

**RETHINKING ADDICTION
TREATMENT BASED ON FOUR
DECADES OF PHP EXPERIENCE**

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March 19, 2019

LEARNING OBJECTIVES

1. Identify the consequences of the mismatch of brief episodes of treatment and the life-long nature of substance use disorder
2. Describe the essential elements and outcomes of the physician health programs
3. Articulate the widespread applications of the PHP model as part of the New Paradigm for long-term recovery

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**TREATMENT TODAY VS.
PHP CARE MANAGEMENT**

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WELL-KNOWN OBSTACLES TO ALL ADDICTION TREATMENT

- Most people with substance use disorders (SUDs) do not think that they have a disorder and they do not want treatment
- Many people referred to treatment do not enter treatment
- Many patients who enter treatment drop out before completion
- Relapse after treatment is common

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TODAY'S TREATMENT SCENE

- Addiction is life-long but treatment is stand-alone and short-term
- Many addicted patients continue to use alcohol and other drugs while in treatment

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3 MISSING ELEMENTS FOR A NEW TREATMENT STANDARD

1. Definition of long-term recovery, including abstinence, as the goal of all treatment
2. Provision of sustained post-treatment monitoring plus long-term professional and peer support
3. Insistence by others around the addicted patients on sustained abstinence – family, physicians and others

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PHYSICIAN HEALTH PROGRAMS

- 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
- Immersion in community support, mostly AA and NA
- Long-term monitoring and support

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PHP LONGITUDINAL STUDY RESULTS

- 904 physicians admitted to 16 PHP programs; 802 in 5-year follow-up:
 - 64.2% (515) Completed contract
 - 16.4% (132) Extended contract
 - 19.3% (155) Failed to complete contract

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PHP RESULTS

- Large majority of physicians were practicing and were drug- and alcohol-free
- Of all physicians at 5 year follow-up (n=802):
 - 78% of sample were licensed or working
 - 4% had retired or left practice voluntarily
 - 11% had their licenses revoked
 - 3% unknown status

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PHP LONG-TERM RESULTS

- Over the course of 5 years:
 - 78% of all physicians had zero positive drug tests
 - 14% had only 1 positive test
 - 3% had 2 positives tests
 - 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

Number of Positives	Percentage
0 positives	78%
1 positive	14%
2 positives	3%
3 positives	2%
4 positives	1%
5+ positives	2%

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HOW DID PHPS CREATE THIS APPROACH TO ADDRESSING ADDICTION?

- Inspired and often designed by physicians in recovery
- Many PHP personnel are physicians and other health care professionals in long-term recovery
- Built on and extends successes

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WHAT IS THE "TREATMENT" IN PHP CARE?

- In the national survey of PHPs, 69% of physicians entered residential care, typically for 30 to 90 days
- 31% began in intensive outpatient treatment

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WHAT HAPPENS IN FORMAL SUD TREATMENT IN PHP CARE?

- Education about the goal of recovery – centered around not using any alcohol or other drugs and sustained participation in recovery support
- Sobriety date – a crucial part of a recovery identity
- Abstinence-based lifestyle through required attendance at Alcoholic Anonymous, Narcotics Anonymous, Caduceus meetings, and other recovery support

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EXTENDING RECOVERY SUPPORT AFTER TREATMENT

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OXFORD HOUSE

- Self-run, self-supported house of recovery
- Philosophy is three-fold:
 - 1) Recovery support is the bedrock
 - 2) Disciplined democracy is key to living together
 - 3) Self-support builds efficacy in sobriety to reduce relapse
- No time restrictions for residents – “For as long as needed”

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OXFORD HOUSE

- Reinforces the single standard of abstinence from any use of alcohol or other drugs of abuse and the central role of 12-step fellowships
- Establishes a personal, working 24/7 recovery home and "family"
- 42 years of steady growth and success – over 2,100 Oxford Houses with over 16,000 beds in the US – with houses in Canada, Australia and Ghana

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RECOVERY COACHES

- An important role within the recovery support continuum
- The functions of recovery coaches are between those of a sponsor and those of an addictions counselor

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CARON TREATMENT'S MY FIRST YEAR OF RECOVERY (MYFYR)

- Explicitly based on PHP care management
- Personalized post-treatment roadmap designed by clinical support staff to help alumni and their family members navigate the challenges of maintaining sobriety in early recovery
- Recovery for Life Contract
- Randomized drug and alcohol tests
- Immediate intervention to any relapse
- Frequent, open communication with patients and families
- Online groups for social support
- <https://www.caron.org/support-after-treatment/my-first-year-of-recovery>

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THE IMPORTANCE OF LEVERAGE

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THE PHP EXPERIENCE MAKES CLEAR LONG-TERM RECOVERY IS POSSIBLE

- Leverage and a strategy to use that leverage are essential
- Mobilize families to adopt the roles of the Medical Board and PHP, perhaps with Recovery Coaches
- Most of the country is seduced by the fantasy of purely voluntary addiction treatment

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POTENTIAL SOURCES OF LEVERAGE

- Criminal Justice System
 - 5 million Americans on probation and parole, many of whom with serious substance use problems
- Families
 - Small but important civil commitment programs offer hope for families faced with addicted members
 - Example of Kentucky's Casey's Law
- Employers
 - Potentially connected to Employee Assistance Programs

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WHAT DO PHYSICIANS SAY 5 YEARS AFTER COMPLETING PHP CONTRACTS?

