

Improving Addiction Prevention and Treatment

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Experience + Focus

- Five decades leading drug policy including:
 - First Director of the National Institute on Drug Abuse (NIDA)
 - Second White House Drug Chief under Nixon and Ford
 - Possibly the only person to have known all 5 heads of NIDA, 14 heads of DEA and 17 heads of the White House Drug Office
- Most importantly: A practicing psychiatrist specializing in addiction with my own patients
- My quest: **How good can outcomes be for the prevention and treatment of substance use disorders?**

National Overdose Epidemic

- The defining epidemic of the 21st century
- Drug overdose deaths are now the leading cause of death for Americans under age 50
- Life expectancy of Americans has declined two years in a row – driven by overdose deaths
- But the overdose epidemic is not only about opioids

Polysubstance Use Among Drug-Caused Deaths in Florida

Drug	# Drug Caused Deaths	In Combination with other Drugs	Median # Drugs
Alprazolam	566	96.2%	3
Carisoprodol	33	94.2%	3
Cocaine	830	85.8%	2
Diazepam	162	99.3%	4
Fentanyl	642	91.0%	2
Heroin	706	96.3%	3
Hydrocodone	229	97.0%	3
Ketamine	6	100%	3.5
Methadone	262	90.3%	2
Morphine	858	95.8%	3
Oxycodone	535	94.8%	2
Tramadol	91	84.2%	2

Solving the Overdose Crisis

- Requires more than reducing the over-prescription of opioids – important as that objective is
- We need a bigger frame to understand and turn back the modern drug epidemic
- Our public health focus is on prevention and treatment

1. Fundamental Problems We Face in Addressing Addiction

- Virtually no one expects to become addicted or have problems when they initiate drug use
- Validated by users' early experiences with drugs and the experience of drug-using peers
- 95% of people with substance use disorders do NOT think they have a problem and do not want treatment
- No interest in abstinence

Reality Check

- 20 million people in the United States have a substance use disorder
- Drug users spend \$100 billion annually on illegal drugs
- Nationally \$34 billion is spent on addiction treatment each year
- Does addiction include “loss of control”?
- **Addiction is Chemical Slavery – the hijacked brain**

Recreational Pharmacology

- Using chemicals to super-stimulate brain reward
- Permissive and encouraging cultural attitudes
- Commercial exploitation and seduction
- Clear lessons from alcohol and nicotine – ongoing life-and-death challenges

