NCADD
NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE, INC.

NCADD Presents Silver Key Award to Robert L. DuPont, MD

*Robert DuPont MD (center) with NCADD President and CEO Robert Lindsey (left) and NCADD Board Member Roger Bensinger*At the NCADD Conference of Affiliates meeting in Washington, DC, NCADD Board Member Roger Bensinger and NCADD President and CEO, Robert J. Lindsey presented the NCADD Silver Key Award to Robert L. DuPont, MD in recognition of his decades of leadership in the field of alcoholism, addiction and recovery.

The NCADD Silver Key Award was established to honor individuals who have made outstanding contributions to the work of NCADD or in support of NCADD's mission and programs at a national level.

Candidates include spokespersons or sponsors of major NCADD campaigns; long-time members of the NCADD Board whose contributions are deemed to be extraordinary; heads of organizations with outstanding alcoholism and drug abuse programs, such as employee assistance programs; and physicians, researchers or others whose work has significantly enhanced NCADD efforts.

Dr. DuPont joins a list of extinguished recipients of the NCADD Silver key Award including; David Lewis, MD, Adele C. Smithers, Nicholas A. Pace, MD, Max A. Schneider, MD, Robert D. Sparks, MD, The Association of Junior Leagues, Wheelock Whitney, Martha B. Baker, Hon. Leonard K. Firestone and Dana Andrews.

Following his receipt of the award, Dr. DuPont was kind enough to share his remarks with NCADD.

Remarks Friday September 9th on receipt of the Silver Key Award from NCADD

by Robert L. DuPont, MD

Thank you for this honor.

I am especially grateful today because of my respect for NCADD, an organization which has held high the bright banner of recovery since its founding in 1944.

Your organization has deep roots in the 12 Step Programs. I am proud of America's many contributions to the world, but few make me as proud as does the founding of Alcoholics Anonymous in June 1935 in Akron Ohio, a few months before my birth nearby in Toledo. The 12-step identity of NCADD is the basis for the radiant soul of your organization.

While the word "recovery" has been widely adopted, and in my view cheapened, in recent years you and I share the view that this word has special meaning related to the dependence on alcohol and other drugs. Recovery means not just no use but more importantly it means a new and a far better life. A far less self-centered life than is always part of addiction. Recovery is not about 6 weeks or even 6 months of no substance use like many evaluations of substance abuse treatment. Recovery is for life and it is deeply spiritual.

Substance abuse prevention and treatment have come a long way since 1935. They have grown both larger and far more complex, as well as becoming truly global -- as has the modern substance abuse problem. Substance abuse is cunning, baffling and powerful.

In recent years my goal has been to find the best practices to facilitate lifelong recovery. When I began talking about this I was challenged -- "Where is your evidence?" In response I turned to my experience as a practicing physician specializing in substance abuse treatment for more than four decades. I have seen some patients for many decades. I have worked with many families over three generations. My patients, my best teachers, have included physicians. I have observed in my practice that physicians who are part of the state Physician Health Programs have remarkably durable and remarkably good outcomes.

Taking up the challenge to find evidence, in 2004 I recruited the leading researcher on treatment outcomes, Tom McLellan, Ph.D. and one of the leading state PHP directors, Greg Skipper, M.D. to help me conduct -- with the support of the Robert Wood Johnson Foundation -- the first national study of the 4-decades old state Physician Health Programs. Our results have been published in 7 peer-reviewed studies.

To understand our findings you need to know that half of these doctors were in PHP care for problems with alcohol, one-third were there for opiate addiction, and the remainder were there for other the abuse of other drugs. All had long histories of serious alcohol and other drug abuse. Fully 88% met criteria for substance dependence.

While in PHP care management they were subject to uniquely intense drug and alcohol testing, typically for 5 years or longer, using 20-drug panels plus tests for alcohol metabolites that can be identified for days after drinking. Each weekday morning these physicians called a phone number to see if they had to report for testing that day.

In this sample 79% of the physicians had not one single positive test for either alcohol or any other drug over those 5 years of intensive, random testing . Of those physicians who had one positive test, two-thirds never had a second positive test. There are no other large samples of seriously addicted people that have similar long-term results.

How do the PHP's produce these remarkable results? They have a no-use standard -- no use of any alcohol or any other drug is tolerated. Any use, or even missing a single test, leads to these physicians being removed from their medical practices for prolonged periods for more intensive, residential treatment. The PHPs use excellent, abstinence-based treatment, mostly residential, for 30 to 90 days.

Here is my main point today, the PHPs use the most powerful aide in struggle for long-term recovery -- the 12-step programs. That was what drew me to the PHP model in the first place. The doctors in my practice had great treatment. They had intense random testing linked to swift, certain and serious consequences. But the treatment and the testing while prolonged was still time limited. What carried these men and women in their lives even after leaving PHP monitoring, virtually without exception, was their commitment to the fellowships of AA and NA.

When you think about the evidence for what works for alcoholics and drug addicts I suggest that look beyond the 6 or 12 week studies commonly used to evaluate treatment. Instead look at lifetimes. Look for more than abstinence. Think about the quality of people's lives. When you look for evidence of what works I suggest that you give less weight to the published short-term studies and more weight to the people around you who have not only remained alcohol and drug-free for long periods of time but who are in recovery. Pay most attention to the experiences of those who have found new, joyful and productive lives after the demeaning chemical slavery of addiction to alcohol and drugs.

When you do that, I believe that, like me, and like the nation's Physician Health Programs, you will come back to the roots of NCADD. Armed with this evidence you will be in a better position to pass

on to others the miracle of recovery.

So, Bob Lindsey and NCADD, thank you. I salute you. I honor you.

I wish you well in your determined advocacy for the interests of the world millions of suffering alcoholics and drug addicts. The evidence you need of what works is sitting next to you today. That evidence validates Bill Wilson's great discovery, that to stay sober he needed to help other alcoholics. Pass it on!

Hold high the banner of Recovery, the banner that distinguishes NCADD!