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

CDC, 2018; Rudd, et al., 2016
## Polysubstance Use Among Drug-Caused Deaths in Florida

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

DuPont, Seppala, & White, 2015
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

SAMHSA, 2017; Kilmer, et al., 2014; SAMHSA, 2016; DuPont, 2018
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

National Center on Addiction and Substance Abuse, 2011; DuPont, et al., 2018
Past Month Use of Other Drugs, if Marijuana is Used
Ages 12-17

- Alcohol Use
- Binge Alcohol Use
- Heavy Alcohol Use
- Cigarette Use
- Other Illicit Drugs

DuPont, et al., 2018
Past Month Use of Other Drugs, if Alcohol is Used
Ages 12-17

- Marijuana
- Other Illicit Drugs
- Cigarettes

DuPont, et al., 2018
Past Month Use of Other Drugs, if Cigarettes are Used
Ages 12-17

- Alcohol Use
- Binge Alcohol Use
- Heavy Alcohol Use
- Marijuana
- Other Illicit Drugs

Cigarette Use - NO
- Alcohol Use: 9.5%
- Binge Alcohol Use: 4.4%
- Heavy Alcohol Use: 0.6%
- Marijuana: 5.3%
- Other Illicit Drugs: 2.7%

Cigarette Use - YES
- Alcohol Use: 39.7%
- Binge Alcohol Use: 26.7%
- Heavy Alcohol Use: 5.8%
- Marijuana: 36.8%
- Other Illicit Drugs: 20.7%

DuPont, et al., 2018
• 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
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

DuPont, Seppala, & White, 2015
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

DuPont, et al., 2009; McLellan, et al., 2008
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

McLellan, et al., 2008; Merlo, et al., 2016
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

Merlo & DuPont, 2016
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

Merlo & DuPont, 2016
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

DuPont & Merlo, 2018
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

DuPont, 2016; DuPont, Seppala, & White, 2015
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
References + Resources

- Florida drug-Related Outcomes Surveillance and Tracking System (FROST). Data courtesy of Bruce Goldberger, MD. http://frost.med.ufl.edu/frost


