

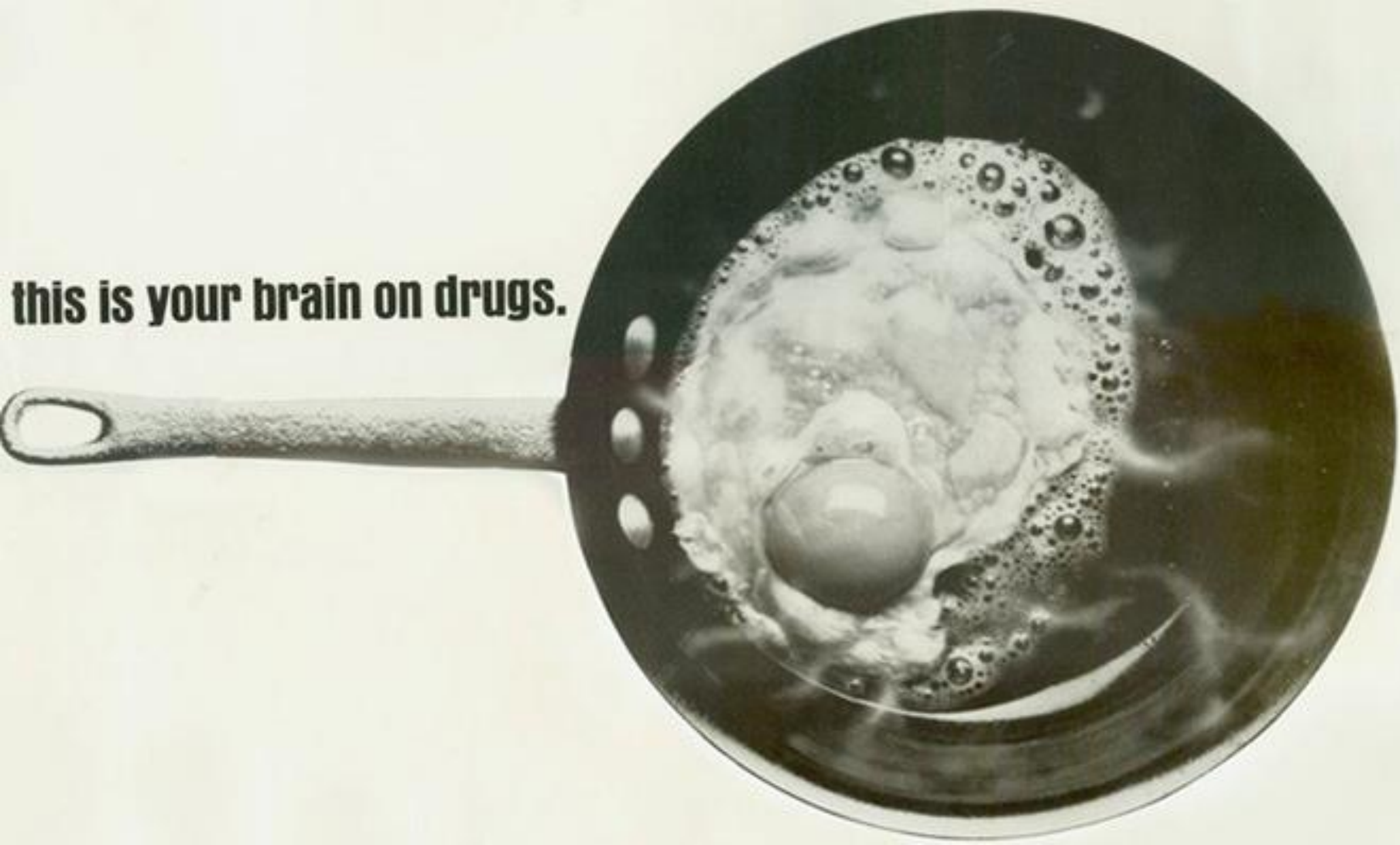
# Recovery Capital: Assets, Not Abstinence

Alex Elswick, PhD

Assistant Extension Professor

Substance Use Prevention and Recovery

**this is your brain on drugs.**



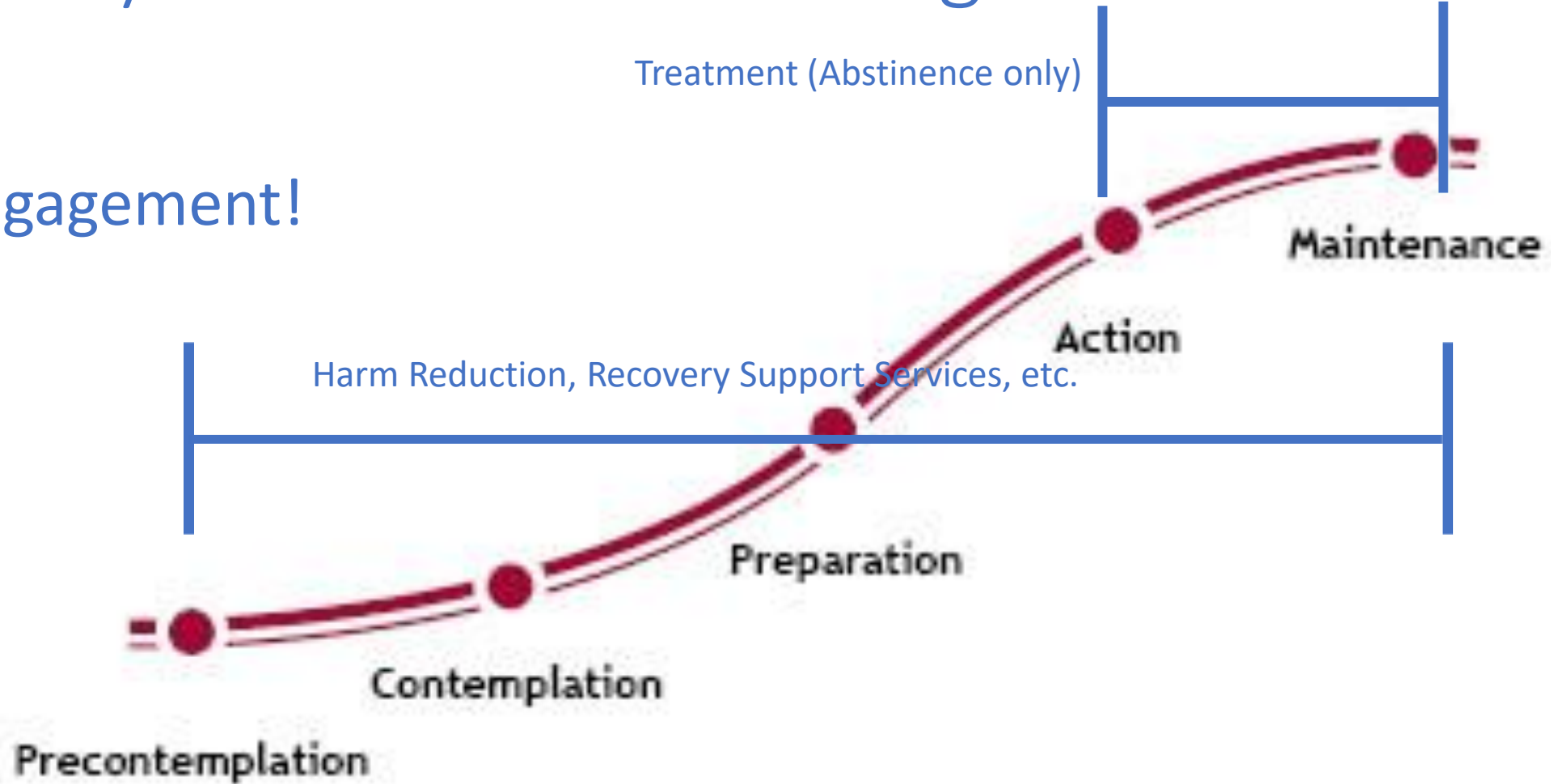
## Partial Recovery of Brain Dopamine Transporters in Methamphetamine (METH) Abuser After Protracted Abstinence



