IT’S TIME TO FULLY INTEGRATE MEDICATIONS AND ADDICTION RECOVERY

William L. White, MA
Marvin D. Seppala, MD
Robert L. DuPont, MD

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OBJECTIVES

• Identify at least four factors that contributed to controversies surrounding the use of medication in treatment of addiction within professional and recovery mutual aid settings
• Highlight shared limitations of current medication assisted treatment (MAT) and psychosocial treatments
• List potential benefits of integrating evidence supported treatments, including medications, psychotherapies and peer support services
• Summarize the benefits of research from a program that integrated medications into a strong abstinence based, 12 Step system of care
• Place MAT and psychosocial treatment integration within the rubric of long-term recovery management

Presented by: Marvin D. Seppala, MD, featuring William White and Robert L. DuPont, MD
**WILLIAM L. WHITE, MA**

- Emeritus Research Consultant – Chestnut Health Systems
- Clinical, educational and research roles in addiction field since 1969
- Prominent recovery advocate, volunteer consultant to recovery community organizations in U.S., Europe, Asia and Africa
- Author / Co-author of 400+ articles, 350+ recovery blogs and 21 books
- Research focus of past 25 years: mapping the prevalence, pathways, styles and stages of long-term addiction recovery

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**ROBERT L. DUPONT, MD**

- Leader in SUD treatment and prevention for 50 years
- First Director of NIDA and second White House Drug Chief
- Founding President of the Institute for Behavior and Health, Inc. - a non-profit research and policy organization that identifies and promotes powerful new ideas to reduce drug use
- Has an active psychiatric practice specializing in addiction and anxiety disorders
- Clinical Professor of Psychiatry at Georgetown University School of Medicine
- Graduate of Emory University, received MD from Harvard Medical School, completed psychiatric training at Harvard and NIH
MARVIN D. SEPPALA, MD

- Recently retired after over 20 years as CMO of Hazelden Betty Ford Foundation
- Currently has a private psychiatric practice specializing in addiction and other mental health issues, and does consulting
- Is an Adjunct Assistant Professor of Psychiatry at the Mayo Clinic College of Medicine and Science and at the Hazelden Betty Ford Graduate School of Addiction Studies
- Received MD from Mayo Clinic College of Medicine and Science and completed a psychiatry residency and an addiction fellowship at the University of Minnesota Hospitals
- Has written about addiction and done addiction research

REMARKS FROM WILLIAM L. WHITE, MA
It’s Time to Fully Integrate Medications and Addiction Recovery

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Experience and Benefits of Hazelden Betty Ford’s COR-12 Program: Combining Evidence Supported Treatment Approaches

MARVIN D. SEPPALA, MD
THE HBFF PROGRAM PRIOR TO COR-12

- No personalized care for those with Opioid Use Disorder (OUD)
- Significant increase in admissions for OUD
- Problems with treatment retention
  - Significant rate of early discharge (> 25% for those with OUD)
  - Risk to patient → Most patients relapse that leave without completing treatment
- Unit milieu issues
- Use of opioids during treatment
- Increased incidence of overdose death following treatment
  - Ethical imperative to evaluate the treatment model

ORGANIZATIONAL CHANGE PROCESS

- Team established
- Literature review
- White paper
- Plan for organization
- Training forums
- Communication
- Implementation
THE HBFF RESPONSE: COR-12

- We added evidence supported groups for those with opioid use disorders
- We incorporated two evidence supported medications into treatment protocols: extended-release naltrexone and buprenorphine/naloxone
- We emphasized mental health care
- We added intensive case management to the outpatient setting
- We studied the results (JSAT 9/19)


COR-12 STUDY: CONTINUOUS ABSTINENCE AT ONE MONTH

- Consistent with previous research, medication compliance is critical

Patients who were compliant with their medications were more likely to remain continuously abstinent from drugs and alcohol at 1- and 6-months post-discharge regardless of which medication they inducted on


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COR-12 STUDY: CONTINUOUS ABSTINENCE AT SIX MONTHS

- Medication compliance is important
  - Oral naltrexone
- Little difference among the four groups (Medication compliant and no medications)
- The no medication group did well
- Injectable naltrexone outperformed buprenorphine-naloxone
- Limitations of a naturalistic study


COR-12 STUDY CONCLUSIONS AND CLINICAL APPLICATIONS

- MAT was found to be feasible within a 12-step setting and resulted in high engagement
  - 71% successfully inducted on a medication
  - 92% of patients successfully completed residential treatment
  - 73% stepped down within HBFF (with an additional 5.4% to care outside HBFF)
- Medication compliance is important
- Very good outcomes compared with other studies
- Combining MAT with a 12 Step, abstinence orientation within a recovery oriented system of care improved outcomes and patient satisfaction
It’s Time to Fully Integrate Medications and Addiction Recovery

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PRIMARY INSIGHTS

- Patient engagement
- Opioid support group
- Long term approach
- Staff bias and passion
- Medications
- Narcan
- Personalized care

BENEFITS RECOGNIZED

- Improved acceptance of medications among staff and patients
- Improved recovery rates for those with OUD
- Patients appreciated clinical options and the ability to make decisions about their care, which improved medication compliance
- Everyone using medications correctly was “in recovery” and “abstinent”, reducing stigma
IMPROVED PATIENT ENGAGEMENT

- Over 25% of a control group with OUD discharged early from residential care vs. less than 10% of those in COR-12
- OUD patients were transferring to our outpatient programs at a rate of 25% prior to COR-12, this increased to 73%
- Those in outpatient COR-12 were more likely to attend services, to stay on medications, and to attend mental health services than those with OUD who did not participate in COR-12

REMARKS FROM ROBERT L. DUPONT, MD
TOWARD A SUSTAINED AND INTEGRATED MODEL OF ASSERTIVE RECOVERY MANAGEMENT

ROBERT L. DUPONT, MD

THANK YOU!

QUESTIONS?