Treating Addiction and Defining Recovery; *Sorting Through the Research*

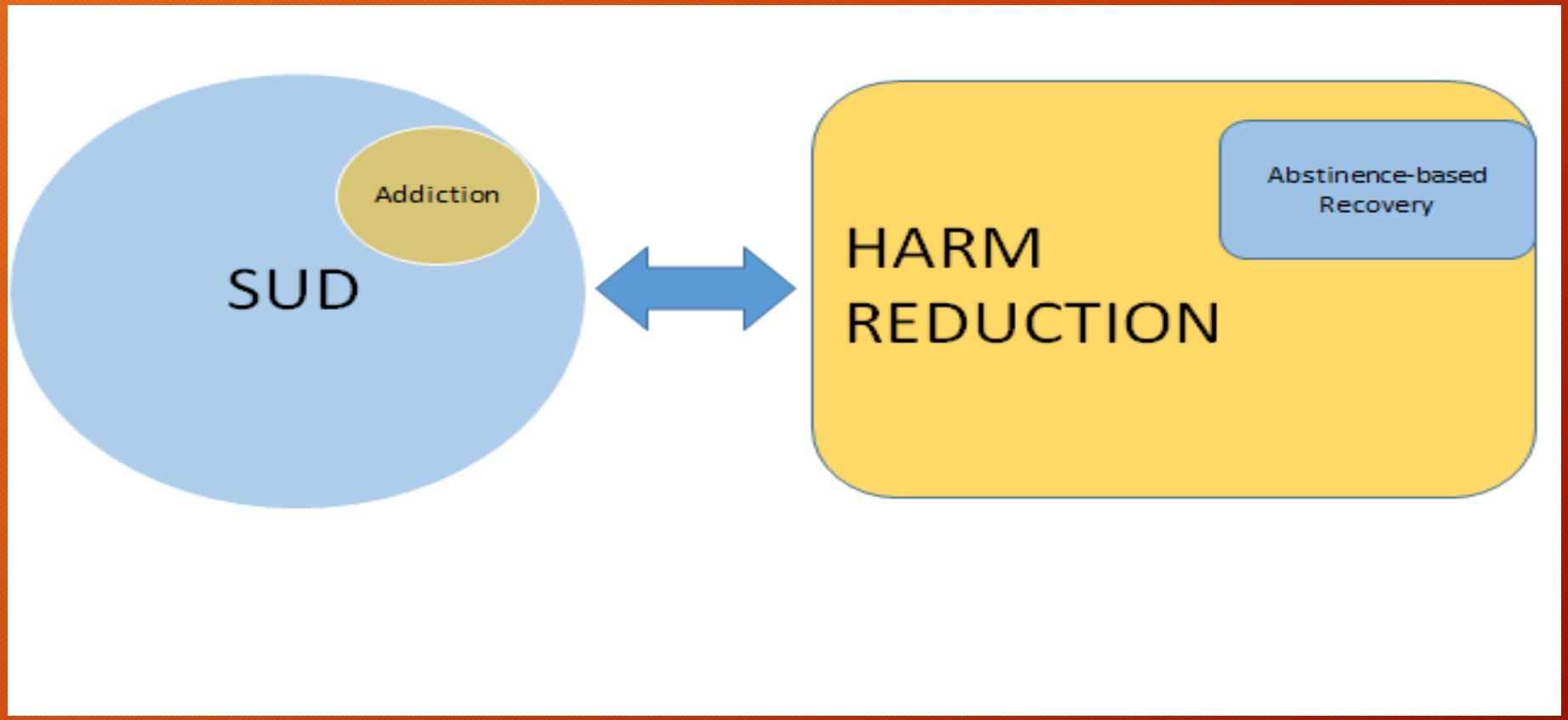
Austin McNeill Brown LMSW
Lerner Center for Public Health Promotion

The Maxwell School
Syracuse University

Introduction

- Discuss current problematic trends
- Discuss what forces shapes those trends
- Discuss recovery variables and low cost research
- Discuss long term care continuums
- Discuss the need for people in recovery, treatment, and research to reclaim the discourse of recovery

