No Wrong Door to Recovery: What do we know and what are we learning

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Why are we here today

- 1 in 10 Americans
- 1 in 5 families
- 1 in 7 workers
- 1 in 20 newborns
- 35% of ALL school children
- 1 in 8 veterans
- 1 in 2 homeless
- 1 in 4 elderly
- 80% of those in jail
- 60% of families in children and youth services

Why are we here today

- **In 2005, federal, state and local government spending as a result of substance abuse and addiction was a least $467.7 billion or 10.7 % of their combined $4.4 trillion budget.**
- **For each dollar of the $467.7 billion spent,**
  - **95.6 cents went to shoveling up the wreckage and only**
  - **1.9 cents on prevention and treatment,**
  - **0.4 cents on research,**
  - **1.4 cents on taxation or regulation and**
  - **0.7 cents on interdiction.**

Prevalence

- In 2011, 21.6 million people aged 12 or older needed treatment for an AOD problem.
- Of those, only 2.3 million received any treatment.

The Gaps

- Of the 19.3 million who needed treatment but did not receive it, only 912,000 (4.7%) felt they needed it (**denial gap**)
- Of that 912,000, 281,000 (30.8%) said they made an effort but were unable to get it (**treatment gap**)
- 631,000 (69.2%) reported making no effort (**motivation gap**).

Impact

- ½ of all children (35.6 million) live in a household where a parent or other adults use tobacco, drink heavily or use illicit drugs.
- 13% of children under 12 live in a household where a parent or other adults use illicit drugs.
- 1 in 4 children under the age of 18 has a family member who abuses alcohol or has alcoholism.

Intergenerational Connections

- Approximately 45% of all NYS clients admitted to being a "child of an alcoholic or substance abuser"
- A child of an AOD abuser is 3 to 4 times more likely to develop AOD problems as well as negative health, educational and employment outcomes
- Over 90% of all women in residential substance abuse treatment report history of child abuse and/or neglect

What is Recovery Perspective

- Substance dependence, while often manifested by socially unacceptable behavior (for which there must be responsibility), is an illness. This illness can best be prevented when science is used to inform family and community-based efforts to protect and build resiliency.
- The illness is best treated by early identification and intervention or, if not halted before its acute development, by a continuity of care over a lifetime that is built on measures of individual wellness and ongoing opportunities for recovery

What does the science say

Millions of Americans today receive health care for mental health or substance use problems and illnesses. These conditions combined are the leading cause of disability and death among women and the second highest among men. Institute of Medicine, 2006

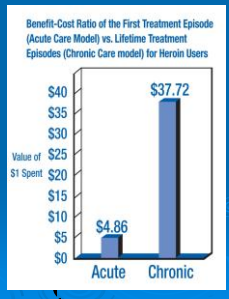
Treatment is effective: When given a continuum of care, relapse rates for the treatment of alcohol, opioids, and cocaine are less than those for hypertension and asthma and are equivalent to those of diabetes (all of which are also chronic illnesses). Compliance to addiction treatment is greater than compliance rates for treatment of hypertension and asthma. O'Brien and McLellan, 1996

What does science say 2

- Treatment is Effective and Sustainable
- Addictions treatment has resulted in:
  - 67% reduction in weekly cocaine use,
  - 65% reduction in weekly heroin use,
  - 52% decrease in heavy alcohol use,
  - 61% reduction in illegal activity, and
  - 46% decrease in suicidal ideation one year post treatment.
- These outcomes are generally stable for the same clients five years post treatment.

Continuing Care is Cost Effective

A recent study of a lifetime simulation model (multiple episodes of treatment over a lifetime) shows that for every $1 spent on treatment (chronic care provided in a continuum of care) society accrues $37.72 in benefits.
Zarkin et al., 2005



Improving Quality of Healthcare

Six Aims of High Quality Health Care:

- Safe,
- effective,
- patient centered,
- timely,
- efficient
- and equitable

Improving the Quality of Healthcare for Mental and Substance-Use Conditions. Institute of Medicine. (2006). Washington, DC: National Academies Press.

