



BETTER THAN
WELL:
The Reality of
Recovery

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Overview

- Overview of parallels between Recovery from Addiction and Desistance from Offending
 - Recovery definitions, prevalence, and evidence
 - Recovery Capital components
 - Social Identity Model of Recovery
 - Community-Level Intervention Strategies

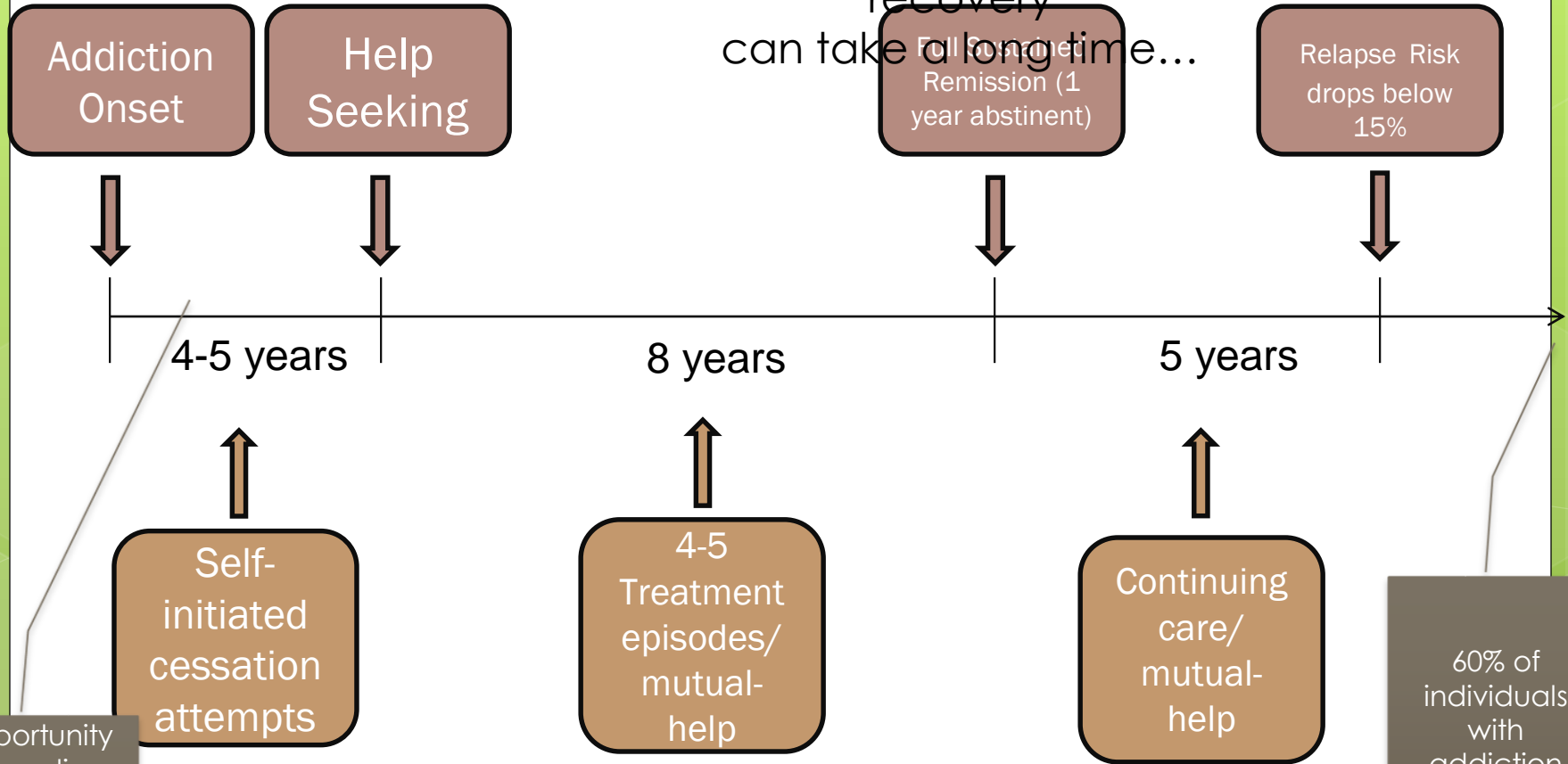
Some numbers

- 58%
- 5-7 years
- from 50-70% to 15%
- 27 years
- 94.1%

For more severely dependent individuals...

course of dependence and achievement of stable recovery

can take a long time...