Before we start, let's put things in perspective



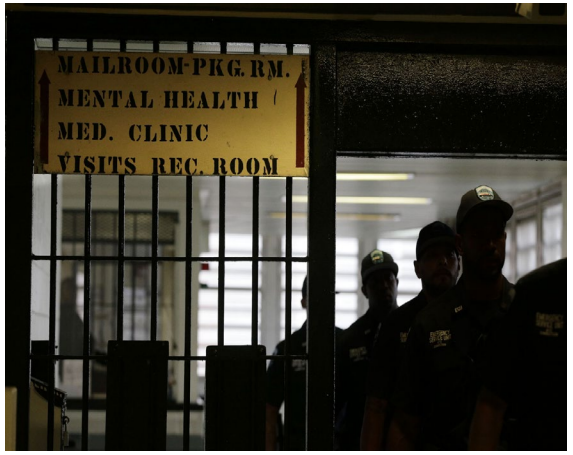
Summary of the Field

- There are many reasons for this, some more legitimate than others
- Biomedicalization, profitization, the demand for “evidence-based practice” (billable services).
- Class and ethnic concerns have driven the discourse through fear.
- American systems of care have always been reactive rather than proactive.

Risk-Based Evidence; An Example

- Highly touted medicalized “evidence-based treatment” that is the “gold standard” for OUD.
- Evidence is that it reduces death, reduces crime (if defined as “illicit” drug use), disease transmission, “retention”.
- Opioids only constitute about 1/5th of the overall addiction issue
- Most are polysubstance users

Competing Images of Drugs



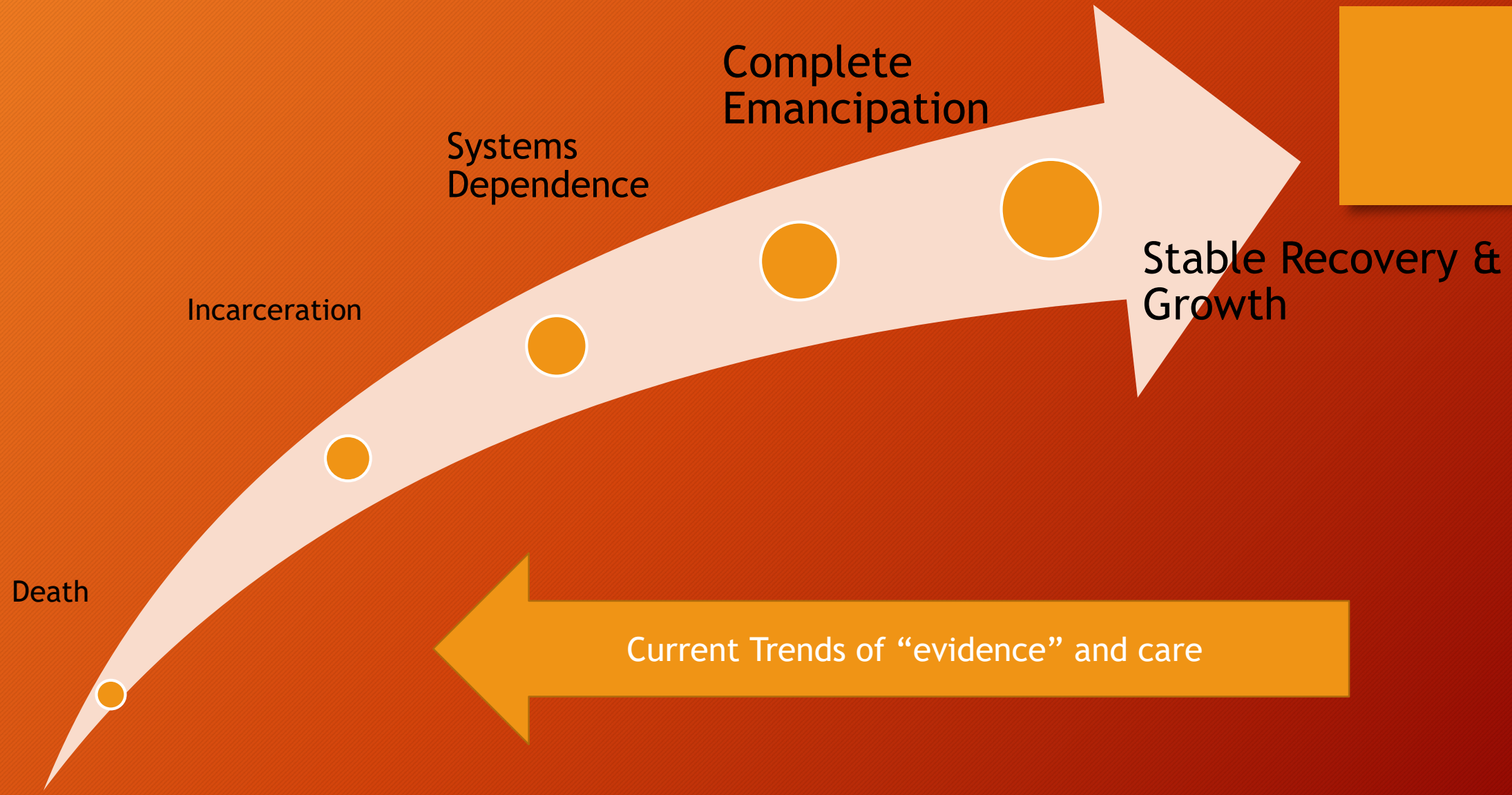
From top left: Pew Trust article on opioid, NYTimes article on Rikers Prison, Columbia Review, San Francisco Chronicle

