A conversation with

Dr. Robert DuPont

The New Paradigm of a Long Term Recovery Care System

Q&A

Over the course of the last two years, PRO•A has adopted a vision of a five-year standard of care for persons with substance use conditions. This vision was heavily influenced by the work of Robert DuPont, MD. Recently, our Executive Director had the opportunity to have a dialogue with Dr. Dupont, this article came out of that conversation.

In his role as President of the non-profit Institute for Behavior and Health, Dr. DuPont served as a primary investigator of the first national study of the physician health programs (PHPs) which produced impressive long-term outcomes for individuals with serious substance use disorders (SUDs).[1] The PHP system of care management is part of what Dr. DuPont has termed the "New Paradigm" for long-term recovery[2] that sets the new goal of five-year recovery for all SUD treatments.[3,4] Dr. DuPont seeks to bridge the fratricidal divide between treatments that use medications and those that do not with a clear shared goal of long-term recovery.[5,6] He suggests that all treatments including those that do and do not use medication, as well as all harm-reduction efforts, be judged on their ability to produce sustained recovery.

In December 2018, Mr. Stauffer contacted Dr. DuPont and they had the following exchange about Mr. Stauffer's experiences, and his work at PRO•A and the drug epidemic. This is an edited version of that conversation.

William Stauffer - An overall comment on the questions

I am going to do my best to answer these questions. As an aside, I find talking about this stuff similar to politics; often people get mired in ideological camps and make assumptions based on one or two things you say and make assumptions about how another may see the same things. These are deeply complex issues riddled with nuance!

Written communication is a particularly challenging medium for such communication as context, nuance and tone often get lost. On both of these topics, treatment and recovery (like politics which I seem to gravitate to), I don't have 100% ideological opinions on nearly anything. The problem is, often when these kinds of issues come up, people put you in a "camp" based on one or two statements and then cease listening to each other. At that point, search for commonality ends and people talk over each other without listening.

A recovery lesson I learned in my life is that I can strongly believe something and be entirely wrong. In early life, I felt very strongly that using drugs and alcohol was a good thing. A good example of a strong, false belief system!

Q Dr. Robert DuPont
In your story were opioids part of the Picture?

A William Stauffer

I am not in recovery from opioids. During the period of my use, late 1970s to 1986, opioids were very rare in my community. What was pervasive was cocaine and methamphetamine, which were both substances I became addicted to and used heavily with everything that comes with that. I have, however, worked with many persons with opioid use disorder (OUD) over my career. I know many people in recovery from OUD, which the data is showing us are most often used in combination with other substances. Most people in long-term recovery that I know were on medication-assisted treatment (MAT) at some point in their care and subsequently went MAT-free. I actively seek out those on MAT to find persons in long-term recovery, and frankly, I have not found very many. It may be that they are afraid of being judged, and rightly so, which is a sad biproduct of our ideological divide as mentioned above. We need to make it easier for persons who choose Medication Assisted Recovery to be able to be more open about this path and not be judged negatively by persons who have strong ideological beliefs about abstinence-based recovery. My stance on MAT is if you can get your life back and get out of addiction and that care plan involves MAT as part of your long-term care plan, I am entirely supportive of it. I am not ideological here. Unfortunately, I just don't see much of it. The data shows us that most people on MAT drop out of it after a while. I think this is often in part a result of drug cravings, which continue even when opioid highs are blocked. Substance use disorders are brain conditions, and what I find is that the benefit of abstinence recovery over time is that all this quiets down in the brain when the brain is given time to heal. MAT can be a vital tool on the path to long-term recovery. I think we should work to more completely understand how people use MAT as part of their pathway to long-term recovery, as well as people who use this route long term. We need to understand how people get their lives back so we can improve care and expand recovery for persons with opioid use disorders.

Q Dr. Robert DuPont
How about the role of treatment?