Opportunity for earlier detection through screening in non-specialty settings like primary care/ED

60% of individuals with addiction will achieve full sustained remission (White, 2013)

What do we mean by 'recovery'?

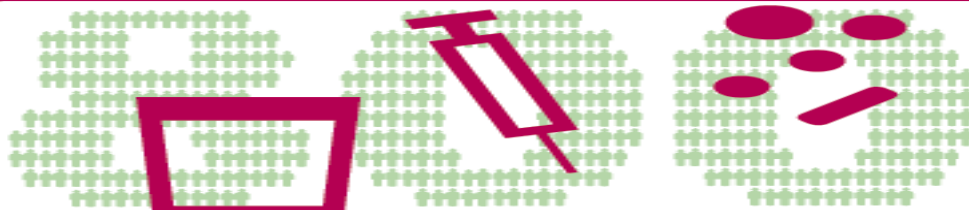
- *'voluntarily sustained control over substance use which maximises health and wellbeing and participation in the rights, roles and responsibilities of society'* (UK Drug Policy Commission, 2008, p6)
- Betty Ford Institute Consensus Panel (2007, p. 222) defined recovery as *"a voluntarily maintained lifestyle characterised by sobriety, personal health and citizenship."*
- *"recovery refers to the lived experience of people as they accept and overcome the challenge of disability... they experience themselves as recovering a new sense of self and of purpose within and beyond the limits of the disability"* (Deegan, 1998)

Recovery Prevalence

- Sheedy and Whitter (2009): 58% but marked variability (30% - 72%)
- “Clinical fallacy” and worker attitudes
- White (2012) reviewed remission rates in a review 415 scientific reports between 1868 and 2011 –
 - 49.9% of those with a lifetime substance use disorder will eventually achieve stable recovery (increased to 53.9% in studies published since 2000)
 - White also argues that between 5.3–15.3% of the adult population of the US are in recovery from a substance use disorder (more than 25 million people)

Life In Recovery Survey

Sheffield
Hallam
University



We surveyed more than **800 people in recovery groups** in the UK.

39.4% of families

living with an active user of drugs or alcohol will suffer incidents of domestic violence. The figure drops to just **7% among those in long-term recovery.**



Women spend an average of **17.7 years addicted** to drugs or alcohol.

Men spend **22.4 years addicted.**



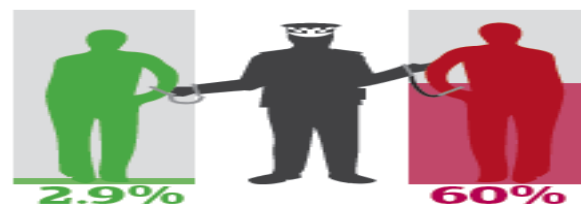
79.4% of people in long-term recovery have volunteered since beginning their recovery journey.



74% of people in long-term recovery have remained steadily employed during their recovery, compared to **40.3% in active addiction.**



60% in active addiction reported getting arrested during this time. **2.9% of those in long-term recovery** reported being arrested.



