Addiction Recovery: From Culture to Science

FAVOR 20 Year Anniversary Conference

October 2021

John F. Kelly, PhD, ABPP

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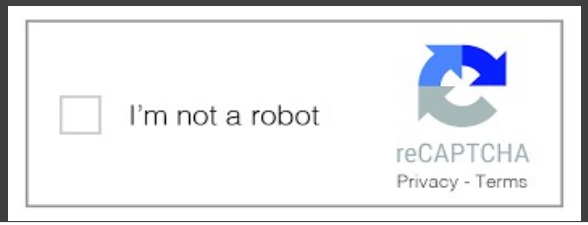
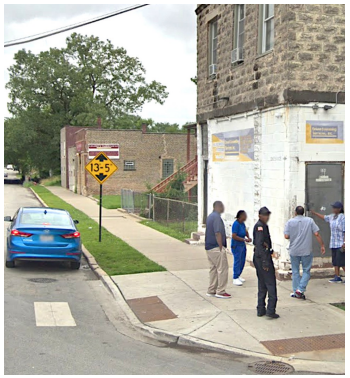
Please see if you can correctly identify all of the pictures which feature addiction treatment facilities, and which treat other health conditions



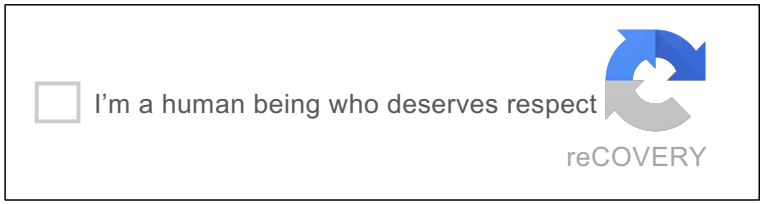


People suffering from SUD
or are in recovery are not robots…

They have a heart

They have feelings

They deserve to be treated in respectful, dignified, environments just like other health conditions



Stigma and Discrimination

- People with SUD often get treated in second-rate dilapidated buildings, which gives them the impression they have a second-class illness.
- Not only do they worry they will get poorer-quality care because of the stigma of their disease, they also get the message that they are not worthy of high-quality care and environments where people with *real* diseases get treated.
- Improving the clinical and recovery support environments for individuals with SUD can help alleviate the stigma and shame associated it

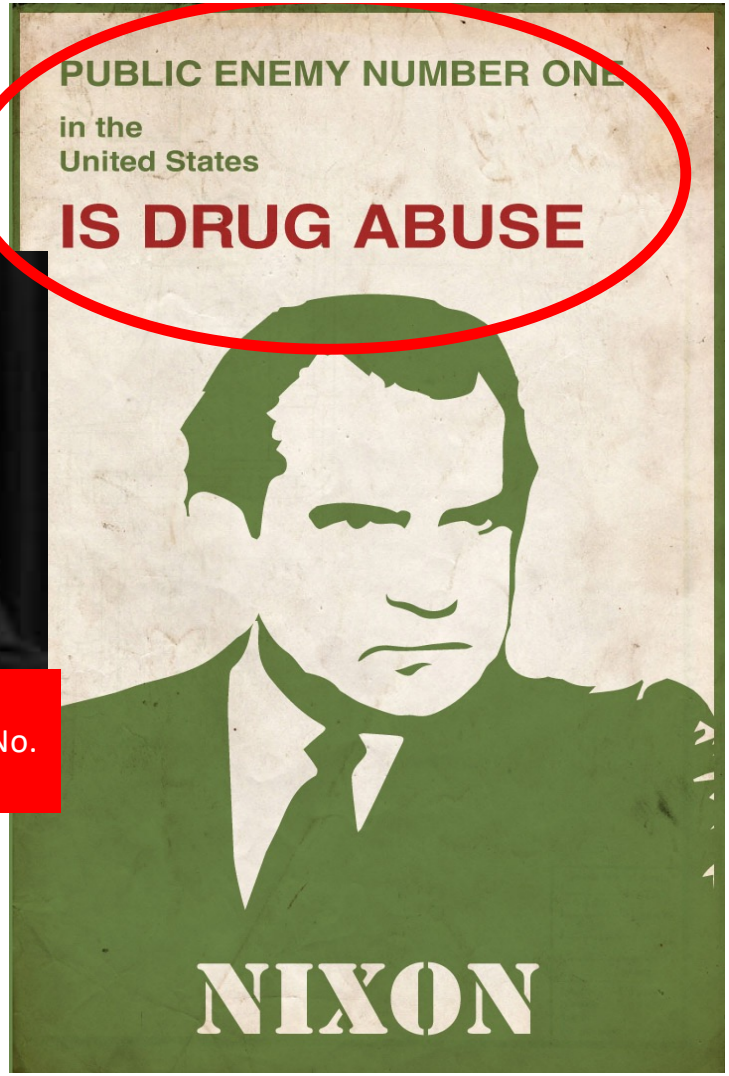
People with eating-related conditions are always referred to as “**having an eating disorder”**, **never as “food abusers”.**

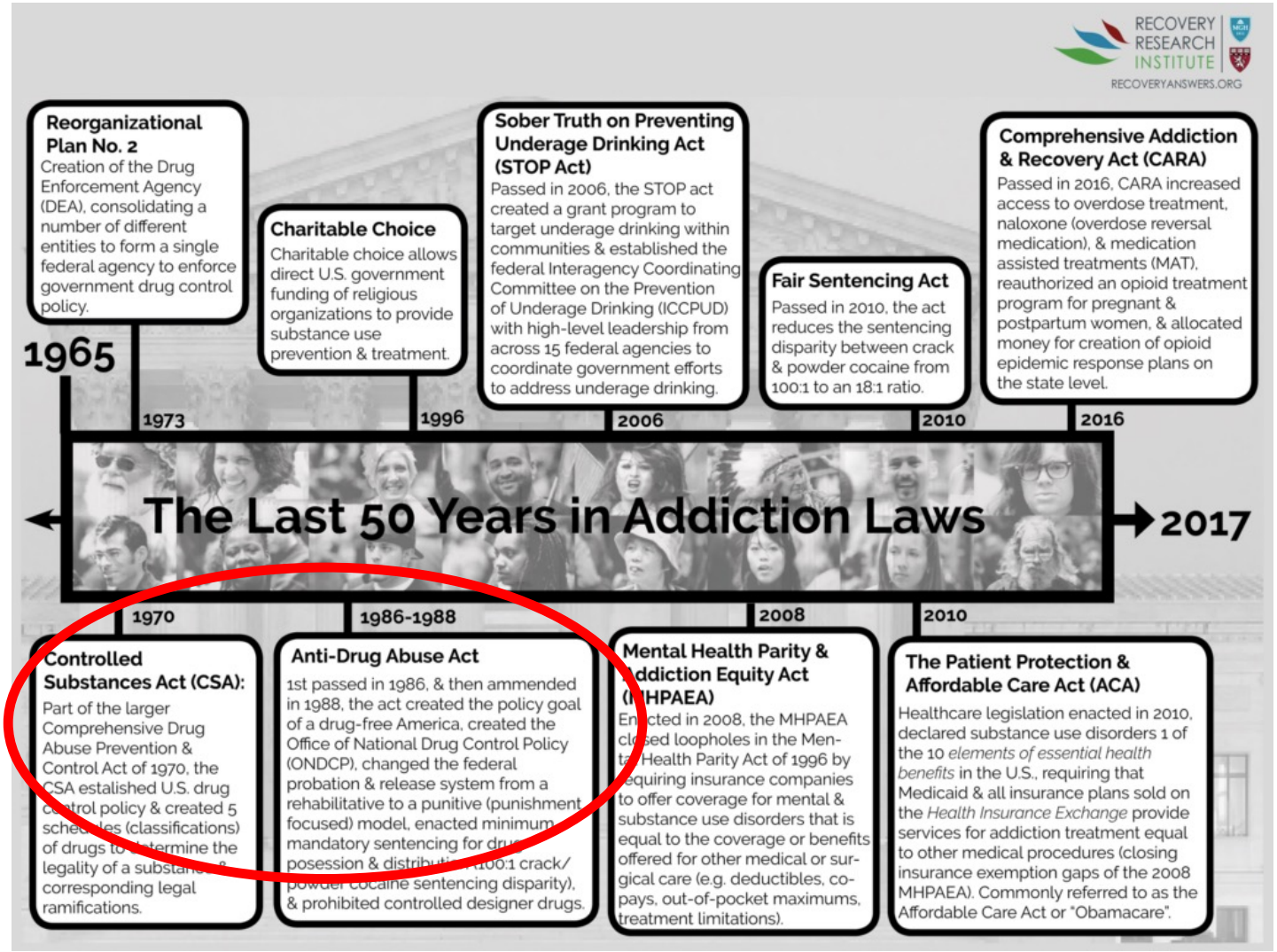
So why are people with substance-related conditions referred to as **“substance abusers”** and not as **“having a substance use disorder”?**

50 years….
1971-2021

1970

During the past 50 yrs since “War on Drugs” declared, we have moved from “Public Enemy No. 1” to “Public Health Problem No. 1”

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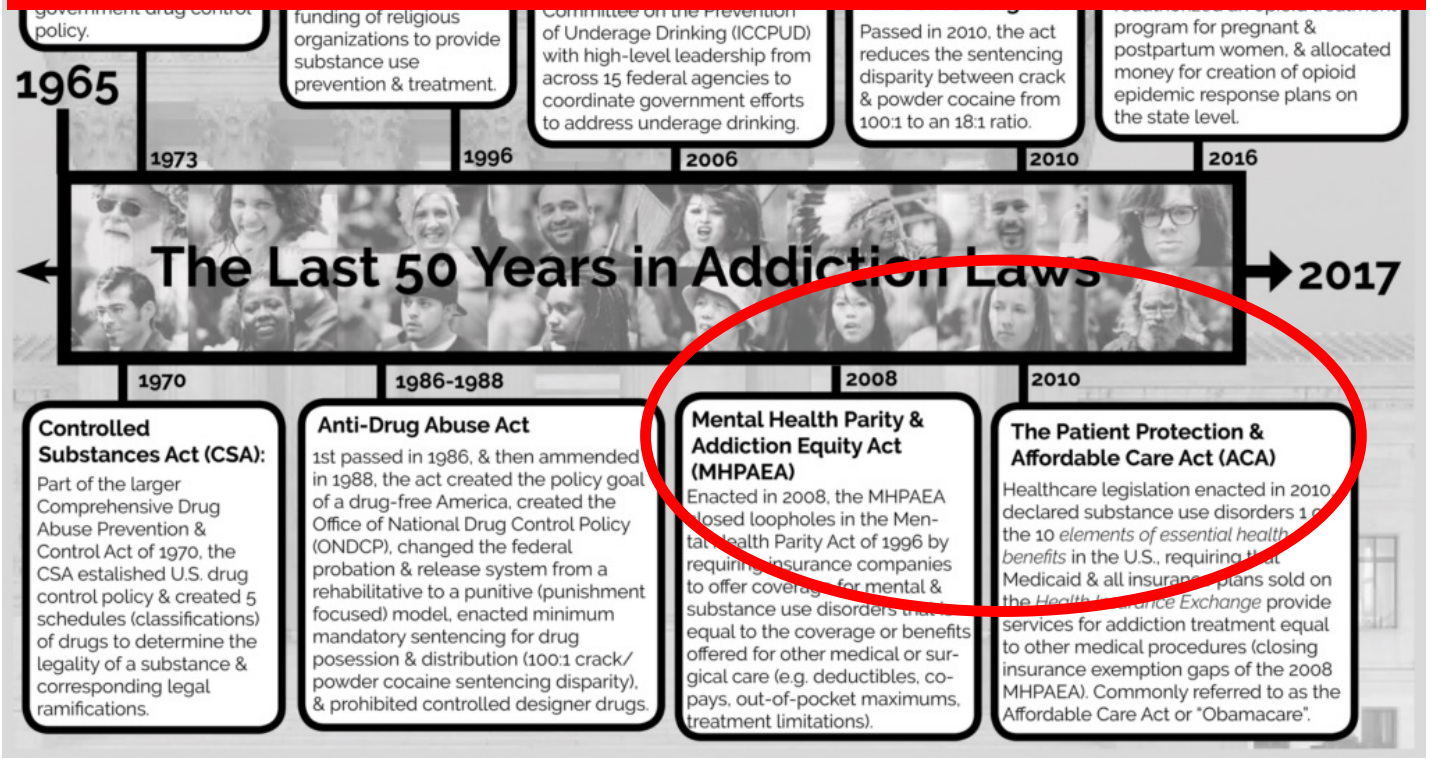
Reorganizational Plan No. 2
Creation of the Drug Enforcement Agency (DEA), consolidating a number of different entities to form a single federal agency to enforce government drug control policy.
1965
Charitable Choice
Charitable choice allows direct U.S. government funding of religious organizations to provide substance use prevention & treatment.
1973
Sober Truth on Preventing Underage Drinking Act (STOP Act)
Passed in 2006, the STOP act created a grant program to target underage drinking within communities & established the federal Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD) with high-level leadership from across 15 federal agencies to coordinate government efforts to address underage drinking.
1996
Fair Sentencing Act
Passed in 2010, the act reduces the sentencing disparity between crack & powder cocaine from 100:1 to an 18:1 ratio.
2006
Comprehensive Addiction & Recovery Act (CARA)
Passed in 2016, CARA increased access to overdose treatment, naloxone (overdose reversal medication), & medication assisted treatments (MAT), reauthorized an opioid treatment program for pregnant & postpartum women, & allocated money for creation of opioid epidemic response plans on the state level.
2010
2016
The Last 50 Years in Addiction Laws
2017
1970
Controlled Substances Act (CSA):
Part of the larger Comprehensive Drug Abuse Prevention & Control Act of 1970, the CSA estalished U.S. drug control policy & created 5 schedules (classifications) of drugs to determine the legality of a substance & corresponding legal ramifications.
1986-1988
Anti-Drug Abuse Act
1st passed in 1986, & then ammended in 1988, the act created the policy goal of a drug-free America, created the Office of National Drug Control Policy (ONDCP), changed the federal probation & release system from a rehabilitative to a punitive (punishment focused) model, enacted minimum mandatory sentencing for drug posession & distribution, 100:1 crack/ powder cocaine sentencing disparity), & prohibited controlled designer drugs.
2008
Mental Health Parity & Addiction Equity Act (MHPAEA)
Enacted in 2008, the MHPAEA closed loopholes in the Mental Health Parity Act of 1996 by requiring insurance companies to offer coverage for mental & substance use disorders that is equal to the coverage or benefits offered for other medical or surgical care (e.g. deductibles, co-pays, out-of-pocket maximums, treatment limitations).
2010
The Patient Protection & Affordable Care Act (ACA)
Healthcare legislation enacted in 2010, declared substance use disorders 1 of the 10 *elements of essential health benefits* in the U.S., requiring that Medicaid & all insurance plans sold on the *Health Insurance Exchange* provide services for addiction treatment equal to other medical procedures (closing insurance exemption gaps of the 2008 MHPAEA). Commonly referred to as the Affordable Care Act or "Obamacare".