Polydrug Use is the Norm

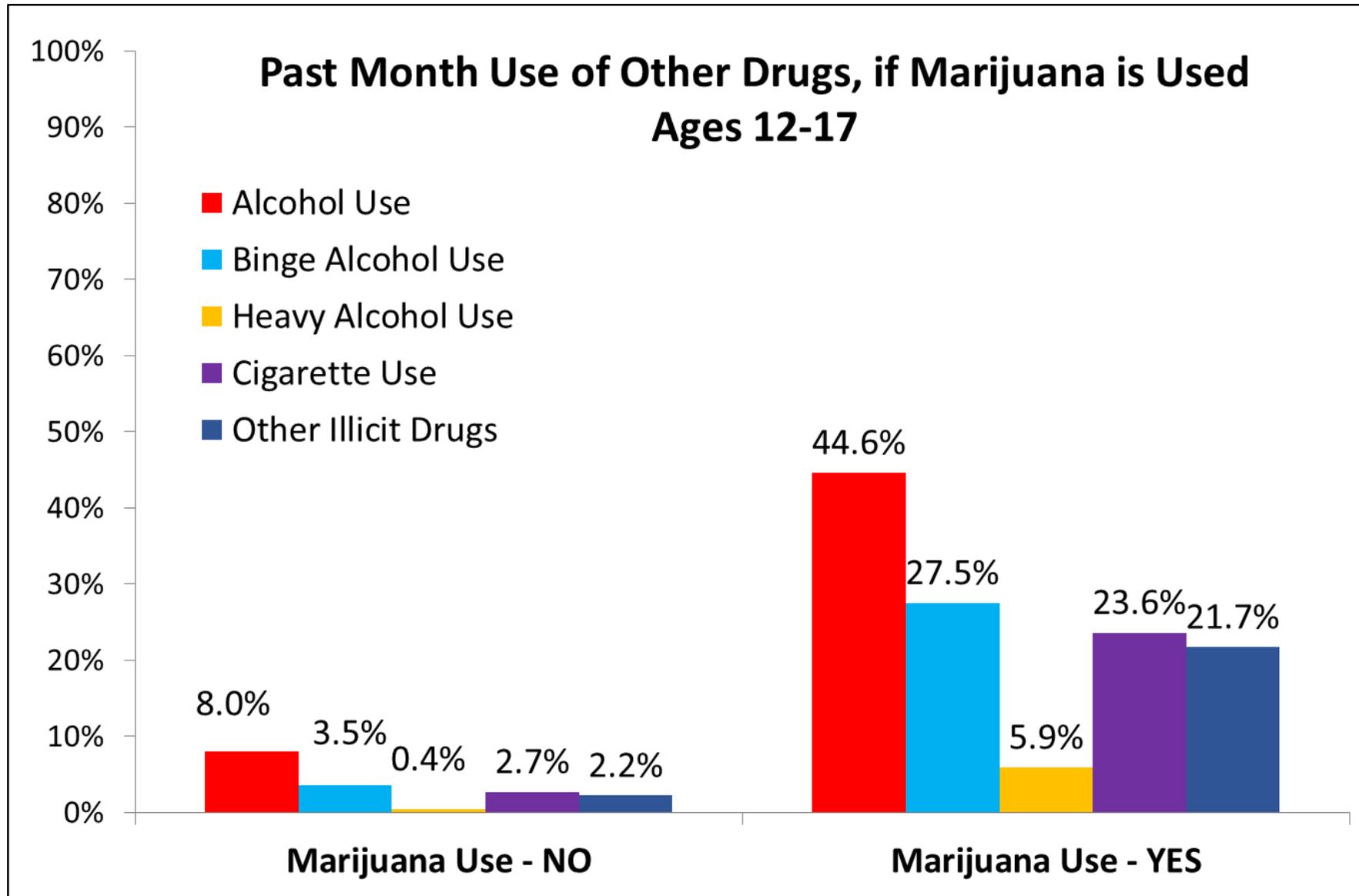
- For good biological reasons
- Seen in youth drug use and among overdose deaths
- Casts doubt on prevention and treatment strategies aimed at one drug at a time, including the search for drug-specific vaccines and pharmacological treatments

