

International Perspectives on Recovery

Professor David Best



Recovery enablers - Humphreys and Lembke (2013)

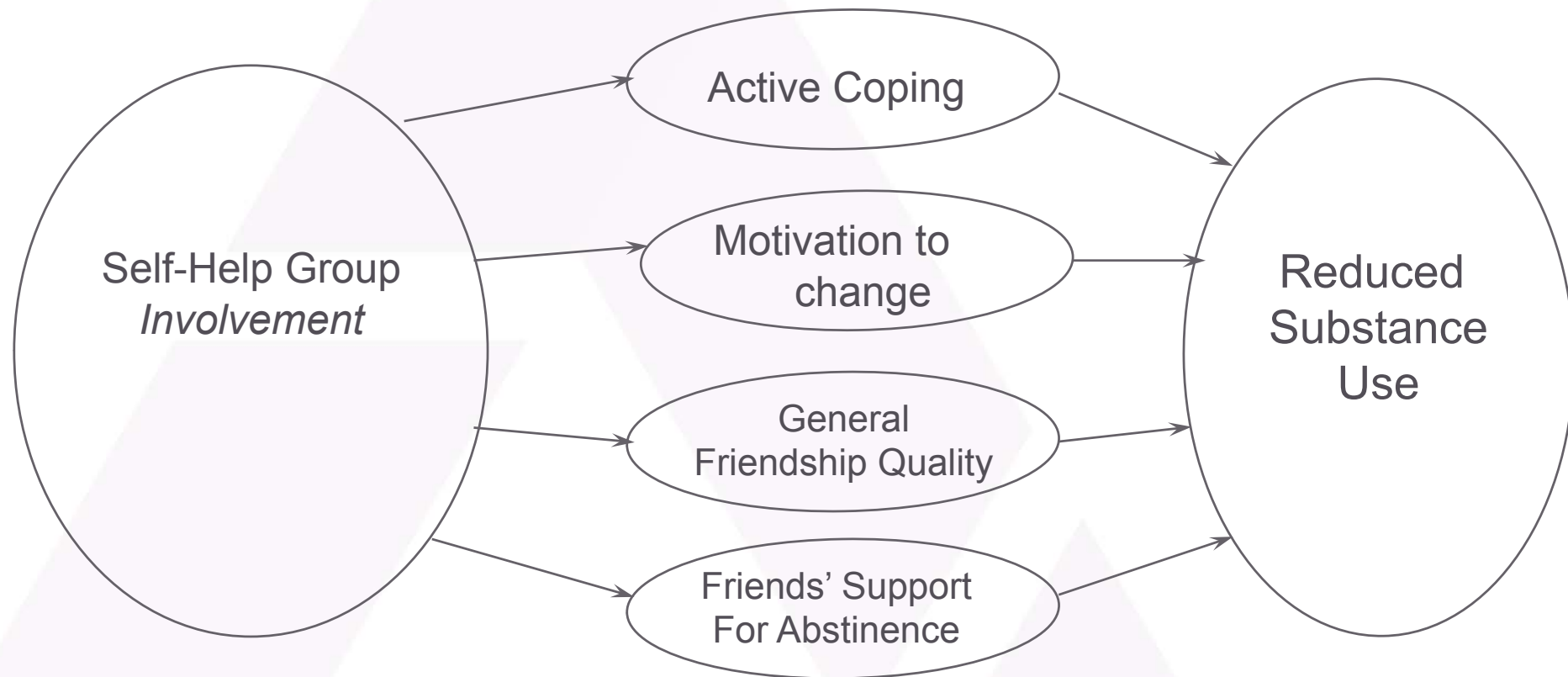
Three key areas of clear evidence-based models for recovery

- RECOVERY HOUSING
- MUTUAL AID
- PEER DELIVERED INTERVENTIONS
 - Peer models are successful because they provide the personal direction, encouragement and role modelling necessary to initiate engagement and then to support ongoing participation

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

Structural equation modeling results from **Turning Point** 2,000 patients assessed at intake, 1-year, 2-year



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

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



The role of abstinence and activity in the quality of life of drug users engaged in treatment