Laws passed in the past 20 yrs have moved from more punitive ones to public health oriented ones…. increasing availability, accessibility and affordability of treatment..



the WHITE HOUSE PRESIDENT BARACK OBAMA

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HOME · BLOG

ONDCP Hosts First-Ever Drug Policy Reform Conference

DECEMBER 11, 2013 AT 10:57 AM ET BY CAMERON HARDESTY

On Monday, Director Kerlikowske and Deputy Director Botticelli kicked off an unpre
discussion at the White House on the future of drug policy. Braving a snowy D.C. m
approximately 140 people attended to engage in a conversation on drug policy refor
hundreds more watched online. Limited video on demand is available here.

Criminal justice approaches have begun to shift and embrace clinical and public health emphases….

ONDCP Hosts First-Ever Drug Policy Reform Conference (2013, December 13). *White House Blog*. Retrieved from https://www.obamawhitehouse.archives.gov/blog/2013/12/11/ondcp-hosts-first-ever-drug-policy-reform-conference

Public Health Approaches to Addressing Drug-Related Crime: Drug Treatment Courts

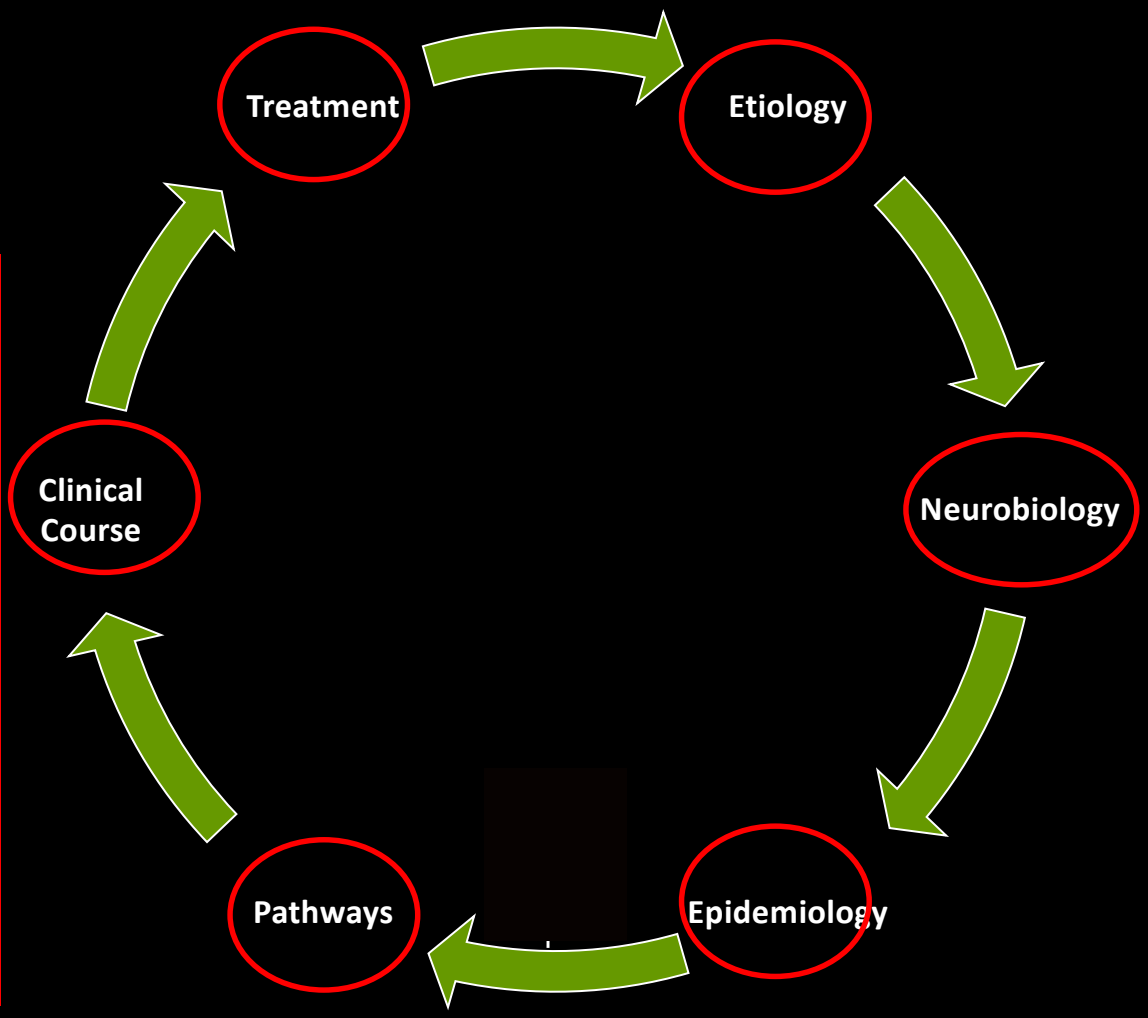
Public Health Approaches to Law Enforcement

- Chief Campanello
  - Angel Program
    - “Help not Handcuffs”

Federal emphasis on endemic/epidemic drug/alcohol problems led also to birth of major federal institutes for research and implementation…

Has led to a number of paradigm shifts…

We've come a long way in our understanding of SUD as biopsychosocial disorder, yet stigma and discrimination remain at large …



WHAT IS STIGMA?

An attribute, behavior, or condition, that is socially discrediting

WHAT IS DISCRIMINATION?

The unfair treatment of individuals with the stigmatized condition/problem

Stigma Consequences: Public and Personal

- Public:
  - Public stigma can lead to:
    - Differential public and political support for treatment policies
    - Differential public and political support for criminal justice preferences
    - Barriers to employment/education/training
    - Reduced housing and social support
    - Increased social distance (social isolation)
- Personal:
  - Internalization of public stigma can lead to:
    - Shame/guilt
    - Lowered self-esteem
    - Rationalization/minimization; lack of problem acknowledgment
    - Delays in help-seeking
    - Less treatment engagement/retention; lowered chance of remission/recovery

Commonly Studied Dimensions of Stigma

Blame – are they responsible for causing their problem/disorder?

Prognostic pessimism/optimism – will they ever recover “be normal”, “trustworthy”?

Dangerousness – are they unpredictably volatile, a threat to my/others’ safety?

Social distance – would I have them marry into my family, share an apartment with them, have them as a babysitter?

Addiction may be most stigmatized condition in the US and around the world: Cross-cultural views on stigma

Across 14 countries and 18 of the most stigmatized conditions…

Illicit drug addiction ranked 1st

Alcohol addiction ranked 4th

Stigma, social inequality and alcohol and drug use

ROBIN ROOM

Centre for Social Research on Alcohol and Drugs, Stockholm University, Stockholm, Sweden

- **Sample:** Informants from 14 countries
- **Design:** Cross-sectional survey
- **Outcome:** Reaction to people with different health conditions

Room, R., Rehm, J., Trotter, R. T. II, Paglia, A., & Üstün, T. B. (2001). Cross-cultural views on stigma valuation parity and societal attitudes towards disability. In T. B. Üstün, S. Chatterji, J. E. Bickenbach, R. T. Trotter II, R. Room, & J. Rehm (Eds.), *Disability and culture: Universalism and diversity* (pp. 247–291). Seattle, WA: Hofgrebe & Huber.

SO, WHY IS ADDICTION SO STIGMATIZED COMPARED TO OTHER SOCIAL PROBLEMS AND HEALTH CONDITIONS, AND OTHER MENTAL ILLNESSES?

What Factors Influence Stigma?

Cause	Controllability	Stigma
“It’s not their fault”	“They can’t help it”	Decreases
“It is their fault”	“They really can help it”	Increases

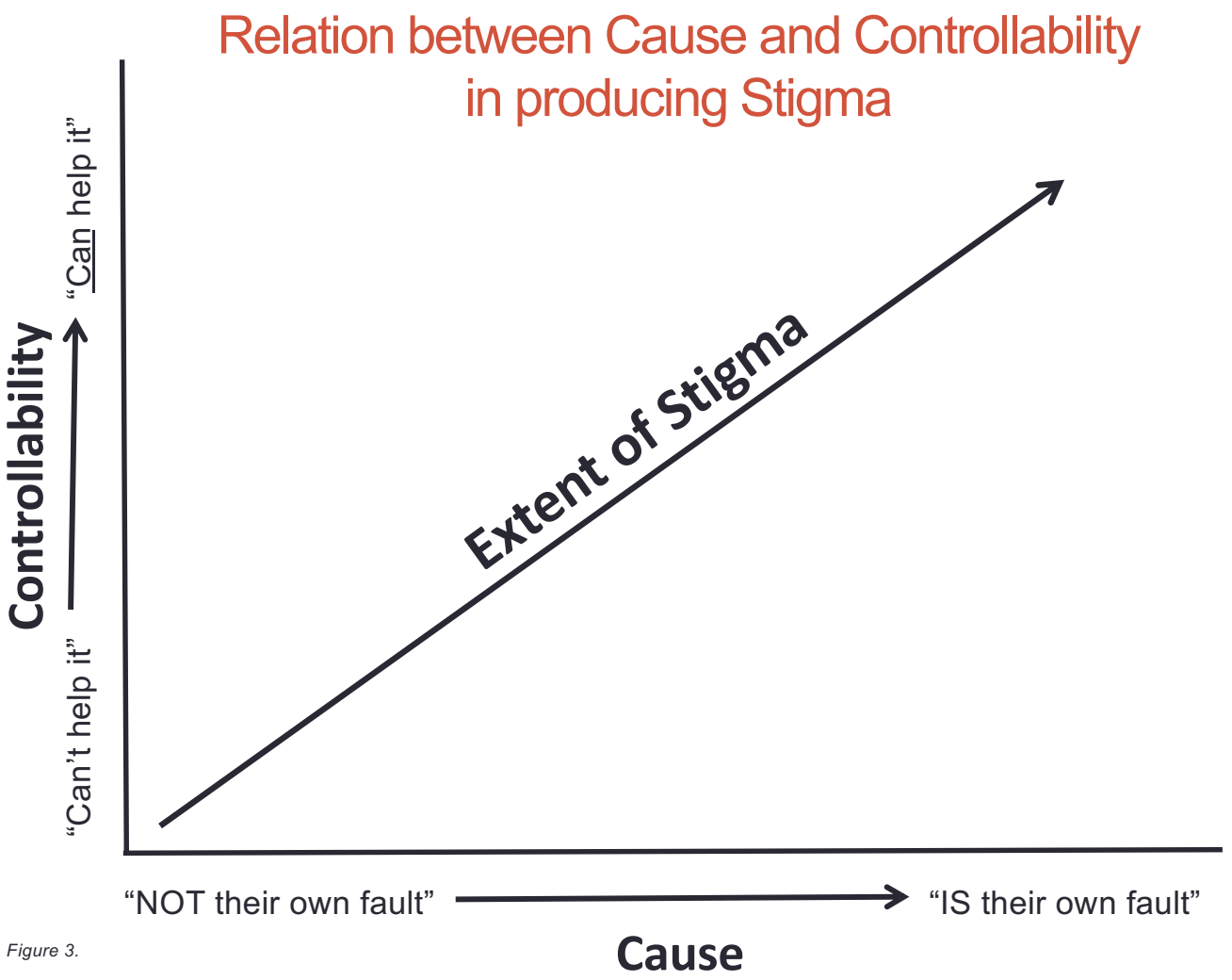

Relation between Cause and Controllability
in producing Stigma
Controllability
"Can help it"
"Can't help it"
Extent of Stigma
"NOT their own fault"
"IS their own fault"
Cause

Figure 3.

In terms of cause…Biogenetics

If Drugs Are so Pleasurable, Why Aren't We All Addicted?

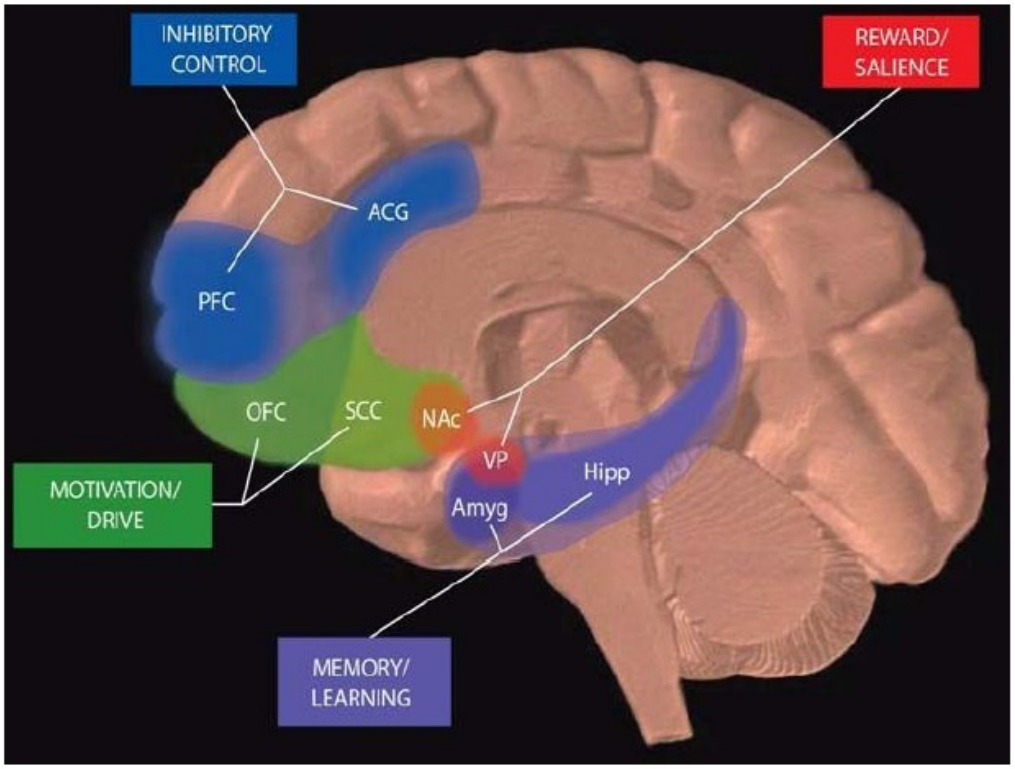
Genetically mediated response, metabolism, reward sensitivity…

- Genetics substantially influence addiction risk
- Genetic differences affect subjective preference and degree of reward from different substances/activities

National Institute on Drug Abuse (2019). *Teaching Addiction Science: The Neurobiology of Drug Addiction*. Retrieved from https://www.drugabuse.gov/publications/teaching-addiction-science/neurobiology-drug-addiction