- Anonymous online survey of physicians from 8 PHPs who had completed a contract for a substance use disorder at least 5 years earlier
 - 89% reported completing contract without any relapse during monitoring
 - 96% reported they consider themselves to be “in recovery” now
 - 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

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LESSONS FROM THE PHPS

- Addicted people who strenuously resist treatment initially, when in recovery, are grateful for the coercion
- In recovery they see the power of addiction to shape their thinking and actions to produce personal disaster
- The most valued elements were involvement in the 12-step fellowships and the relatively brief but intense treatment experience

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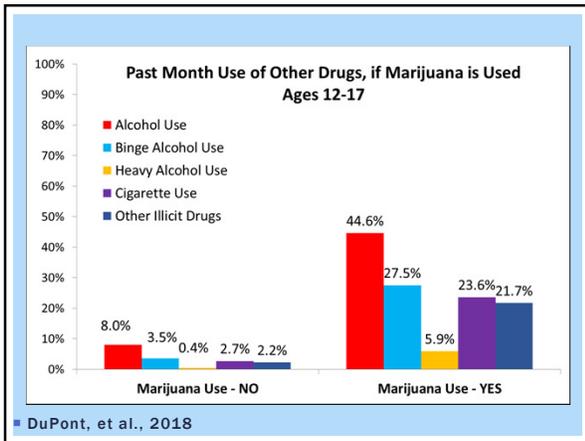
A NEW FOCUS ON PREVENTION

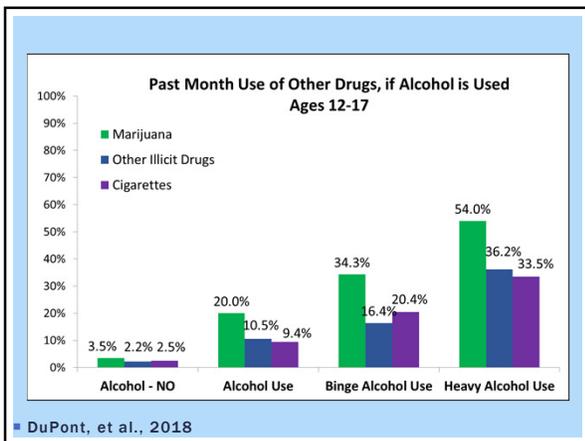
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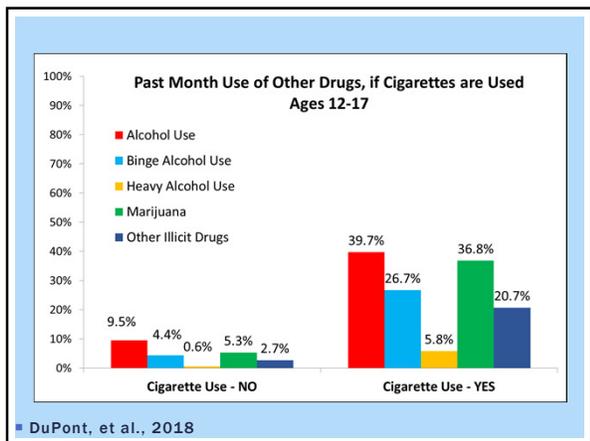
YOUTH PREVENTION

- 90% of substance use disorders are rooted in drug and alcohol use beginning in the uniquely vulnerable teenage years
- Today most prevention is focused on individual drugs, specific settings and even specific amounts
- Three gateway drugs for youth – Alcohol, Nicotine and Marijuana

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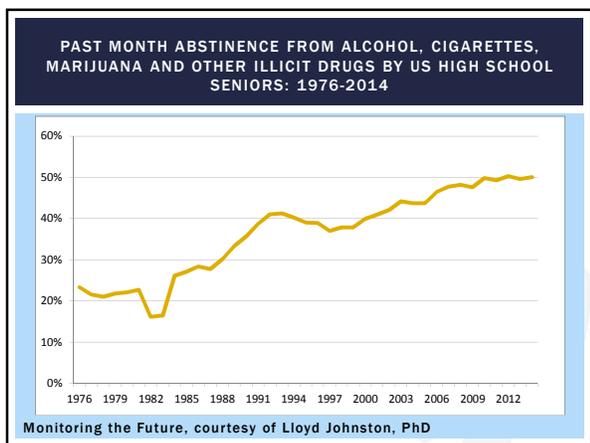


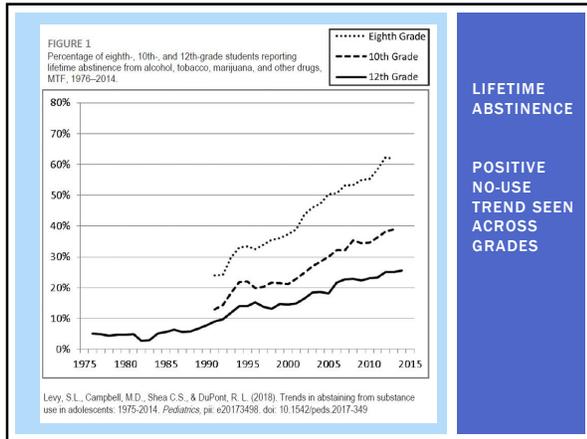


One Choice

- A new vision: youth make One Choice about whether or not to use any substances
- 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 for health – like wearing seat belts and exercising daily
- Is One Choice possible and realistic?