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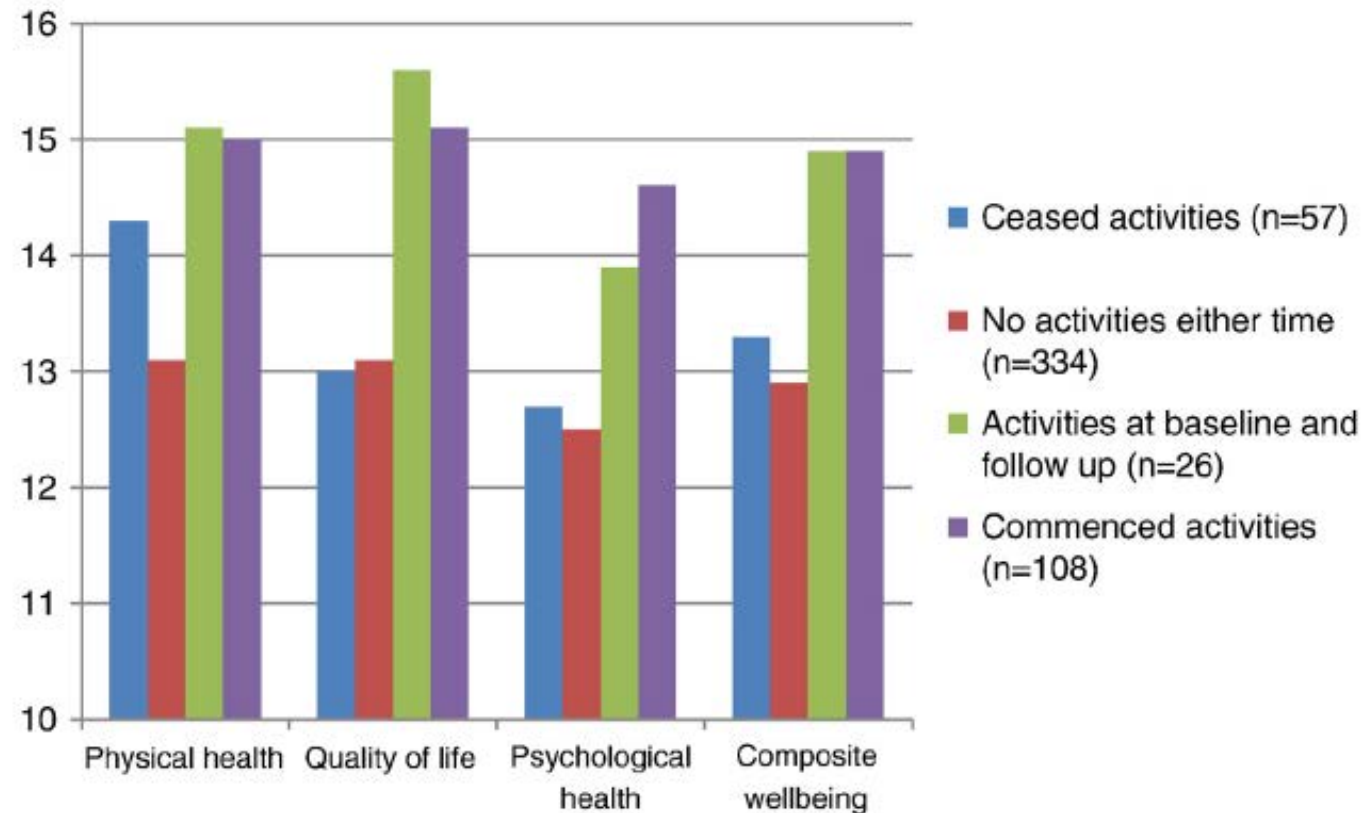
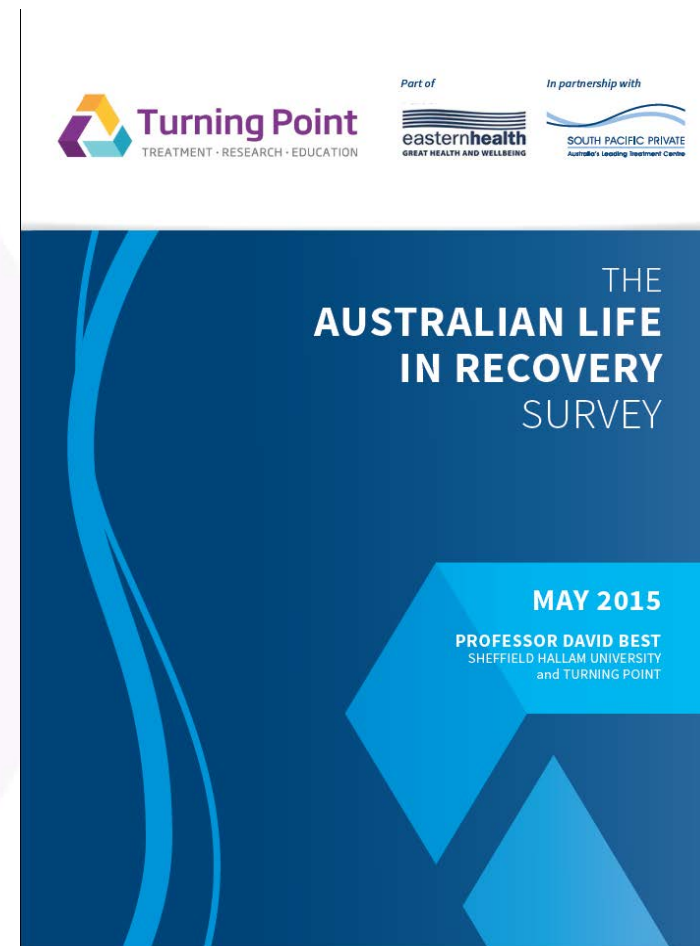


Fig. 1. Change in meaningful activities and impact on measures of wellbeing from baseline to follow-up.

Background to ALIR

- Faces and Voices of Recovery (2013): 3228 participants
- Australian Life In Recovery (2015): 573 participants
- Primary motive is to challenge exclusion and stigma
- And to start to measure change



Australian Life In Recovery sample

RECOVERY STATUS

There was considerable variation in how people described their recovery:

- 79.8% described themselves as 'in recovery'
- 6.3% described themselves as 'recovered'
- 4.5% described themselves as in 'medication-assisted recovery'
- 3.7% reported that 'they used to have an AOD problem but don't any more'
- 5.7% used other ways of describing themselves

Thus, for the vast majority of participants, recovery is seen as an ongoing process.