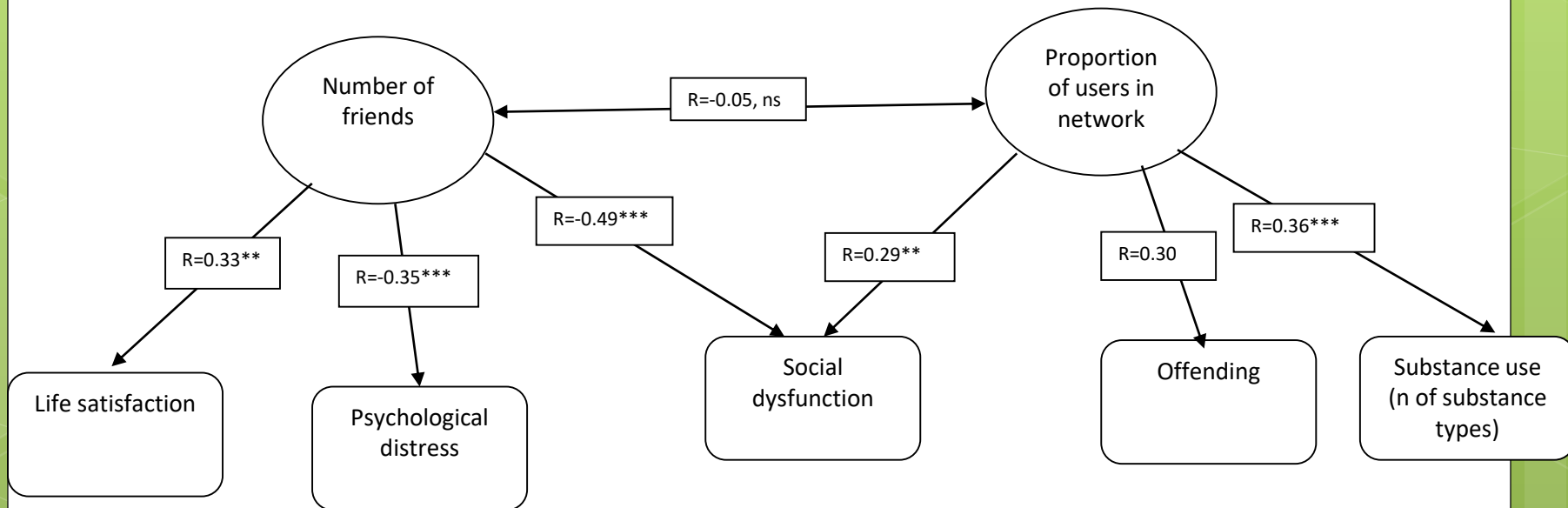


Parallels between Recovery and Desistance

Recovery studies in Birmingham and Glasgow (Best et al, 2011a; Best et al, 2011b) - GOYA

- More time spent with other people in recovery
- More time in the last week spent in:
 - Childcare
 - Engaging in community groups
 - Volunteering
 - Education or training
 - Employment

Mapping the associations between social network factors and treatment outcomes: Melbourne Youth Cohort Study (Best et al, 2016)



Recovery capital

What is recovery capital?

