

Aligning Concepts, Practice and Contexts
to Promote Long-Term Recovery:

AN ACTION PLAN

RECOVERY
SYMPOSIUM
MAY 1-2, 2008

DOUBLETREE HOTEL
PHILADELPHIA
237 SOUTH BROAD ST.
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BUILDING THE SCIENCE OF RECOVERY

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INTRODUCTION

In preparation for developing the recovery-oriented research agenda that I am presenting to you today, the Symposium Planning Group sought input from key stakeholder groups about the types of questions the field needs to be able to answer to promote long-term recovery. These stakeholder groups include:

- The recovery community (Faces and Voices of Recovery gathered questions and issues of concerns to persons in recovery nationwide)

- Service providers nationwide representing diverse treatment modalities and therapeutic orientations, funding source, agency size, and geography; and

- The research community

ACT ONE

WHY DO WE NEED A SCIENCE OF RECOVERY?

Why do we need a science of recovery?

- Decades of federally-funded research have contributed a vast knowledge base about the nature (etiology, 'causes'), course, consequences and treatment of addiction.
- Information on the prevalence of alcohol and drugs use in the past month/year is easily accessible through a few mouse clicks, analyzable by age, gender, ethnicity, region and employment status.

State Index: Data on Substance Abuse Treatment Admissions & Alcohol, Tobacco, and Illegal Drug Use by States

[Skip To Content](#)



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State Reports on Alcohol, Tobacco, and Illegal Drug Use

- [National data](#)
- [State level data](#)
- [Metropolitan and other subState area data](#)

State Level Data on Alcohol, Tobacco, and Illegal Drug Use

🌟 [State Estimates of Substance Use from the 2005-2006 National Surveys on Drug Use and Health \(HTML\)](#) [\(PDF format\)](#)

State level estimates of alcohol, tobacco, and illegal drug use for all the individual States are available from OAS since 1999. This innovation resulted from the implementation of a national survey design with representative State samples, increased sample size, and newly available analytic software.

- [Topics with State level data](#) (underage drinking, alcohol, mental health, mortality, treatment gap, etc.)
- **Full reports by year:** [2006](#), [2005](#), [2004](#), [2003](#), [2002](#), [2001](#), [2000](#), [1999](#) [1991-93](#)
- [Short reports](#) (also see Topics with State level data above)
- **Variables:** Alcohol, drug use, & mental health by State: [2004](#) [2003](#)
- **Trends:** [Substance use by drug, age group & State](#) includes changes between years
- **Maps:** [2005](#), [2004](#), [2003](#), [2002](#), [2001](#), [2000](#), [1999 Youth only](#)
- [Links to specific States](#)
- [State treatment planning areas](#)

This page has been accessed **28715** times since November 11, 2007.

This page was last updated on March 6, 2008.

Why do we need a science of recovery?

- How many people in the US are in long-term recovery?
- What exactly IS *long term recovery*?
- How does one get there?



Why do we need a science of recovery?

- Treatment can be effective but relapse rates are high and other areas of functioning do not always improve significantly
- Only a third or fewer of people with drug or alcohol dependence ever seek treatment.
- **HOW DO WE 'SELL' SERVICES TO THOSE WHO NEED IT?**



Why do we need a science of recovery?

- Medications are being developed and tested that help achieve (and maintain?) abstinence – primary symptom management.

● ARE WE CURING ADDICTION?



Addiction

- **Chronic condition – on par with diabetes, hypertension, asthma**
- **Cannot be cured but can be arrested and symptoms can be managed**
- **PRIMARY SYMPTOM: substance use**
- **SECONDARY SYMPTOMS/CONSEQUENCES include impairments in:**
 - **Physical health**
 - **Emotional/mental health**
 - **Family and Social functioning**
 - **Vocational functioning**
 - **Housing**
 - **Finances**
 - **Legal status**
 - **Spiritual well-being**
 - **AS WELL AS threats to public health and safety (crime and infections disease)**