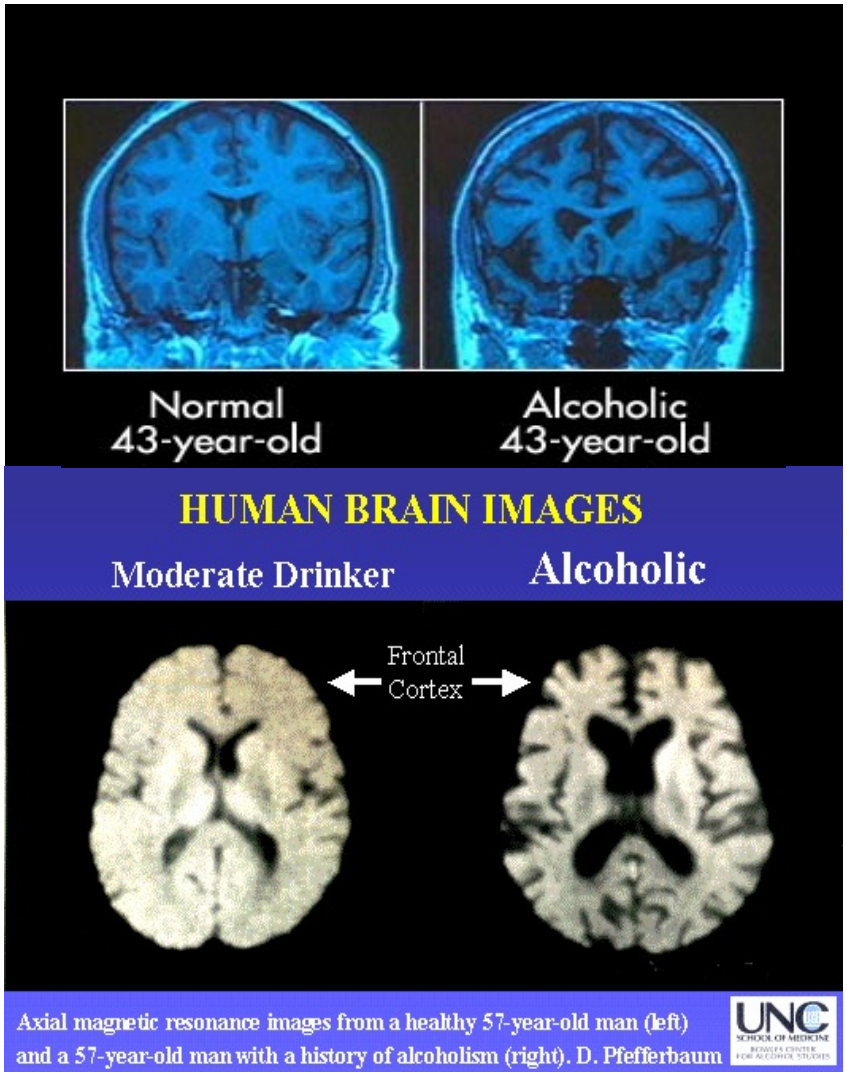
In terms of controllability…Neurobiology

Neural Circuits Involved in Substance Use Disorders



…all of these brain regions must be considered in developing strategies to effectively treat addiction

National Institute on Drug Abuse (2019). *Teaching Addiction Science: The Neurobiology of Drug Addiction*. Retrieved from https://www.drugabuse.gov/publications/teaching-addiction-science/neurobiology-drug-addiction



Pfefferbaum, A. (2000). The Neurotoxicity of Alcohol. In U.S. Department of Health and Human Services (Ed). *10th Special Report to the U.S. Congress on Alcohol and Health* (134-142).

What can we do about stigma and discrimination in addiction?

Education about essential nature of these conditions

Personal witness (putting a face and voice on recovery)

Create respectful dignified spaces where people can receive treatment and recovery support services

Change our language/terminology to be consistent with the nature of the condition and the policies we wish to implement to address it

What can we do about stigma and discrimination in addiction?

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MIGHT GREATER BIOMEDICAL EMPHASIS AND EXPLANATIONS (E.G., BIOGENETIC AND/OR NEUROBIOLOGICAL) HELP REDUCE STIGMA?

Terminology:

What's the best way to describe drug-related impairment to reduce stigma/discrimination?

- Chronically relapsing brain disease
- Brain disease
- Disease
- Illness
- Disorder
- Problem

?

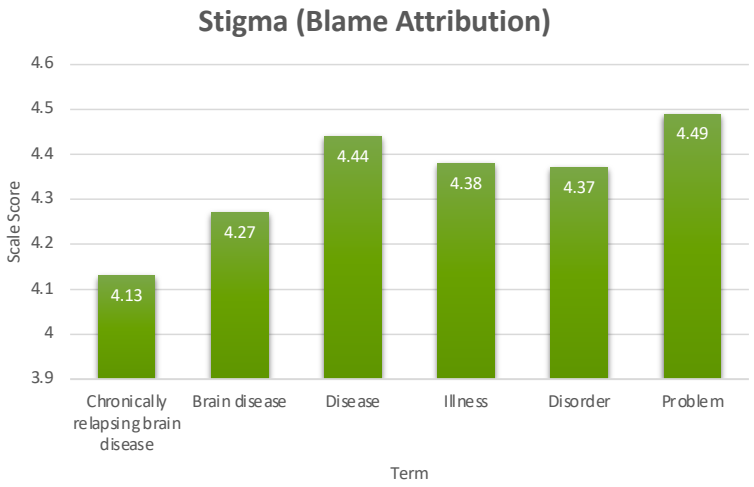
Kelly, J. F., Greene, M. C., & Abry, A. (2020). A U.S. national randomized study to guide how best to reduce stigma when describing drug-related impairment in practice and policy. *Addiction,* [Epub ahead of print]. doi: doi.org/10.1111/add.15333

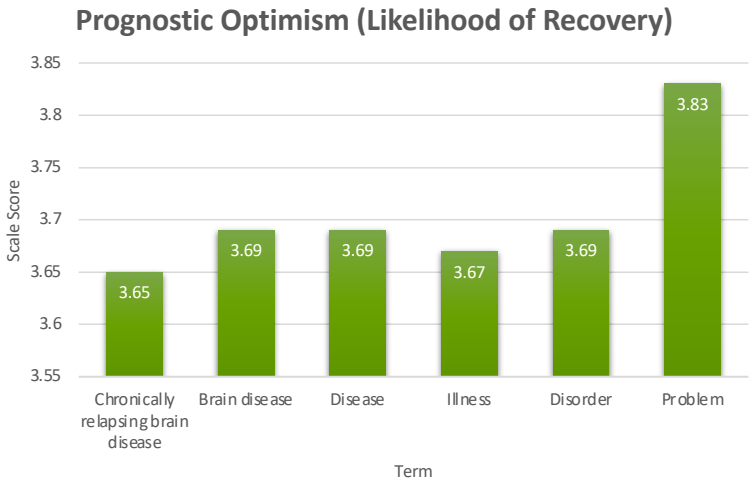
Design

- N=3,635
- Randomly assigned to receive one of 12 vignettes which described someone with opioid-related impairment in one of six different ways, as a(n):
  - Chronically relapsing brain disease
  - Brain disease
  - Disease
  - Illness
  - Disorder
  - Problem

"Alex was having serious trouble at home and work because of (his/her) increasing opioid use. (He/She) is now in a treatment program where (he/she) is learning from staff that (his/her) drug use is best understood as a (TERM) that often impacts multiple areas of one's life. Alex is committed to doing all that (he/she) can to ensure success following treatment. In the meantime, (he/she) has been asked by (his/her) counselor to think about what (he/she) has learned with regard to understanding (his/her) opioid use as a (TERM)."

Kelly, J. F., Greene, M. C., & Abry, A. (2020). A U.S. national randomized study to guide how best to reduce stigma when describing drug-related impairment in practice and policy. *Addiction,* [Epub ahead of print]. doi: doi.org/10.1111/add.15333





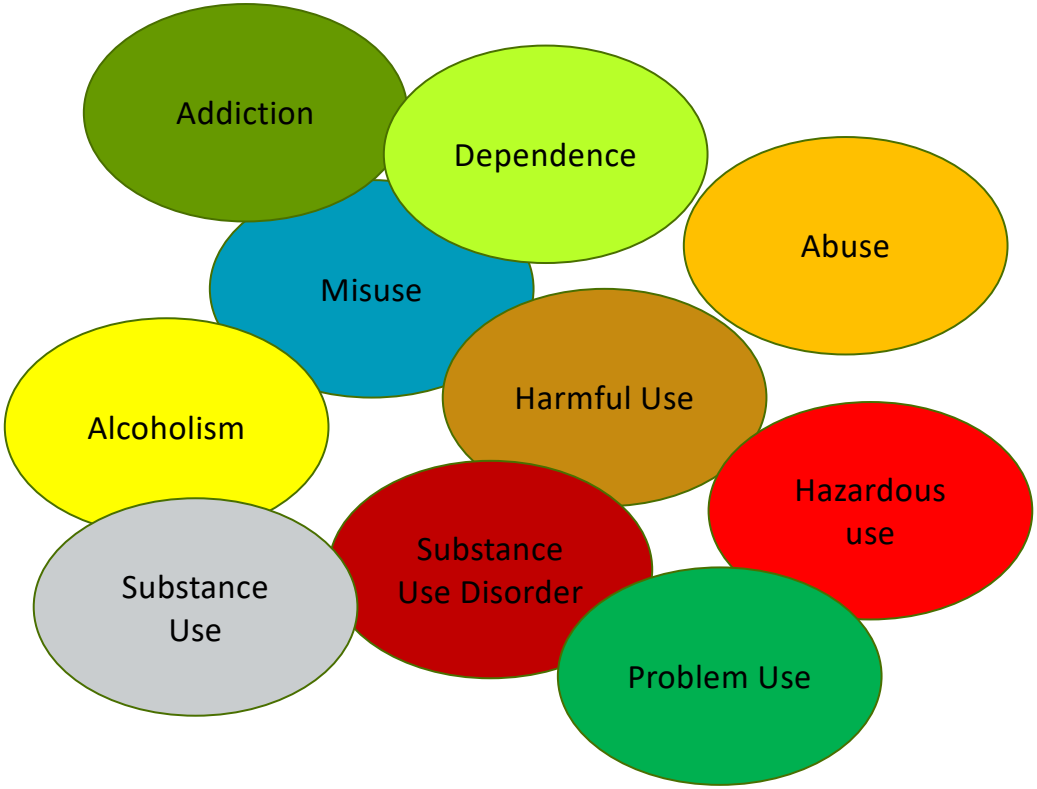
Opposite effects of the same terminology on different aspects of stigma:

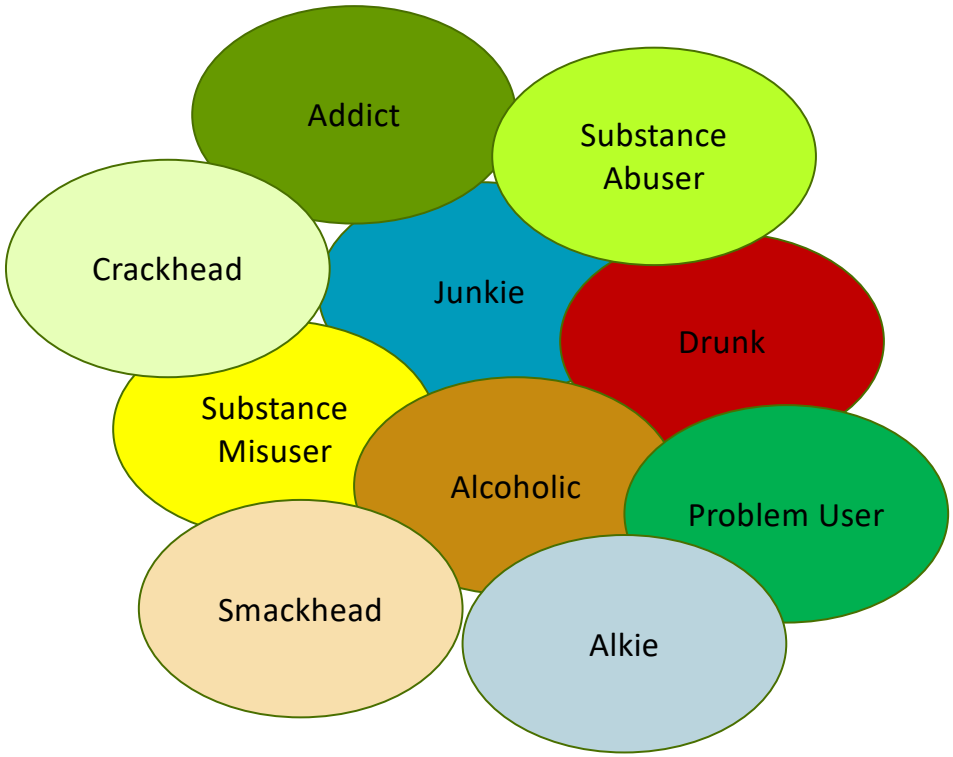
- More medical terminology reduced blame the most but increased perceived danger, social exclusion, and decreased perceptions that the person could recover
- Less medical terminology increased blame the most but decreased perceived danger, social exclusion, and increased perceptions regarding likelihood of recovery
- Thus, clinical/public health communication messaging may need to be tailored to context and goal

Kelly, J. F., Greene, M. C., & Abry, A. (2020). A U.S. national randomized study to guide how best to reduce stigma when describing drug-related impairment in practice and policy. *Addiction,* [Epub ahead of print]. doi: doi.org/10.1111/add.15333

CAN THE USE OF CERTAIN TYPES OF MEDICAL TERMINOLOGY USED TO DESCRIBE THE **PERSON** SUFFERING FROM DRUG-RELATED IMPAIRMENT HELP REDUCE STIGMA AND DISCRIMINATION?

TERMINOLOGY


Addiction
Dependence
Abuse
Misuse
Harmful Use
Alcoholism
Hazardous use
Substance Use Disorder
Substance Use
Problem Use


Addict
Substance Abuser
Crackhead
Junkie
Drunk
Substance Misuser
Alcoholic
Problem User
Smackhead
Alkie

Does it matter?

Much ado about nothing?

“Political correctness”?

Mere “semantics”?

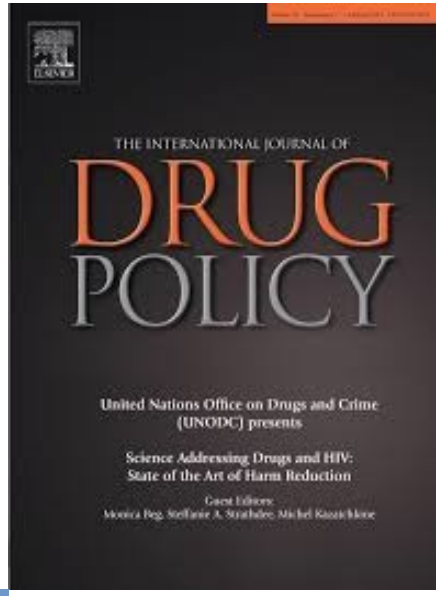
Two Commonly Used Terms…

- Referring to someone as…
  - "a substance abuser" – implies willful misconduct (it is their fault and they can help it)
  - "having a substance use disorder" – implies a medical malfunction (it's not their fault and they cannot help it)
  - But, does it really matter how we refer to people with these (highly stigmatized) conditions?
  - Can't we just dismiss this as a well-meaning point, but merely "semantics" and "political correctness"?

Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms

John F. Kelly, Cassandra M. Westerhoff

International Journal of Drug Policy



How we talk and write about these conditions and individuals suffering them does matter

Kelly, J. F., & Westerhoff, C. M. (2010). Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. *International Journal of Drug Policy, 21*(3), 202–207. doi:10.1016/j.drugpo.2009.10.010

“Substance Abuser”

Mr. Williams is a substance abuser and is attending a treatment program through the court. As part of the program Mr. Williams is required to remain abstinent from alcohol and other drugs…

“Substance Use Disorder”

Mr. Williams has a substance use disorder and is attending a treatment program through the court. As part of the program Mr. Williams is required to remain abstinent from alcohol and other drugs…

Compared to those in “substance use disorder” condition, those in “substance abuser” condition agreed more with idea that individual was personally culpable, needed punishment

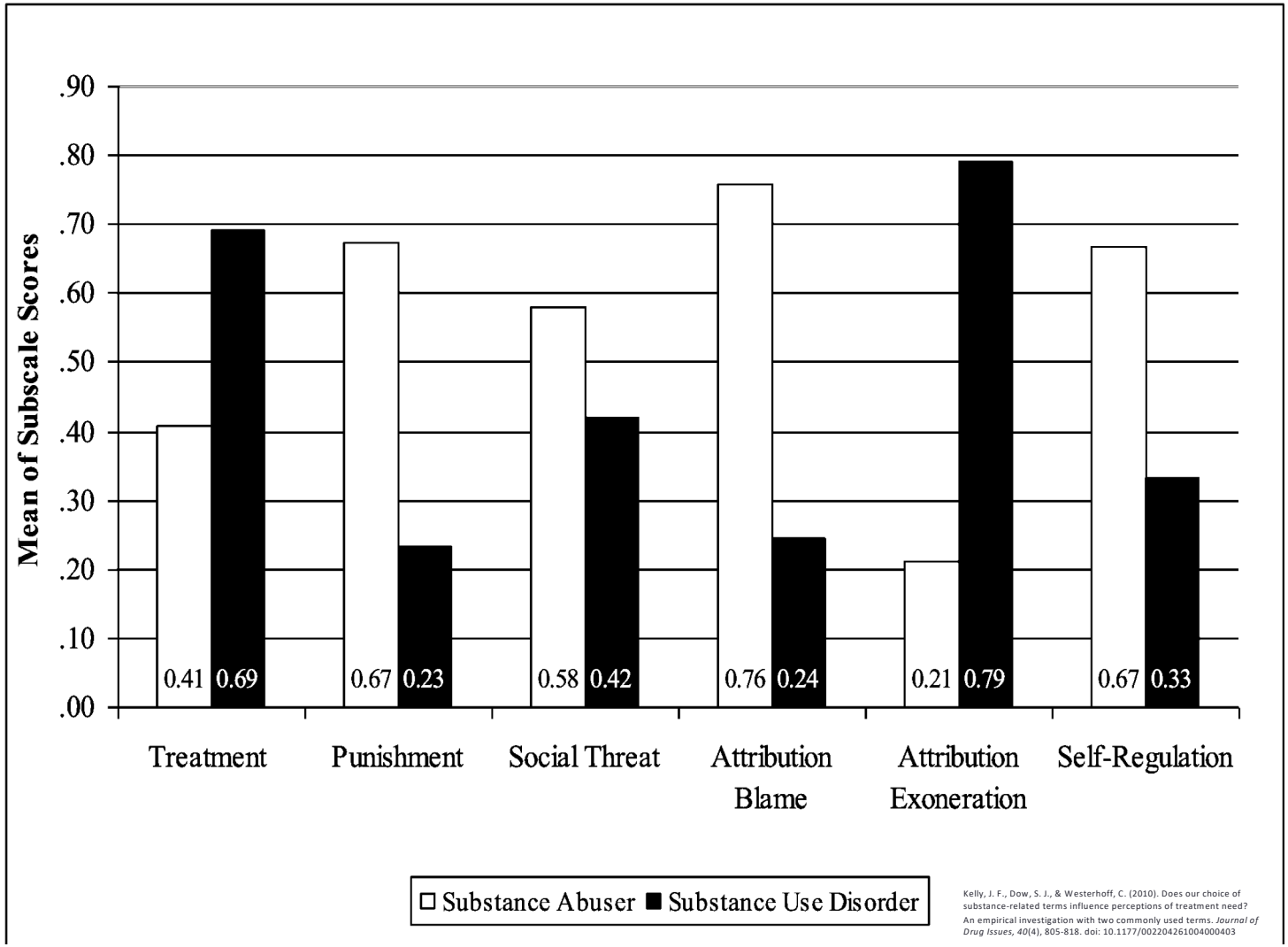
Kelly, J. F., & Westerhoff, C. M. (2010). Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. *International Journal of Drug Policy, 21*(3), 202–207. doi:10.1016/j.drugpo.2009.10.010

Does Our Choice of Substance-Related Terms Influence Perceptions of Treatment Need? An Empircal Investigation with Two Commonly Used Terms

John F. Kelly, Sarah J. Dow, Cara Westerhoff

Substance-related terminology is often a contentious topic because terms may convey meanings that have stigmatizing consequences and present a barrier to treatment. Chief among these are the labels, “abuse” and “abuser.”

Kelly, J. F., Dow, S. J., & Westerhoff, C. (2010). Does our choice of substance-related terms influence perceptions of treatment need? An empirical investigation with two commonly used terms. *Journal of Drug Issues, 40*(4), 805-818. doi: 10.1177/002204261004000403



Kelly, J. F., Dow, S. J., & Westerhoff, C. (2010). Does our choice of substance-related terms influence perceptions of treatment need? An empirical investigation with two commonly used terms. *Journal of Drug Issues, 40*(4), 805-818. doi: 10.1177/002204261004000403

Implications

- Even well-trained clinicians judged same individual differently and more punitively depending on which term exposed to
- Use of “abuser” term may activate implicit cognitive bias perpetuating stigmatizing attitudes–could have broad effects (e.g., treatment/funding)
- Let’s learn from allied disorders: people with “eating-related conditions” uniformly described as “having an eating disorder” NEVER as “food abusers”
- Referring to individuals as having “substance use disorder” may reduce stigma, may enhance treatment and recovery

Kelly, J. F., Dow, S. J., & Westerhoff, C. (2010). Does our choice of substance-related terms influence perceptions of treatment need? An empirical investigation with two commonly used terms. *Journal of Drug Issues, 40*(4), 805-818. doi: 10.1177/002204261004000403

EDITORIAL

Stop Talking 'Dirty': Clinicians, Language, and Quality of Care for the Leading Cause of Preventable Death in the United States

A patient with diabetes has "an elevated glucose" level. A patient with cardiovascular disease has "a positive exercise tolerance test" result. A clinician *within* the health care setting addresses the results. An "addict" is not "clean"—he has been "abusing" drugs and has a "dirty" urine sample. Someone *outside* the system that cares for all other health conditions addresses the results. In the worst case, the drug use is addressed by incarceration.

despite harmful consequer
strong causal role for gene
control, stigma is alive and
that one contributory fact
may be the type of langua

Use of the more medi
"substance use disorder" t
health approach that cap

- Avoid "dirty," "clean," "abuser" language
- Negative urine test for drugs

http://www.amjmed.com/article/S0002-9343(14)00770-0/abstract

Kelly, J. F., Wakeman, S. E., & Saitz, R. (2015). Stop talking 'dirty': clinicians, language, and quality of care for the leading cause of preventable death in the United States. *American Journal of Medicine*, *128(1)*, 8-9. doi: 10.1016/j.amjmed.2014.07.043

ADDICTION-ARY

IF WE WANT ADDICTION DESTIGMATIZED, WE NEED A LANGUAGE THAT'S UNIFIED.

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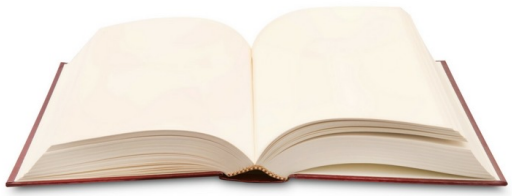


www.recoveryanswers.org

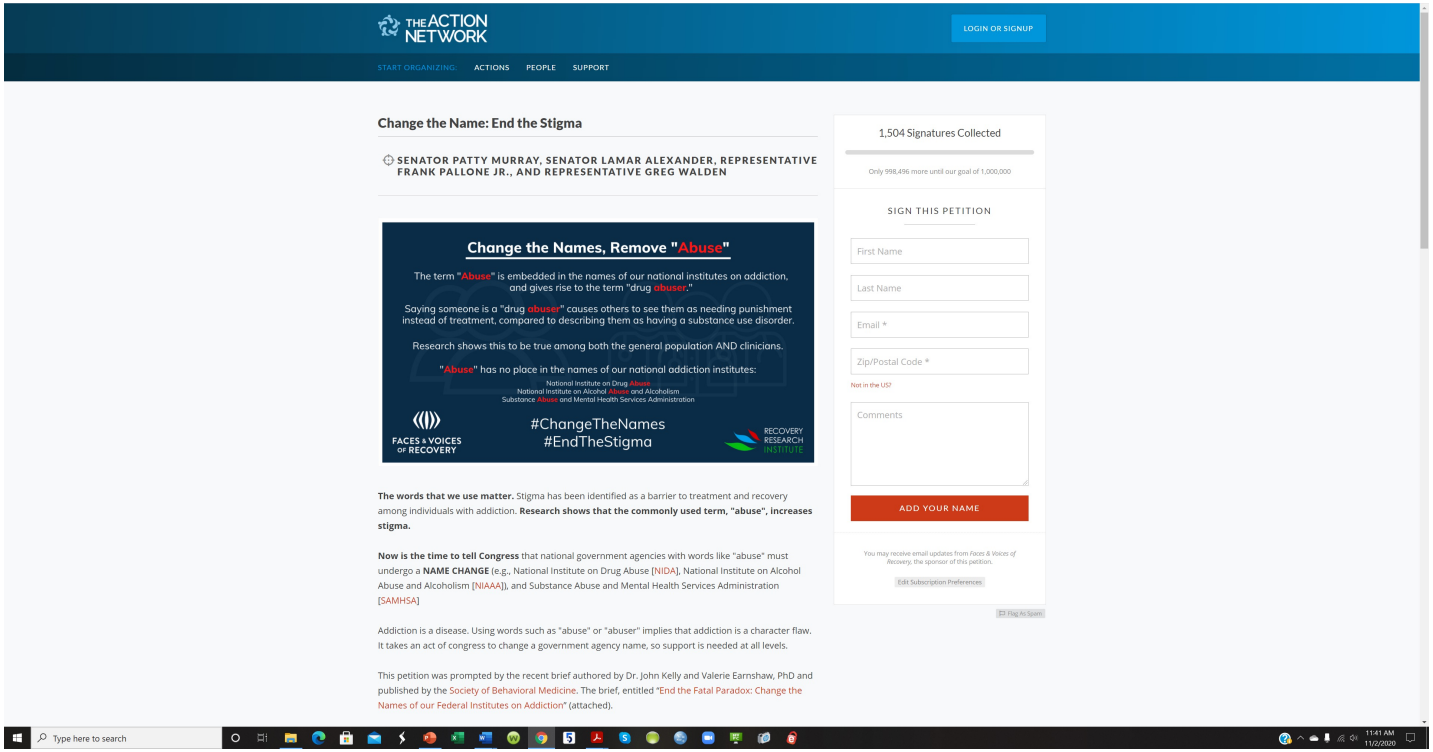
The words we use matter. Caution needs to be taken, especially when the disorders concerned are heavily stigmatized as in substance use disorders.

Recovery Research Institute (2020). *Addictionary*®. Retrieved from https://www.recoveryanswers.org/addiction-ary

Our national institutes on addiction have “abuse” embedded in their names… This needs to change

https://actionnetwork.org/petitions/change-the-name-end-the-stigma

#changethenames; #endthestigma



https://actionnetwork.org/petitions/change-the-name-end-the-stigma

Reps. Lisa McLean and David Trone Introduce Bipartison Legislation to change then names of NIDA/NIAAA/SAMHSA…

Home / Media / Press Releases

Reps. McClain, Trone Introduce Bipartisan Legislation to Confront the Stigma Surrounding Substance Use Disorders

June 30, 2021 **Press Release**

WASHINGTON -- In the wake of a record **89,000** drug overdose deaths last year alone, today, Representatives Lisa McClain (R-MI) and David Trone (D-MD) introduced the *Stopping Titles that Overtly Perpetuate (STOP) Stigma Act*. The legislation would change the names of federal agencies and programs that currently promote stigmatizing language. By changing the names of these agencies and grants we can end the stigma of addiction and encourage those who are battling this disease to get the help they need.

"Treating mental health like all other health is critically important. We've made tremendous strides over the years on mental health treatments, and we can't stop now," **said Congresswoman McClain.** "I'm proud to cosponsor the STOP Stigma Act which will examine further ways to destigmatize language around the broad areas of mental health, so individuals are not deterred or embarrassed, but willing and determined to ask for help and answers when they need it most."

"All too often addiction is treated like a moral failure instead of a disease that kills tens of thousands of people every year," **said Congressman David Trone, founder of the Bipartisan Addiction and Mental Health Task Force.** "The language we use matters and has weight, which is why it's our job as leaders to take action against these negative stereotypes. This bill begins to reframe our thinking around substance use disorder to emphasize that those who are battling addiction are not at fault for their illness. I want to thank my colleague Rep. McClain for joining me in this bipartisan effort.