A William Stauffer

I ran an outpatient facility for 10 years, and what we now would call a long-term residential treatment facility for 14 years (90 to 180 days, average length of stay 120). Treatment can do a lot of things, although unfortunately due to funding and insurance limitations we have come to see treatment as a short-term process. Historically, I have had clients for up to 18 months in outpatient. Treatment can stabilize a person, educate them on the dynamics of addiction, self-care, recovery, establish hope, work to develop life goals, coping skills, connect persons to a support system and work on underlying issues like trauma depending on the individual case and treatment setting. The programs I ran were mostly what was typically considered "drug free" which is to some degree a misnomer as medications were commonly used. I worked with people using street drugs in outpatient and patients on prescribed controlled substances in both outpatient and residential. Both settings had "good" co-occurring disorder care. Both were mostly for public funded clients. Had I more resources for the persons I served, I would have done more than I was able to do. We now have recovery support services which can augment treatment, expand opportunities and provide additional support for a person in their journey into long term recovery. We just need to redesign our care systems along this new paradigm of a five-year recovery model.

Q Dr. Robert DuPont
What was the role of the 12-step fellowships?

A William Stauffer

They are wonderful – I was helped significantly by attending 12-step fellowships. I "found" stable recovery in the rooms and they gave me hope, a great deal of support and a blueprint to reevaluate what I was doing with my life. I have worked with many people along many pathways. Some people do well with education about SUDs and do not have much of a support system, others use family, church, peer support services or a social or volunteer activity to which they are committed.

Q Dr. Robert DuPont
What are your thoughts about MAT?

A William Stauffer

I have referred people to Methadone and Buprenorphine; I am not at all ideologically opposed to methadone or buprenorphine. I am, however, deeply concerned about having low expectations for our community. Simply placing someone on a medication as the sole intervention is not conducive to recovery. There is a whole lot more to healing than simply taking an agonist medication. Also, the use of drugs like benzodiazepines in treatment for persons on these medications is really risky as the combination can be deadly and benzodiazepines are pretty common in some programs. We need to look more deeply here.

There is a lot of nuance here that the written medium makes it difficult to convey. In Pennsylvania, I was on something called the Methadone Death and Incident Review (MDAIR) panel that was authorized by law to look deeply into cases where people died, including all medical, treatment, autopsy and police records. I think we learned a lot of things of value in looking at all of the records on all of those cases, and we could do more to improve care by providing more therapy, connecting patients to recovery support services and working with these patients to get off of the other drugs they're using that get in the way of living. We're also seeing some evidence of high rates of methamphetamine use by persons on MAT, which just highlights the fact that we must treat the whole person and not focus on a medication as a panacea.

Q **Dr. Robert DuPont**
What do you think about Harm Reduction strategies?

A **William Stauffer**

We need to use needle exchanges and other harm reduction strategies to keep people alive, to engage them to form a therapeutic alliance and get them into treatment. The value of harm reduction is keeping people alive, helping them in an empathetic manner, getting them to see that there is more to life and to help them get to places that they can rebuild their lives. We also have to watch out for the soft bigotry of low expectations. I worry that between the impact of negative public perception about SUDs and low expectations for people we may adopt harm reduction strategies and then cut off treatment and recovery options. This is a particular concern for low income African American and Latino clients. Well-to-do people will always have access to long-term care. Care should be available to everyone, anything less is simply unacceptable. Given that we spend vast treasures shoveling up the devastation of addiction, of course we have the resources to help people heal if we had the will to allocate them.

The risk is that we create harm reduction strategies and put them in "bad" neighborhoods for marginalized groups so that they are out of sight. For a lack of a better term, this becomes almost like a form of palliative care. I have seen it in my life. I support engagement and care with empathy, I am opposed to the impact of stigma on our expectations on people and the risk that harm reduction becomes a way to keep "those people" off the streets and out of our view while they use opioids and other drugs and die slowly. I have lost two immediate family members to chronic SUD's, and I want better for everyone else's family. MAT and harm reduction can and should be part of that path to recovery. I have read your documents and I was particularly impressed with the "The opioid epidemic is an historic opportunity to improve both prevention and treatment" article. I see a lot of what I suspect may be commonality.

Q **Dr. Robert DuPont**
What did you think of my book, ***Chemical Slavery: Understanding Addiction and Stopping the Drug Epidemic?***

A **William Stauffer**

I was able to read your book and I thought it was on target in many, many ways, including the risks of cannabis; tobacco and alcohol to young people; the need to focus prevention and treatment efforts on our young people and the importance of adopting a five-year recovery standard of care among many others! Thank you for this important contribution to our field!