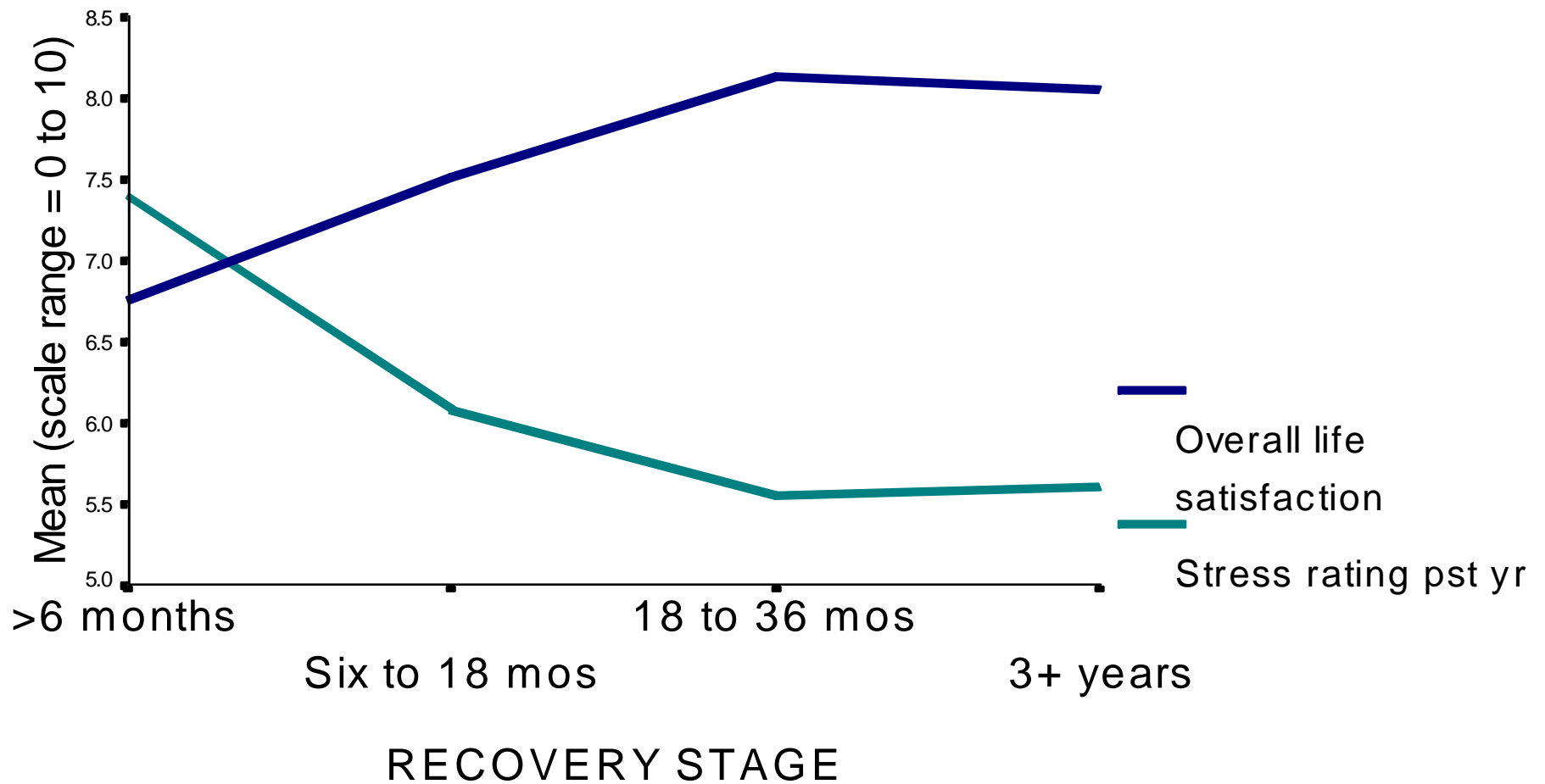
OK so it is not *exactly* like Diabetes....

- **More so than any other chronic conditions, addiction has negative consequences on all areas of life for the individual and multiple costs to society**
- **Residual negative emotions such as guilt and shame, as well as societal stigma and discrimination lead us to conclude that:**
- ***While addiction shares many characteristics with other chronic conditions, it also has a number of unique features that require attention when seeking to elucidate and promote stable remission (recovery).***

Recovery

- 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 Af-Am male)

Stress and Life Satisfaction as a Function of Abstinence duration (N = 354)

