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Q&A with Elliot Stone, CEO and Founder of Alavida Health, the eHealth modern alternative to rehab that has been helping 82.5% of problem drinkers regain control

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CEOCFO: *Mr. Stone, what is the basic concept behind Alavida?*

Mr. Stone: The basic concept behind Alavida is to provide people with a simpler path to a healthier relationship with alcohol. Alavida is an eHealth company that combines non-addictive medication, behavioral therapy and technology to help people decrease or stop their consumption of alcohol.

CEOCFO: *What do you understand, on a very fundamental level, about alcoholism or people that are having a problem, that perhaps others have not recognized, when they are trying to craft a solution?*

Mr. Stone: The simplest way to think about it is that addiction is a learned behavior and it can be unlearned. I think that is a groundbreaking perspective. There have been advocates and researchers saying this for years, but no one has been listening. It has not been picked up in the mainstream and the average person does not think that way. Culturally, I think we are locked into an old way of thinking about addiction in general and in particular when it comes to alcohol addiction. We have not really examined the breakthroughs that have been made in the scientific community

CEOCFO: *Does the trend not seem to be going in the other direction; it is a disease, period, rather than more of a participatory part of the whole situation?*

Mr. Stone: I do not think the trend is going in the opposite direction. I just think it has been engrained in us over nearly a century to the point that we think we have the answer for this problem. However, I think the trend is actually going in the other direction, the direction of holistic care, that people are on a spectrum, and that they are not binary and there is not one answer. It is not the case that you do not have a problem until one day you have a problem and then there is no going back.

The disease model itself is something that was useful for many reasons and I think there were very well intentioned people behind creating a disease model for addiction. I do not know that it serves the same purpose today as it can bring shame or exacerbate the stigma. Think for a moment about the difference between telling someone they have a chronic disease as opposed to a temporary mental state or a learned behavior that they can essentially unlearn. Managing susceptibility is not the same as managing a chronic illness. Think about people at risk for type two diabetes, they have a susceptibility to develop type two diabetes, they do not have type two diabetes. That is a big difference. I think that there is a trend in the right direction; we just have a very big hill to climb.

CEOCFO: *Would you explain the Alavida program?*

Mr. Stone: The Alavida program is effectively blending the best of what we know works in treatment for heavy drinking without the barriers that you commonly see in conventional programs. We bring together physicians using pharmacotherapy and masters-level therapists using psychotherapy. Pharmacotherapy is a fancy word for prescribing

medication and giving very detailed instruction about the use of that medication. Our physicians use a variety of different medications, but all of them are non-addictive. These medications are all FDA approved and backed by meta-level research. We are not doing experimentation. We add a complement of psychotherapy, cognitive behavioral therapy and motivational interview, each of which has been proven to be effective in treating addiction. We are supporting people through all of the things that come up when a person starts to actually face down a problematic relationship with alcohol.

Even if you are immediately able to decrease your consumption of alcohol, many times this will bring up a whole host of other things that are going on that will also need to be processed. Having a professional there who sees this day in and day out, can help you through that, and working hand-in-hand with a doctor who can prescribe medication is something that is just a lifeline to people when they are in need. Then there is the technology and behavioral health applications that we package together in a way that makes it simple to start and stick with the program. It takes all of the friction out of the process. People do not ever have to come in to an office. They never have to sit down in front of a community of their peers. If they do not want to attend group sessions, they do not have to. We do offer group, we just offer it in varying levels of privacy that align with the preference of the individual.

“Everyone wins when a major health issue like heavy drinking can be addressed earlier, while a person is still in the workplace.”- Elliot Stone

We take people from start to finish, from having their first conversation with someone about, “Hey, I think I might have a problem,” all the way to, “Wow, I am feeling like I am living a new life and I don’t have guilt or the health concerns that I had before,” without ever actually having to tell another person other than the experts and specialists that are working with them through this problem. That is an amazing thing for something like heavy drinking, where you are dealing with something that has so much, that people are often afraid to tell their family doctor. It’s unfortunate, because we want to work with family physicians. Collaborative care is best for the client. Unfortunately, this particular issue carries so much stigma or perceived stigma that that can be very hard for people. We do our best to take away all of the elements that prevent people from getting help.

CEOCFO: *Would you tell us about the ‘goals set by each client’ part of the program?*

Mr. Stone: That is an excellent question. We work with people on goal setting as a progressive part of the program. Setting and achieving goals is part of what we are helping people do. We have a program that is six months on average, it is longer and lighter, so that people are not leaving work or the office. Rather, they are having a series of appointments and doing daily guided exercises over a longer period of time. We are driving awareness, bringing actual consumption amounts and consequences more clearly into view so that achievable goals can be set and realized. When a person drives their own success it’s a powerful thing. We work very hard to promote self-efficacy and ensure that not just quantitative goals are achieved, but also qualitative goals. The challenge is that those are different for each person. For some it’s no drinks on Saturdays with the kids, for others it’s getting back into the gym. These are important pieces that we support through the process. Everything isn’t about drinking; it’s recognizing each person where they are right now and helping them drive the positive change that’s best for them right now.

That said, we are still tracking aggregate quantitative figures. For example, I can tell you that over the last 6 months of completions:

- 82.5% of people reported having less difficulty stopping drinking once they started
 - 86.6% of people reported an increased feeling of control
 - 91.6% of cases where people came in with moderately severe or severe depression were reduced to mild or none
 - 86.6% of cases where people came in with moderate or severe anxiety were reduced to mild or none
- It’s powerful what we are doing!