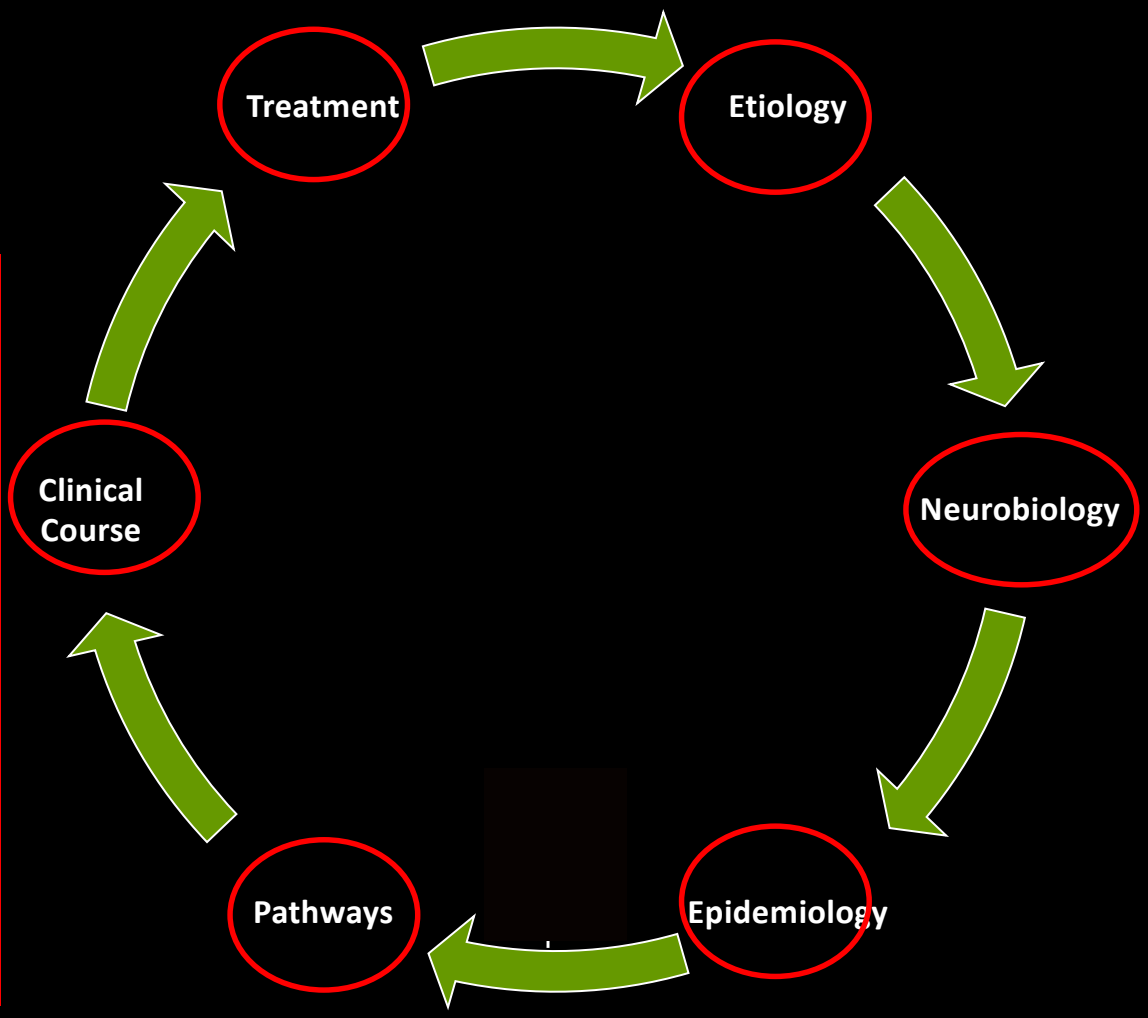
"A shift is happening across the nation in how we talk about addiction and recovery by eliminating stigmatizing, harmful language. Now is the time for

Some progress on stigma… Much more to be done

- Change our physical addiction services infrastructure - buildings and environments that are undignified, disrespectful; individuals with SUD need dignified environments MORE than other illnesses
- Thoughtful choices and changes in our language both in terms of how we describe the condition and those who suffer from it – may need to select optimal terminology to suit communication goals
- Putting a face and voice on recovery helps dismantles faulty stereotypes and disabuse people of false beliefs

NIH Research has led to a number of paradigm shifts…

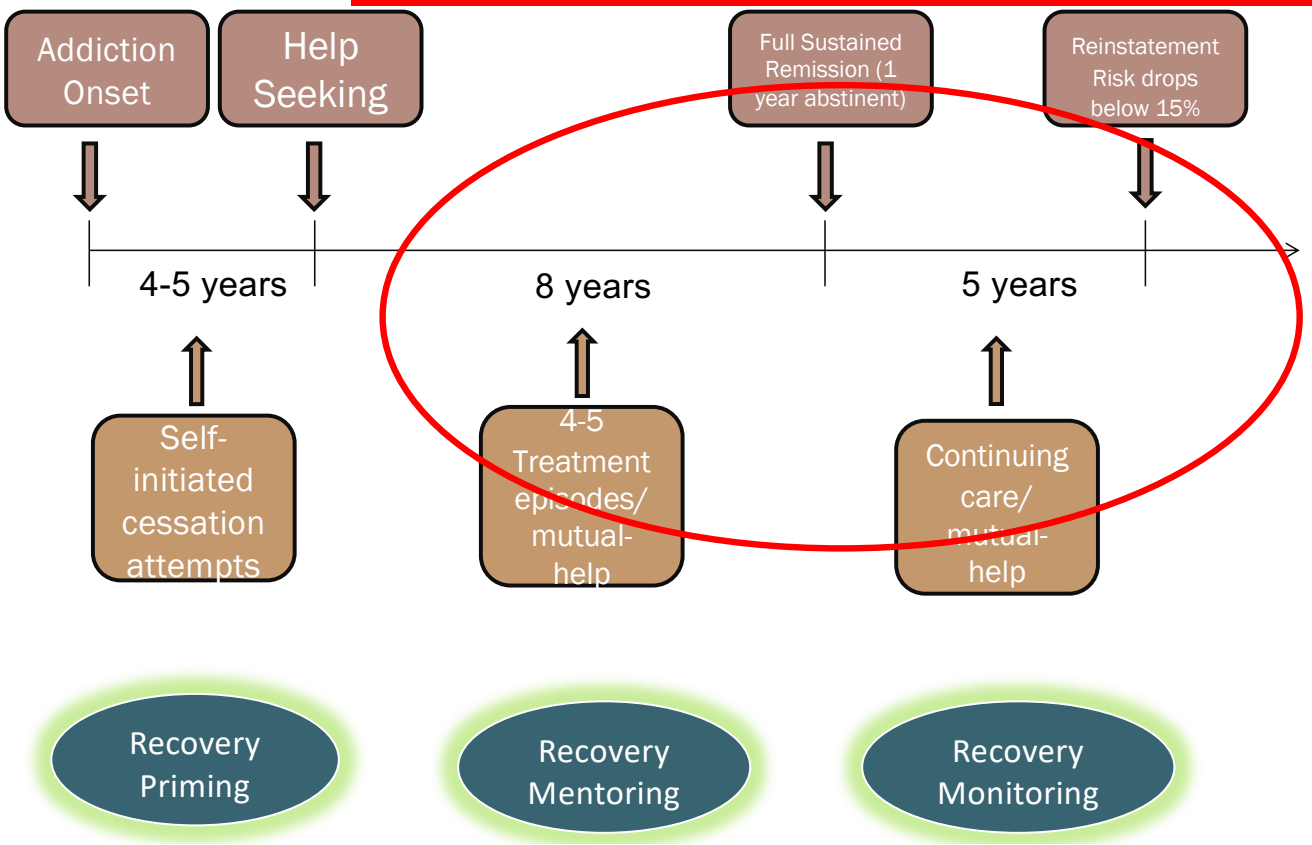
Addiction field now experiencing another paradigm shift **beyond acute care** models addressing only clinical addiction pathology and towards holistic models of sustained disease, or "recovery", management …




Why?

Recognition that clinical course of SUD and achievement of initial and stable remission can take years…

What can be done to shorten this timeframe?

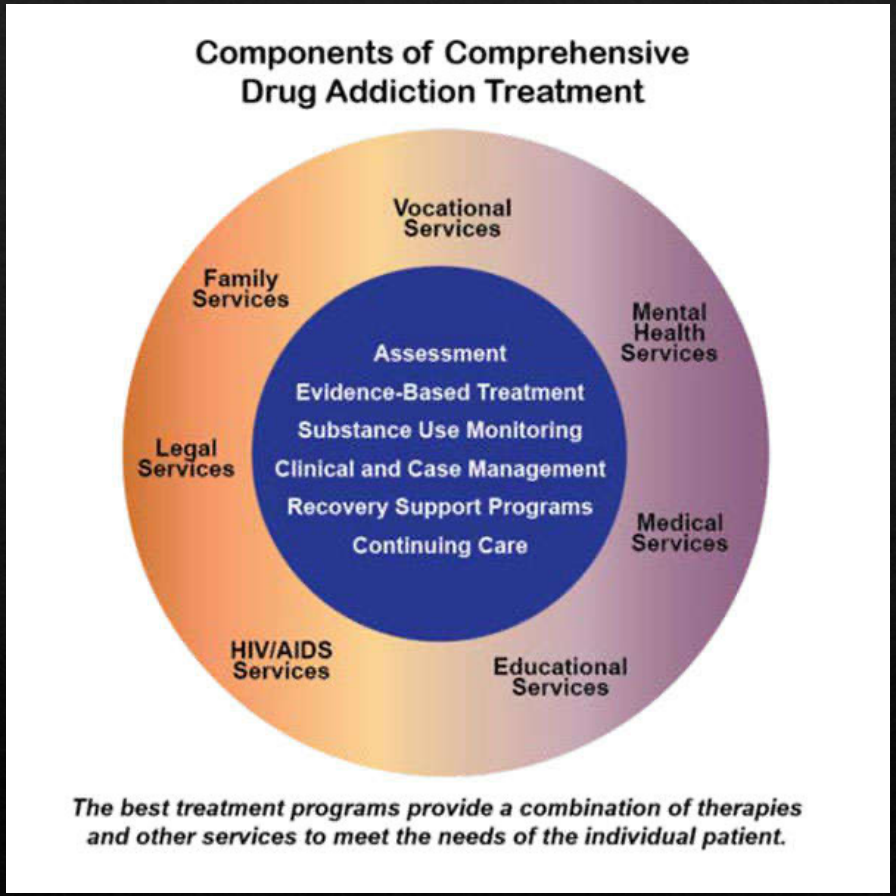


More rapid initial achievement and maintenance of stable remission may occur through attending BOTH to clinical pathology AND resource deficits (“recovery capital”) AND legal/other barriers…

50 years of Progress: Burning building analogy…

- **Putting out the fire** –addressing acute clinical pathology - good job
- **Preventing it from re-igniting** (RP) - strong emphasis, but pragmatic disconnect…
- **Architectural planning** (recovery plan) –neglected
- **Building materials (recovery capital) –**neglected
- **Granting "rebuilding permits"** - (removing barriers - neglected)

In fact, the concept of SUD "treatment" is changing…



NIH National Institute on Drug Abuse
The Science of Drug Abuse & Addiction

…and support services are growing…

NARR
National Alliance for Recovery Residences
Community • Standards • Ethics • Education

ALCOHOLICS ANONYMOUS

Anchor
Recovery Community Center
Peer-to-peer support services

LifeRir

HOF for NEW HAMP RECO

SMART Recovery®

WOMEN FOR SOBRIETY

ASSOCIATION OF RECOVERY COMMUNITY ORGANIZATIONS
FACES & VOICES OF RECOVERY

ARHE
ASSOCIATION OF RECOVERY IN HIGHER EDUCATION

CONNECTICUT COMMUNITY CCAR FOR ADDICTION RECOVERY

Cochrane Database of Systematic Reviews

Alcoholics Anonymous and other 12-step programs for alcohol use disorder (Review)

Kelly JF, Humphreys K, Ferri M

Kelly JF, Humphreys K, Ferri M.
Alcoholics Anonymous and other 12-step programs for alcohol use disorder.
Cochrane Database of Systematic Reviews 2020, Issue 3. Art. No.: CD012880.
DOI: 10.1002/14651858.CD012880.pub2.

www.cochranelibrary.com

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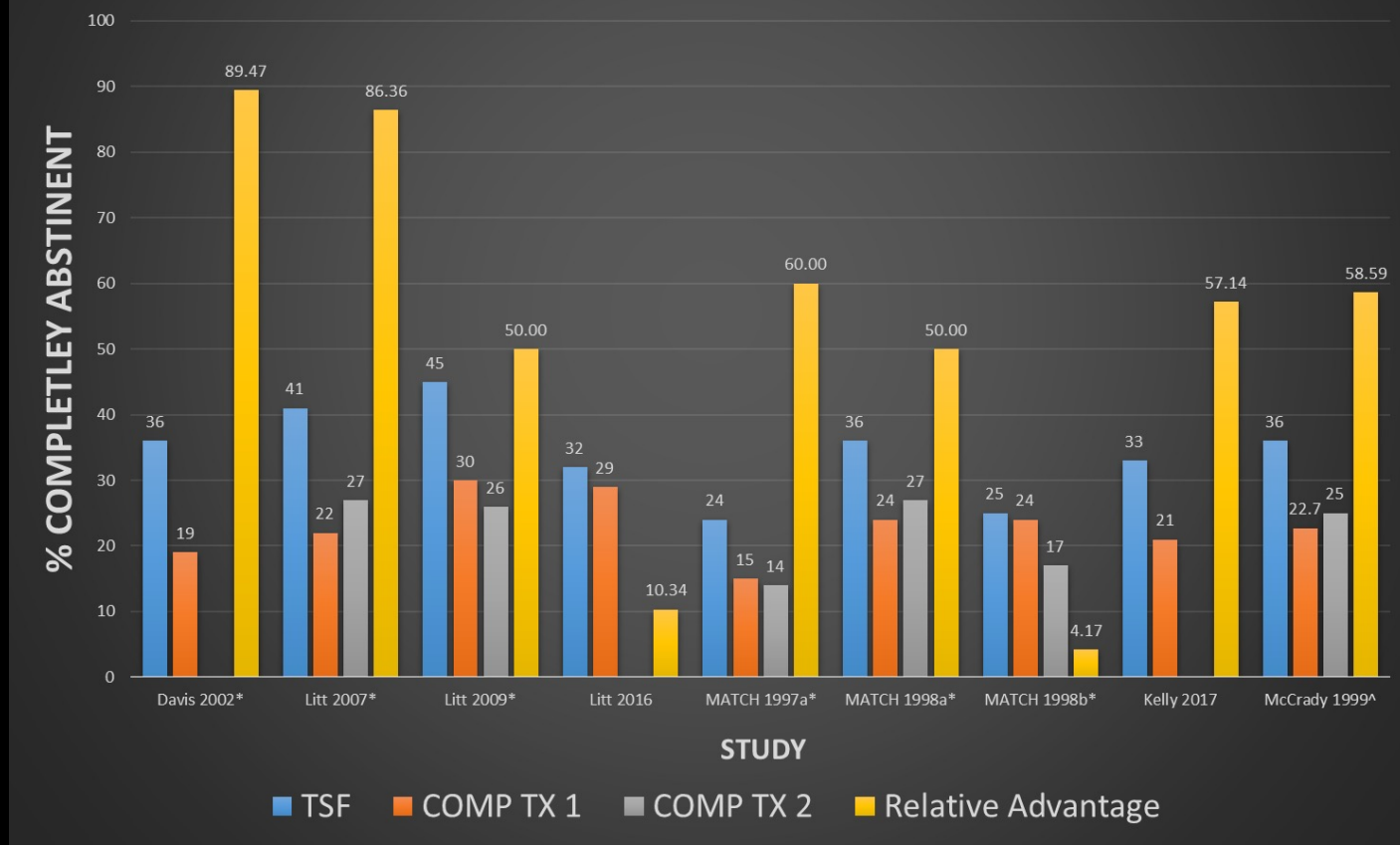
Cochrane Systematic Review on AA/TSF (2020)

- Kelly, JF
- Humphreys, K
- Ferri, M

TSF Compared to Different Theoretical Orientation Treatments (RCTs all Manualized)