[1] See e.g., DuPont, R. L., McLellan, A. T., White, W. L., Merlo, L., & Gold, M. S. (2009). Setting the standard for recovery: Physicians Health Programs evaluation review. *Journal for Substance Abuse Treatment,* 36(2), 159-171; 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.

[2] Institute for Behavior and Health, Inc. (2014). *The New Paradigm for Recovery: Making Recovery – and Not Relapse – the Expected Outcome of Addiction Treatment*. Rockville, MD: Author. Available: https://www.ibhinc.org/s/IBH_New-Paradigm-for-RecoveryReport_March-2014.pdf

[3] Institute for Behavior and Health, Inc. (2014). *Creating a New Standard for Addiction Treatment Outcomes*. Rockville, MD: Author. Available: https://www.ibhinc.org/s/IBH_Report_Creating_a_New_Standard_for_Addiction_Treatment_Outcomes.pdf

[4] DuPont, R. L., Compton, W. M. & McLellan, A. T. (2015). Five-year recovery: A new standard for assessing effectiveness of substance use disorder treatment. *Journal of Substance Abuse Treatment, 58*, 1-5.

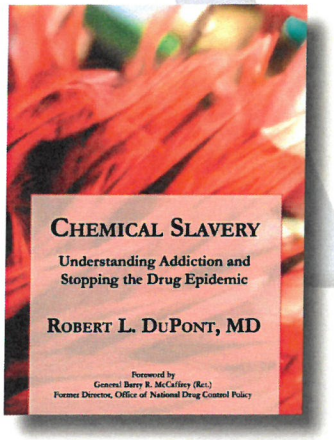
[5] DuPont, R. L. (2017). The opioid epidemic is an historic opportunity to improve both prevention and treatment. *Brain Research Bulletin, S0361-9230*(17), 30292-30297.

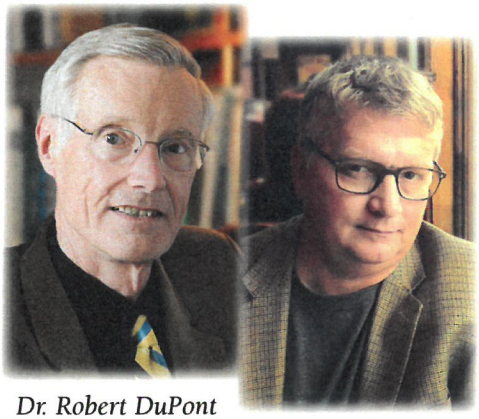
[6] Parloff, R. (2018, May 8). Drug policy expert Robert DuPont: The opioid crisis is now about synthetics and polydrug use. *Opioid Watch*. Available: https://opioidinstitute.org/2018/05/08/drug-policy-expert-robert-dupont-the-opioid-crisis-is-now-about-synthetics-andpolydrug-use

For more information about the PRO•A "A Recovery Community Vision for a Five-Year Focused Substance Use Disorder Treatment and Recovery Care System" see pages 6 and 7. You can also view this by visiting our web site at: http://pro-a.org/retooling-care-to-meet-our-needs-2/

For more information about the services PRO•A offers, contact us at 1.800.858.6040 Toll Free • 717.545.8929 • 717.545.9163 Fax proa.asst@pro-a.org • www.pro-a.org

To learn more about the Institute for Behavior and Health, visit www.IBHinc.org. For more about Dr. DuPont's book, *Chemical Slavery: Understanding Addiction and Stopping the Drug Epidemic,* follow this link: https://www.ibhinc.org/s/Chemical_Slavery_Press_Release.pdf





Dr. Robert DuPont

William Stauffer PRO•A
Executive Director

A conversation with Dr. Robert

Readers Respond to the Q&A between William Stauffer, Executive Director of the Pennsylvania Recovery Organizations Alliance (PRO•A) with Dr. Robert DuPont, First Director of the National Institute on Drug Abuse, President of the Institute for Behavior and Health and author of Chemical Slavery: Understanding Addiction and Stopping the Drug Epidemic

February 2019

We circulated the article to get a better sense of how these perspectives aligned with those of the recovery community. We received an overwhelmingly positive response. There was encouraging evidence that to move more persons into long-term, sustained recovery, we are going to need to talk about issues that have been long controversial in our community and look beyond old assumptions and ideologies. We have an obligation to our community to develop a better sense of how treatment and recovery occurs across multiple pathways. It often involves complex dynamics that have long eluded simple solutions. Recovery is probable given the right elements, which are highly individualized. There are multiple pathways to recovery and not all involve treatment.