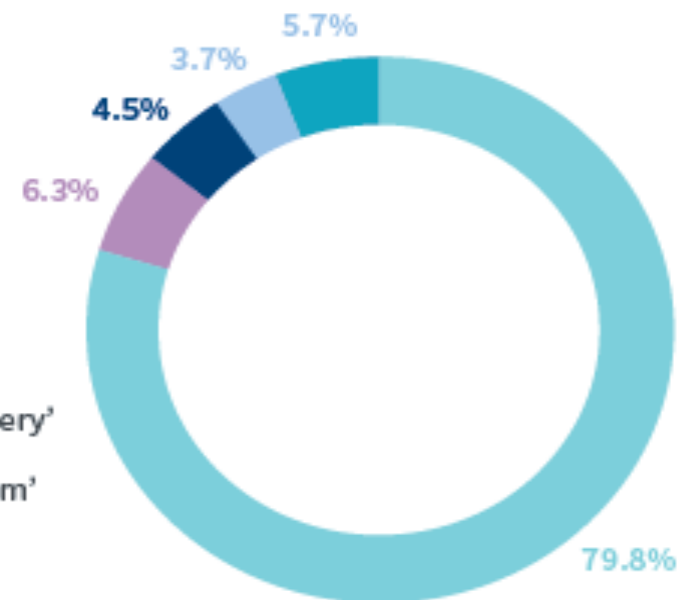
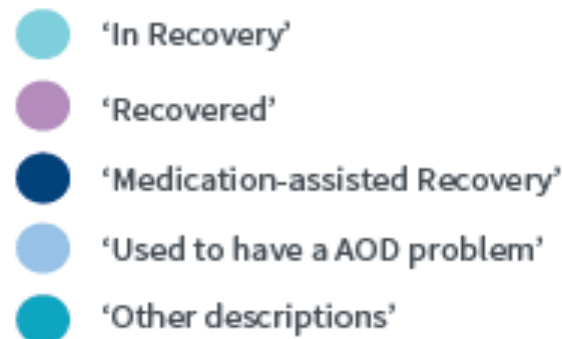
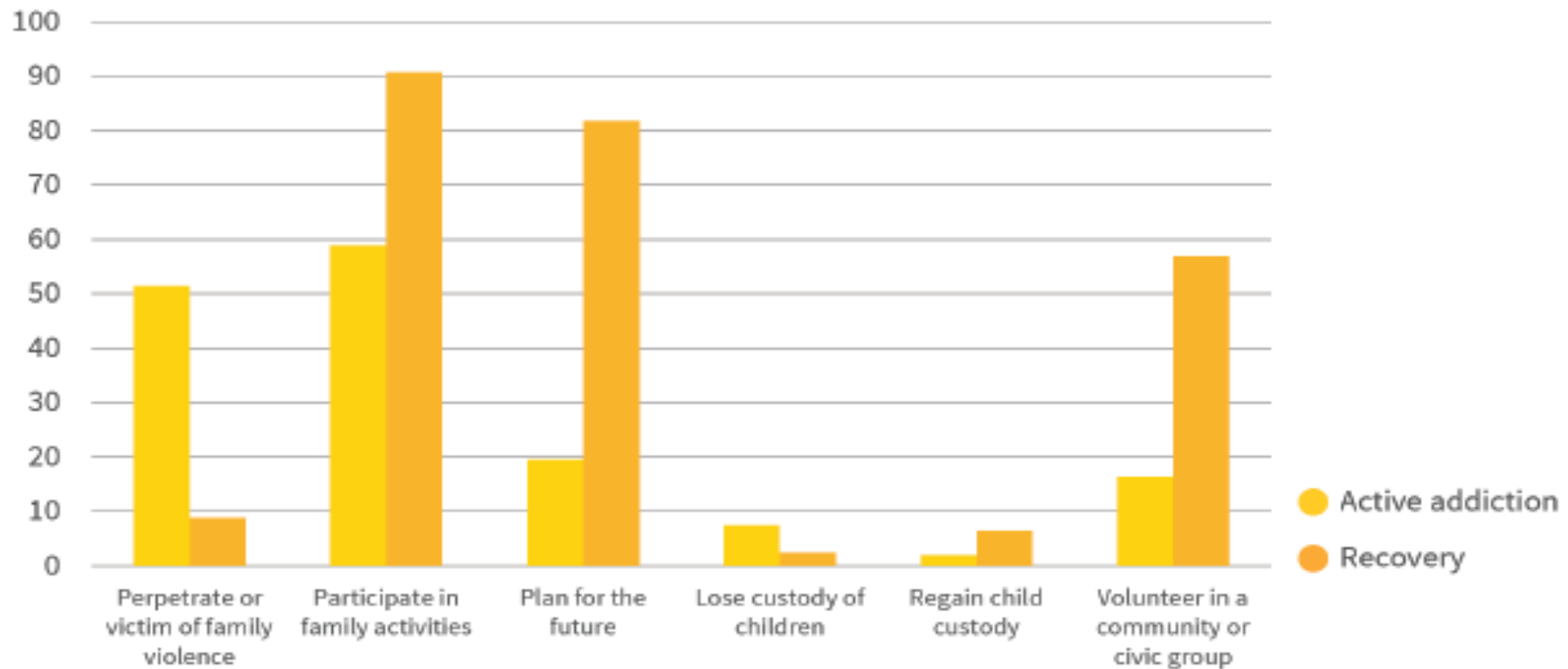


Figure 5: Recovery status

ALIR changes in family and social life from active addiction to recovery



UK Life in Recovery

- 803 forms were completed and returned
- 53.1% were male and 46.9% female
- largest group (38.2%) were aged between 40 and 49; 24.6% were between 50 and 59; 19.4% were between 30-39; 13.9% were 60 years or older; 3.8% were 21-29 years and 0.3% were between 18 and 20 years of age.
- 597 participants (74, 3%) experienced a primary issue with alcohol;
- 33 (4.1%) with gambling;
- 213 (26.5%) with prescription drugs;
- 36 (4.5%) with 'legal highs';
- and 406 (50.6%) at some point with illicit drugs

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.**



Category	Percentage
Families with active user of drugs or alcohol	39.4%
Families in long-term recovery	7%

Life In Recovery Survey

Sheffield
Hallam
University



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.



Therapeutic landscapes

- Williams (1999): “changing places, settings, situations, locales and milieus that encompass the physical, psychological and social environments associated with treatment or healing” (Williams, 1999, p.2)
- Wilton and DeVerteuil (2006) describe a cluster of alcohol and drug treatment services in San Pedro, California as a ‘recovery landscape’ as a foundation of spaces and activities that promote recovery

Therapeutic landscapes (2)

- Wilton and DeVerteuil: a social project that extends beyond the boundaries of addiction services into the community through the emergence of an enduring recovery community, in which a sense of fellowship is developed in the wider community
- Challenge stigma
- Change community recovery capital

Social Identity Model of Recovery (SIMOR)