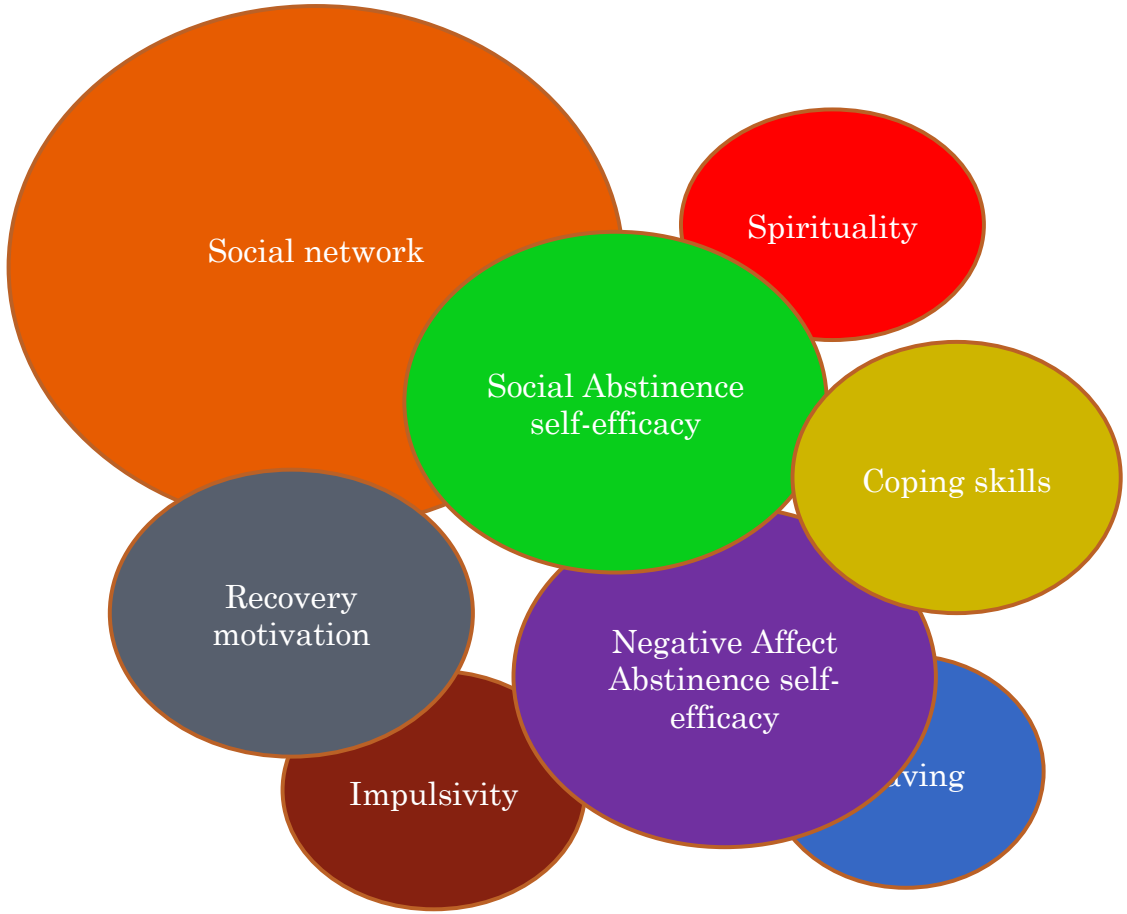


Economic Studies

Healthcare Cost Savings

- 3/4 included studies in this category (n reports = 4/5; found sig. health care cost saving in favor of the AA/TSF condition.
- Economic analyses found benefits in favor of AA/TSF relative to outpatient treatment, and CBT interventions.
- Magnitude quite large. In addition to sig. increased abstinence, compared to CBT interventions delivered in residential VA, AA/TSF reduces mental health and substance use related healthcare costs over the next two years by over $10,000 per patient (converted to 2018 U.S. dollars).
- More than 1M people treated for AUD in U.S. annually - reducing their health care costs by this amount would produce an large aggregate economic saving (e.g., >$10 billion in the U.S. alone) as well as improving clinical outcomes.

Empirically-supported MOBCs through which AA confers benefit



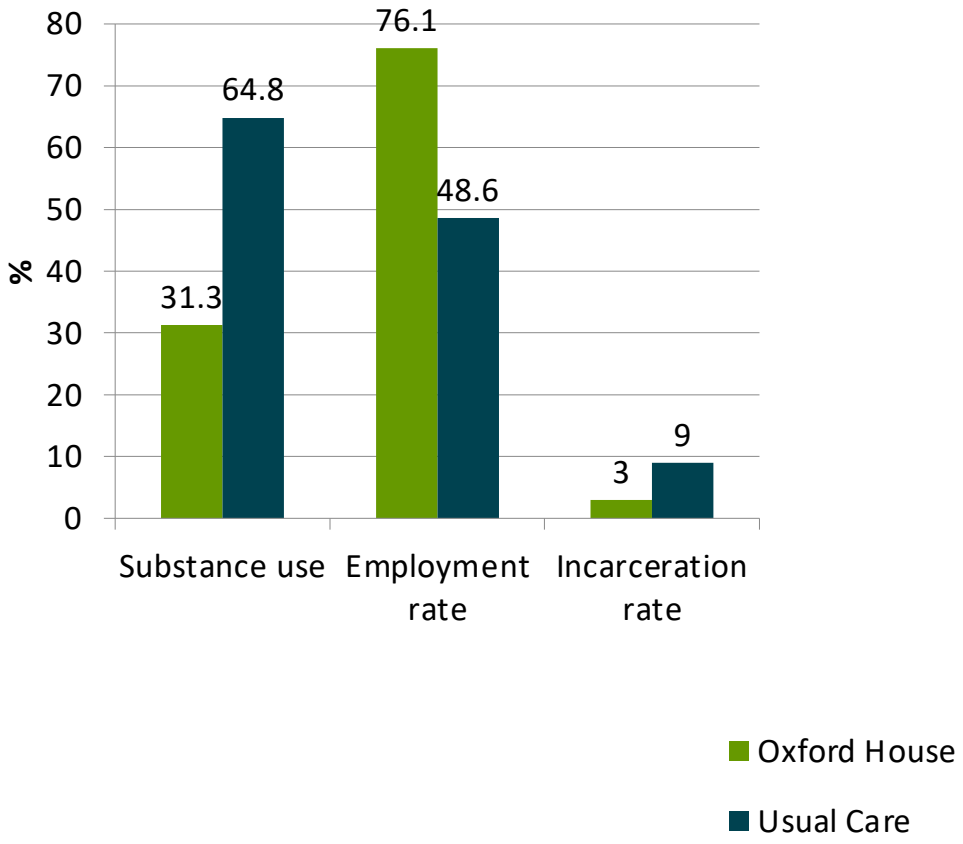
Adapted from: Kelly, 2017; Kelly, Magill, Stout, 2009

Recovery Residences
Peer Run/Self-Governing

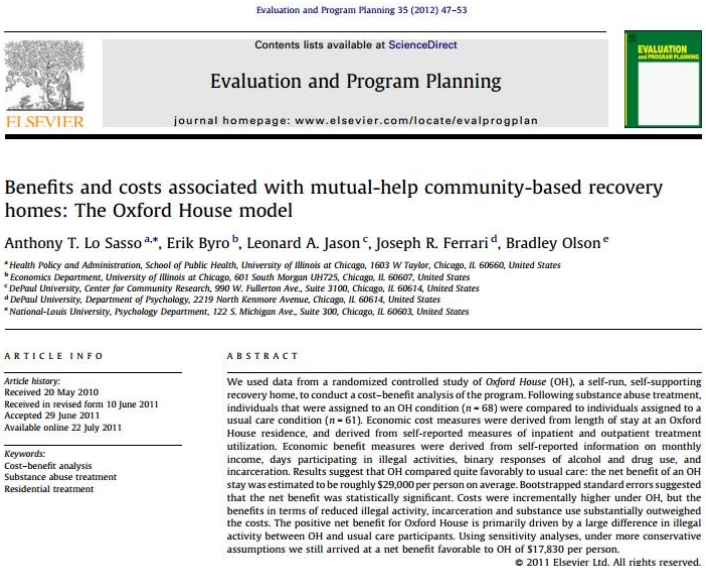
Oxford House vs. Usual Care

Recovery Residences had –

- half as many using substances across 2 yrs
- 50% more employed
- 1/3 re-incarceration rate



Cost-benefit analysis of the Oxford House Model



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Benefits and costs associated with mutual-help community-based recovery homes: The Oxford House model

Anthony T. Lo Sasso [a,*], Erik Byro [b], Leonard A. Jason [c], Joseph R. Ferrari [d], Bradley Olson [e]

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ABSTRACT

We used data from a randomized controlled study of *Oxford House* (OH), a self-run, self-supporting recovery home, to conduct a cost–benefit analysis of the program. Following substance abuse treatment, individuals that were assigned to an OH condition ($n = 68$) were compared to individuals assigned to a usual care condition ($n = 61$). Economic cost measures were derived from length of stay at an Oxford House residence, and derived from self-reported measures of inpatient and outpatient treatment utilization. Economic benefit measures were derived from self-reported information on monthly income, days participating in illegal activities, binary responses of alcohol and drug use, and incarceration. Results suggest that OH compared quite favorably to usual care: the net benefit of an OH stay was estimated to be roughly $29,000 per person on average. Bootstrapped standard errors suggested that the net benefit was statistically significant. Costs were incrementally higher under OH, but the benefits in terms of reduced illegal activity, incarceration and substance use substantially outweighed the costs. The positive net benefit for Oxford House is primarily driven by a large difference in illegal activity between OH and usual care participants. Using sensitivity analyses, under more conservative assumptions we still arrived at a net benefit favorable to OH of $17,830 per person.

- **Sample**: 129 adults leaving substance use treatment between 2002 and 2005
- **Design**: Cost-benefit analysis using RCT data
- **Intervention**: Oxford House vs. usual continuing care
- **Follow-up**: 2 years
- **Outcome**: Substance use, monthly income, incarceration rates

Mean per-person societal benefits and costs

Recovery Community Centers

Anchor
Recovery Community Center
Peer-to-peer support services

HOPE for NEW HAMPSHIRE RECOVERY

CONNECTICUT COMMUNITY CCAR FOR ADDICTION RECOVERY

ALCOHOLISM: CLINICAL AND EXPERIMENTAL RESEARCH

Vol. 44, No. 3
711-721

One-Stop Shopping for Recovery: An Investigation of Participant Characteristics and Benefits Derived From U.S. Recovery Community Centers

John F. Kelly, Robert L. Stout, Leonard A. Jason, Nilofar Fallah-Sohy, Lauren A. Hoffman, and Bettina B. Hoeppner

Background: Recovery community centers (RCCs) are the "new kid on the block" in providing addiction recovery services, adding a third tier to the 2 existing tiers of formal treatment and mutual-help organizations (MHOs). RCCs are intended to be recovery hubs facilitating "one-stop shopping" in the accrual of recovery capital (e.g., recovery coaching; employment/educational linkages). Despite their growth, little is known about who uses RCCs, what they use, and how use relates to improvements in functioning and quality of life. Greater knowledge would inform the field about RCC's potential clinical and public health utility.

Methods: Online survey conducted with participants (N = 336) attending RCCs (k = 31) in the northeastern United States. Substance use history, services used, and derived benefits (e.g., quality of life) were assessed. Systematic regression modeling tested a priori theorized relationships among variables.

Results: RCC members (n = 336) were on average 41.1 ± 12.4 years of age, 50% female, predominantly White (78.6%), with high school or lower education (48.8%), and limited income (45.2% < $10,000 past-year household income). Most had either a primary opioid (32.7%) or alcohol (26.8%) problem. Just under half (48.5%) reported a lifetime psychiatric diagnosis. Participants had been attending RCCs for 2.6 ± 3.4 years, with many attending <1 year (35.4%). Most commonly used aspects were the socially oriented mutual-help/peer groups and volunteering, but technological assistance and employment assistance were also common. Conceptual model testing found RCCs associated with increased recovery capital, but not social support; both of these theorized proximal outcomes, however, were related to improvements in psychological distress, self-esteem, and quality of life.

Conclusions: RCCs are utilized by an array of individuals with few resources and primary opioid or alcohol histories. Whereas strong social supportive elements were common and highly rated, RCCs appear to play a more unique role not provided either by formal treatment or by MHOs in facilitating the acquisition of recovery capital and thereby enhancing functioning and quality of life.

Key Words: Recovery Community Centers, Recovery, Addiction, Support Services, Recovery Coaching, Addiction, Substance Use Disorder.

PROFESSIONAL TREATMENT SERVICES often play a vital role in addressing substance use disorders in the United States and around the world. Such clinical services can provide life-saving medically managed detoxification and stabilization as well as deliver medications and psychosocial interventions that can alleviate cravings and help prevent relapse. Extending the framework and benefits of these professional treatment efforts, peer-led mutual-help organizations (MHOs), such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), SMART Recovery, and many others are commonly used to provide additional long-term free recovery support over time in the communities in which people live (Bøg et al., 2017; Kelly, 2017; Kelly et al., 2017a). Adding to these resources in recent years has been a new dimension of recovery support services that are neither professional treatment nor MHOs. These new services (e.g., recovery community centers [RCCs], recovery residences, recovery coaching, recovery high schools, and collegiate recovery programs; Kelly et al., in press; White et al., 2012, 2012) combine voluntary, peer-led initiatives, with professional activities, and are intended to provide flexible community-based options to address the psychosocial barriers to sustained remission (White et al., 2012, 2012).

RCCs are one of the most common of these new additions to recovery support infrastructure and are growing rapidly (Cousins et al., 2012; Kelly et al., in press; Kelly et al., 2017b). RCCs are literally and metaphorically, "new kids on the block," as these novel entities are most often located on

From the Recovery Research Institute (JFK, NF-S, LAH, BBH), Massachusetts General Hospital and Harvard Medical School, Boston, Massachusetts; DePaul University (RLS), Chicago, Illinois; and Decision Sciences Institute (LAJ), Providence, Rhode Island.