SAMHSA/CSAT Recovery Principles

- There are many pathways to recovery
- Recovery is a personal choice
- Recovery must involve a personal recognition of the need to change
- Recovery is holistic (mind, body, spirit)
- Recovery exists on a continuum of improved health and functioning
- Recovery must include hope, wishes, dreams and a life of gratitude
- Recovery is empowerment
- Recovery is a process of retrieval and rebuilding
- Recovery involves transcending the stigma of addiction
- Recovery is reintegration into the community
- Recovery is a reality

What does the recovery research say

Recovery Supports:

- Increase entry and involvement in treatment – Moos & Moos, 2005
- Can be the basis for self and peer care shown to be effective in addressing any illness requiring continuing care – Flaherty, 2006
- Are often low-cost or free (such as peer-support groups, recovery mentors, recovery check-ups, et al.) – McKay, 2005
- Reduce chronicity (reoccurrence/relapse) and diminish stigma – Moos & Moos, 2005

Emerging Movements

There are two emerging movements that will shape the future of addiction and recovery in America

- Treatment Renewal Movement

(e.g. continuum vs. unit or episode, medication assisted treatments, performance and outcome, etc.)

- Recovery Advocacy Movement

(e.g. support groups, clubhouses, recovery support centers, recovery housing, recovery educational programs, recovery job co-ops, etc.)

Treatment renewal movement

- Addiction is a Chronic Illness (vs. Acute Illness)
- Addiction Requires Continuing Care Over a Continuum of Care
- Addiction Treatment Should Adhere to Proven Practices and Principles of Care (NIDA, 1999)
- Treatment is Very Effective When Above Ideas/Principles Followed

Addiction and Chronic Care

Addiction/Chronic Illness	Compliance Rate (%)	Relapse Rate (%)
Alcohol	30-50	50
Opioid	30-50	40
Cocaine	30-50	45
Nicotine	30-50	70
Insulin Dependent Diabetes		
Medication	<50	30-50
Diet and Foot Care	<50	30-50
Hypertension		
Medication	<30	50-60
Diet	<30	50-60
Asthma		
Medication	<30	60-80

What is your definition of Recovery ?

Recovery definitions

- Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness, and *quality of life*. (CSAT 2005 National Recovery Summit)
- Recovery from substance dependence is a voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship. (Betty Ford Institute, 2007)
- My definition of *recovery is life*. Cause I didn't have no life before I got into recovery. (Pathways study participant H.W. 42 years old African-American male)

Recovery advocacy movement

- Destigmatization, de-medicalization and decriminalization of illness
- Re-Affirms the reality of long-term care, attention for recovery
- Celebrates the various pathways to recovery (e.g. AA, Twelve Step, Wellbriety, Women for Sobriety, et al.)
- Supports treatment while building recovery focused systems of care

Signs of the emerging recovery paradigm

- Faces and Voices of Recovery, Johnson Institute, et al.
- Emerging recovery research agenda at NIDA, NIAAA & RWJ
- CSAT's Recovery Community Support Program (RCSP)
- White House initiated Access to Recovery (ATR)
- New recovery support institutions and roles, e.g., recovery support centers, recovery coaches, et al.
- Philadelphia Recovery Symposium – May1-2, 2008
- State redesign to include recovery – CT, AZ, NC, NY, PA.
- National Recovery Month - September

Recovery Month Goals

- Support the overall ONDCP goal of demand reduction and promote the message that recovery is possible
- Emphasize the importance of individualized treatment in a person's path of recovery
- Illustrate how people with substance use disorders, with the help of treatment and recovery, can reintegrate into their communities and reclaim their lives, their life goals and their family
- Raise awareness by state and local community-based events
  - Enhance knowledge
  - Improve understanding
  - Promote support for addiction treatment

Recovery Month is growing

Activities	2005	2006	2007	2008
Community events	507	665	767	853
# of organizations	310	398	462	437
proclamations	125	135	146	163
Web site hits	12.6 mil	15.8 mil	16.5 mil	16.9 mil
Unique visitors	605,956	981,717	1,265,603	952,938
# of stations	239	285	363	437
# of households	12.2 mil	15 mil	17.8 mil	21.4 mil
Calls to 800-662-help	28,446	27,239	29,253	26,934

Recovery management

Recovery management (RM) is a philosophical framework for **organizing addiction treatment services** to provide pre-recovery identification and engagement, recovery initiation and stabilization, long-term recovery maintenance, and **quality of life enhancement** for individuals and families affected by severe substance use disorders.

Peer-Based Recovery Support (P-BRS) is the process of giving and receiving non-professional, non-clinical assistance to achieve and sustain long-term recovery from alcohol and other drugs.

Implications of RM for Addiction Staff

- Greater focus on what happens BEFORE and AFTER primary treatment
- Transition from professional-directed treatment plans to client-developed recovery plans
- Greater emphasis on the physical, social and cultural environment in which recovery succeeds or fails

Implications of RM for Addiction Staff 2

- Integration of professional treatment and recovery support groups
- Increased use of peer-based recovery coaches (guides, mentors, assistants, support specialists),
- Integration of paid recovery coaches and recovery support volunteers within interdisciplinary treatment teams.