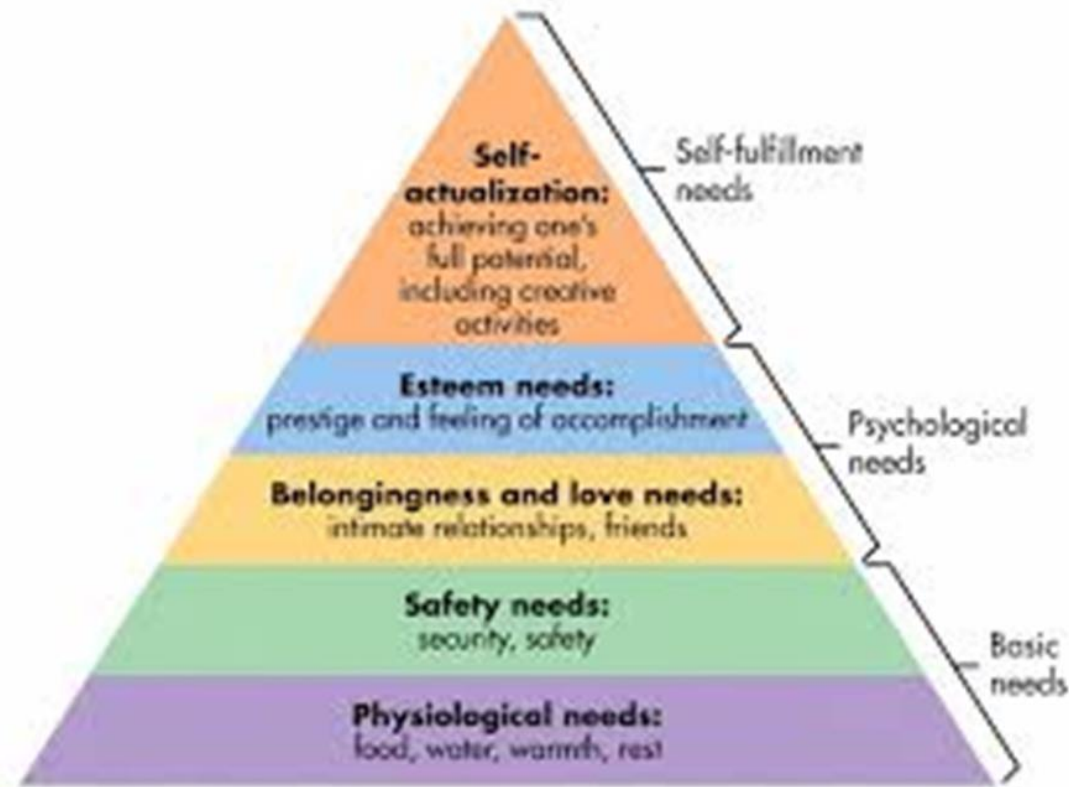
*Source: Volkow, ND et al., Journal of Neuroscience 21, 9414-9418, 2001.*

# Rarely Does Behavior Change All At Once!

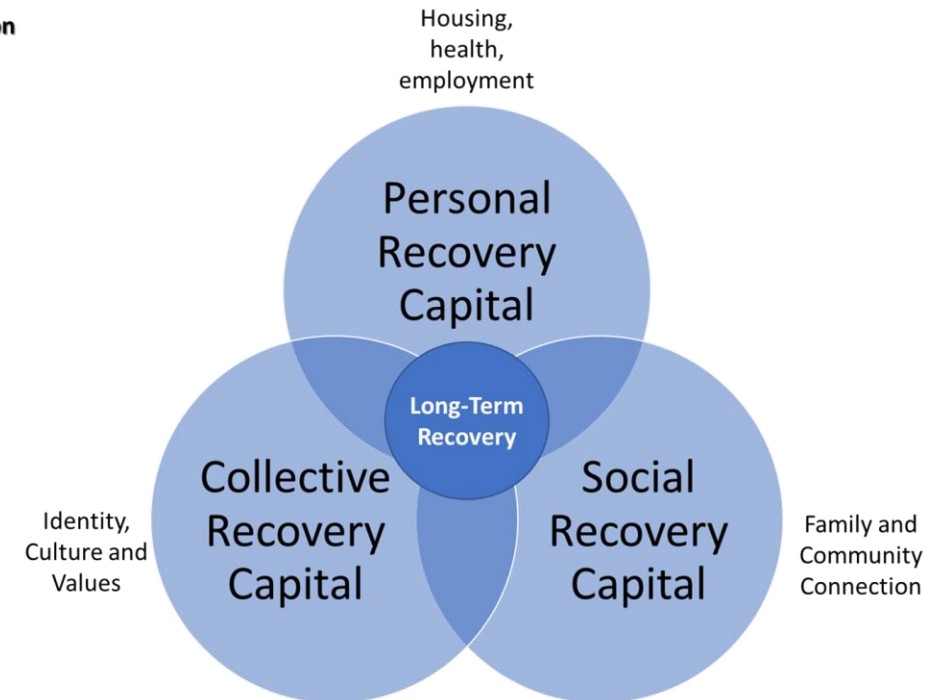
Engagement!



# Recovery Capital



## The Solution

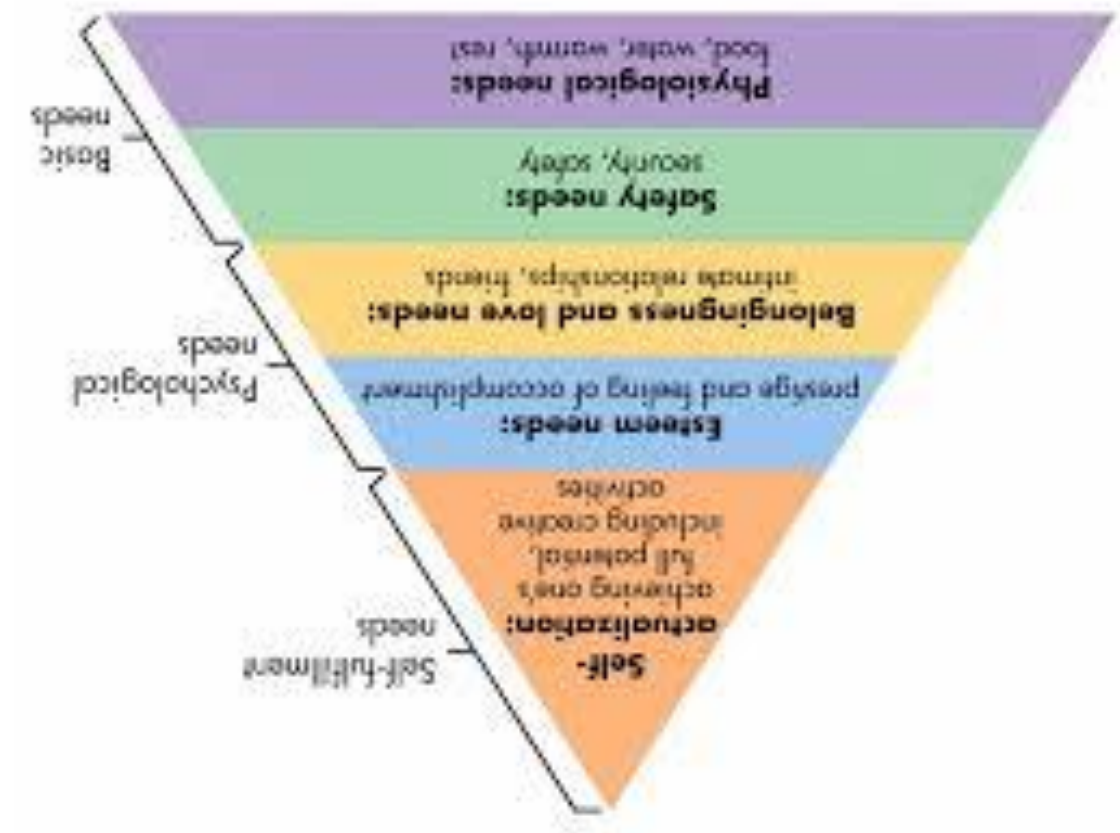




# Abstinence or Resources: Chicken & Egg (or is it?)

- Should we wait for individuals to become abstinent before building recovery capital?
- Abstinence as a precondition for:
  - Housing
  - Social services
  - Caregiving
  - Mental health services
  - Continued treatment
  - Acceptance in the recovery community
- Recovery as meritocracy: “You’ve gotta want it; you’ve gotta earn it”

# We've Got it All Upside Down!



"We kicked her out when we caught her smoking a bowl of marijuana in our garage. She was a [#heroin #addict](#). We called the [#rehab](#). They told us it's still a [#relapse](#) - to kick her out in accordance with the [#RelapseContract](#) they wrote for us at our [#FamilyWeek](#). We did. It was so hard and felt gut-level wrong. When my husband's caller-ID said "Police," I knew it in my bones - my little girl was dead and it was because we accepted brutal advice from someone who didn't love or really know her and certainly didn't apologize or show up to help bury her."