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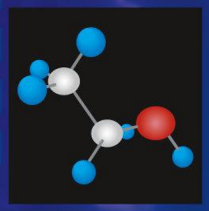
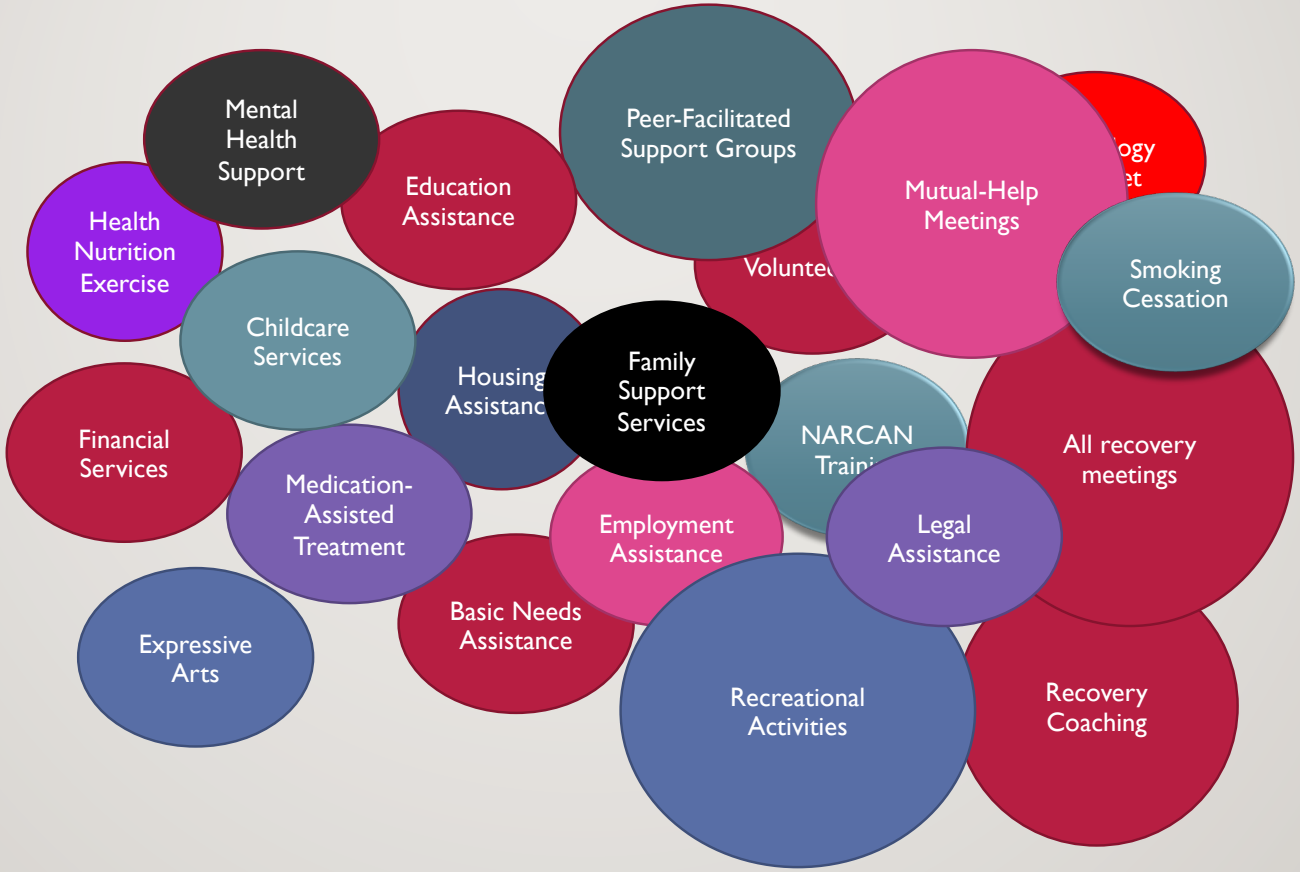


ACER

The Official Journal of the Research Society on Alcoholism and the International Society for Biomedical Research on Alcoholism

Founded in 1977 by the National Council on Alcoholism (Now National Council on Alcoholism and Drug Dependence, Inc.)

SERVICES PROVIDED



Cross-Sectional Survey (N=366) - RCC Experiences

	Total	
	Mean/%	(SD/*n*)
RCC experience		
Referral source		
Family and friends	44.0	(148)
SUD treatment (detox, inpatient, outpatient)	14.6	(49)
Housing and social services (e.g., sober living, shelter, including DSS)	13.7	(46)
RCC outreach (e.g., street outreach, Internet, pamphlets, community event, and ads)	11.6	(39)
Health care (PCP, ED)	5.4	(18)
Other (e.g., employer, 12-step, church, and academic)	8.9	(30)
Length of RCC attendance (in years)	2.6	(3.4)
Less than a year	35.4	(119)
1 to 5 years	49.1	(165)
5+ years	14.0	(47)
Percent days attended RCC in past 90 days (in mean, SD)	45.5	(32.1)
Length of typical RCC visit (in hours)	3.1	(2.7)
RCC appraisal		
RCC's helpfulness to recovery	6.2	(1.2)
RCC's helpfulness to QOL	6.1	(1.2)
RCC's sense of community (in mean, SD)		
Self (identity and importance to self)	5.3	(1.0)
Membership (social relationships)	5.2	(1.0)
Entity (a group's organization and purpose)	5.3	(1.0)
Recovery assets		
Recovery capital (BARC; 10 items, 1- to 6-point scale)	5.0	(0.9)
Social support for recovery (CEST-SS; 9 items, 1- to 6-point scale)	4.8	(1.0)
Quality of life (QOL) (in mean, SD)		
Quality of Life (EUROHIS-QOL; 8 items, 1- to 5-point scale)	3.8	(0.7)
Self-esteem (1 item, 1- to 10-point scale)	6.5	(2.3)
Psychological distress (Kessler-6, 6 items, 0- to 4-point scale)	2.0	(0.8)

Of note, QOL in this sample was half a SD higher than in NRS study despite shorter time in recovery in this sample….

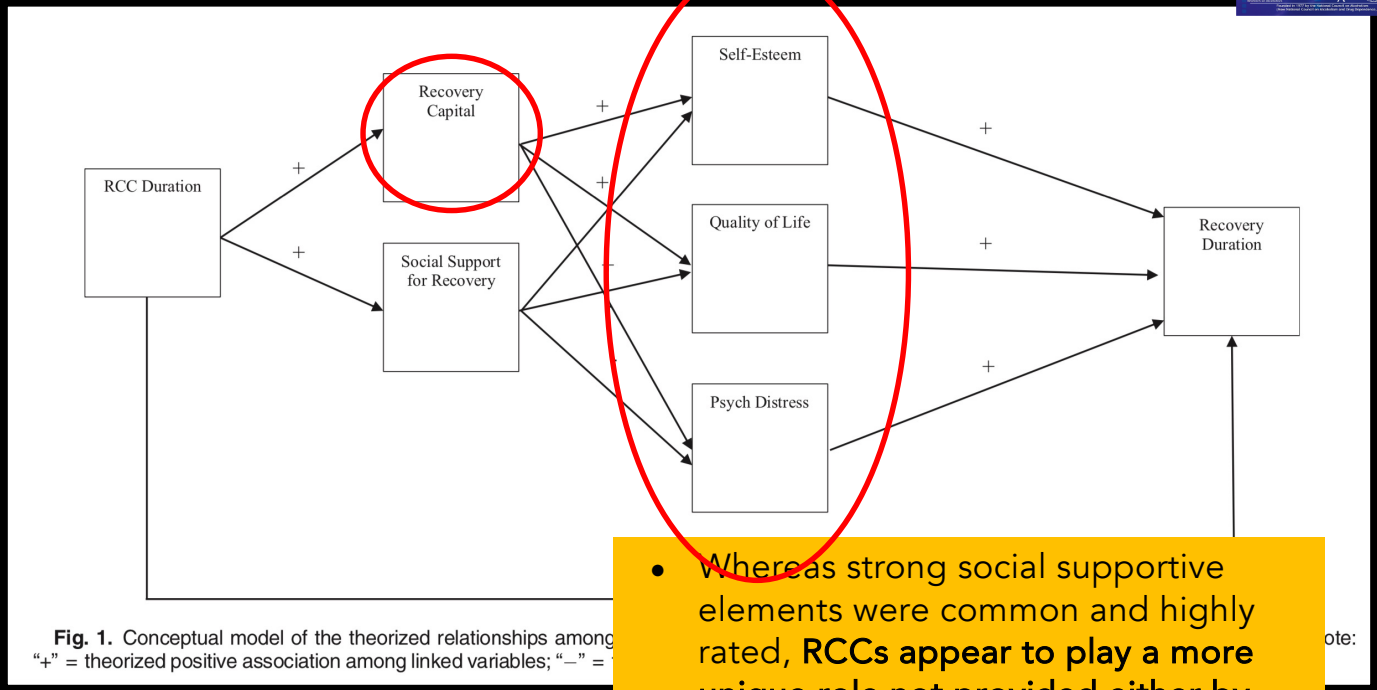


Fig. 1. Conceptual model of the theorized relationships among
"+" = theorized positive association among linked variables; "–" =
ote:

- Whereas strong social supportive elements were common and highly rated, **RCCs appear to play a more unique role not provided either by formal treatment or by MHOs** in facilitating the acquisition of recovery capital and thereby enhancing

Recovery Milestones

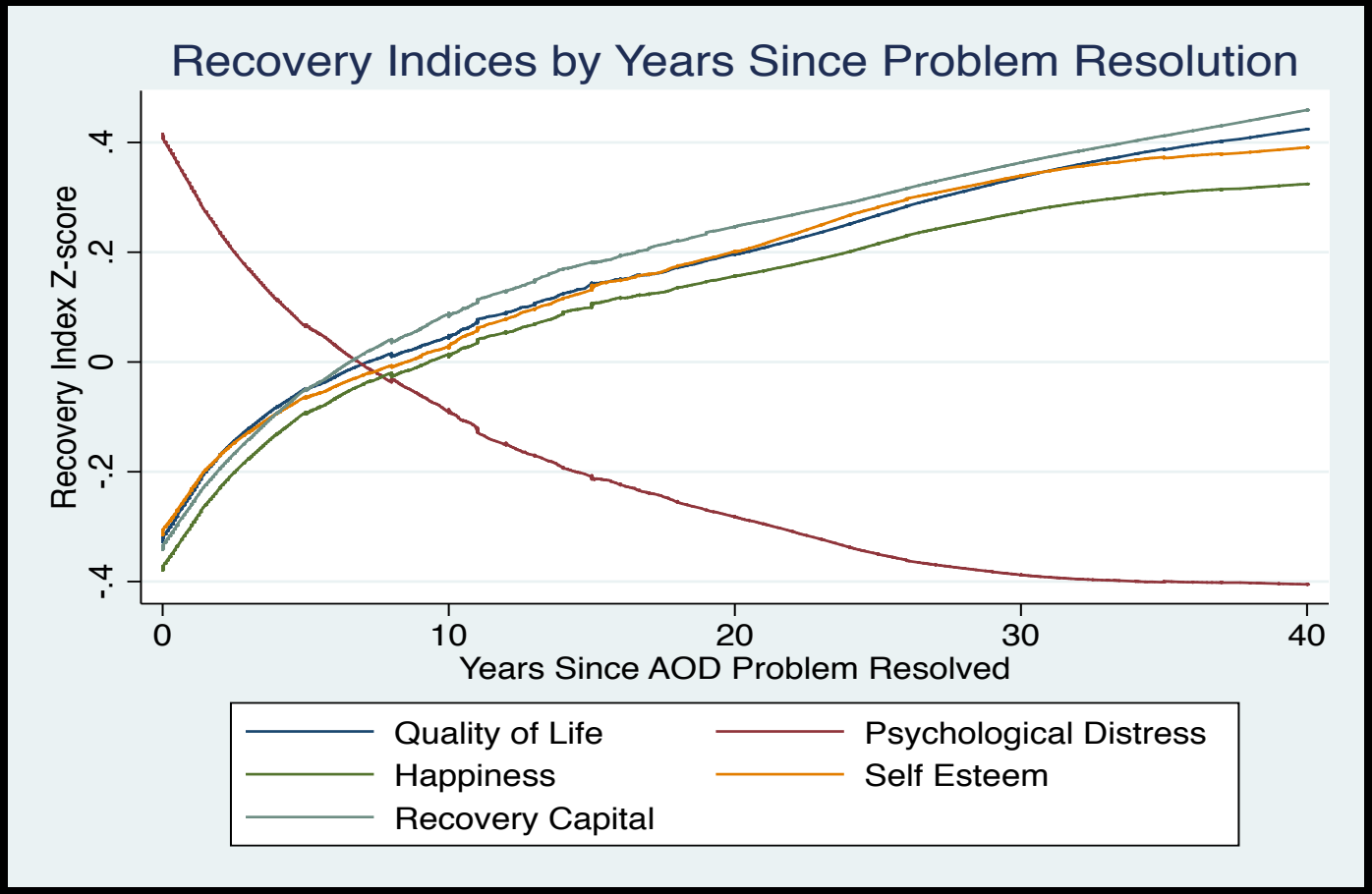
- Initial 0-3m
- Early 4-12m
- Sustained 1-5yrs
- Stable 5+yrs

What do we know about recovery milestones and trajectories?

Questions for Treatment and Recovery Support Services Field…

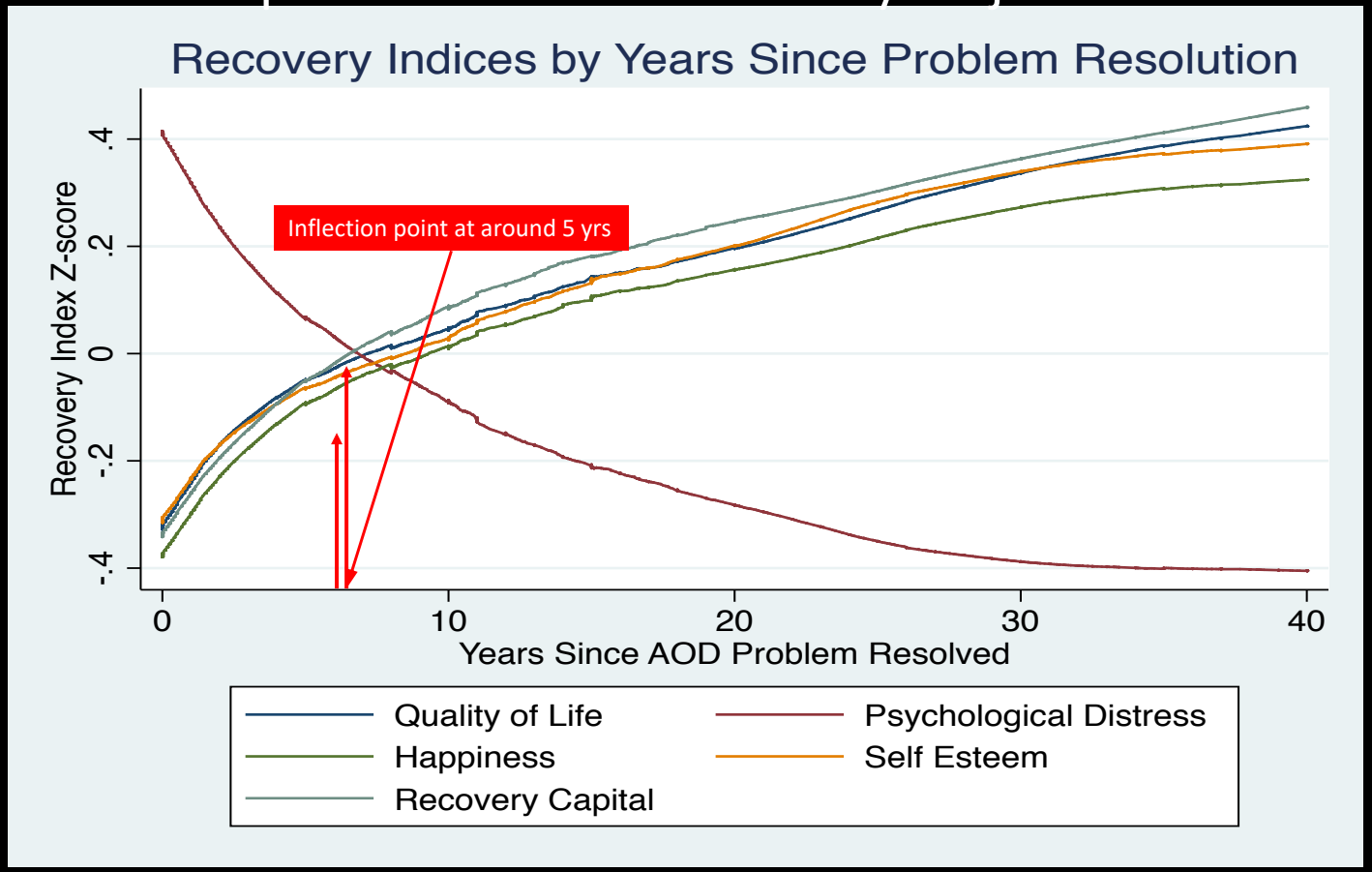
- Who needs what type of service?
- When in their recovery?
- For what duration?
- At what intensity?