Implications of RM for system

Recovery-Focused Service PROCESS measures:

- treatment attraction and access
- screening, assessment and level of care placement
- composition of the service team
- service relationship – engagement, retention and discharge
- service dose, scope and quality
- locus of service delivery/influence on post-treatment recovery environment
- assertive linkage to communities of recovery
- post-treatment monitoring, support and early re-intervention

Implications of RM for system 2

Recovery OUTCOME Measures:

A. Pre-post treatment changes in:
- AOD use/consequences
- Living environment
- Physical health and health care costs
- Emotional health
- Family relationships and family health
- Citizenship (legal status, education, employment, community participation, community service)
- Quality of life (spirituality, life meaning and purpose)

B. Post treatment Utilization Patterns

C. Changes in Family and Community Recovery Capital

Recovery oriented care

- Treatment focuses on the pathology of an illness and its remission thereby creating the greatest opportunity for initial and sustained recovery.
- Recovery-oriented care focuses on:
  - the acquisition and maintenance of recovery capital,
  - global health (physical, emotional, relational, and spiritual),
  - community integration (meaningful roles, relationships, and activities), and
  - building resiliency and wellness.

Recovery oriented systems of care

ROSC are networks of formal and informal services developed and mobilized to address pathology as well as initiate and **sustain long-term recovery** for individuals and families impacted by substance use disorders.

The system in ROSC is not a treatment agency but a macro level organization of a community, a state or a nation.

Recovery oriented systems of care 2

Recovery-Oriented Systems of Care shifts the question from

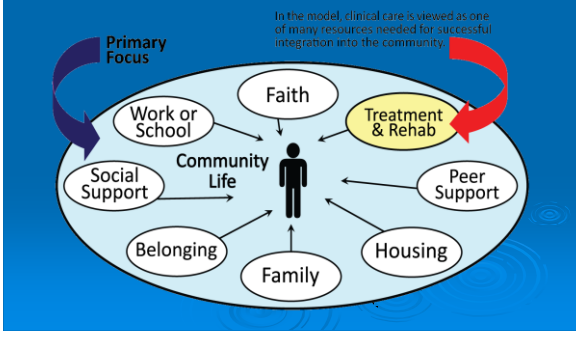
How do we get the client into treatment?

to

How do we support the process of recovery within the person's life and environment?

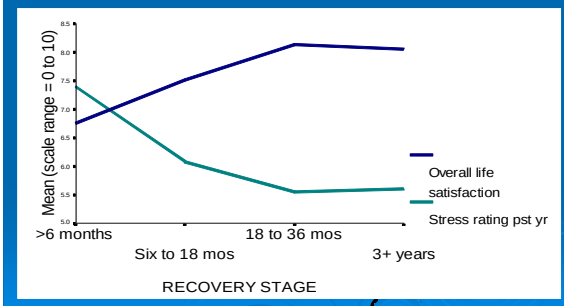
Recovery, Resiliece & Self-Determination

Recovery and Resilience Oriented System of Care



Given the short duration of current services, key to promoting recovery is to help people develop post-treatment recovery strategies and resources

Stress and Life Satisfaction as a Function of Abstinence Duration



Laudet et al., Alcoholism Treatment Quarterly, 24: ½, 33-74, 2006

Recovery Capital

Recovery capital is the quantity and quality of internal and external resources that one can bring to bear on the initiation and maintenance of recovery.

Granfield, R. & Cloud, W. (1999). *Coming Clean: Overcoming Addiction Without Treatment.* New York: New York University Press.

What will the science of recovery tell us

- Destination: Where are we going?
  Specifically what are we trying to promote (what is *recovery*? *long-term recovery*)?
- Roadmap: How do we get there?
  What to put in our recovery-oriented services toolbox to best serve clients as their needs change?
- Are we there yet?
  How can we measure recovery outcomes? (for service monitoring and quality improvement, accountability)

What you can do personally

- Take good care of yourself, family, friends and colleagues
- Learn about addiction and recovery, advocate for system collaboration and become a change agent
- Define and monitor outcomes at four levels, the status quo is not good enough
- Be bold, imagine a community where people live better lives, where children are safe, healthy, happy and educated, where people achieve their aspirations
- Provide hope

What we can do together

- Raise awareness,
- Find allies,
- Take action to end:
  - Silence
  - Stigma
  - Disparities
- Promote the many roads to recovery

Contact information

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