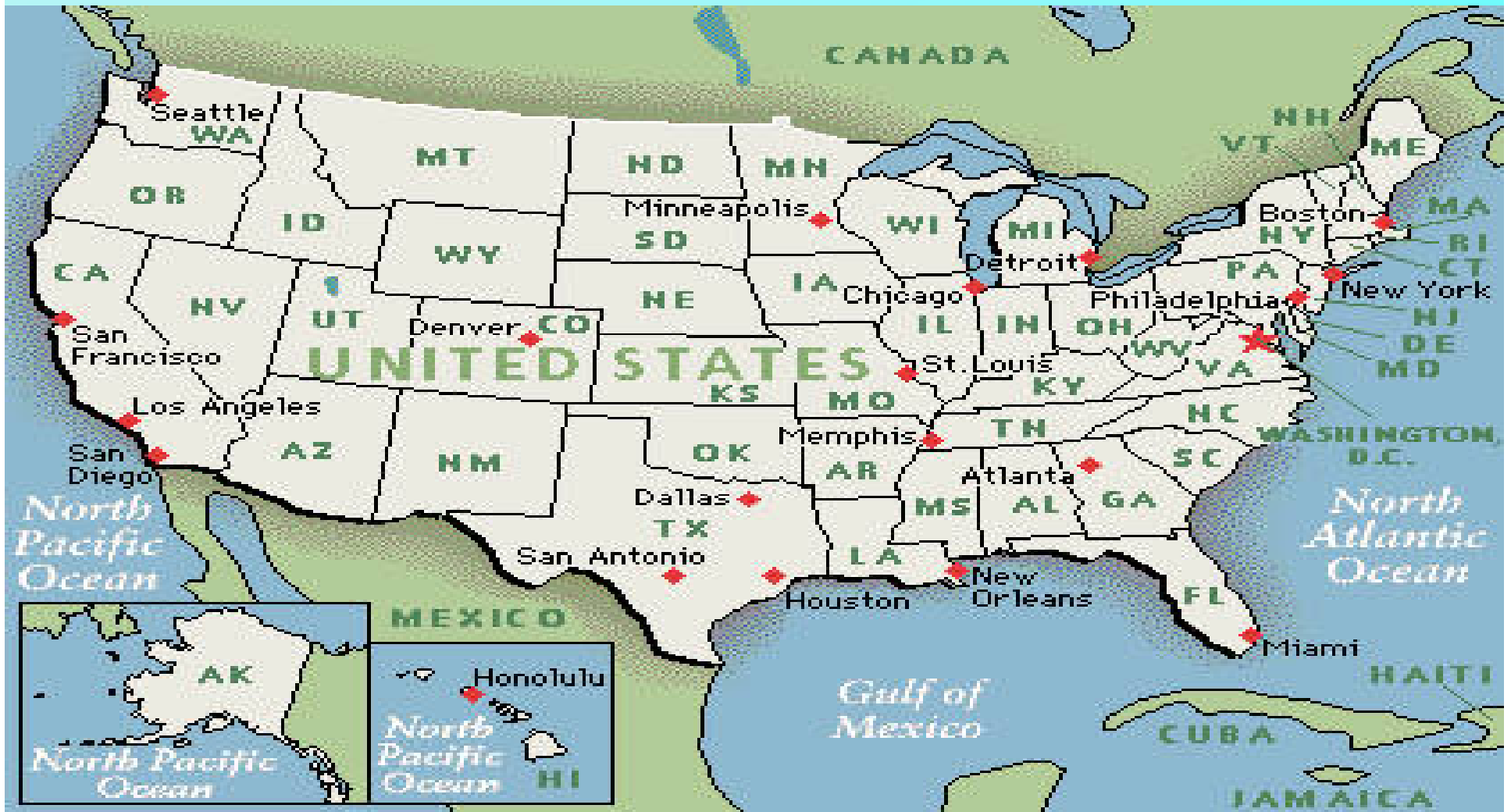


Toward Recovery Oriented Systems

Recovery is more than abstinence from alcohol and drugs; it is about building a full and productive life in the community. *Our treatment systems must reflect and help people achieve this broader understanding of recovery.* (Dr. W. Clark, 2007)

The call is being heard.....

One by one, states are transitioning to recovery oriented services



Paradigmatic shifts needed to implement ROSC

- **From intense episodes of acute specialty care to multi-systems, person-centered continuum of care**
- **From addressing pathology to promoting global health/wellness**

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‘(...) to promote ***LONG-TERM RECOVERY***’

How can we promote effectively something we have not
examined and poorly understand?

**THE FIRST STEP OF THE ACTION PLAN TO
PROMOTE LONG-TERM RECOVERY MUST BE TO
DETERMINE WHAT WE NEED TO KNOW AND TO
SEEK ANSWERS**

The research questions and methods may differ but the same high scientific standards must be upheld so that ***the science of recovery is as good (or better) as the science of addiction***

ACT TWO

WHAT DO WE NEED TO KNOW?

What do we need to know?

WHAT IS RECOVERY?

- Specifically what are the required ingredients: abstinence PLUS WHAT?
- Where are improvement required for there to be 'recovery'?
- How does that change over the *recovery career*?
- How are the improvements attained and jeopardized/lost?

What do we need to know?

WHAT IS LONG-TERM RECOVERY?