Decriminalization and Legalization

- Not a panacea (example alcohol and tobacco)
- Systems are not entirely to blame for negative consequences
- Decriminalization leaves black markets in place
- Legalization requires a continuum
- Very slow process

The Direction of Trends

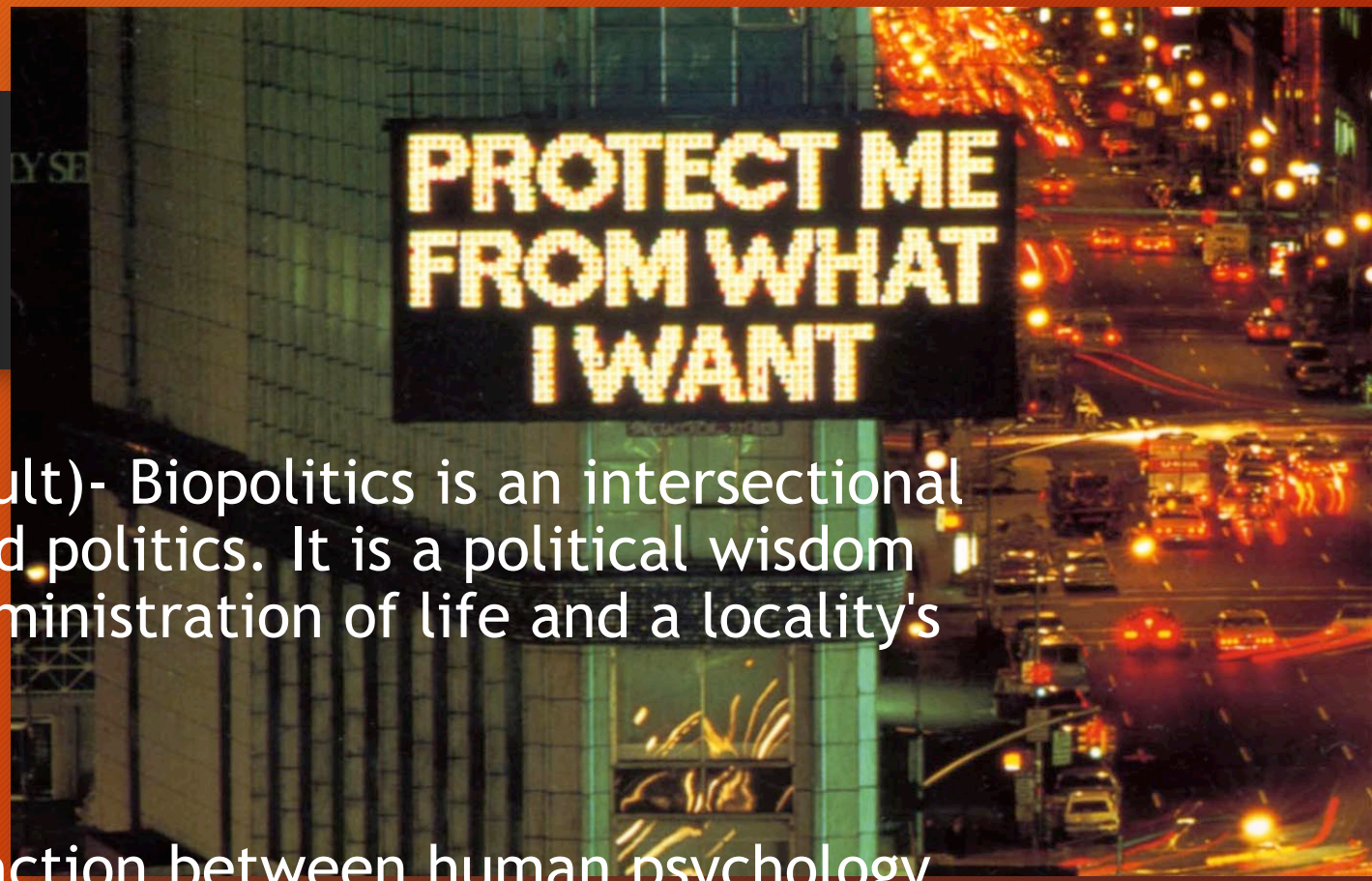
- The overdose crisis has created a reductive race in the form of “evidence-based” medicalization.
- Instead of moving toward more comprehensive models of definitive evidenced based care, we are now using death as the benchmark.
- Allowing policymakers, advocacy organizations, and the healthcare industry to define care
- Controversial fact: Doctors have never been the “experts” on recovery