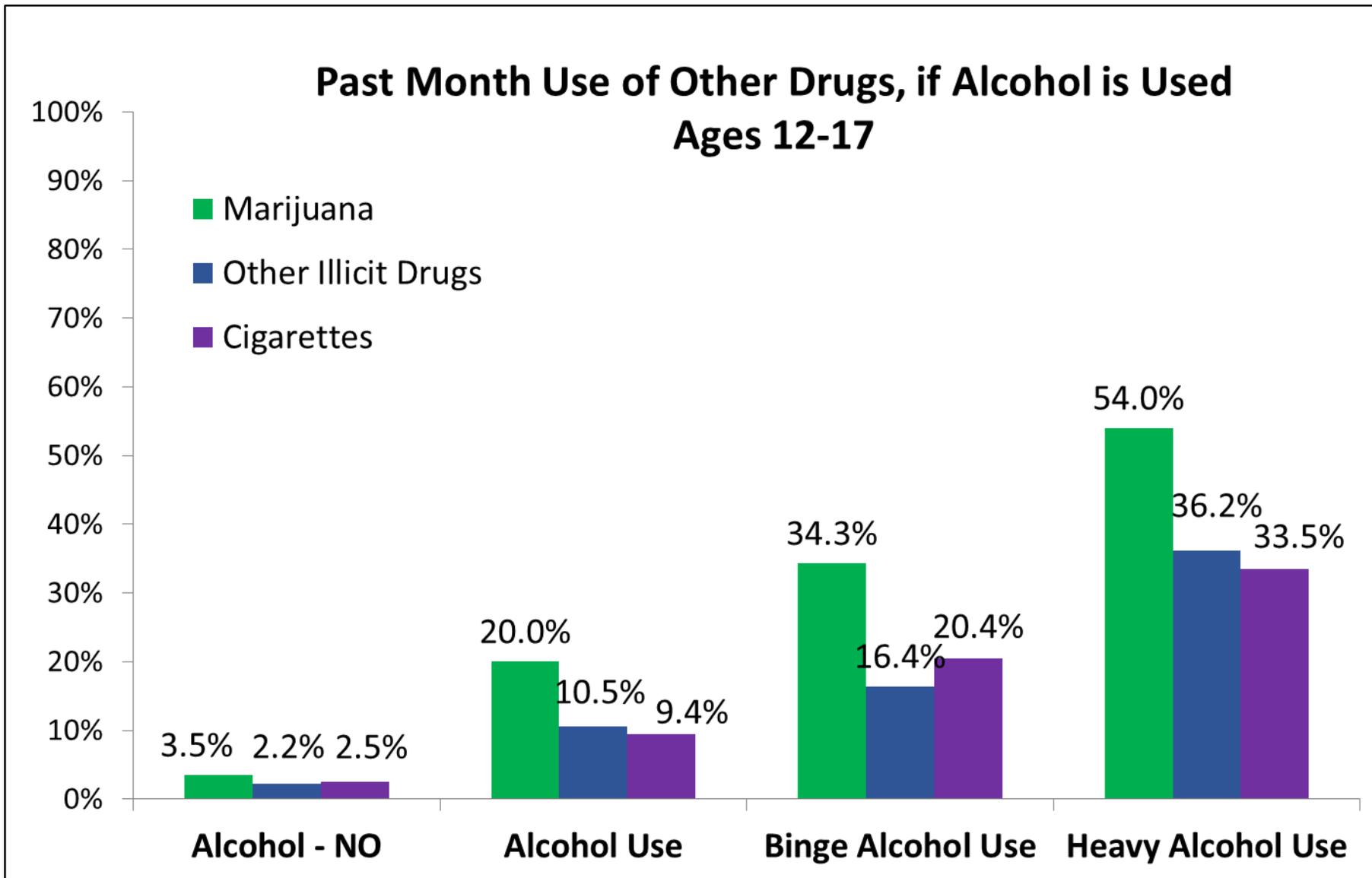
What are the Goals of Prevention and Treatment?

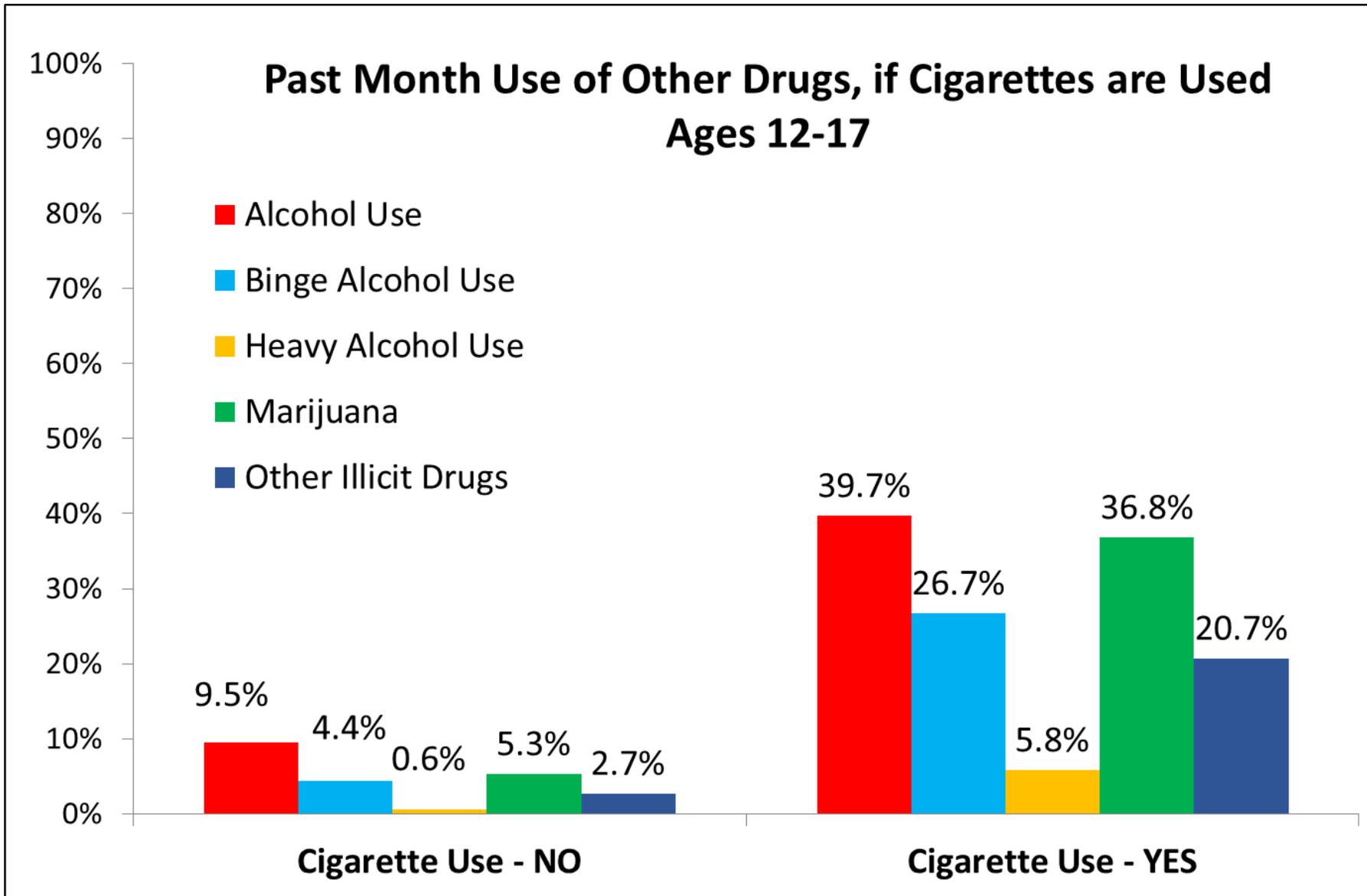
- Presently goals are confusing and chaotic
- Advocates often undermine one another and destroy confidence in the enterprises of both prevention and treatment
- Fratricidal wars in both areas