Granfield and Cloud (2008) define recovery capital as

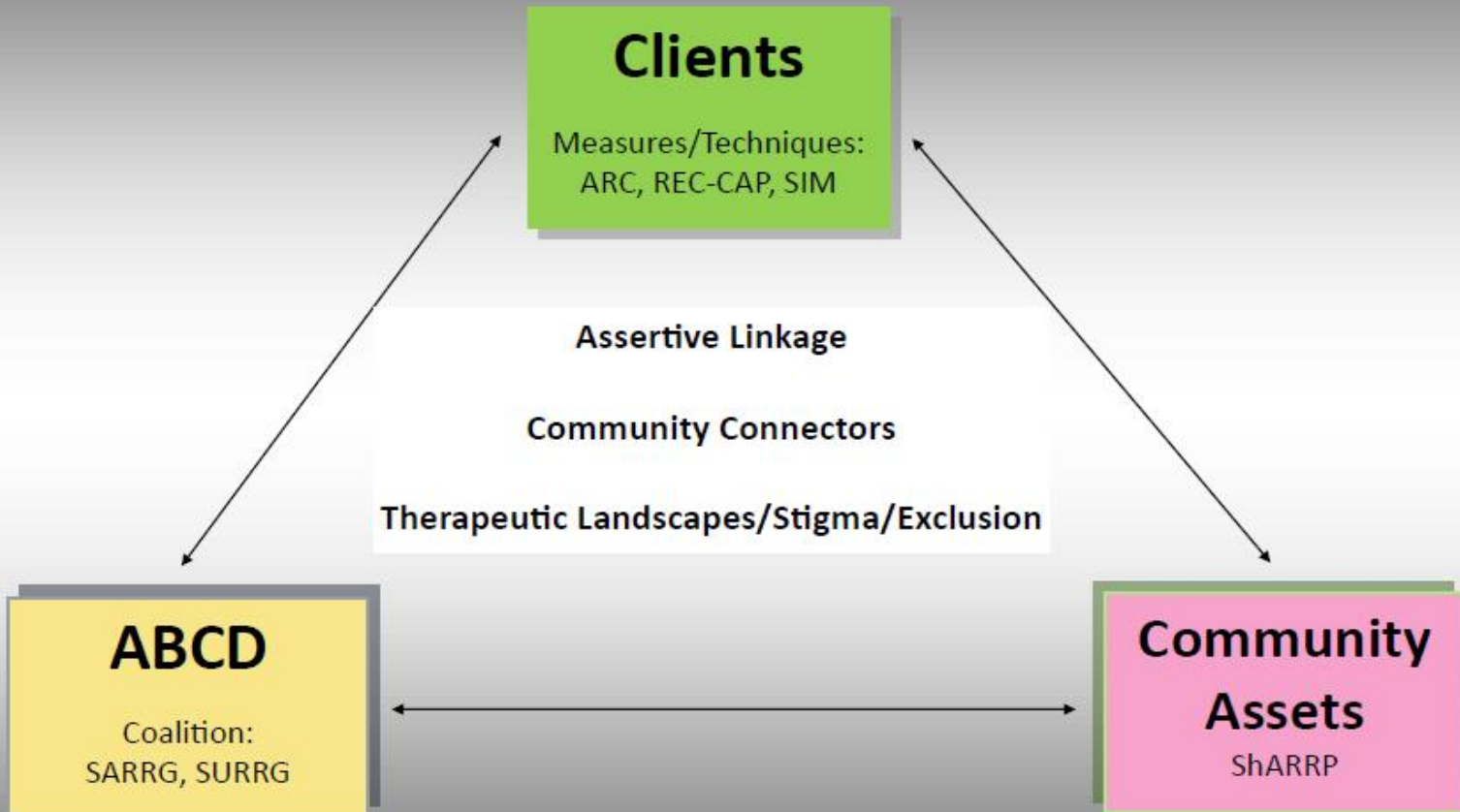
“the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from AOD [alcohol and other drug] problems”.

White and Cloud (2008): Stable recovery best predicted on the basis of recovery assets not pathologies

Best and Laudet (2010)



ROSC Model



What is the underlying model of recovery?

ADDRESSING ONGOING BARRIERS

- 2 categories
 - unmet and ongoing support and treatment needs
 - acute wellbeing problems (offending, use, injecting, crime, housing, physical and mental health)

IDENTIFYING AND BUILDING ON STRENGTHS

- Personal recovery capital
- Social recovery capital
- Community recovery capital
- Feelings of wellbeing
- These are both resources and means of addressing other problems

Based on the Treatment Process Model (Simpson, 2004)

- The key initial tasks are building motivation and engagement and addressing acute problems
- Addiction is a relapsing condition and so we need to be aware of re-emerging problems
- Before we address strength and resource building
- Personal and social capital are dynamically linked and supported by community networks

Litt et al (2007, 2009)

- Post-alcohol detox
- Clients randomised to aftercare as usual or Network Support
- Those randomised to Network Support had a 27% reduction in chances of alcohol relapse in the next year
- This is assertive linkage
- Illustrates power of MA and mentor role

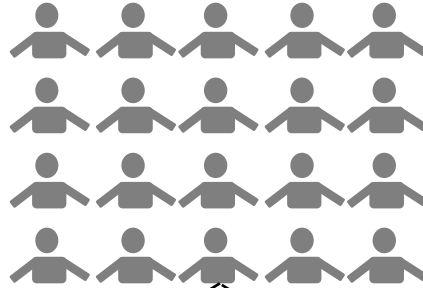
SOCIAL IDENTITY THEORY

Social identity theory

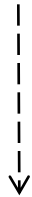
- Belonging to groups is good for you
- They provide social support, access to information and resources
- They also provide roles, rules, values and a lens through which to see the world
- However, critically, they are more than the sum of their members and have their own emerging properties
- And being a member of one group may mean that we are also then defined and come to see ourselves in part in terms of the groups we are not part of