Complete Emancipation
Systems Dependence
Incarceration
Death
Stable Recovery & Growth
Current Trends of “evidence” and care

Dislocation of Intent

- What happens when we allow for “not death” to be an adequate response to a public health crisis for a deeply complicated social problem?
- What happens when we remove complete emancipation from pathology and comprehensive healing from our demands of care?
- What happens when we rely on government and top down policy to “do something” about social issues?

Social Construction



- Biopower and biopolitics (Foucault)- Biopolitics is an intersectional field between human biology and politics. It is a political wisdom taking into consideration the administration of life and a locality's populations as its subject.

- Psychopolitics (Han) - The interaction between human psychology and politics.

Lemm, V., & Vatter, M. (Eds.). (2014). *The government of life: Foucault, biopolitics, and neoliberalism*. Oxford University Press.
Han, B. C. (2017). *Psychopolitics: Neoliberalism and new technologies of power*. Verso Books.

Necropolitics and Overdose

- is the use of **social and political power** to dictate how some people may live and how some must die.
- “contemporary forms of subjugation of life to the power of death" forces some bodies to remain in different states of being located between life and death.

Mbembe, A. (2006). Necropolitics. Raisons politiques, (1), 29-60.

Why are we talking about philosophy?

- Because we are talking about the power to define what is legitimate, what is not, and who benefits from these distinctions.
- The power to define what is and isn't true also defines who lives and who dies.
- Recovery depends on individual liberation through social networks and social systems.
- Those that control the systems determine what is considered effective. They do so not in the interest of emancipation but in the interests of the system itself.

The most important reason

If, we, as scholars and practitioners do not establish the evidence for recovery, and define what constitutes care, forces other than ourselves will fill the vacuum. As we have seen with the current crisis, to lose control of the discussion results in unnecessary suffering, halfhearted initiatives, and partial healing of only the most urgent problems.

How Do We Reclaim Recovery?

Step 1: Develop and new science of recovery separate from but interrelated to addiction science

Recovery Science Research Collaborative Definition

Recovery Science Research Collaborative Consensus Definition of Recovery

"Recovery is an individualized, intentional, dynamic, and relational process involving sustained efforts to improve wellness."