**david poses**  
@davidthekick

He got on Buprenorphine in February  
Clinic screened urine

No problems until last week

They found THC; kicked him out

He couldn't find Bupe; only heroin

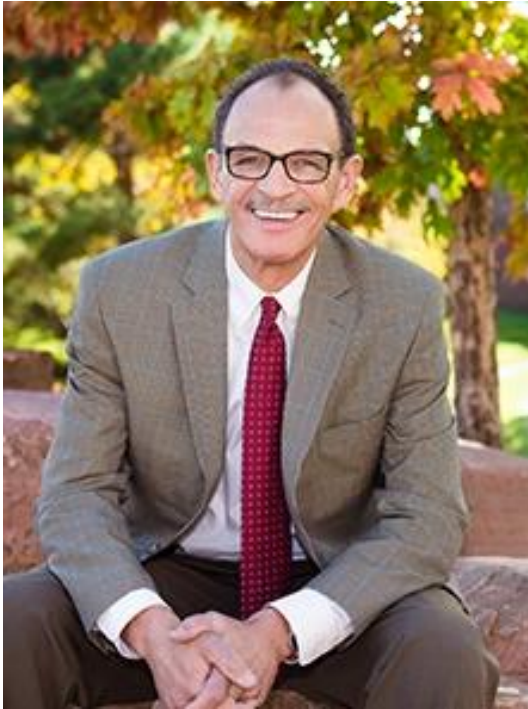
He was 24 years old

When someone says: "the system is  
killing people," this is what they mean

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# Where does the “Recovery Capital” construct originate? (White, 2016)

**Dr. William Cloud**



**Dr. Robert Granfield**



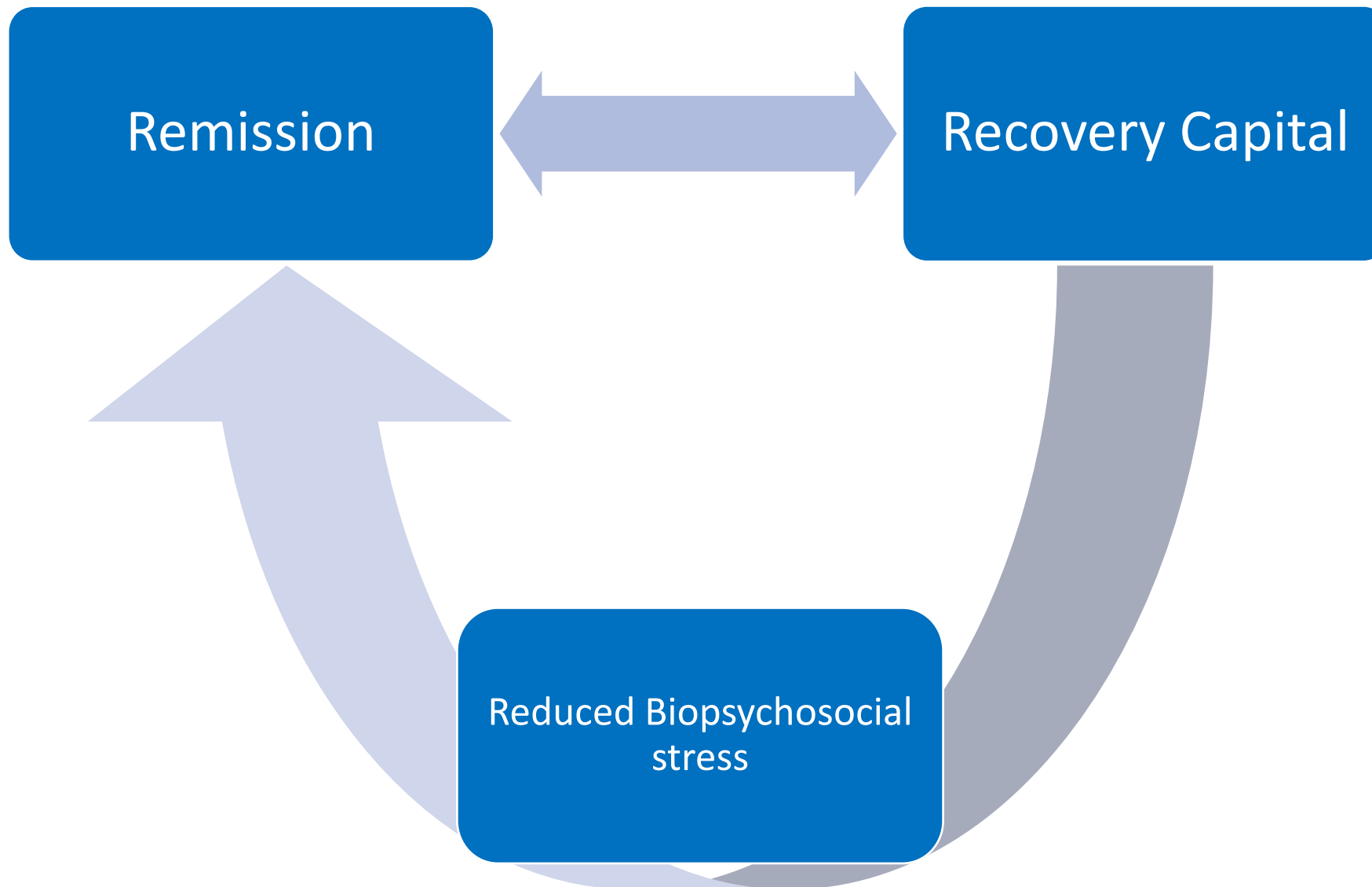
# The Elephant that No One Sees: Natural Recovery Among Middle Class Addicts

(Granfield and Cloud,  
1996)



# That doesn't even sound right!

- Unassisted recovery
  - 50% of people with SUDs (Kelly & White, 2020)
  - 75% of people with AUDs (NIAAA, 2009; Sobell & Cunningham, 1996)
- Only 1 in 5 people with a serious SUD problem and who continues to drink alcohol will have developed an AUD 3 years later (White, 2012)
- Non-abstinent pathways are successful 10 years later (Witkiewitz et al., 2020)



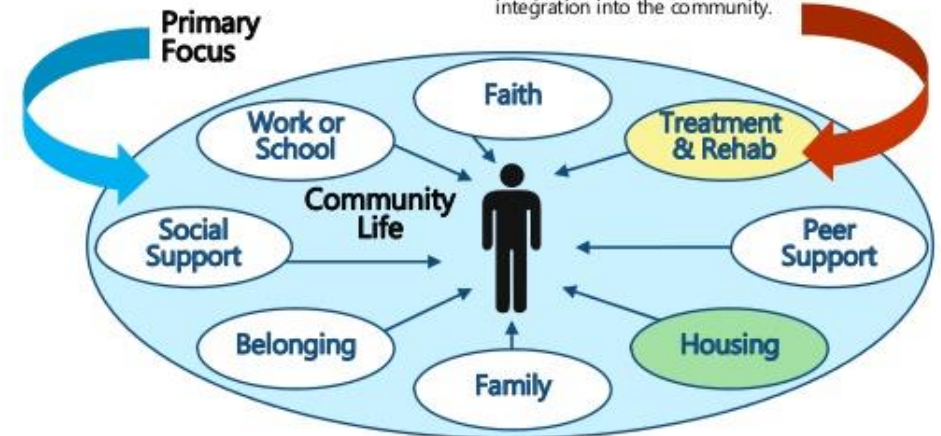


# Evolving Approach to Addressing Addiction: A (Really) Short History



## Recovery Oriented System of Care

In the model, clinical care is viewed as one of many resources needed for successful integration into the community.



RECOVERY, RESILIENCE & SELF-DETERMINATION

DEVICES

# Band-aids and Bullet Wounds (White, Kurtz, & Sanders, 2006)

- “Given the **chronic** nature of substance dependence disorders (McLellan, Lewis, & O’Brien, 2000) and the **scarcity** of funds for treatment, neither single nor serial-episode acute care will ever meet the vast need that exists. Only a focus on **ongoing recovery/support/management** can address effectively the chronic nature of this illness.”

# Recovery Capital = Nutrients!











# The rewarding nature of social interactions

Sören Krach<sup>1,2\*</sup>, Frieder M. Paulus<sup>1</sup>, Maren Bodden<sup>2</sup> and Tilo Kircher<sup>1</sup>

<sup>1</sup> Department of Psychiatry and Psychotherapy, Philipps-University Marburg, Marburg, Germany

<sup>2</sup> Department of Neurology, Philipps-University Marburg, Marburg, Germany

**Edited by:**

Andreas Meyer-Lindenberg, Central  
Institute of Mental Health, Germany

**Reviewed by:**

Joshua W. Buckholz, Vanderbilt  
University, USA

**\*Correspondence:**

Sören Krach, Department of Psychiatry  
and Psychotherapy, Philipps-University  
Marburg, Rudolf-Bultmann-Str. 8  
35033 Marburg, Germany.  
e-mail: krachs@med.uni-marburg.de

The objective of this short review is to highlight rewarding aspects of social interactions for humans and discuss their neural basis. Thereby we report recent research findings to illustrate how social stimuli in general are processed in the reward system and highlight the role of Theory of Mind as one mediating process for experiencing social reward during social interactions. In conclusion we discuss clinical implications for psychiatry and psychotherapy.