“We do that already” : Normal referral processes are ineffective

Alcoholic outpatients (n=20)



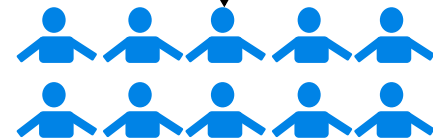
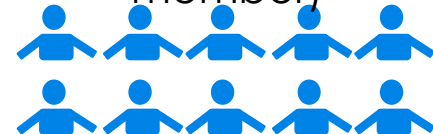
Standard 12-step referral (list of meetings & clinician encouragement to attend)



0% attendance rate

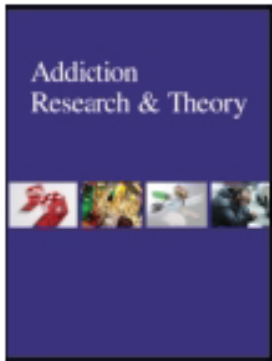
Sisson & Mallams (1981)

Intensive referral (in-session phone call to active 12-step group member)



100% attendance rate

Social Identity Model of Recovery



Overcoming alcohol and other drug addiction as a process of social identity transition: the social identity model of recovery (SIMOR)

David Best, Melinda Beckwith, Catherine Haslam, S. Alexander Haslam, Jolanda Jetten, Emily Mawson & Dan I. Lubman