Ashford, R. D., Brown A., Brown, T., Callis, J., Cleveland, H. H., Eisenhart, E., ... Whitney, J. (2018). Defining and Operationalizing the Phenomena of Recovery: A Working Definition from the Recovery Science Research Collaborative. Addiction Research and Theory.

Recovery-informed Theory

- Grand theory for recovery science

- RIT states that, *"Successful long-term recovery is self-evident, and is a fundamentally emancipatory set of processes."*

Brown, A. M., & Ashford, R. D. (2019). Recovery-informed Theory: Situating the subjective in the science of substance use disorder recovery. *Journal of Recovery Science*, *1*(3), 1-15.

What do people need for recovery?

- Intrapersonal improvements in the relationship with themselves
- Self Esteem, Self-efficacy, Hope, Healing of Trauma

May, E. M., Hunter, B. A., Ferrari, J., Noel, N., & Jason, L. A. (2015). Hope and abstinence self-efficacy: Positive predictors of negative affect in substance abuse recovery. *Community mental health journal*, *51*(6), 695-700.

Interpersonal Improvement

- Relational improvements with the people, institutions, and structures of society
- Family relationships are particularly important

Ram, D., Whipple, C. R., & Jason, L. A. (2016). Family Dynamics May Influence an Individual's Substance Use Abstinence Self-Efficacy. *Journal of addiction and preventive medicine*, *2*(1).

Pietromonaco, P. R., & Collins, N. L. (2017). Interpersonal mechanisms linking close relationships to health. *American Psychologist*, *72*(6), 531.

Environment

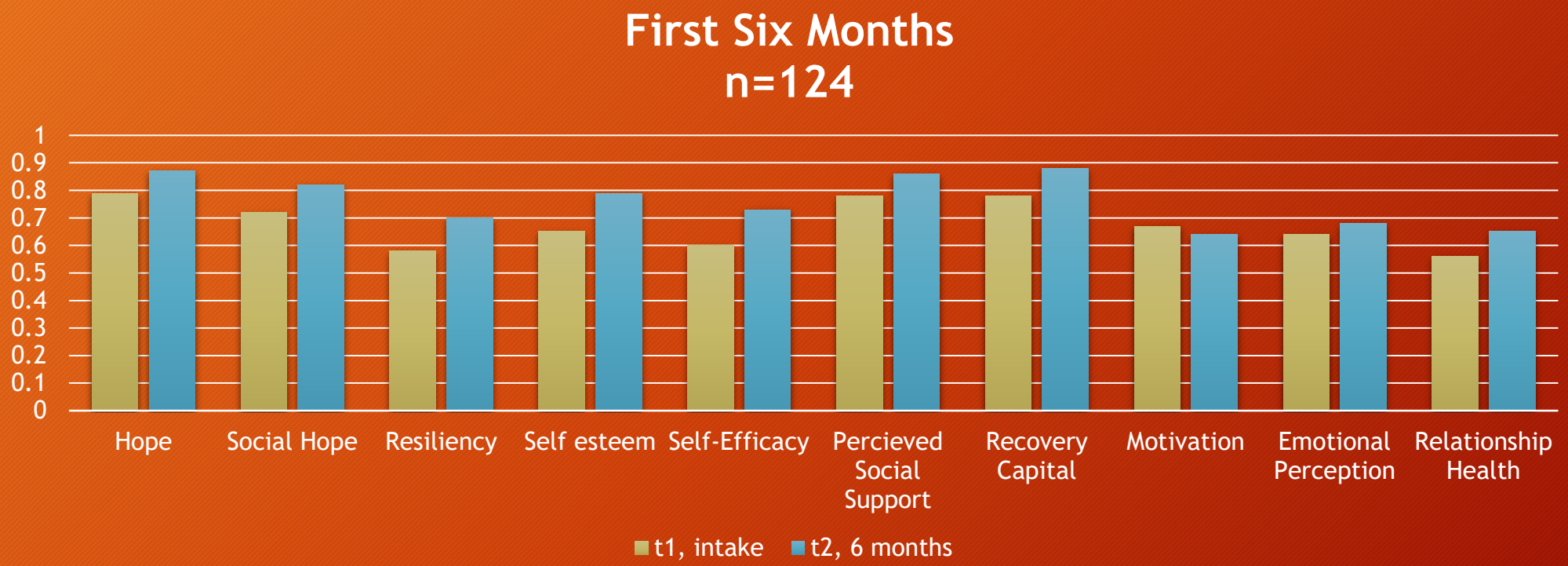
- Ecological improvements in the structural quality of life, and stability of recovery across settings.