**Keywords:** reward, theory of mind, social interaction

## INTRODUCTION

Human societies form a dynamic and complex system, which requires frequent interaction between individuals. According to the “social brain hypothesis” (Dunbar, 1998; Adolphs, 2003) parts of the human neo-cortex have evolved to improve survival in dynamic

dopamine for highly socially motivated behavior such as maternal care, mating behavior and social attachment. For instance, the access to pups is more reinforcing than cocaine in female rats (Insel, 2003) and dopamine in the nucleus accumbens (NAcc) is involved in typical mating behavior and social interactions of monogamous

People with addiction disorders, compared to other forms of mental illness, have tended to seek solutions in groups; the neurobiological basis of this may lie in increases in DA release or accelerated up-regulation of DA D2 receptors in NaCC

# Mutual Help Organizations

- AA/NA/CA/HA/CMA...All the As!
- Refuge Recovery
- Self-Management and Recovery Training (SMART)
- All Recovery Meetings (ARMs)

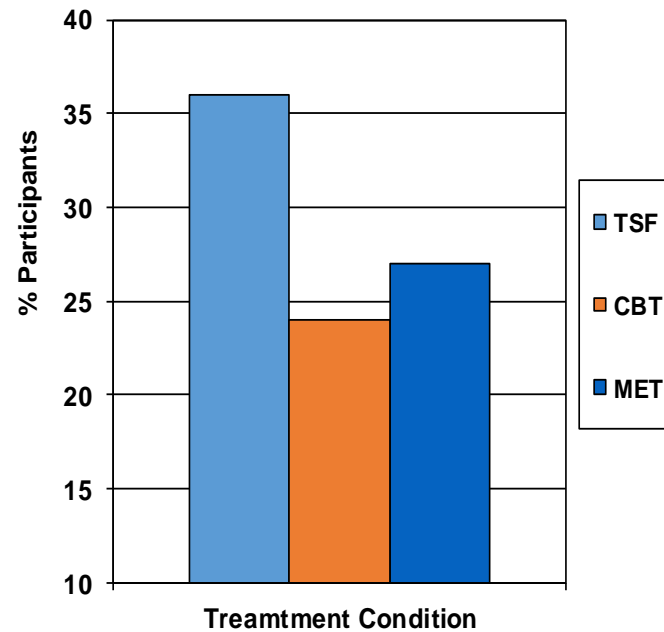


WE VALUE **ALL**  
**PATHWAYS**  
TO RECOVERY



VOICES *of* HOPE

Continuous Abstinence Rates past 90  
days- 3 Years

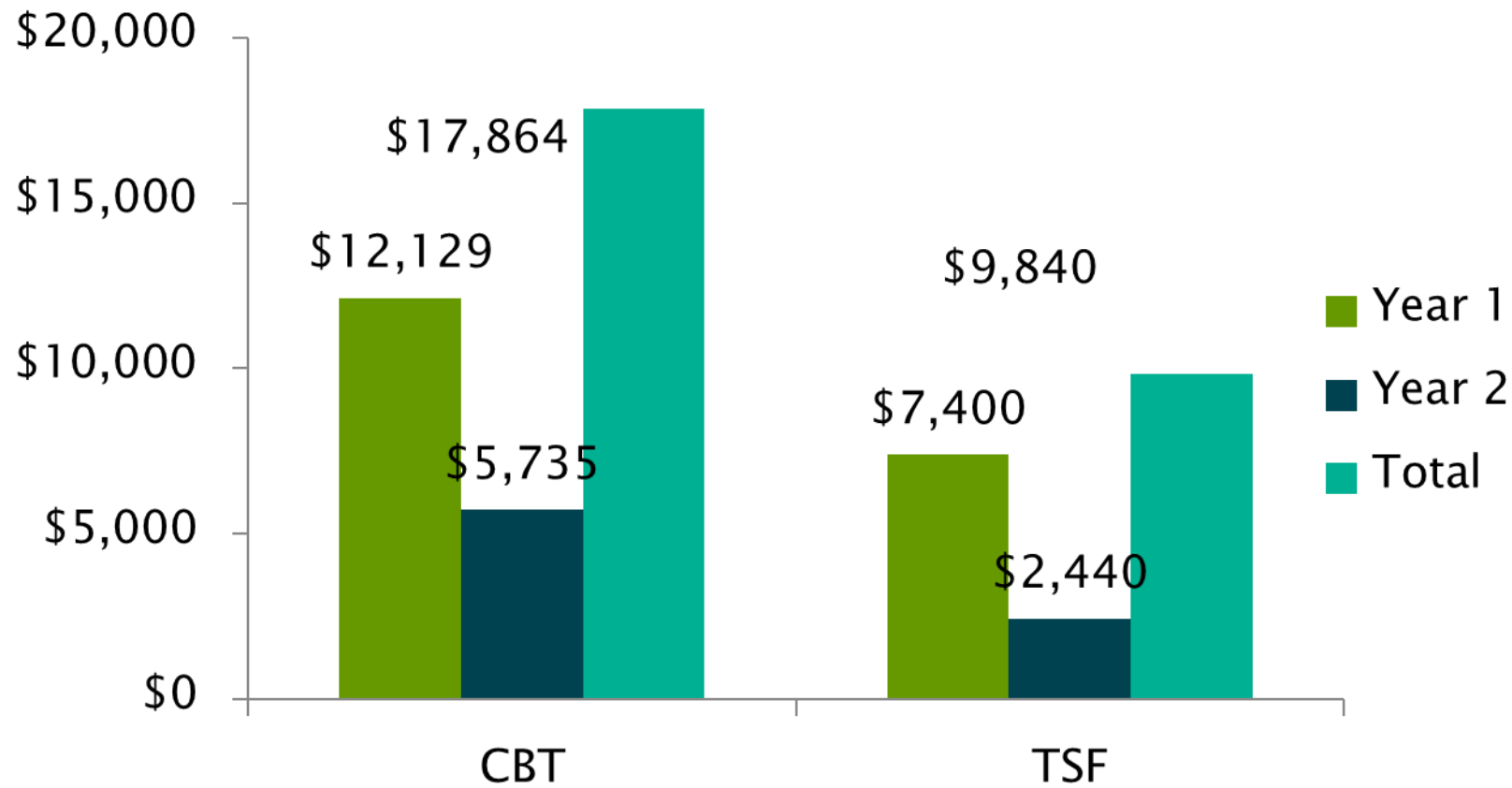


## Do Mutual Help Organizations *Actually* Help? (Project Match, 1997)

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- Twelve-Step Facilitation (TSF)
- Cognitive-Behavioral Therapy (CBT)
- Motivational Enhancement Therapy (MET)

# Mutual Help Organizations Reduce Healthcare Costs (Humphreys & Moos, 2001)







# Peer-based Recovery Support Services



TELEPHONE RECOVERY  
SUPPORT (TRS)



RECOVERY COACHING  
(RC)



FRIENDS AND FAMILY  
(F&F) MEETINGS



Telephone Recovery Support

A woman with blonde hair is smiling and looking towards the camera. She is wearing a bright blue t-shirt that features a white star logo and the text "CHOICES of HOPE" in white capital letters. She is standing in front of a black metal fence with vertical bars. In the background, a brick wall and some greenery are visible.

Recovery Coaching





we are

Friends and Family Meetings

hope  
dealers.