- How long is ‘long enough” that the risk of return to active use is essentially nil (is there such a point of no return?)
- What are the critical milestones of recovery?
- Does this vary by primary substance? Age? Gender? Comorbid status? Path to recovery? Level of recovery capital?

What do we need to know?

WHAT PROMOTES RECOVERY INITIATION- Not just cessation of substance use but initiating the change process?

- What needs to click?
- Does someone really need to 'hit bottom'?
- What happens within the person when this 'clicking' occurs – what changes?
- How can it be facilitated?
- Does this process differ according to age? Gender? Ethny? Comorbid status? Recovery capital?

What do we need to know?

LONGITUDINAL RECOVERY PATTERNS

- What promotes and hinder transitioning from early to stable to sustained recovery?
- Research shows *differences in dependence and cessation trajectories across drug classes*. What are the implications of these findings for recovery oriented services, specialty care, recovery outcomes, patterns and determinants?

What do we need to know?

PATHWAYS TO RECOVERY

- It is often said that many people have recovered without the help of treatment. HOW DID THEY RECOVER?
- Self help alone? Religion? Natural recovery?
Indigenous/culture specific supports (e.g., White Bison/Red Road?)
- Does the same recovery path get you from initiation to stable to sustained recovery?
- How can we tell what is the most effective recovery path for whom and when?

What do we need to know?

EFFECTIVENESS AND COST-EFFECTIVENESS OF VARIOUS RECOVERY PATHS

In terms of:

- Lives reclaimed
- Dollars saved
- Communities restored
- Crime, infectious disease, medical consequences of addiction

What do we need to know?

HOW IS ADDICTION RECOVERY SIMILAR TO & DIFFERENT FROM RECOVERY FROM OTHER CHRONIC CONDITIONS?

- From medical conditions (e.g., diabetes, arthritis)?
- From mental health conditions (e.g., depression, PTSD)?
- From other “*addictions*” (e.g., internet, gambling, food, sex, shopping)?
- What can we learn from other fields and specifically for which aspects of addiction recovery must we devise specific interventions, paradigms, and/or measures?

What do we need to know?

- How do we disseminate the message of hope and increase the attractiveness of recovery services?
- We are not selling abstinence (treatment) successfully - **HOW DO WE SELL WELLNESS?**

ACT THREE

**WHAT WILL THE SCIENCE OF RECOVERY
TELL US THAT WE DO NOT ALREADY
KNOW?**

What will the science of recovery tell us?

The science of recovery will **COMPLEMENT** the science of addiction and lead to additional and diverse effective strategies to promote healthy, satisfying, productive lives among formerly dependent persons.

What will the science of recovery do?

- **Making recovery a bona fide area of science will help disseminate the message that RECOVERY IS ATTAINABLE**
- **That alone will help minimize the stigma and discrimination of addiction that hinder many in their recovery efforts**
- **Making wellness (recovery) the goal (vs. abstinence) may also increase rates of help seeking and ultimately, of recovery**

What will the science of recovery tell us?

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

What will the science of recovery tell us?

- Provide a menu of recovery options that providers and clients can review and select from as they do strategies to address high cholesterol depending on the individuals' blood levels, medical and family history, and lifestyle.
- Provide stakeholders (clients, families, providers, service payers, policy makers) with realistic expectations as to what to expect at successive stages of the recovery career
- Identify recovery milestones where individuals may be at especially vulnerable to returning to active use

ACT FOUR

HOW DO WE BUILD THE SCIENCE OF RECOVERY?

Current state of addiction research

- Thus far the science of addiction has largely mirrored the system of care model:
 - Focus on substance use and related negative consequences (crime, infectious disease)
 - Focus on professional specialty care as path out of addiction
 - Relatively short term studies bearing on cessation of substance use and initiation of change process only
 - THESE METHODS ARE WELL SUITED TO STUDYING ADDICTION
 - ***USED EXCLUSIVELY, THEY HINDER THE DEVELOPMENT OF THE SCIENCE OF RECOVERY***

All we need is.....

- Crass as it may sound, we need **FUNDING** allocated to building the science of recovery. Studies that:
 - Make global health (recovery) the primary outcome
 - Develop and use psychometrically sound measures of recovery to track change over time and examine how these changes are facilitated/hindered by individual's psychosocial context and by services
 - Adopt a developmental '*recovery career*' approach a la George Vaillant and Moos/Timko to elucidate the full recovery course, its patterns and determinants (LONG-TERM studies)
 - Identify and consider the multitude of pathways to recovery, and recruit accordingly (not just treatment samples)

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Let's make it Happen!