



# The New Paradigm & the DOT/SAP Process

“The *New Paradigm* answers the question as to what kind of care management leads to the best long-term outcomes for populations where public safety is at stake. ...”

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One of the enduring debates in the substance abuse field concerns the question as to which kind of treatment is the best. Is the best treatment oriented to 12-Step philosophies or behavioral management or medication management? Is it cognitive-behavioral or neuropsychological?

Should it use family therapy, group therapy, psychodynamic psychotherapy, yoga, meditation, expressive arts or nutritional therapies? Or is it all of the above? Because of the tremendous diversity of treatment practices, philosophies, patient needs, and payment challenges, this question cannot be answered simply. The Department of Transportation (DOT) appropriately is silent on the modalities of treatment, accepting any reasonable treatment recommendation from a qualified substance abuse professional (SAP), as long as its success can be monitored and verified by follow-up testing.

The primary interest of the DOT is in treatment outcomes that protect public safety. Therefore, a more realistic approach to the question of best treatment, from the standpoint of the DOT/SAP process, is to ask the question differently: *Assuming a diversity of treatment, how can the employees' care be most effectively monitored*

*to promote long-term recovery and protect public safety?*

## The New Paradigm for Long-Term Recovery

To answer this question we turn to the *New Paradigm for Long-Term Recovery* (DuPont & Humphreys, 2011). The *New Paradigm* is a set of research-based standards derived from the study of three extraordinarily successful programs designed to manage the care of individuals whose substance use potentially threatens public safety:

- Physician Health Programs (PHPs) that manage the care of impaired physicians;
- South Dakota's 24/7 Sobriety Program that manages repeat DUI offenders; and
- HOPE Probation (Hawaii's Opportunity Probation with Enforcement) that manages the care of convicted felons on probation.

Each of these programs uses intensive and extensive drug and alcohol testing. The PHPs and HOPE Probation use random testing so that each weekday participants have to call a number or go online to see if they have to be tested that day. Failure to show up for testing constitutes a violation

leading to serious consequences. The 24/7 Sobriety Program uses both twice-daily breath tests for alcohol use and random urinalysis testing for drugs, or continuous alcohol monitoring bracelets and sweat patches to detect drug use.

The test results from these programs are impressive. Among a sample of 802 physicians participating in PHPs, 81% were continuously drug-free throughout the entire 5 years of monitoring. Strikingly, 99.5% of all drug and alcohol tests for this group were negative (DuPont & Skipper, 2012).

HOPE Probation, which lasts up to 6 years, reported an 85% completion rate (Hawken and Kleiman, 2009).

The 24/7 Sobriety Program, which lasts for an average of 111 days (Long, 2009) reported 55% of participants in full compliance without failing a single drug or alcohol test (Office of the Attorney General, 2012). More than 99% of all alcohol drug tests were negative while 77% of offenders subject to alcohol monitoring bracelets never relapsed during their participation in the program (Office of the Attorney General, 2011). Predictably, 24/7 Sobriety graduates have lower rates of recidivism than non-participants at 1-, 2-, and 3-years post-program completion.

What do these three care management programs have in common?

➤ All three use testing to monitor compliance, with two that endured for years instead of weeks or months.

➤ All require abstinence from any use of alcohol or other drugs. They enforce abstinence by using rigorous testing protocols to monitor use of non-medical substances.

➤ Equally important, all three programs rely on immediate, swift and meaningful consequences for every positive test result and for any other non-compliance.

➤ Negative test results in all cases were rewarded; for physicians, they maintained the right to continue to practice medicine. Criminal justice participants were rewarded for negative drug and alcohol tests by being able to stay in the community and out of jail.

These fundamental program policies form the basis of the *New Paradigm*. The *New Paradigm* answers the question as to what kind of care management leads to the best long-term outcomes for populations where public safety is at stake: “The best medical care for addicted people is found in programs that, (1) endure for an extended period, (2) carefully monitor substance use and (3) stop nonmedical drug-using behavior by actively managing the consequences for any continued substance use and by rewarding abstinence” (DuPont & Humphreys, 2011).

### **New Paradigm & DOT/SAP**

The current DOT/SAP process incorporates the basic tenets of the *New Paradigm* because it can extend up to 5 years and because

it allows extensive and rigorous follow-up testing. In addition, it discourages non-compliance and rewards compliance through the SAP’s “gatekeeper” function, i.e., the loss or restoration of eligibility to regain safety-sensitive employment.

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Ensuring long-term abstinence is paramount to the DOT/SAP process. The *New Paradigm* programs utilized daily call-in regimens to trigger drug tests in monitoring compliance. The DOT/SAP process requires an unannounced follow-up testing schedule designed by the SAP for each individual. Both practices place the responsibility for abstinence upon the participant; test violations lead to immediate consequences.

The DOT/SAP process is **not** a type of treatment; it, like the three programs of the *New Paradigm*, is a way of managing the care and monitoring people with substance use problems. The DOT/

SAP process is a structured framework for designing and applying a wide variety of treatment and testing recommendations made by the SAP (Morrison, 2008). This is important because its structural correspondence to the *New Paradigm* programs suggests that the DOT/SAP process can be used to produce comparable long-term (outcome) success.

### **Positive Test Results**

Positive test rates among participants in the *New Paradigm* programs were reported in the 0 - .5% range! For a historical comparison, positive test rates in the transportation industry stood at approximately 3% in the early 1990s (Hall, 1995). In the ensuing decades, as regulations were refined and as industry compliance improved positive test rates steadily declined until plateauing in the 1.5% - 2% range between 2005 and 2010. In 2009, the last full year of available DOT test data, the positive test rate was 1.51%. This translated to 77,865 positive tests among all safety-sensitive DOT-regulated transportation workers (Swart, 2011)!

It is reasonable to conclude that risks to the traveling public could be reduced even further if DOT rates approached those of the *New Paradigm* programs. Remember that the DOT positive test rate of 1.51% is for *all* tested DOT-regulated employees – while the PHP positive test rate of 0.05% is not for all physicians but only for those with serious substance abuse problems. We know of no other samples of monitored substance abusers with rates this low.

## Summary

The SAP function in the DOT/SAP process could improve its already good outcomes by intensifying and extending follow-up testing where clinically appropriate. An informal survey conducted by American Substance Abuse Professionals, Inc. of 100 SAP follow-up test recommendations found that 50% of sampled test plans called for 2 years of follow-up testing when a 5-year term was available.

SAPs that use the *New Paradigm* as a guide for making recommendations for testing may be able to exploit the full potential of the DOT/SAP process by increasing the frequency of unannounced follow-up tests and by using the full 5-year testing term. The result should be improved individual outcomes and better protection of public safety. Improving DOT/SAP outcomes is in the employees' best interests. It is also in the

interests of the employer and of public safety. ❖

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