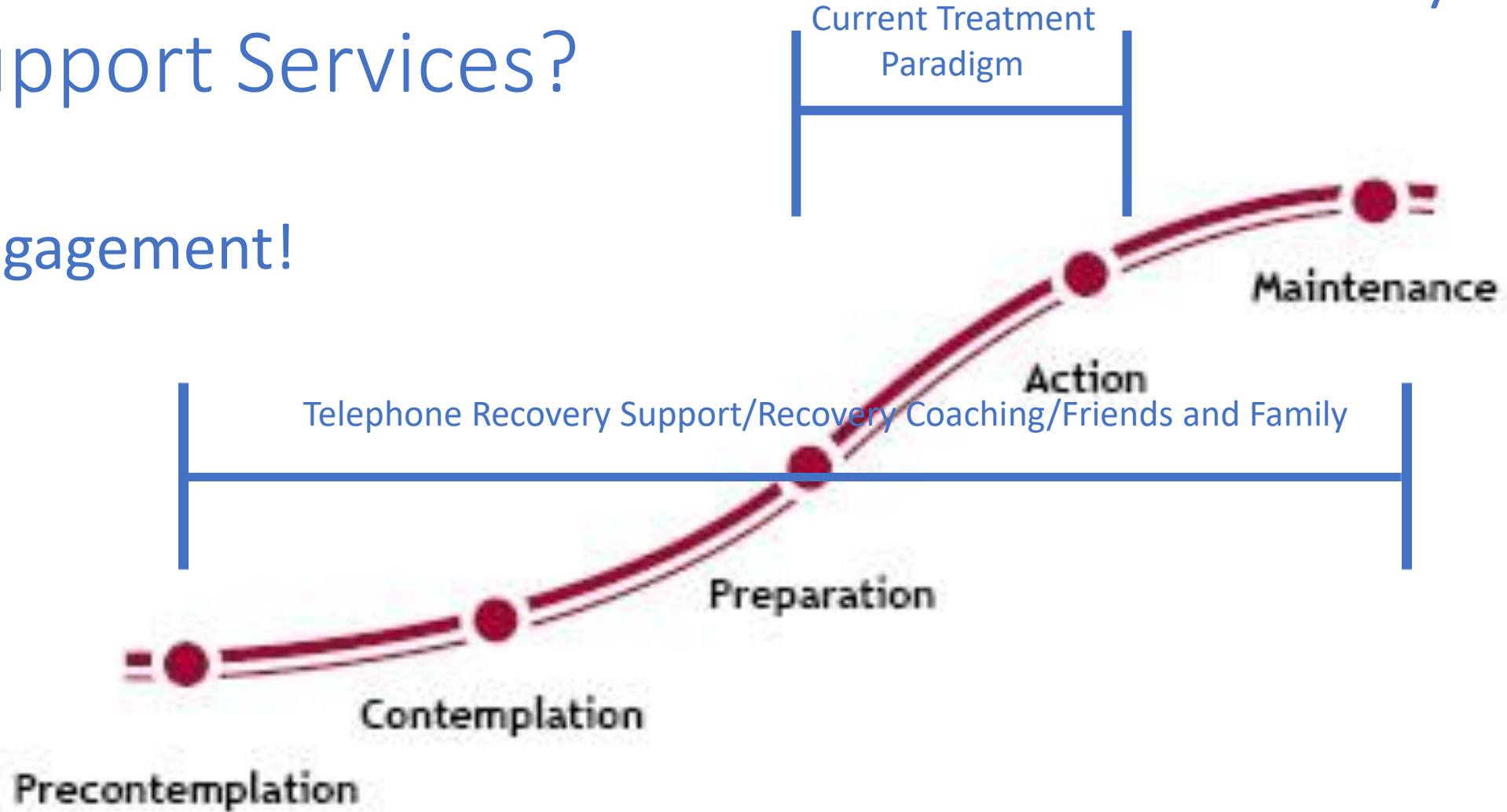
# What is the Value of Peer-Based Recovery Support Services?

Transtheoretical Model: Stages of Change (Prochaska & DiClemente)



# What is the Value of Peer-Based Recovery Support Services?

Engagement!



# What is the Value of Peer-Based Recovery Support Services?

## Engagement:

- Hard to reach populations (syringe exchange clients)
- Take advantage of points of contact (following arrest, overdose, hospitalization, etc.)
- Engagement during transitions (Reentry, leaving treatment, etc.)
- Oh yeah...it's FREE!



# What is the Value of Harm Reduction?

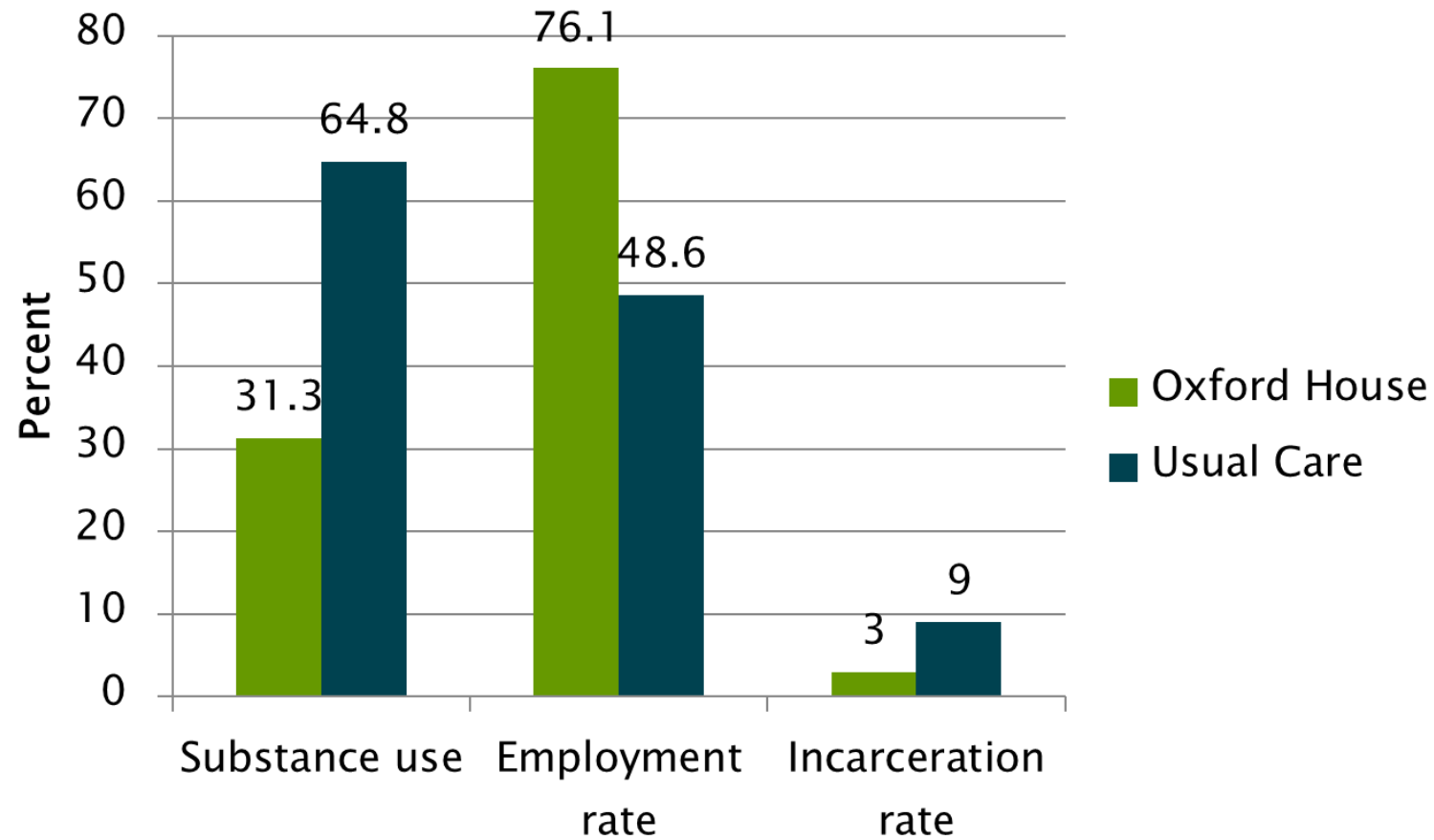
- When we don't "meet people where they are"
  - ~23 million in US with SUD
  - Only 2.3 million will receive treatment
  - (NSDUH, 2015)
- When we DO meet people where they are:
  - Hybrid RCO with PSSs and HR services
  - 87% of participants had past month substance use (Ashford et al., 2019)







# Sober Living (Jason, Olson, Ferrari, & Lo Sasso, 2006)



# “Good” Sober Living

(Mericle et al., 2019)