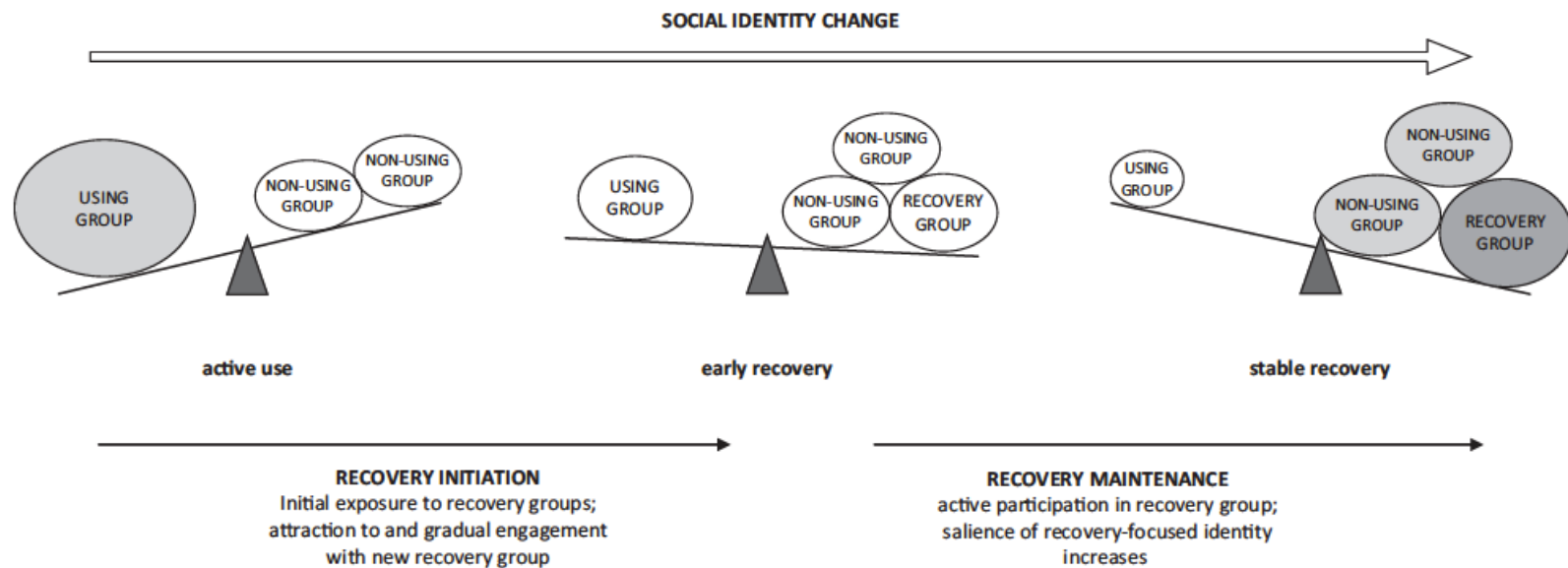


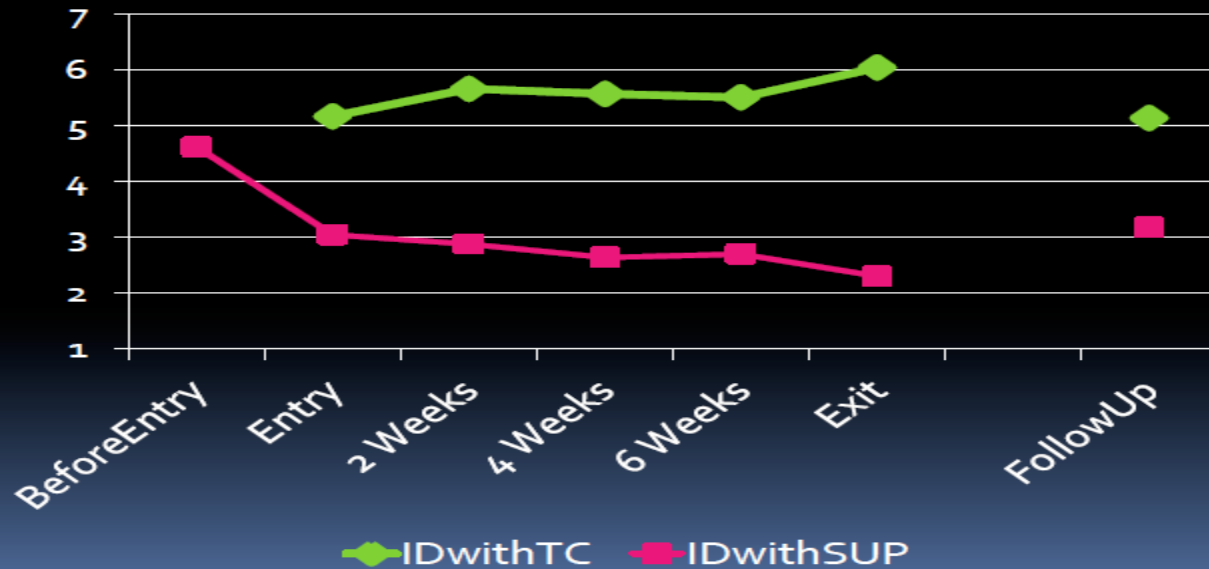
Figure 1. A schematic representation of social identity transition in the course of recovery from addiction.



Breaking good: Breaking ties with social groups may be good for recovery from substance misuse

Genevieve A. Dingle^{1,2*}, Claire Stark¹, Tegan Cruwys¹ and David Best³

2. How does social identity change over time?



Desisters and People in Recovery:

“do not blame themselves for their problems but hold themselves responsible for the solution to their own problems.” Shadd Maruna ‘Making Good’ 2008

*“You are not responsible for being down,
but you are responsible for getting up”*

Both tears and sweat are salty, but they render a
different result. Tears will get you sympathy;
sweat will get you change.

(Jesse Jackson)



What type of assets

categories

- individuals
- informal groups and associations
- organisations and structured supports

domains

- sport, recreation and the arts
- education, training and employment
- volunteering and community engagement
- mutual aid and other recovery groups

Overall

- Drug and alcohol treatment is not always necessary and is never sufficient
- Change is a long-term process that is individualised and is embedded within a life-course and a context
- Recovery and desistance cannot be addressed independently
- Specialist treatment has a role to play but there must also be a recognition of agency and context
- Both families and communities (and MHOs) play an important role
- How we respond to vulnerable and excluded populations reflects on the societies we live in
- Therapeutic jurisprudence is a key component of reintegrative approaches



Studies of identical and fraternal twins have found sensation seeking to be one of the personality traits most likely to be genetically influenced, with a high degree of heritability (nearly 60%) for the trait.

Genetic factors are thought to account for 40 to 70 percent of individual differences in risk for addiction.

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