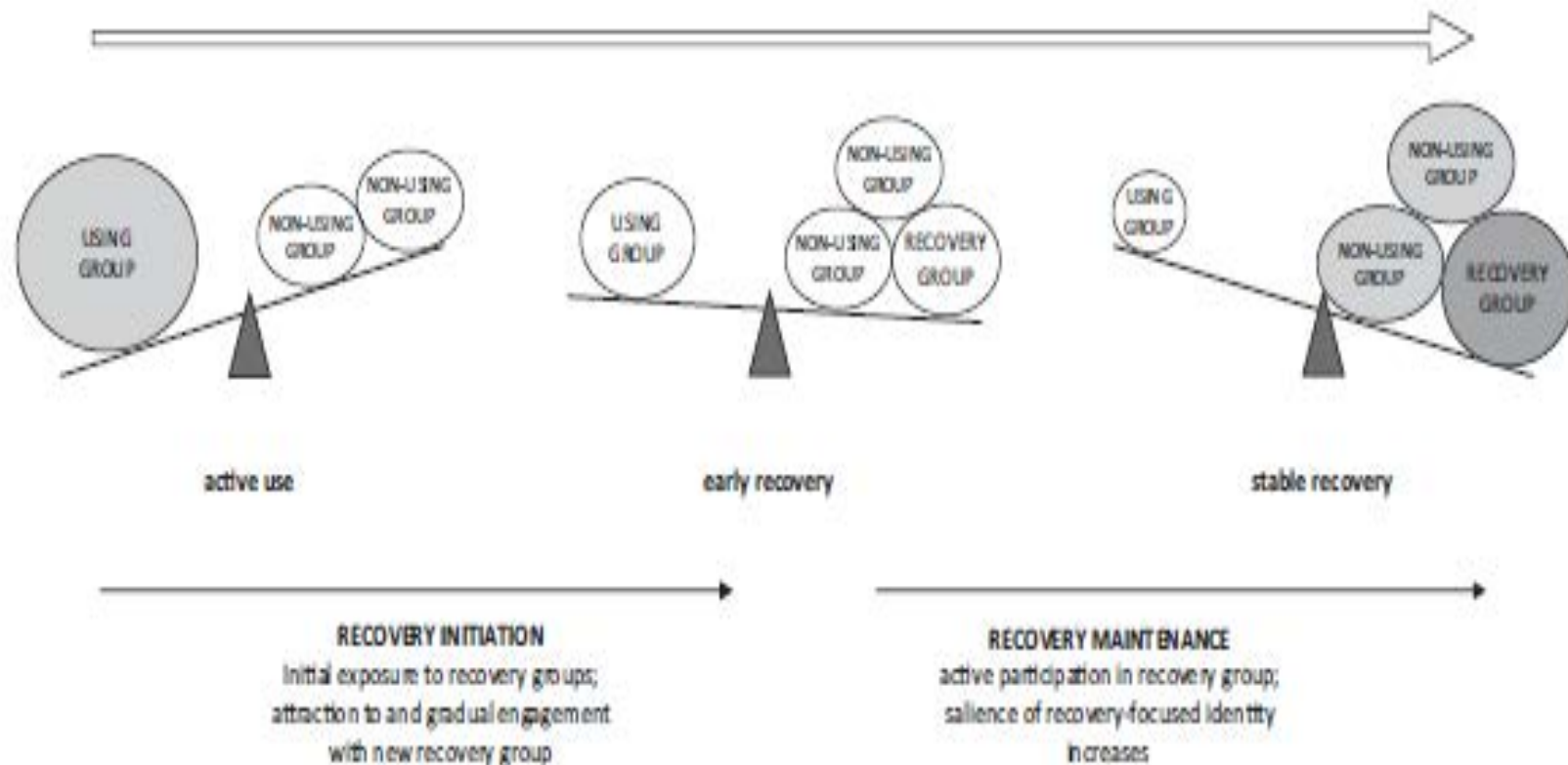


Figure 1. A schematic representation of social identity transition in the course of recovery from addiction.

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

Alcoholic outpatients (n=20)

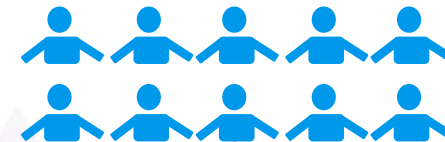


Standard 12-step referral (list of meetings & clinician encouragement to attend)



0% attendance rate

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



100% attendance rate

Manning et al (2012) – rationale and setting

- Acute Assessment Unit at the Maudsley Hospital
- Low rates of meeting attendance while on ward
- RCT with three conditions:
 - Information only
 - Doctor referral
 - Peer support