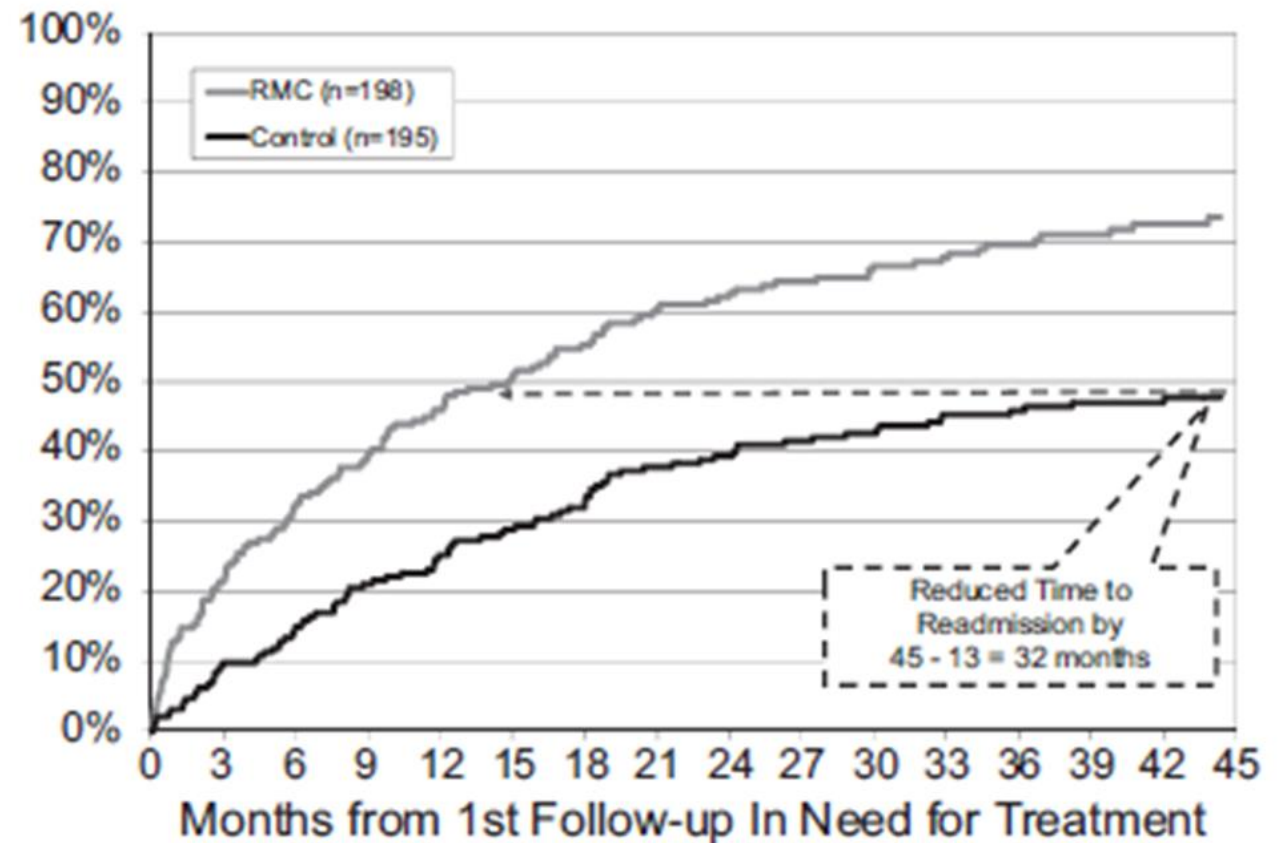
- Buyer Beware: Low Quality Sober Living Exists

Recovery Residence Characteristics & Their Relationship to Recovery Outcomes	
<u>Recovery Residence Characteristics</u>	<u>Associated Recovery Outcomes (increased/decreased odds)</u>
Affiliated Parent Organization or Group of Other Houses	Increased Abstinence
Affiliated Treatment Facility	Increased Abstinence Increased Employment
Affiliated Parole/Probation Referral Program	Decreased Arrest Increased Employment ←
Resident Capacity: ≤ 10	Increased Employment ←
Resident Capacity: ≥ 21	Decreased Employment ←
Geographic Region	Predicted Abstinence Predicted Employment
House fees: ≥ \$600 per month	Increased Abstinence
Male-Only Houses	Increased Abstinence
Lower Percentage of Residents on Parole/Probation	Increased Abstinence
Largely 12-Step Oriented	Increased Abstinence Increased Employment
Requiring ≥ 30 days of Abstinence	Decreased Arrest
Requiring AA/NA Attendance	Increased Abstinence ←
<i>The authors assessed these variables one at a time and analyses controlled for (i.e. were independent of) participant demographics (gender, race/ethnicity, age, education) and the duration of stay at the recovery residence.</i>	



# Recovery Management Check-Ups (Dennis & Scott, 2012)

- N = 446 adults with SUD
- Random assignment: Quarterly assessment of usual care vs. recovery management
  - Recovery Management included discussions with a “linkage manager” who used MI to discuss barriers to recovery



# Characteristics of Recovery Management

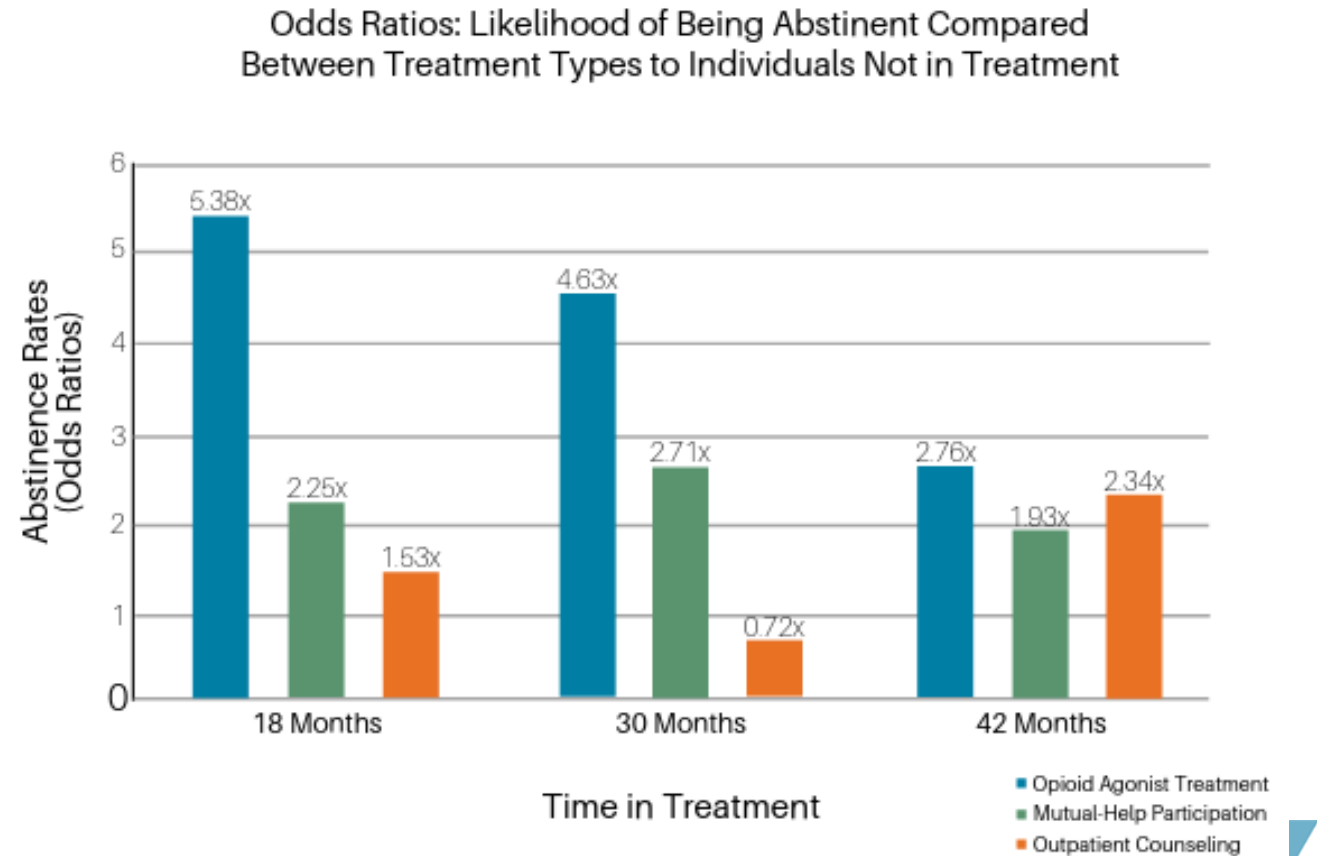
- Assertive linkages (NOT pamphlets!)
- Warm handoffs (NOT sendoffs!)
- Intimate knowledge of local system and resources
  - MOUs with providers (i.e. open bed agreement)
  - Established connections



# The Elephant in the Room that WE Are Not Talking About: Medication for Opioid Use Disorder

- Starting MOUD prior to prison release substantially reduces overdose deaths
- From 2016-2017 in Rhode Island, new approach to using MOUD in jails/prisons began.
- Results indicate a 60.5% reduction in mortality.
- For every 11 inmates treated with MOUD, 1 death from OD was prevented

(Green et al., 2018)



(Weiss et al., 2019)

# Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder

Sarah E Wakeman <sup>1 2</sup>, Marc R Larochelle <sup>3 4</sup>, Omid Ameli <sup>5</sup>, Christine E Chaisson <sup>5</sup>,  
Jeffrey Thomas McPheeters <sup>6</sup>, William H Crown <sup>7</sup>, Francisca Azocar <sup>8</sup>, Darshak M Sanghavi <sup>9</sup>

Affiliations

PMID: 32022884 DOI: [10.1001/jamanetworkopen.2019.20622](https://doi.org/10.1001/jamanetworkopen.2019.20622)

Free article

## Abstract

**Importance:** Although clinical trials demonstrate the superior effectiveness of medication for opioid use disorder (MOUD) compared with nonpharmacologic treatment, national data on the comparative effectiveness of real-world treatment pathways are lacking.