Ashford, R. D., Brown, A. M., Ryding, R., & Curtis, B. (2019). Building recovery ready communities: the recovery ready ecosystem model and community framework. *Addiction Research & Theory*, 1-11.

Role of treatment, clinicians, recovery scientists

- It is time for ALL treatment and providers to collect meaningful interdisciplinary RECOVERY data and collaborate on the sharing of data, and the production of *meaningful* research for this population
- Connect practice-based evidence to research through qualitative and quantitative data that is independently collected and analyzed by recovery scientists
- Pairing Researcher & Clinician teams for conferences and speaking engagement

Low cost mutually-beneficial research



Courtesy: J. McDaniel, Kennesaw State University

Informing Care

- Such information, along with other data, can then be utilized by both the researchers and the site in ways that benefit both
- Researchers can study treatment and recovery longitudinally
- Treatment can get information about their performance

Prevention and Harm Reduction	Formal Treatment	Post Treatment	Recovery Capitalization
Prevention	Medical Stabilization	Recovery Management	Educational Support
Education	Professional Therapy	Outpatient therapy	Vocational Support
Safe consumption	Group Therapy	Supportive Housing	Employment Support
Safety measures (free transportation, non punitive detox, Housing First)	Family Therapy	Physical Health Support and Exercise	Legal Support
Healthcare Access	Case Management	Community and Service Integration	Family Support
Mutual Aid	Mutual Aid	Mutual Aid and Community Supports	Mutual Aid and Community