CEOCFO: *Are people surprised it is not the all or nothing approach that seems to be so standard?*

Mr. Stone: I think people are delighted by that! That is exactly why we started this company. There are two groups: first, people who have bounced in and out of treatment centers and not really found what they are looking for, and second, there is a huge population out there who are not accessing care because the cost of seeking care for them is higher than continuing with their problem with alcohol. The cost is financial, but more importantly *social*. That is something that we are passionate about changing.

The conventional, binary way of looking at people - addict or not an addict - is part of that cost. Often at the point of accessing care, a person is told that they need to commit to abstinence for the rest of their life and that they are an addict

and they will always be an addict. Making those admissions can come at a hell of a high social cost in our society. So it is no mystery why most people wait until it is really bad. Add to that privacy concerns: it is often quite hard to hide if you are going away for thirty days at a time or 3 or 4 nights a week. You may also encounter people from your community along the way. Finally, add to that your own personal past failures or maybe the failures you have witnessed a friend go through and you won't have a strong outlook on treatment. These are the reasons that less than 7% of people with this problem are getting professional help.

I think that offering it in a more confidential medium and also recognizing that someone who has had their first slip up at a party and maybe wants to find out if they actually have a problem versus someone who has been in and out of treatment for ten years are different and have different needs and wants when it comes to treatment. One may want abstinence and the other one may want to curb the problem before it becomes a problem. We can work with both of those people and both of them deserve specialized care that is suited for them and does not put them into a binary system, that system is part of the problem.

CEOFCO: *How important is motivation? Can you tell how motivated someone really is in the beginning?*

Mr. Stone: Absolutely! I think motivation is key. Motivation is a very complex topic and it is one that we spend a great deal of time on at Alavida. We don't just say: "someone is either motivated or they are not," we know that we can be a part of motivating that person. We structure our approach to help them with that motivation.

Motivation is part of what we do. Motivational Interviewing is literally a collaborative, person-centered form of guiding to elicit and strengthen motivation for change. It's back to goal-setting, when you get someone with a track record of, "I am doing better this week than I was last week and better last week than I was the week before;" that starts to promote their own sense of accomplishment and that is motivating in itself. If you can get someone started on the right path, you can sort of shift the way that they are viewing their situation. Then they put some positive milestones behind them; we can actually play a huge role in motivating people. Yes, it is important. Yes, as a care team we can help with that.

CEOFCO: *What about willpower? Where does that come into play with addiction or does it?*

Mr. Stone: That is a good question! Willpower is a big topic. I think when we get into the actual neuroscience of addiction one of the things that sticks out, at least in the more recent discoveries, is that we do not actually have as much power over something once we get to a certain place with the brain. If we have a predisposition and then we have repeatedly engaged with a stimulus thousands and thousands of times, then the brain actually physically changes. The pathways in the brain can be reinforced over a period of time to the point of, let us say, compulsion, where one thing begets another without much thought at all.

Willpower is not something that can be exercised as much as we thought might have been possible in years past. Actually, once something becomes automatic in the brain there are things that we should employ to help people break that cycle. One of them is medication. There are medications that work quite well for giving someone a little bit of space to maybe bolster their "willpower". The wiring of the brain over, say, two or three decades with repetitive behaviors towards a substance, in this case alcohol is very biological. To change someone's biology, a combination of things are needed and willpower plays less of a role. There is also a moralistic judgment that tends to come with talking about willpower that I do not think is helpful when people are in an addictive cycle and need help.

CEOFCO: *Who is turning to Alavida? How do people find you? How are you reaching out?*

Mr. Stone: A variety of people! I would say that the most surprising thing about doing this work is that everyone who comes into this clinic is just like a parent of a good friend, a coworker, a cycling buddy. These are very "normal" people. They are generally married, partnered, retired or working; the vast majority of them have their lives together and just have a problem with alcohol. There is not a particular age demographic. The uniting factor is that they want confidential, individualized care that is going to give them the tools that they need without any of the stuff that they do not want. That is what they will get when they come and see us.

People can find us by visiting our website at www.alavida.co or by calling us directly at 1 888 315-3634. We have people standing by who will talk through any question and really work through whether or not this is the best thing for them. They can book a consultation directly with a physician before they sign up for the program. These are really valuable sessions. Imagine having your first conversation about "maybe having a problem" with a qualified specialist. These sessions help to understand where you are with your drinking and to understand if Alavida is a good fit. If it is, we would be happy to join you on that journey towards a healthier relationship with alcohol.

CEOCFO: *What about down the road? What about in terms of follow up for people that maybe feel they need reinforcement? How do you help people after?*

Mr. Stone: We have a continued care program that follows people for another twelve to eighteen months after the initial program. We are giving those people continued support because we know that on average this is usually a one or two year journey for people getting to a steadier sustainable footing with alcohol, especially if they are going to continue to drink in moderation.

CEOCFO: *What is the growth plan for Alavida Health? Are you seeking funding or partnerships?*

Mr. Stone: We are not currently seeking funding. We are seeking partnerships. Specifically, we are looking for progressive organizations; leaders in mental health. We can be a progressive cost-saving addition to their wellness programs. We can engage people earlier and drive down disability claims.

We are also speaking with companies with large Collective Bargaining Agreements. We are finding that this is a win-win for the companies and the unions. The union leaders have more options for their members and the company is able to address issues before they reach crisis. Everyone wins when a major health issue like heavy drinking can be addressed earlier, while a person is still in the workplace.