

# IT'S TIME TO FULLY INTEGRATE MEDICATIONS AND ADDICTION RECOVERY

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NAADAC 2022 Annual Conference & 50<sup>th</sup> Anniversary Celebration

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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

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## **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

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## 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

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## REMARKS FROM WILLIAM L. WHITE, MA

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William White MA - NAADAC 2022

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



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MEDICATIONS AND ADDICTION RECOVERY**

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WILLIAM L. WHITE, MA

Bill White

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**EXPERIENCE AND BENEFITS OF HAZELDEN BETTY FORD'S  
COR-12 PROGRAM: COMBINING EVIDENCE SUPPORTED  
TREATMENT APPROACHES**

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MARVIN D. SEPPALA, MD

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## 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

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## ORGANIZATIONAL CHANGE PROCESS

- Team established
- Literature review
- White paper
- Plan for organization
- Training forums
- Communication
- Implementation



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## 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)

Klein, A. A., & Seppala, M. D. (2019). Medication-assisted treatment for opioid use disorder within a 12-step based treatment center: Feasibility and initial results. *Journal of substance abuse treatment*, 104, 51-63. <https://doi.org/10.1016/j.jsat.2019.06.009>

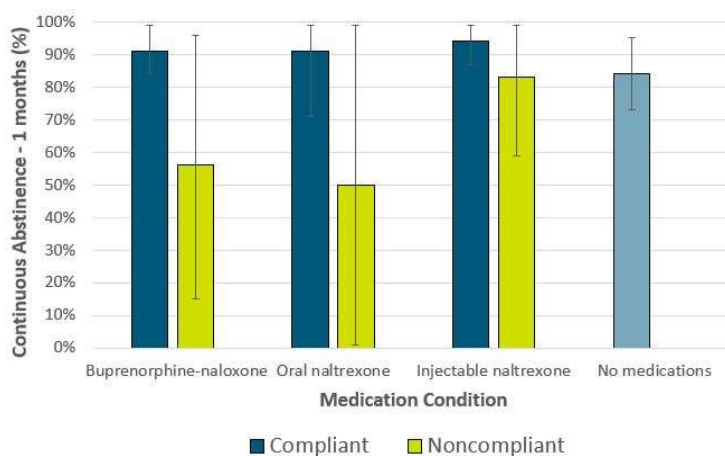
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## COR-12 STUDY: CONTINUOUS ABSTINENCE AT ONE MONTH

- 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



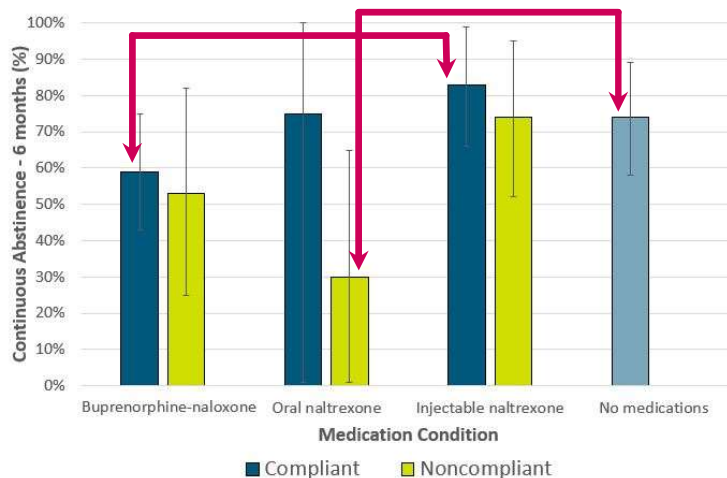
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## COR-12 STUDY: CONTINUOUS ABSTINENCE AT SIX MONTHS

- 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



Klein, A. A., & Seppala, M. D. (2019). Medication-assisted treatment for opioid use disorder within a 12-step based treatment center: Feasibility and initial results. *Journal of substance abuse treatment*, 104, 51-63. <https://doi.org/10.1016/j.jsat.2019.06.009>

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## 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

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## PRIMARY INSIGHTS

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



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## 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

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## 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

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## REMARKS FROM ROBERT L. DUPONT, MD

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**TOWARD A SUSTAINED AND INTEGRATED MODEL  
OF ASSERTIVE RECOVERY MANAGEMENT**

ROBERT L. DUPONT, MD

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**THANK YOU!  
QUESTIONS?**

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