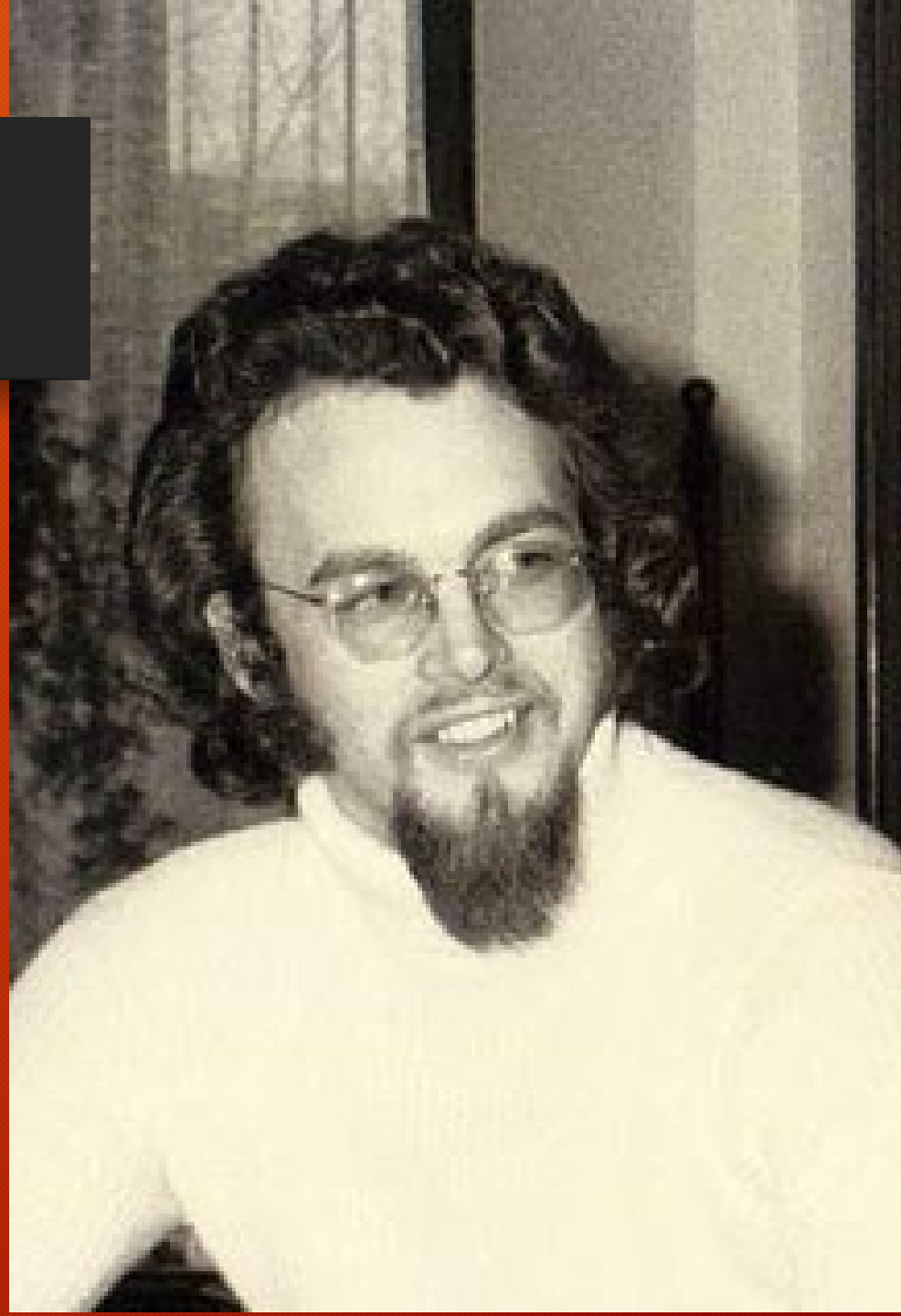
Evidence of Long-Term Continuums

- Where do we see the most successful recovery outcomes?
- Physician Health Plans, Pilots, Health Professionals
- Collegiate Recovery Students
- People who stay active in recovery past five years

William White

- “When does recovery today predict recovery for life?” After investigating all of the scientific evidence I could locate on this question, I have regularly responded that this point of durability seems to be reached at 4-5 years of continuous recovery, meaning that less than 15% of those who reach that point will re-experience active addiction within their lifetime (with opioid addiction potentially being closer to the 25% mark).”

Courtesy of the William White Papers
http://www.williamwhitepapers.com/blog/2013/07/recovery-durability-the-5-year-set-point.html



Physicians

- DuPont & Merlo:
- *“The vast majority (89 percent) of participants reported completing the SUD contract without any relapse during monitoring, and about 10 percent reported only one relapse. Since SUD contract completion, 79 percent of participants reported no use of alcohol, 18 percent reported at least one occasion of alcohol use, and 3 percent declined to answer.”*

DuPont, R., & Merlo, L. (2018). Physician health programs: a model for treating substance use disorders. *Judges Journal*, *57*(1), 32-35.

Physicians

- McLellan et, al 2008:
- *“About three quarters of US physicians with substance use disorders managed in this subset of physician health programmes had favourable outcomes at five years. Such programmes seem to provide an appropriate combination of treatment, support, and sanctions to manage addiction among physicians effectively.*

McLellan, A. T., Skipper, G. S., Campbell, M., & DuPont, R. L. (2008). Five year outcomes in a cohort study of physicians treated for substance use disorders in the United States. *Bmj*, *337*, a2038.

Collegiate Recovery Students

- Laudet 2015:
- *“Site-level records from a handful of CRPs suggest encouraging outcomes (Cleveland et al., 2007), as do data from the site survey arm of this study (Laudet, Harris, Winters, Moberg, & Kimball, 2013): across the 29 CRPs nationwide, annual relapse rates range from 0 to 25% (mean = 8%), and academic achievement (GPA and graduation) surpasses the host institution's overall outcomes.”*

Laudet, A. B., Harris, K., Kimball, T., Winters, K. C., & Moberg, D. P. (2015). Characteristics of students participating in collegiate recovery programs: A national survey. *Journal of substance abuse treatment*, *51*, 38-46.