We adamantly believe that we need to take a deep look at our care system without falling into historic ideologically driven differences. Long-term recovery is the common objective on which we must focus. We have lost far too many persons to substance use conditions. Future generations are relying on us to do better.

Some of the responses we received...

"Great way to compare this conversation to politics, opposing views, and how we all have the ability to be wrong. I really like how you bring them in by asking no one to turn away if they don't agree with one or two statements. Powerful!!!"

"It was refreshing to read the dialogue between you and Dr. DuPont. The article gave me hope for a future if we are able to listen and incorporate many of the ideas discussed. These ideas and practices have been fundamental in many of the individuals who are in sustained recovery today. However, somewhere amid this devastating opioid crisis, the idea of "sustained recovery" had been pushed aside."

"I think that the article is on point. Especially with looking at Harm Reduction"

"Five-year long support systems make perfect sense. When we look at how doctors and nurses treat themselves, five-years is the gold standard for impaired professional support. No brain surgeon has ever faced 'the soft bigotry of low expectations' or had their intelligence insulted with platitudes such as 'you're in recovery when you say you are.' Why we treat different populations with different interventions comes down to who we, as a society, consider worth providing actual help to and who we consider disposable. The fact that we don't consider every sick and suffering human being in our country worth fighting for is nothing short of the shame of our nation."

"I am a person in long term recovery who has been in a MAT program for over 4 years. But it is not a quick fix or a cure. I had previously been unsuccessful with MAT. What made a difference for me was the structure of the program as well as my overall attitude and willingness to make necessary life changes. It is not an "easy" way out of active addiction. My life on MAT looks similar to the life I had envisioned for myself long before my disease took over. I am currently a single mother who works full-time. I am also finishing school to become a Registered Nurse."

"I absolutely support harm reduction efforts. Where there is life, there is hope, regardless of the path taken or the time it takes to get there. We must do everything we can to keep people alive long enough to achieve recovery. It's never too late, unless life is lost.

"To me, prevention and treatment are important, but recovery should be the focus, and there are many ways to get there. MAT is recovery; if a person has a better quality of life because of medication, then we should embrace the fact that they can be a mother, wife, employee, etc. because of that medication, and if it is lifelong, so be it."

"It is refreshing to see someone thinking deeply about this high-profile issue. The term MAT has been widely used lately, but often there is a lack of precision about when to use it, how to use it, and with whom. Further there is a rapid expansion of medication prescribing, but not a corresponding expansion of treatment availability, which creates a serious risk for misuse, and diversion without the delivery of comprehensive care."

"Remember also that on day one, often individuals do not yet have the hope and vision of a 5-year goal, so shorter term steps may be important, so long as the larger vision is maintained. It is critical to remember that recovery is a marathon not a sprint, so helping to articulate what this period of time looks like may help to bring clarity and hope to those along the path."

"Thank you for sharing this with me. I am as always grateful for your courage to have difficult conversations."

"Reading this interview, I am reminded again of the deep emotions and personal losses that have been felt by individuals, families, and communities around our nation."

"I am grateful to see William Stauffer bring attention to the gaps in our treatment system. Our society has differentiated the body so far from the mind that we now so readily accept a prescription for a lifesaving medication without asking our Doctor "what's next", how do we make use of the life that has been saved?"

"I also think addressing the change in the longevity of care was needed. Addressing the lack of resources and the implementation of support s ervices is great. I like how you incorporated other supports when asked about the 12-steps. I personally love the 12-steps, but others do recover without them."

"When addressing harm reduction, I could not agree more with watching out for soft bigotry of low expectations. This has also been my concern, just let them kill themselves mentality. But not everyone thinks like us....."