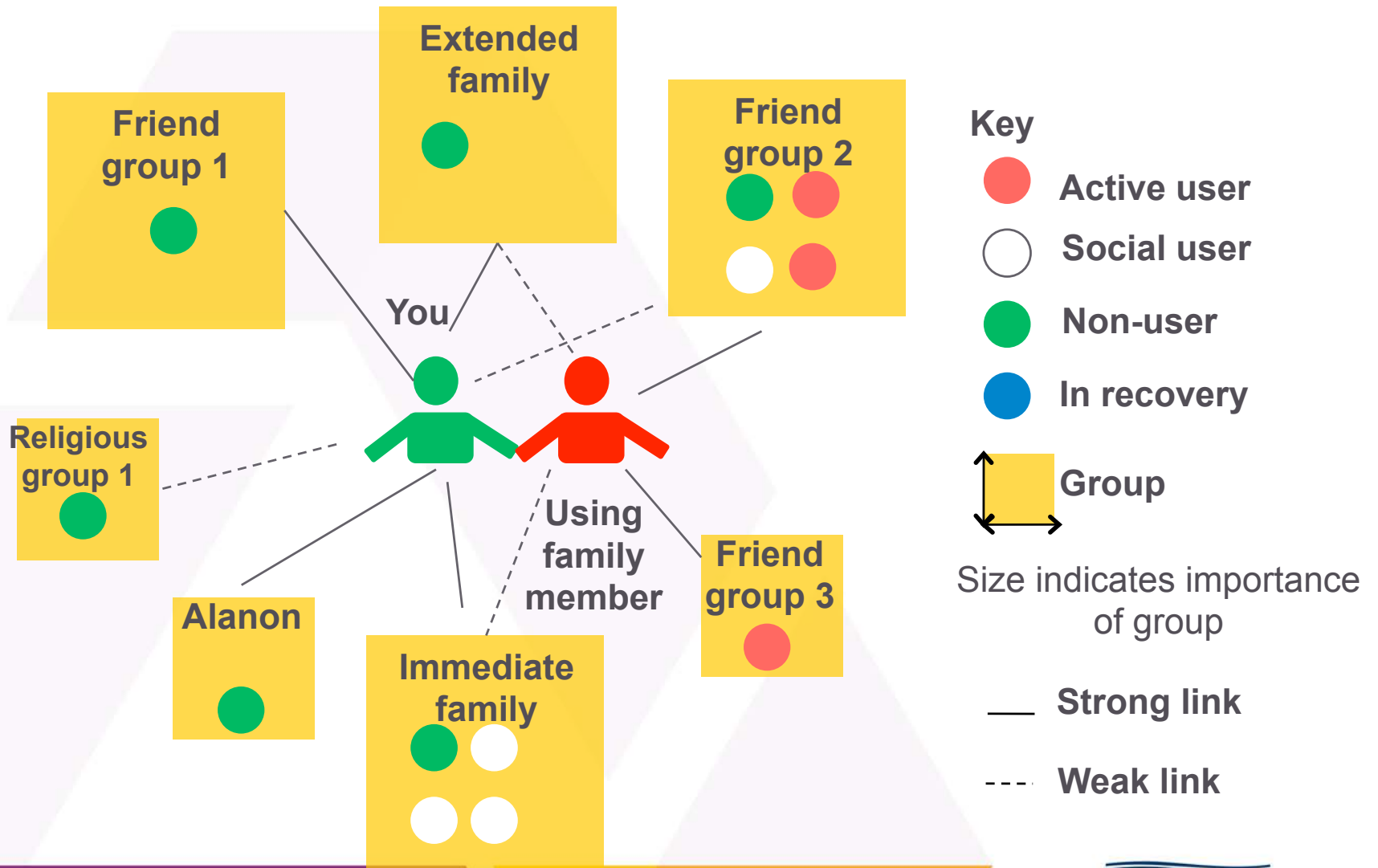
Manning et al (2012) – findings

- Those in the assertive linkage condition:
 - More meeting attendance (AA, NA, CA) on ward
 - More meeting attendance in the 3 months after departure
 - Reduced substance use in the three months after departure

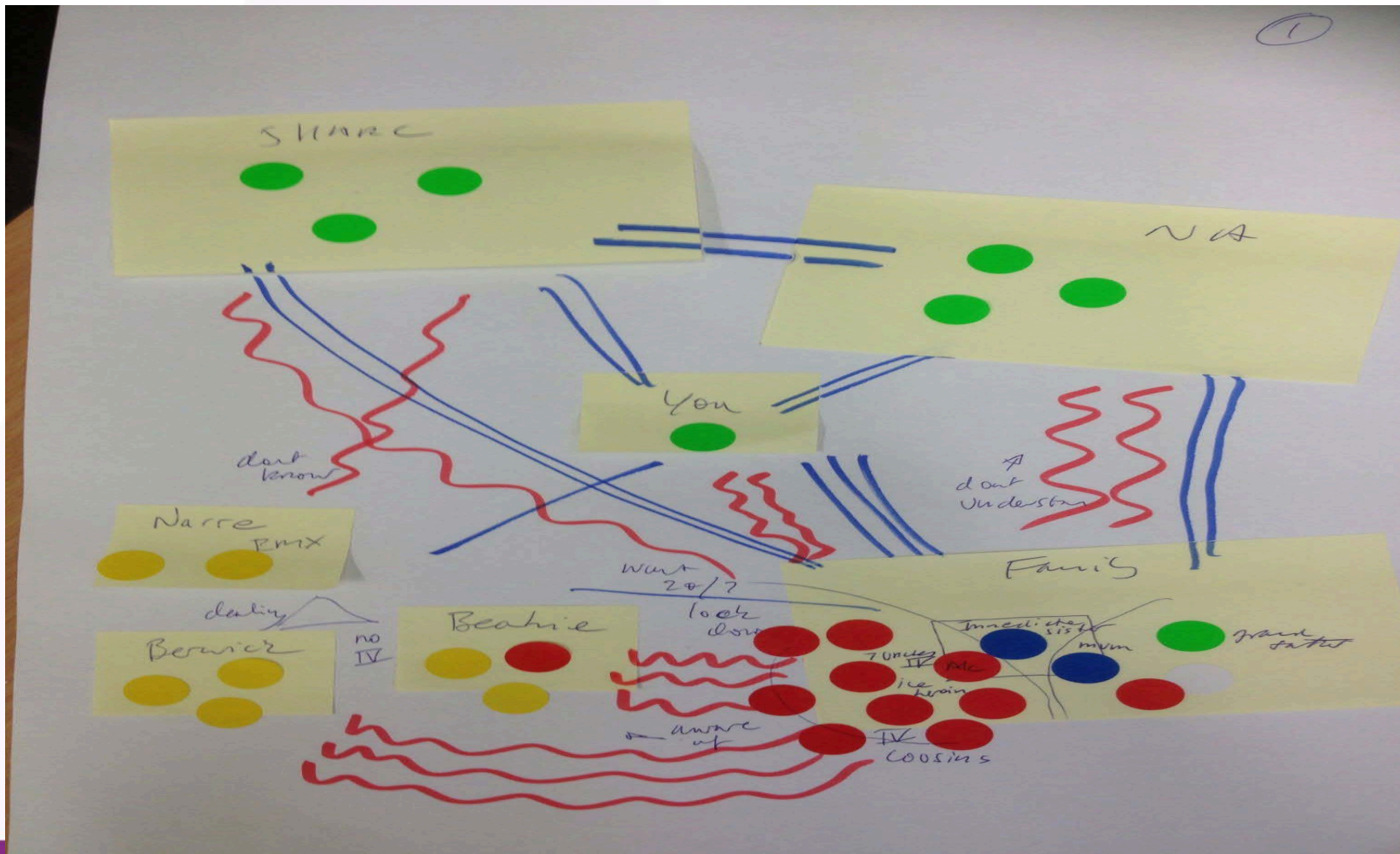
Best and Laudet (2010)