**Objective:** To examine associations between opioid use disorder (OUD) treatment pathways and overdose and opioid-related acute care use as proxies for OUD recurrence.

**Design, setting, and participants:** This retrospective comparative effectiveness research study assessed deidentified claims from the OptumLabs Data Warehouse from individuals aged 16 years or older with OUD and commercial or Medicare Advantage coverage. Opioid use disorder was identified based on 1 or more inpatient or 2 or more outpatient claims for OUD diagnosis codes within 3 months of each other; 1 or more claims for OUD plus diagnosis codes for opioid-related

**Exposures:** One of 6 mutually exclusive treatment pathways, including (1) no treatment, (2) inpatient detoxification or residential services, (3) intensive behavioral health, (4) buprenorphine or methadone, (5) naltrexone, and (6) nonintensive behavioral health.

**Main outcomes and measures:** Opioid-related overdose or serious acute care use during 3 and 12 months after initial treatment.

**Results:** A total of 40 885 individuals with OUD (mean [SD] age, 47.73 [17.25] years; 22 172 [54.2%] male; 30 332 [74.2%] white) were identified. For OUD treatment, 24 258 (59.3%) received nonintensive behavioral health, 6455 (15.8%) received inpatient detoxification or residential

<https://pubmed.ncbi.nlm.nih.gov/32022884/>

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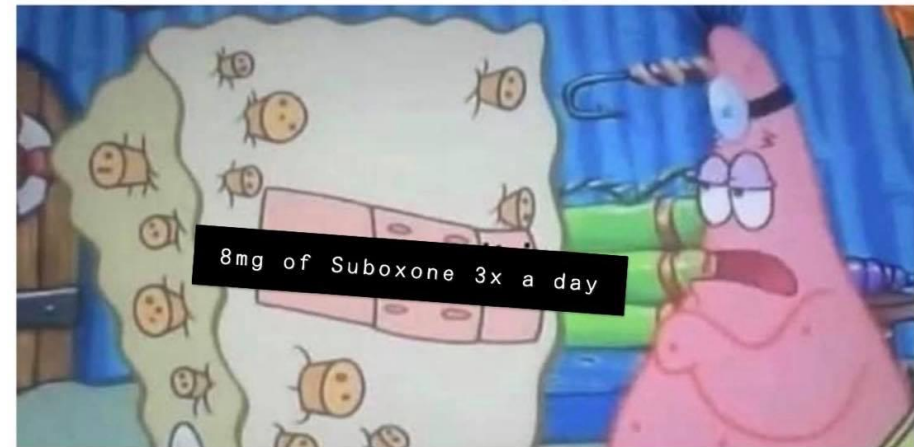
Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder - PubMed

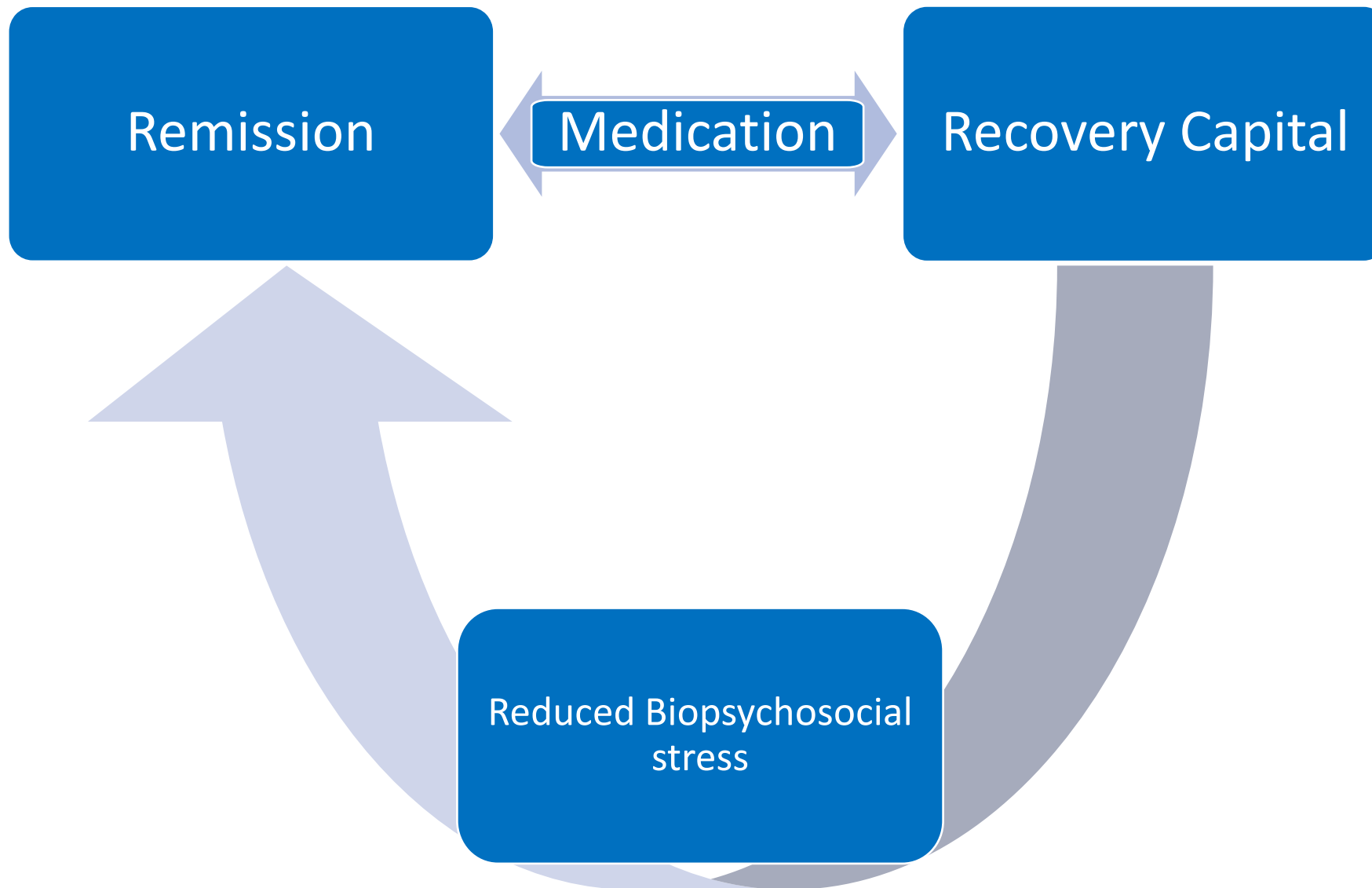
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services, 5123 (12.5%) received MOUD treatment with buprenorphine or methadone, 1970 (4.8%) received intensive behavioral health, and 963 (2.4%) received MOUD treatment with naltrexone. During 3-month follow-up, 707 participants (1.7%) experienced an overdose, and 773 (1.9%) had serious opioid-related acute care use. Only treatment with buprenorphine or methadone was associated with a reduced risk of overdose during 3-month (adjusted hazard ratio [AHR], 0.24; 95% CI, 0.14-0.41) and 12-month (AHR, 0.41; 95% CI, 0.31-0.55) follow-up. Treatment with buprenorphine or methadone was also associated with reduction in serious opioid-related acute care use during 3-month (AHR, 0.68; 95% CI, 0.47-0.99) and 12-month (AHR, 0.74; 95% CI, 0.58-

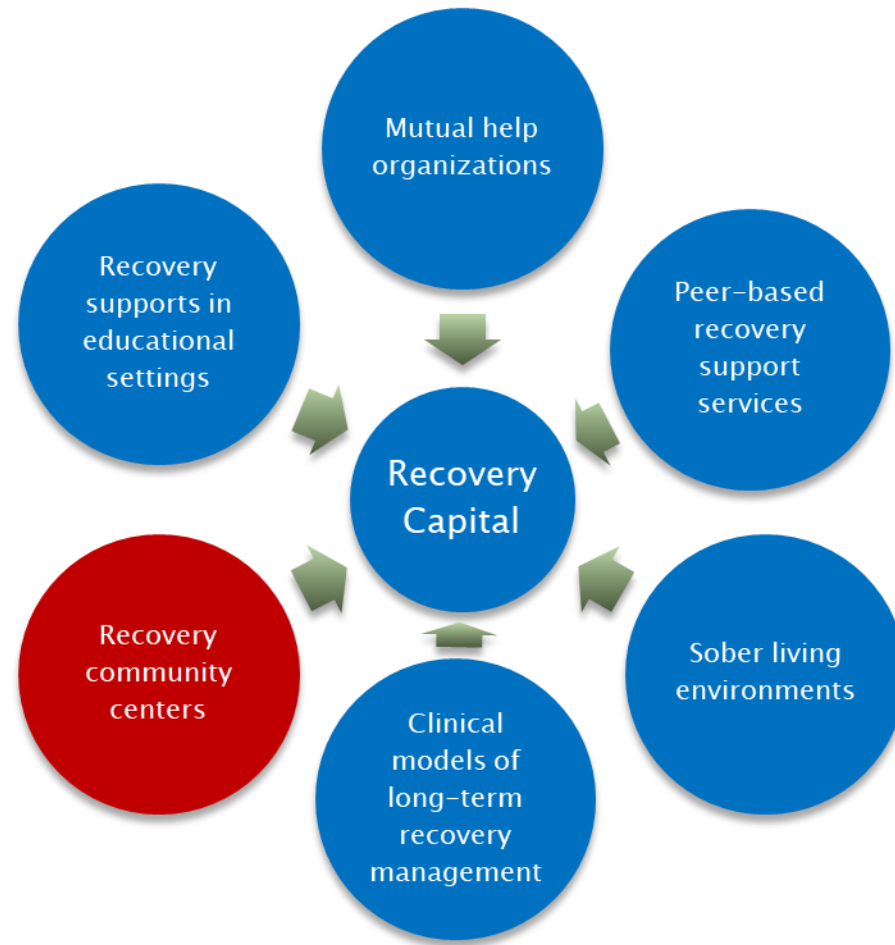
# MOUD is Stigmatized in Recovery Community