40-Year Temporal Horizon of Recovery Trajectories



Kelly et al, 2018; *Beyond Abstinence; Alcoholism: Clinical Experimental Research*

40-Year Temporal Horizon of Recovery Trajectories



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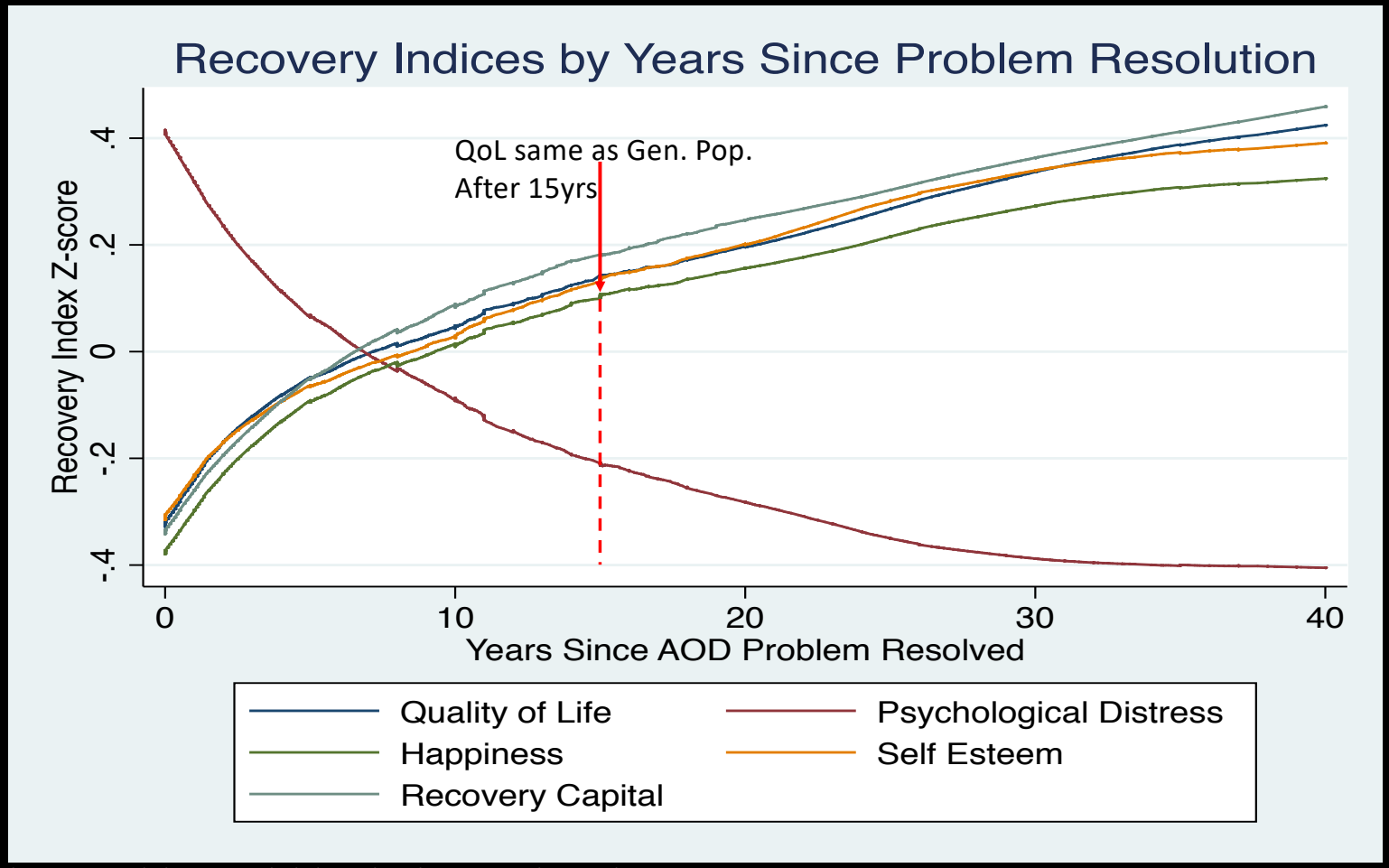
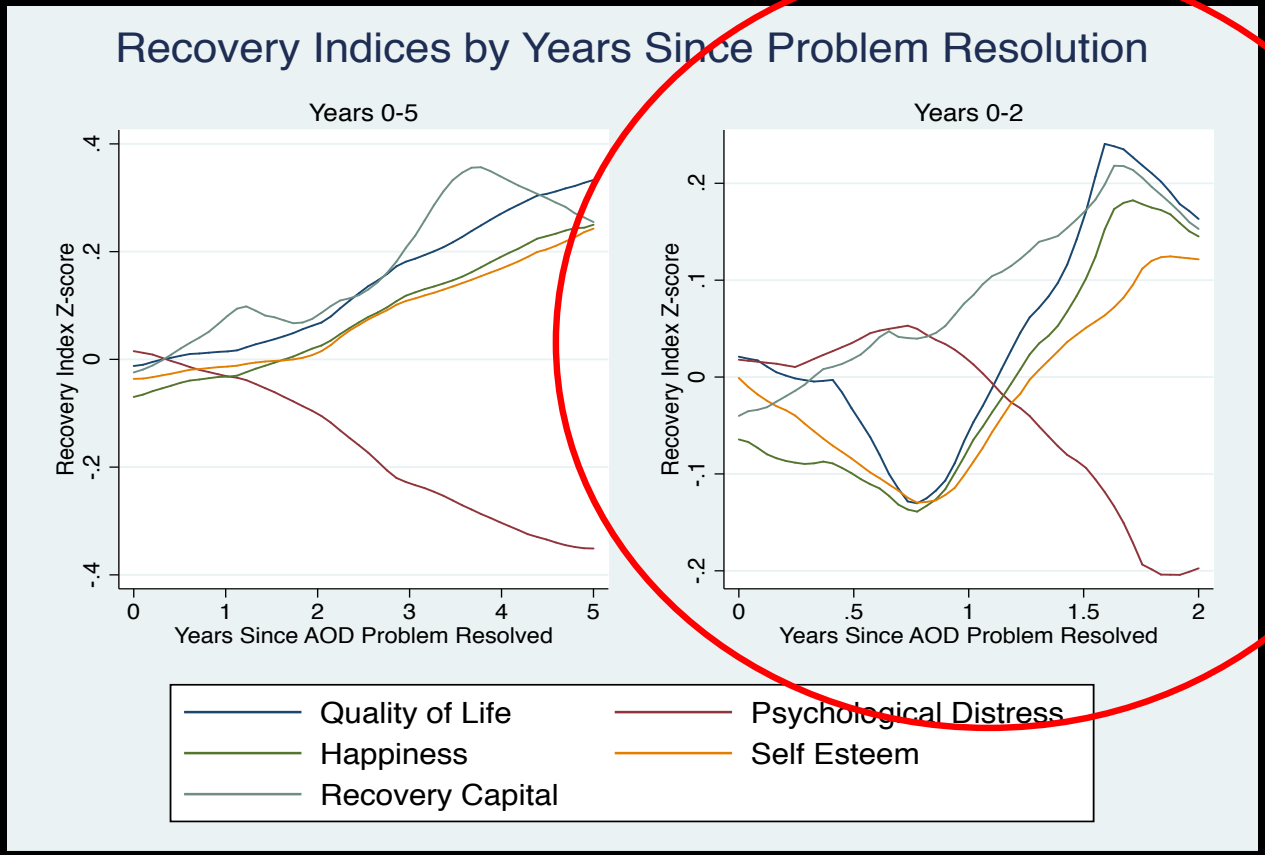
40-Year Temporal Horizon of Recovery Trajectories



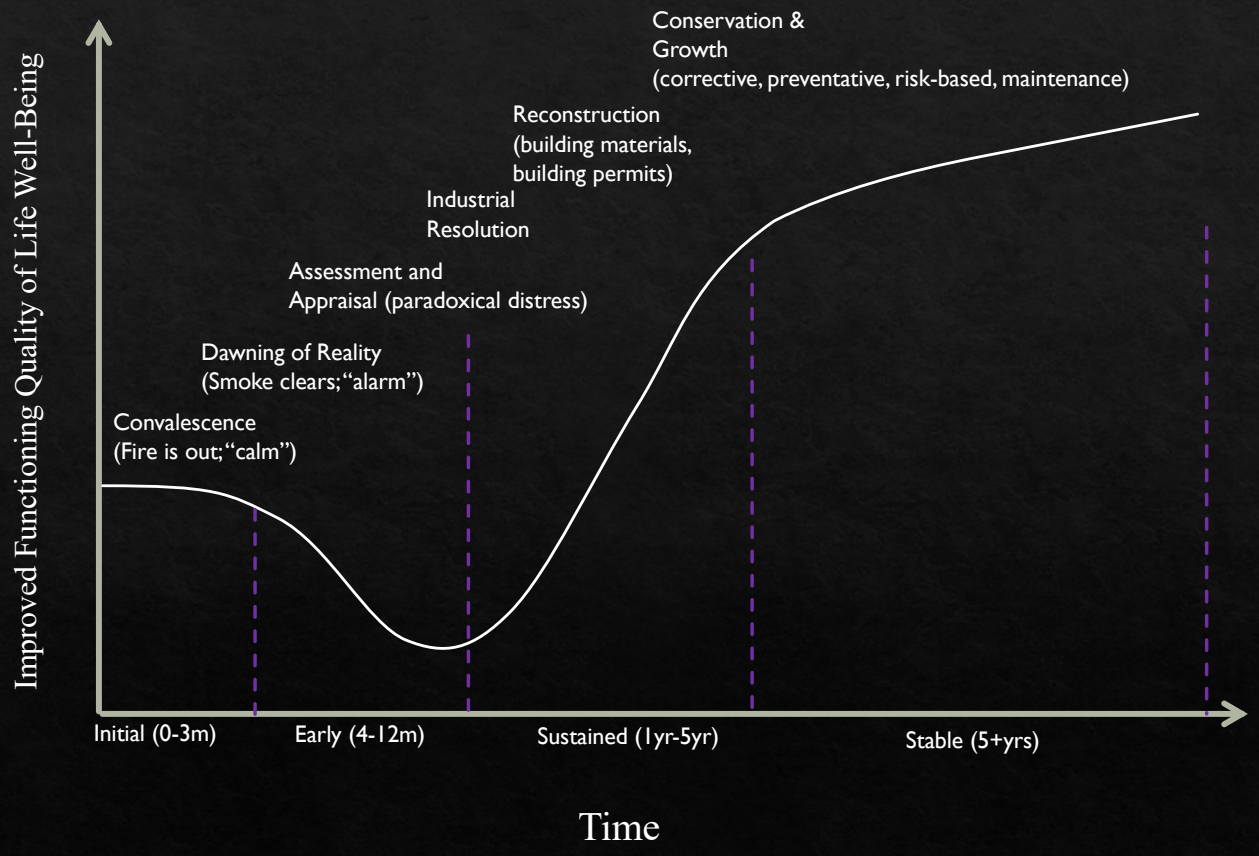
Kelly et al, 2018; *Beyond Abstinence; Alcoholism: Clinical Experimental Research*

2-yr Year Temporal Horizon of Recovery Trajectories



Kelly et al, 2018; *Beyond Abstinence; Alcoholism: Clinical Experimental Research*

Preliminary Data-Based Recovery Milestones and Tasks…



Extrapolated from findings from Kelly et al, 2018; *Beyond Abstinence; Alcoholism: Clinical Experimental Research*

Dynamic Bio-Psycho-Social Model of SUD Recovery

Increasing Resilience

Recovery Stage	Description	Dimension			Predominant Stage Theme
		Biological	Psychological	Social	
Initial (0-3m) Convalescence	Treatment; medical management/ monitoring; oversight; social support/ attention; (Fire is out)	Safety Metabolic stabilization Acute withdrawal management	Relief; liberation; hope; subjective **calm**	**Disclosure**; obtaining recovery-specific social support; relinquish former substance-using network;	**Hope** and optimism
Early (4-12m) Appraisal	Dawning of Reality; Industrial resolution; "look what I have to clear up/Look what I have to make up"; (Smoke Clears)	Post-acute withdrawal management; Physical Activity/ Nutrition/Sleep (S.A.N.E.)	Subjective **alarm Paradoxical distress**; emotion regulation; reduced impulsivity/ improved delay discounting;	Social integration/reintegration	**Connection**; **Empowerment**;
Sustained (1-5yrs) Reconstruction	Re-Building Building materials/permit; **fireproofing**	Post-acute withdrawal management; emerging physical resilience	Self-efficacy Competence Effort/industry	Social identity shifts	Positive self-esteem/positive social **identity**
Stable (5+yrs) Conservation and Growth	Maintenance (corrective, preventative, risk-based)	Increased physical resilience; robustness	Cognitive vigilance; Gratitude; personal growth	Lifestyle changes	**Meaning** and purpose

Summary

- Come a long way in past 50 yrs since declaration of War on Drugs
- Begun to change approaches moving away from criminal justice toward broader clinical and public health
- Understand more deeply and significantly the power of language and terminology that both reflect and affect our approaches to SUD
- Begun to understand the significance of recovery support services beyond the clinical setting with strong and growing evidence for effectiveness and cost-effectiveness
- Recovery research is uncovering the undulating dynamic course of recovery that will inform the nature and provision of which services, should be delivered to whom, when, for what duration and intensity
- Recovery research also highlights …

A central feature of recovery is “community”…social enterprises that have the power to **attract and engage** people with others with similar lived experience …

This can help mitigate feelings of shame/guilt and increase universality/sense of belonging and instill hope that can mitigate stress…

And in a “high tech” world, recovery at its core, is very “low tech” …

Fast Car – Tracy Chapman

"… and your arm felt nice wrapped around my shoulder, and I felt like I belonged, and I felt like I could be someone…"

Thank you!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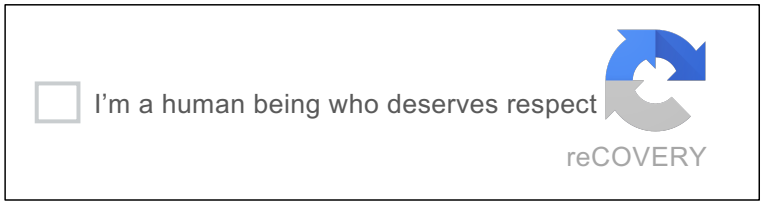
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