Social network mapping task 1



Young person in supported accommodation #1



An innovative model: Jobs, Friends and Houses

- A social enterprise developed by Lancashire Police
- Blackpool is an area of significant deprivation and dislocation
- Standard treatment pathways but with increased emphasis on prison release (Gateways)
- The aim is to build a recovery community

Jobs, Friends and Houses

- Transforming the building stock in the town
- Physically building a recovery community
- Providing a recovery housing pathway
- Providing meaningful employment and training (8-week Build It Up course then 2-year apprenticeship)
- Increasing the visibility of recovery
- Create a sense of collective pride

Offending changes

- Before joining JFH, the clients had a total of 1142 recorded offences on the Police National Computer (an average of 32 per person), over criminal careers lasting 13 years.
- Twenty-eight JFH staff had experienced a total of 176 imprisonments before the start of JFH.
- *Since joining JFH, a total of five offences had been recorded resulting in charge (by three individuals).*
- *The average annual offence rate was 2.46 pre JFH and 0.15 since joining JFH. This represents a 94.1% reduction in the annual recorded offence rate.*

Year 1 savings to the public purse

*REDUCTIONS IN
IMPRISONMENT:*

£471,081

HEALTH AND SOCIAL CARE:

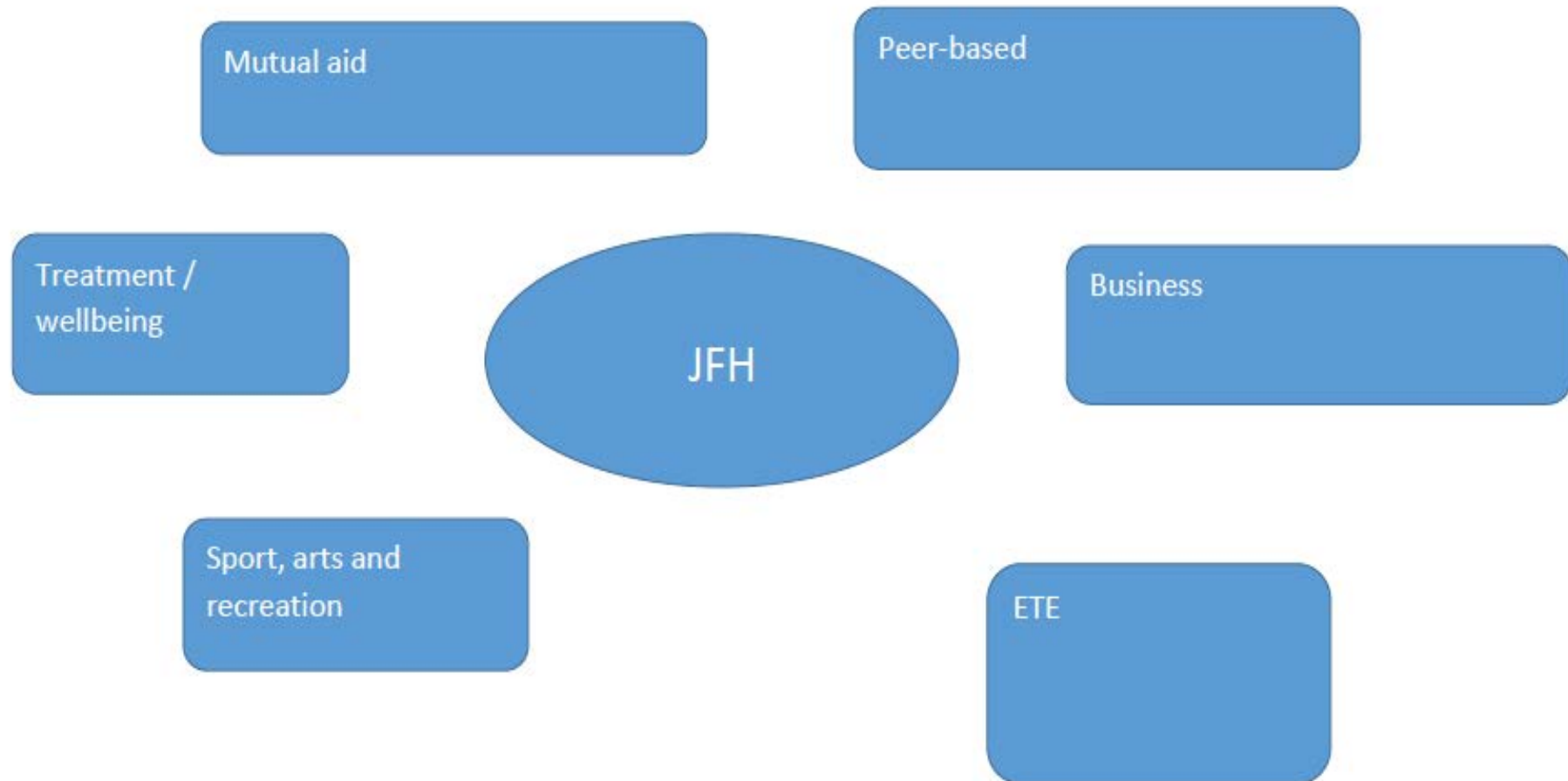
£15,319

JFH

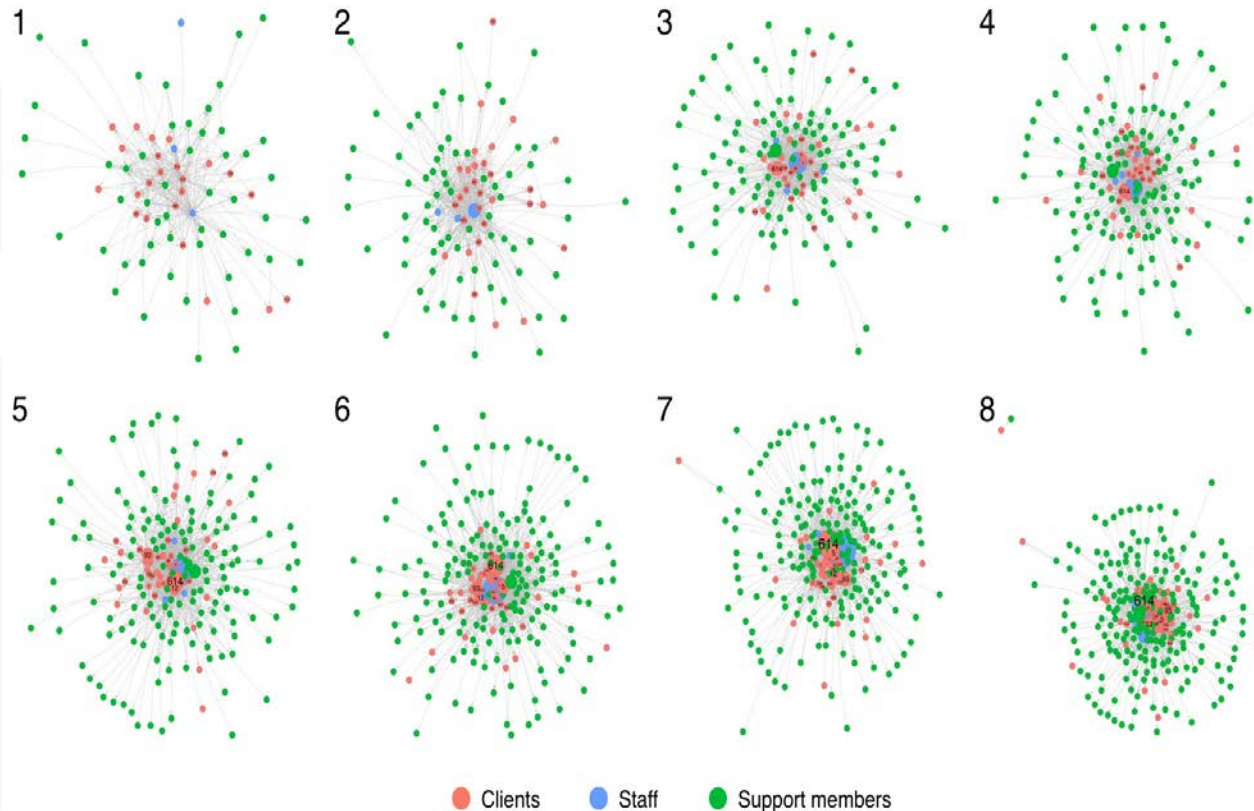
BENEFIT CLAIMS : £55,728

*REDUCTIONS IN RE
OFFENDING: £245,402*

Assets and linkages



Findings



Configurations of the online social network from months 1 to 8 showing significant movement from periphery to centre for client members (red).
www.turningpoint.org.au

Facebook page analysis

- Use of SNA and PIWC
- More likes, more network centrality and more 'we' language associated with longer retention in recovery programme
- CHIME and social identity



Published on *Addiction Professional Magazine* (<http://www.addictionpro.com>)

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Measuring an individual's recovery barriers and strengths

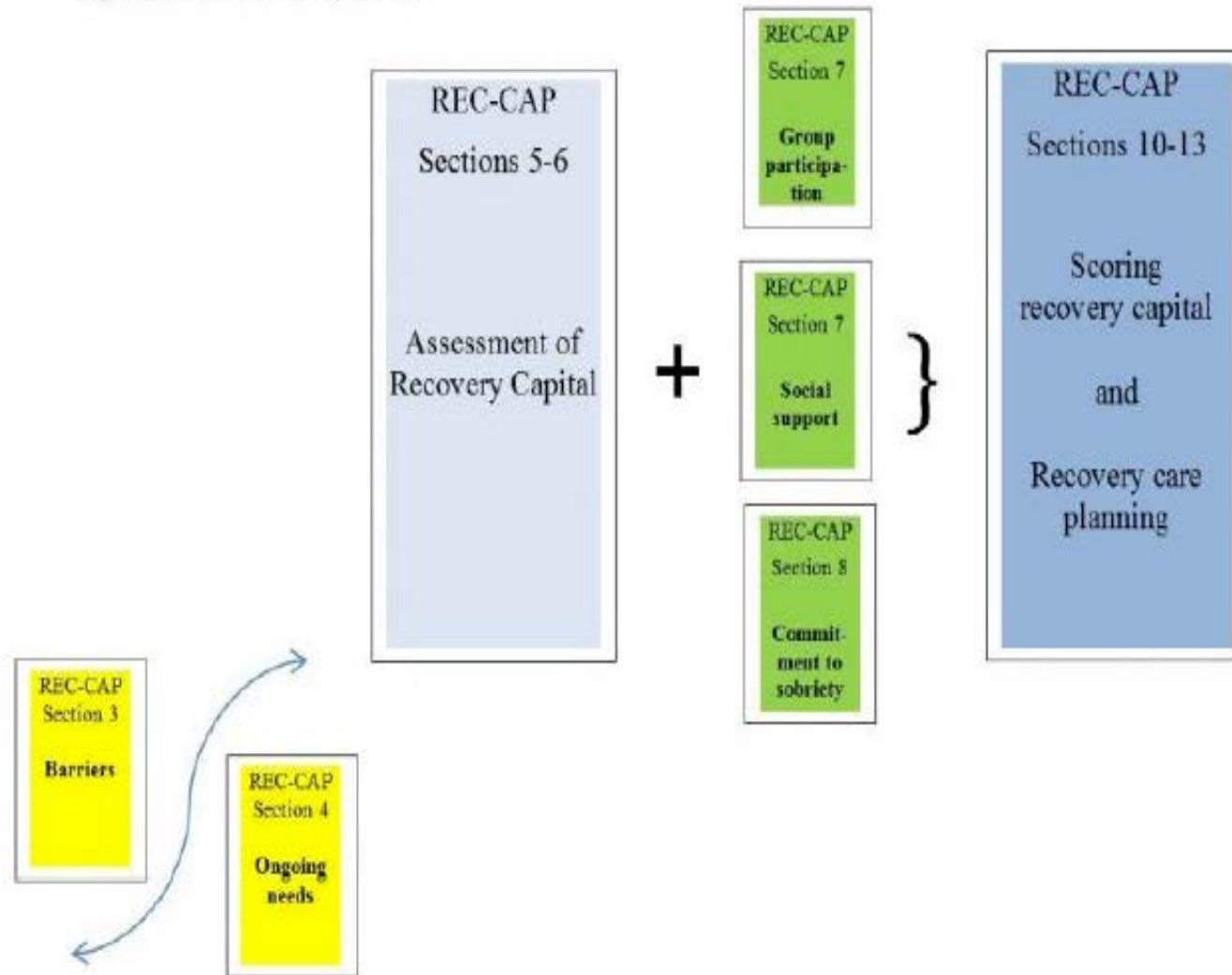
November 1, 2016 by David Best, Michael Edwards, Adam Mama-Rudd, Ivan Cano and John Lehman