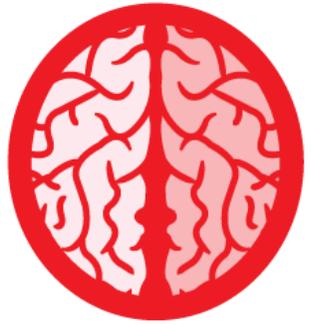
2. Improve Youth Prevention

- 90% of substance use disorders – including opioid 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





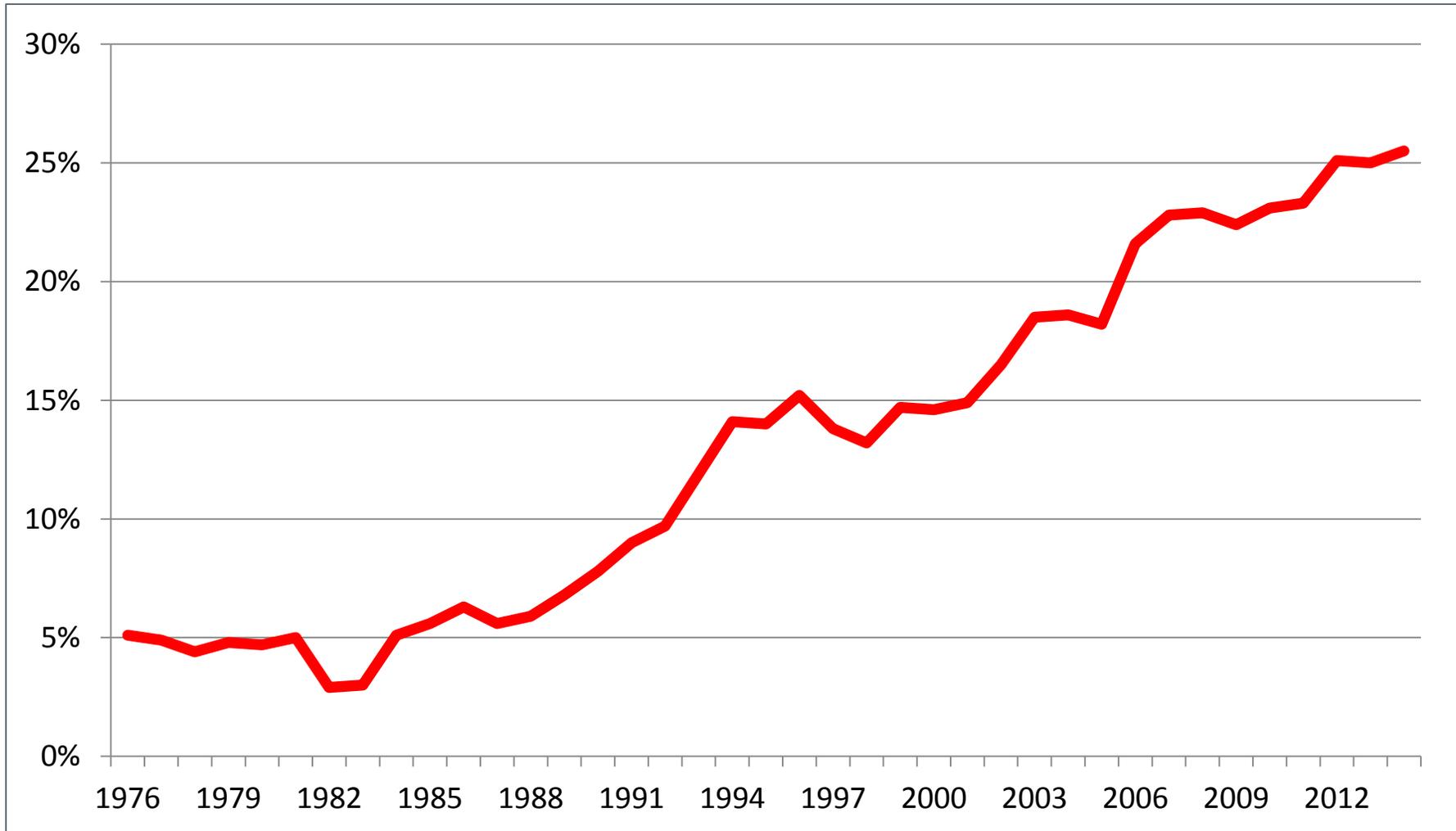




One Choice

- 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

Lifetime Abstinence from Alcohol, Cigarettes, Marijuana and Other Illicit Drugs by US High School Seniors: 1976-2014



Monitoring the Future, courtesy of Lloyd Johnston, PhD

3. Improve Addiction Treatment

- Relapse is a defining element of substance use disorders
- The physician health program (PHP) system of care management makes recovery the expected outcome

PHP Longitudinal Study Results

904 physicians admitted to 16 PHPs;
802 at five-year follow-up:

Contract Completion

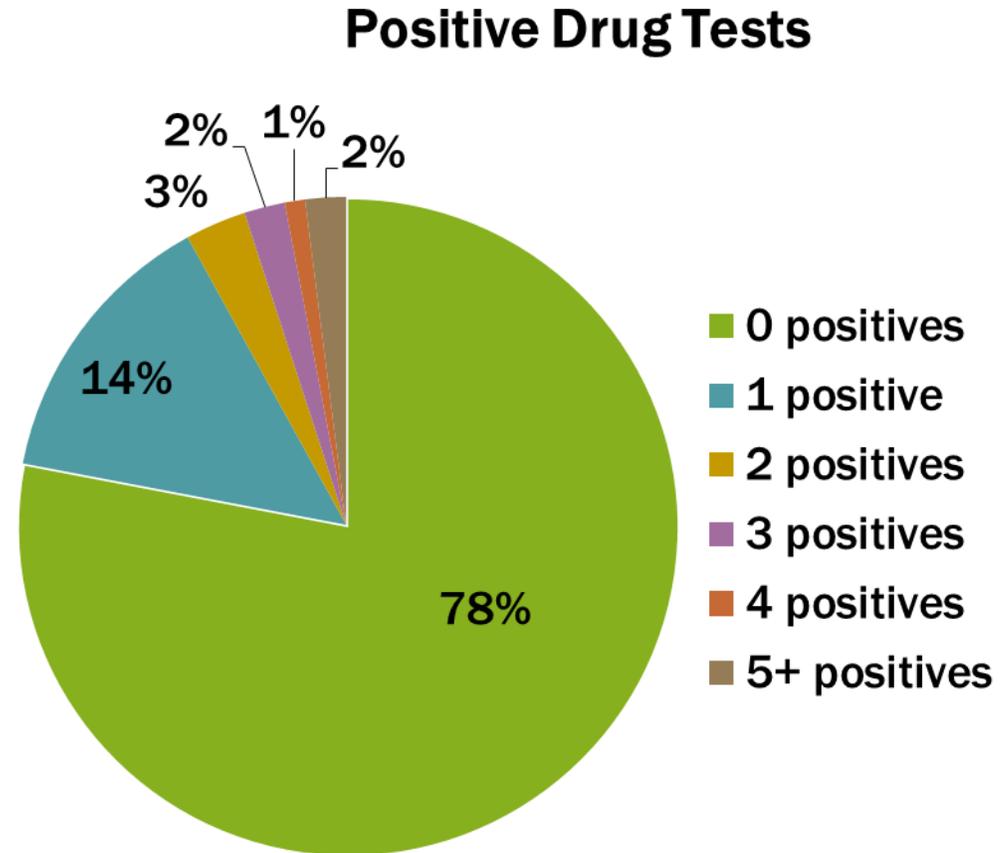
- 64% completed monitoring contract
- 17% extended contract
- 19% failed to complete contract

