONITORING THE FUTURE

# In Summary

- For both treatment and prevention, the “new” idea is an old idea – the DRUG-FREE goal for people with SUDs -- and for ALL youth
- This hopeful vision replaces the pessimistic older views in both areas
  - In treatment: Relapse is inevitable, and outcomes are drug-specific
  - In prevention: Normalization of youth drug “experimentation”
- There are big and important roles for harm reduction and MAT in this drug-free strategy

# Final Thoughts

- 1935: In Akron, Ohio a uniquely American miracle occurred
  - It has emancipated millions of Chemical Slaves
- Army of the Recovering must lead – the 12<sup>th</sup> Step writ large
- The classic 3-part story
  - My life using drugs
  - What got me to want to stop using drugs
  - My life in recovery
- **That story is our nation's inspiration**

Thank You!

# **CHEMICAL SLAVERY**

**Understanding Addiction and  
Stopping the Drug Epidemic**

**ROBERT L. DUPONT, MD**

Foreword by  
General Barry R. McCaffrey (Ret.)  
Former Director, Office of National Drug Control Policy

# Institute for Behavior & Health

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IBH is a 501(c)3 non-profit organization that develops strategies to reduce drug use

[www.IBHinc.org](http://www.IBHinc.org)

[www.OneChoicePrevention.org](http://www.OneChoicePrevention.org)

[www.StopDruggedDriving.org](http://www.StopDruggedDriving.org)

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