

Directly Observed Therapy (DOT) for Treatment of Substance Use Disorders

National treatment guidelines strongly recommend using a patient-centered case management approach when treating persons with substance use disorders (SUD). Supervised dosing may be highly recommended for particular populations—those with multiple health challenges, persons with unstable residences, and those on intermittent treatment regimens (i.e., 2 or 3 times weekly).

What is DOT?

DOT means that a trained health care worker or other designated individual (excluding a family member) provides the prescribed anti-addiction drugs and watches the patient swallow every dose.

Why use DOT?

- We cannot predict who will take medications as directed, and who will not. People from all social classes, educational backgrounds, ages, genders, and ethnicities can have problems taking medications correctly.
- Studies show that over 50% of patients receiving prescriptions do not take them properly.
- Many patients fail to purchase the medication, do not start it, miss many doses, and fail to complete treatment.
- DOT helps prevent patients from sharing or selling their medications, especially narcotics like methadone and buprenorphine.
- DOT decreases the chances of treatment failure and relapse with alcohol or drug use.

Who can deliver DOT?

- A nurse or supervised outreach worker from the patient's clinic may provide DOT or the prescriber may contract out this service to another organization specializing in DOT as Public Health Departments do with active TB cases.
- In some situations, it works best for clinics to collaborate with home care agencies, drug treatment centers, and other facilities to provide DOT, under the guidance of the primary care provider
- Family members should not be used for DOT. DOT providers must remain objective and impartial. Other persons may be used if they are not using excessive alcohol or drugs.

- Oral naltrexone for alcohol or opioid use disorders is well suited for DOT since daily dosing is not necessary; it may be taken on alternate days or three times a week.
- If clinic staffing resources for providing DOT are limited, field visit and video chat options may be considered.

How is DOT administered?

- DOT includes:
 - delivering the prescribed medication (single dose, plastic baggie w/ name label)
 - checking for side effects
 - watching the patient open baggie and swallow the medication
 - documenting the visit
 - answering questions
 - notifying the MD/NP if the patient has side effects, clinical problems or misses DOT visits.
- DOT should be initiated when SUD treatment starts. Do not allow the patient to try self-administering medications and missing doses before providing DOT. If the patient views DOT as a punitive measure, there is less chance of successfully completing therapy.
- The prescribing clinician should show support for DOT by explaining to the patient that DOT is widely used and very effective. The DOT provider should reinforce this message.
- DOT works best when used with a patient-centered case management approach, including such things as:
 - helping patients keep medical appointments
 - providing ongoing patient education
 - offering incentives and/or enablers
 - connecting patients with human/social services or transportation
 - helping patients of limited English proficiency or low health literacy.
- Some patients taking daily therapy may self-administer their weekend doses.
- DOT doses are often combined with some take-home doses if the patient is making demonstrated recovery progress as verified with testing or counseling. Daily/weekly DOT with take-homes may be replaced by bi-weekly or monthly prescriptions when recovery progress has been sustained over a longer period.

DOT for the Treatment of SUDs – page 2

How can a DOT provider build rapport and trust?

1. “Start where the patient is.”
2. Protect confidentiality.
3. Communicate clearly.
4. Avoid criticizing the patient’s behavior; respectfully offer helpful suggestions for change.
5. Be on time and be consistent.
6. Adopt and reflect a nonjudgmental attitude.
7. Sign a DOT treatment agreement to spell out mutual expectations and responsibilities, including for e-communications (calls, texts, emails, video chat).



Dr. Everett Koop, former US Surgeon General, quote:
Drugs don't work in patients who don't take them.

Multiple diseases and multiple medications can lead to some patients not following their medical regimens. Experts are examining why in an effort to help improve nonadherence rates that can reach 50% by some estimates.

<https://acpinternist.org/archives/2014/05/nonadherence.htm>

6 categories: not understanding the relevance of medication to one's health and well-being, concluding the costs of taking medication outweigh benefits, finding medication management too complex to handle, being insufficiently vigilant, holding inaccurate or conflicting normative beliefs about medications, and not perceiving medication to have therapeutic efficacy.

<https://www.ama-assn.org/delivering-care/patient-support-advocacy/8-reasons-patients-dont-take-their-medications>

8 reasons: fear side-effects/interactions, costs, misunderstanding regarding improvement, too many medications, lack of symptoms, worry dependence, depression, mistrust

AMA STEPS Forward Medication Adherence Module
<https://edhub.ama-assn.org/steps-forward/module/2702595>

AMA Address Social Determinants of Health to improve medication adherence and overall outcomes!!!
<https://edhub.ama-assn.org/steps-forward/module/2702762>

AAFP Health literacy as barrier to care...access, continuation
<https://www.aafp.org/afp/2015/0715/p1118.html>

Take-Away Messages....

- If patient is not getting better with medication, suspect non-adherence first.
- No single screening tool for non-adherence works reliably well for many patients
- Reasons for non-adherence change over time with same person.
- Non-medical factors may be stronger predictors of non-adherence.

Other Online Resources

<https://www.scriptyourfuture.org/>
<http://adultmeducation.com/>

Note: adapted from the Minnesota Department of Health