Medical Licensure

- 78% licensed or working
- 4% retired or left practice voluntarily
- 11% licensed revoked
- 3% unknown

Five-Year Drug Test Results

- 78% never had a positive test for drugs or alcohol
- 14% had only 1 positive test
- 3% had 2 positive tests
- 5% had 3 or more positives
- Outcomes consistent for individuals with opioid use disorders as those with alcohol and other substance use disorders



What Happens After Monitoring Stops?

- Preliminary study of 8 PHPs contacted participants who completed substance use disorder monitoring contracts five or more years earlier
- Anonymous self-report online survey about experience
- PHPs contacted 42% of eligible physicians, 89% agreed to participate

Outcomes:

- 96% were licensed to practice medicine (none reported lack of licensure was related to substance use)
- 89% completed contract without relapse during monitoring
- 38% had voluntarily extended monitoring at some point – with 20% monitored at time of study

Long-Term PHP Follow-Up

- 96% said they consider themselves to be “in recovery”
- 79% reported no use of alcohol since PHP contract completion
- 95% reported no illicit or nonmedical use of drugs since PHP completion
- 88% attended 12-step meetings since completing PHP contract, 69% attended in the last year

What Can be Learned from PHPs?

- Quality treatment is important – but it is brief
- The magic is in the care management
- Voluntary – PHP have no sanctions
- PHPs provide safe haven from Boards of Medicine in exchange for compliance
- This system is exportable and can be built into the criminal justice system, health care and family life

Next Steps for Treatment: End the Two Treatment Wars

- End the war between 12-step-oriented drug-free treatment and medication-assisted treatment (MAT)
- Both sides lose in this war and the public health suffers

The Peace Plan:

- Wider use of medicines in drug-free treatment where opioids are part of the picture
- Integration of the 12-steps into MAT

Harm Reduction vs. Abstinence

- Harm reduction efforts aim to reduce the harms of drug use but there is serious concern that they enable continued drug use
- Concern that requiring abstinence from people in active addiction puts them at increased risk of overdose
- Long-term outcome data is needed on harm reduction and abstinence-based programs to determine their ability to produce **SUSTAINED RECOVERY**

4. A Precious Opportunity

- Oregon is leading the nation in efforts to emancipate addicted people from chemical slavery
- You have systems of prevention and treatment that are large but suboptimal in results
- Redefine the goals of prevention and treatment clearly and build this vision into what we are doing
- Establish systems for accountability to make improvements over time
- It won't happen if you don't measure it – measure long-term outcomes of prevention and treatment

Right Now There is the Evidence that these Ambitious Goals are Achievable

- Talk with the millions of youth who have made the decision not to use drugs
- Talk with the millions of people in long-term recovery

**These are your guides – the pathfinders.
They are in abundance**

Chemical Slavery

*Understanding Addiction and
Stopping the Drug Epidemic*

- Published August 2018
- Available at Amazon in paperback and Kindle

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 and Health, Inc.

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



- www.IBHinc.org
- www.OneChoicePrevention.org
- www.StopDruggedDriving.org
- www.PreventionNotPunishment.org

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