"Old school" persons in recovery, those who preach a strict abstinence only program, need to be educated about the success and necessity of MAT. Shaming people that are looking for help is of no use. Effectively combatting the Opioid epidemic, with heroin and also the resurgence of Meth, is going to rely on MAT in conjunction with continued involvement in AA, NA or other long-term recovery programs."

"The things that stand out to me is the phrase - "low expectations" "soft bigotry of low expectation." These answers painted a clear picture of what harm reduction may become if we do not zoom out and see the big picture. It also presented a perspective on the need to better improve how we use MAT programs to help people."

"I support MAT, as long as it's not isolated as the only course of treatment and there are other supports in place. It's not a fix all, it's a support that can be beneficial. There needs to be routine drug testing. I support Harm Reduction to keep people alive, and the goal is to engage and to transition into treatment. It's to get people well and give them another opportunity, not to enable them to continue to use. 12-step fellowships obviously work. However, it's not the only pathway to Recovery. While it's a path that has worked for millions - to say that if not followed people are destined to fail is simply not true."

Retooling care

to meet our needs–

A Recovery Community Vision for a five-year focused substance use disorder treatment and recovery care system

If we know that 5 years of sustained substance use recovery is the benchmark for 85% of people with a substance use condition to remain in recovery for life, why are we not designing our care systems around this reality?

With the multitude of social, physical, emotional, housing, financial, and other co-occurring conditions/ issues, there is growing recognition that the benchmark for a substance use disorder recovery is five years of continuous progress. We must retool our service system to support this truth.

We envision:

1. **A Substance Use Disorder (SUD) Service System that supports long-term recovery:** Episodic, short-term treatment is expensive and short sighted. Although there may be relapses, we must limit relapses and support long-term recovery. We can do this by establishing and funding SUD and long-term recovery support services that address the many complications and co-occurring conditions/ issues. It is clinically appropriate and cost effective to support and augment more formal SUD treatment efforts. These services must be made available statewide for a person with a SUD and for families/significant others and communities, before, during and after formal SUD treatment - generally with decreasing intensity - over a minimum of five years. SUD education, professional referral, and ongoing peer support services for families/significant others provide relief to the families/significant others and are supportive of recovery.

2. **A Service System that meets the needs of our young people:** Due to the under developed brain and maturity of a young person, a SUD greatly impacts our young people the most and we must expand SUD treatment and recovery efforts for the young person and the family / significant others. We must provide age appropriate SUD services to youth and recovery support services. This includes the development of Recovery High Schools / Collegiate Recovery Programs, and Alternative Peer Groups (APGs). In addition, we must provide local family education, professional referral, and support programs to assist each young person with a SUD to obtain, sustain and support recovery for a minimum of 5 years.

3. **Build the 21st Century workforce to serve the next generation:** Historically and moving forward, people with lived recovery experience have been the backbone of a strong SUD service system workforce. We must expand and strengthen the statewide workforce so they can provide SUD treatment and recovery support services based on this five-year vision of recovery. This effort includes the development of stable funding streams, reasonable compensation, administrative protocols, and peer recruitment and retention efforts.

4. **Although there are many social, employment, legal, educational and other important issues with the person with an SUD, there are a couple of exceptionally important areas.**

Employment, Education and self-sufficiency are fundamental to healthy recovery and functional communities. We must reduce and eliminate barriers to employment for persons in recovery and recognize that persons with lived recovery experience are assets in our communities. We envision a network of employers that provide employment opportunities for members of our community and opportunities for peer employment and self-sufficiency are fundamental to healthy recovery and functional communities. We must expand college and trade educational opportunities while reducing and eliminating barriers to employment for persons in recovery. There must be simple processes for persons to clear their records from past criminal charges as they reach stable, recovery.

5. **Recovery Housing Opportunities:** People in recovery need stable, supportive and affordable transitional and long-term housing. We must develop a statewide system of quality recovery houses. The system needs to include adolescent and special population housing, infrastructure development, and training for house operators to support recovery from an SUD. The housing system needs to work collaboratively to support long-term treatment and recovery as part of a system of care with a five-year recovery goal.