■ www.OneChoicePrevention.org / www.PreventTeenDrugUse.org





WHAT IS THE NEXT STEP?

- Rethink the way we address both prevention and substance use disorder treatment with clear goals
- For prevention: no use of any alcohol, nicotine, marijuana or other drugs until the age of 21 for reasons of health
- For treatment: long-term, lasting recovery including sobriety, personal health, and citizenship

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NEXT STEPS FOR TREATMENT

- Integrate addiction care into all of healthcare from prevention to long-term monitoring, like diabetes or hypertension
- Link to the growing recovery support movement
- Routinely assess and report long-term outcomes to encourage competition and innovation

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THANK YOU!
QUESTIONS + COMMENTS

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INSTITUTE FOR BEHAVIOR AND HEALTH

- IBH is a 501(c)3 non-profit organization that develops strategies to reduce drug use
- For more information and resources, visit the IBH websites:
 - www.IBHinc.org
 - www.OneChoicePrevention.org
 - www.StopDruggedDriving.org

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REFERENCES

- Betty Ford Institute Consensus Panel. (2007). What is recovery? A working definition from the Betty Ford Institute. *Journal of Substance Abuse Treatment*, 33, 221-228.
- Carr, G. D., Hall, B., Finlayson, A. J. R., & DuPont, R. L. (2017). Physician health programs: the US model. In K. J. Brower & M. B. Riba (Eds.), *Physician Mental Health and Well-Being: Integrating Psychiatry and Primary Care* (pp. 265-294). Cham, Switzerland: Springer International Publishing.
- DuPont, R. L. (2016). An outsider looks at PHP care management. *Physician Health News*, 21, 7-8.
- DuPont, R. L., Han, B., Shea, C. L., & Madras, B. K. (2018). Drug use among youth: national survey data support a common liability of all drug use. *Preventive Medicine*, 113, 68-73.
- DuPont, R. L., McLellan, A. T., Carr, G., Gendel, M & Skipper, G. E. (2009). How are addicted physicians treated? A national survey of physician health programs. *Journal of Substance Abuse Treatment*, 37, 1-7.
- DuPont R. L., McLellan A. T., White W. L., Merlo L., and Gold M. S. (2009). Setting the standard for recovery: Physicians Health Programs evaluation review. *Journal for Substance Abuse Treatment*, 36(2), 159-171.

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- DuPont, R. L., & Merlo, L. J. (2018). Physician health programs: a model for treating substance use disorders. *The Judges' Journal*, 57(1), 32-35.
- DuPont, R. L., Seppala, M. D. & White, W. L. (2015). The three missing elements in the treatment of substance use disorders: lessons from the physician health programs. *Journal of Addictive Diseases*, 35(1), 3-7.
- Levy, S., Campbell, M. C., Shea, C. L., & DuPont, R. L. (2018). Trends in abstaining from substance use in adolescents: 1975-2014. *Pediatrics*, doi: 10.1542/peds.2017-3498.
- McLellan, A. T., Skipper, G. E., Campbell, M. G. & DuPont, R. L. (2008). Five year outcomes in a cohort study of physicians treated for substance use disorders in the United States. *British Medical Journal*, 337:a2038.
- Merlo, L. J., & DuPont, R. L. (2016). Essential components of physician health program participation: perspectives of participants five years post-graduation. *Physician Health News*, 1, 14-15.
- Merlo, L. J., Campbell, M. D., Skipper, G. E., Shea, C. L., & DuPont, R. L. (2016). Outcomes for physicians with opioid dependence treated without agonist pharmacotherapy in physician health programs. *Journal of Substance Abuse Treatment*, 64, 47-54.
- Skipper, G. E. & DuPont, R. L. (2011). The Physician Health Program: A replicable model of sustained recovery management. In J. F. Kelly & W. L. White (Eds.), *Addiction Recovery Management: Theory, Research and Practice* (pp. 281-299). New York: Science+Business Media, LLC.
- White, W. (2006). Sponsor, recovery coach, addiction counselor: the importance of role clarity and role integrity. Philadelphia, PA: Philadelphia Department of Behavioral Health and Mental Retardation Services.
- White, W. (2004). The history and future of peer-based addiction recovery support services. Prepared for the SAMHSA Consumer and Family Direction Initiative 2004 Summit, March 22-23, Washington, DC.