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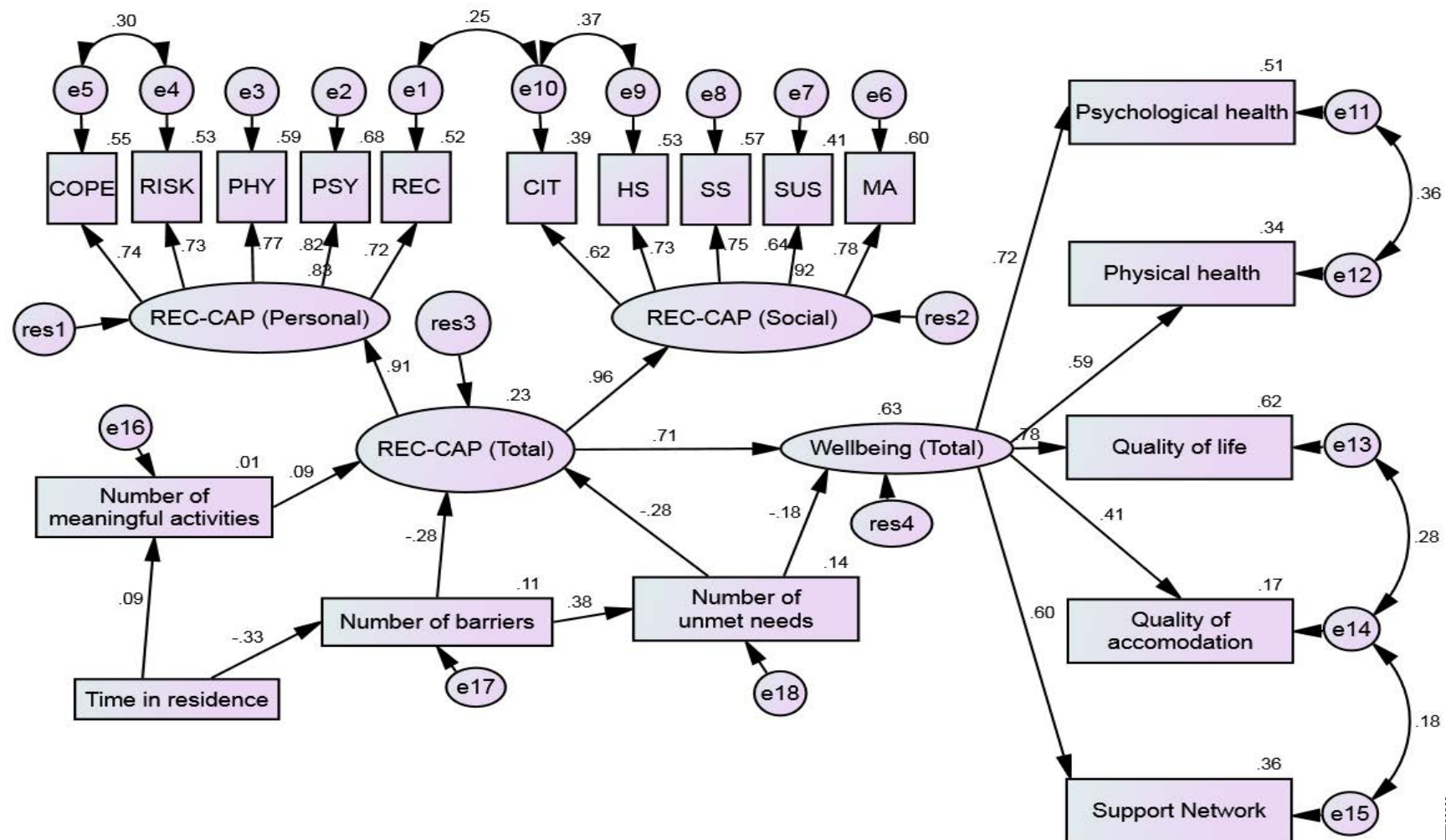


In 2008, Granfield and Cloud defined recovery capital as “the sum total of one's resources that can be brought to bear on the initiation and maintenance of substance use cessation.” These authors discussed the four component parts of recovery capital as social, human, physical and cultural. They also introduced the idea of “negative recovery capital” to indicate that certain circumstances (a significant history of mental health problems, a history of engagement with the criminal justice system, older age and female gender) constitute barriers to recovery.¹

Figure 1: The REC-CAP process



Time in residence + meaningful activities to positive outcomes (FARR)



Key themes

- Recovery capital
- Social connectedness
- Social identity
- Therapeutic landscapes of recovery
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