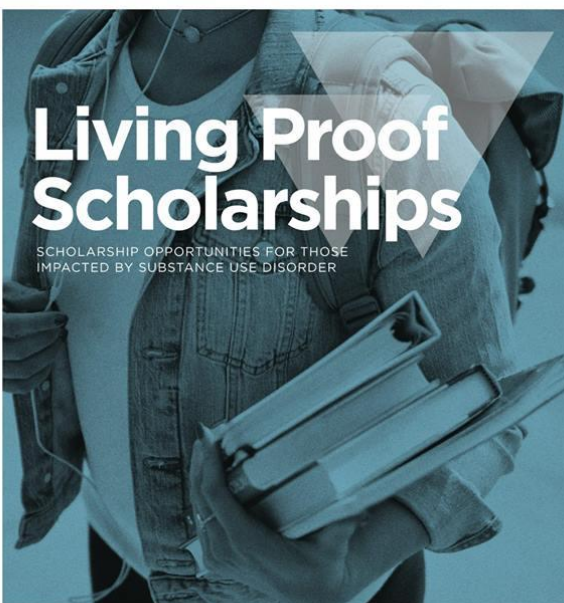
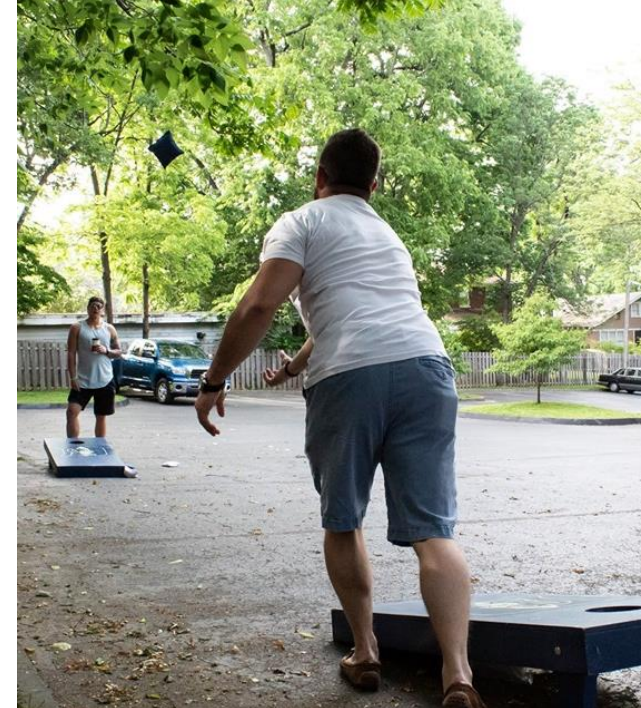
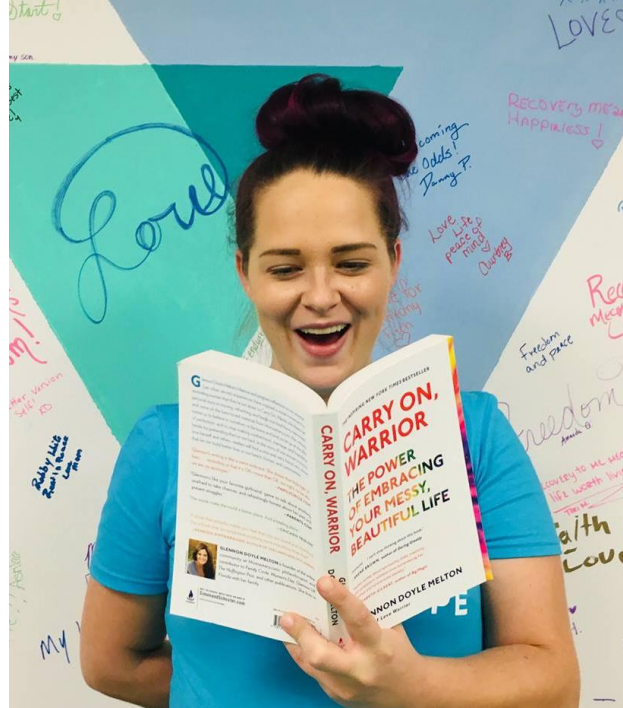
The doctor coming back into the room after you asked him to help with your opiate addiction











## Living Proof Scholarships

SCHOLARSHIP OPPORTUNITIES FOR THOSE IMPACTED BY SUBSTANCE USE DISORDER

**The Living Proof Scholarship**

\$1,000 for a student in long-term recovery

**Living Proof: The Next Generation**

\$1,000 each for four high school seniors continuing



### EXPUNGEMENT SESSION

VOICES OF HOPE • WEDNESDAY, APRIL 24  
450 OLD VINE ST. STE. 101, LEXINGTON, KY 40507  
10:00 AM - 2:00 PM



VOICES OF HOPE

### SERVICES INCLUDE:

- Information on offenses that are eligible for expungement
- Copy of your criminal record
- Job training and job search assistance
- Information regarding restoration of voting rights
- Additional community resources

For more information, call or email  
859-277-3661 or ben.haydon@goodwillky.org

## Voices of Hope RCC

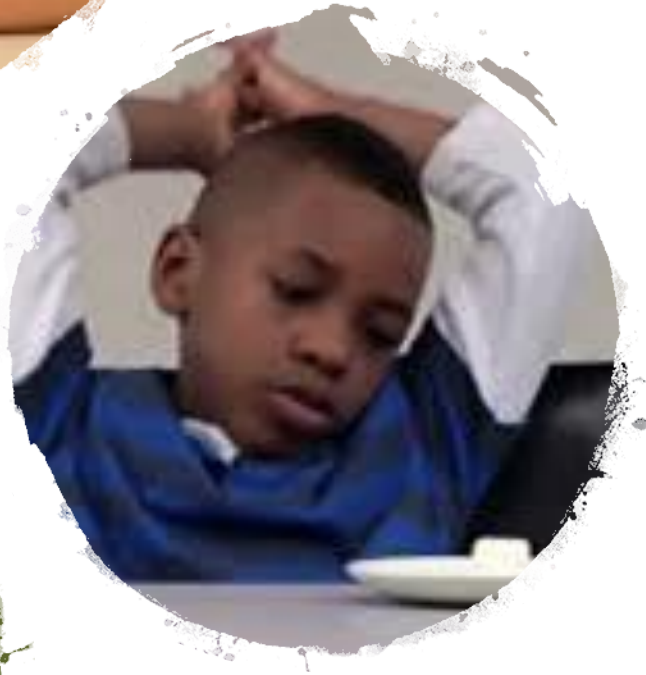
- Recovery Community Centers serve as a hub for recovery resources in the community
- Transplant the treatment environment to the community







Recovery High Schools and Collegiate Recovery Communities (CRCs)



## What Can the Marshmallow Test Teach Us about Addiction and Recovery?

- Higher SES kids waited longer than lower SES kids (Watts, Duncan, & Quan, 2018)
- Kids who are told they are patient actually display more patience on the test (Doebel & Munakata, 2018)
  - Pre-treatment abstinence self-efficacy predicts 3 month outcomes (Dolan, Martin, and Rohsenow, 2008)



# Key Takeaways (White & Cloud, 2008)

- Recovery capital plays a major role in the success of both natural and assisted recovery
- Increases in recovery capital can spark “turning points” that increase coping skills, initiate treatment, and end addiction careers.
- Recovery Capital is NOT equally distributed
  - Disparities among historically marginalized groups by race, SES, etc.
- Shift the focus from abstinence to recovery!

Questions or  
Comments?

Alex.Elswick@uky.edu