What do they have in common?

- Brown & Bohler, 2018:
- *“Common elements between CRPs and PHPs are structural and theoretical. Structural similarities between the populations include access to clinical residential treatment, outpatient care, counseling, 12-Step membership, and peer and professional (academic) support structures; all of which occur over a period of years.”*
- *“What is also clear is that identification and support for unique challenges faced by specific populations is what makes PHPs and CRPs unique.”*

Brown, A. M., & Bohler, R. (2019). Achieving a 15% relapse rate: A review of collegiate recovery and physician health programs. *Alcoholism Treatment Quarterly*, *37*(1), 109-122.

But is recovery outside of CRPs stable?

- Brown et al. 2019:
- *“Similar to previously published works, CRP alumni remain actively in recovery, with relapse rates only slightly higher than the national average of students currently engaged in CRPs (10.2% vs. 6.8%).”*

Brown, A. M., Ashford, R. D., Figley, N., Courson, K., Curtis, B., & Kimball, T. (2019). Alumni characteristics of collegiate recovery programs: A national survey. *Alcoholism Treatment Quarterly*, *37*(2), 149-162.

Limitations

- Populations that have high social capital and are well treated do very well
- These continuums are expensive: involve treatment, monitoring, professional therapy, housing support, family support, and vocational aspects.
- *More research is always needed and is currently incomplete*

What does this mean?

- Continuums aimed toward holistic, integrative and comprehensive continuum of care that values an end goal of complete remission of pathology
- When we combine clinical, vocation, family and community support, over the course of years, we can clear an elusive threshold of efficacy ranging from 70-90% of stable outcomes for some populations
- We need to reclaim recovery by building out the evidence of successful long-term recovery

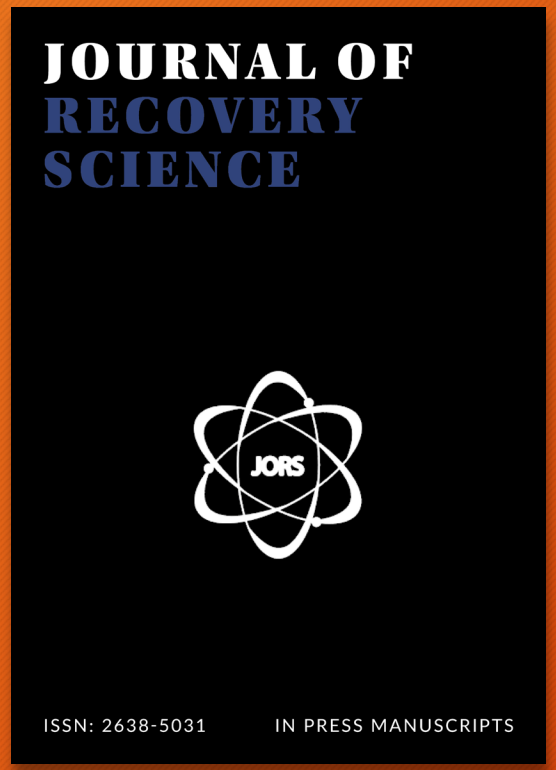
This is Sylvie

My 5-year-old blind rescue pupper

Questions and Dog Pic

Email abrown48@syr.edu

Journal of Recovery Science



www.recoverysciencejournal.org

The Journal of Recovery Science (JORS) is an open-access, peer-reviewed, international journal devoted to publishing original research in the area of behavioral health recovery. Accepted articles are published on a rolling basis with numbered issues released twice per year.

JORS was established in 2018, with the specific aim to create a recovery-centric academic journal that has minimal barriers to knowledge dissemination and transfer. The areas of focus for the journal - recovery support services, recovery support institutions, recovery outcomes, recovery policy, and recovery in special populations - were selected so that established, early career, and student researchers could find a suitable platform for high quality contributions in the behavioral health recovery field.