

Recovery Capital: Assets, Not Abstinence

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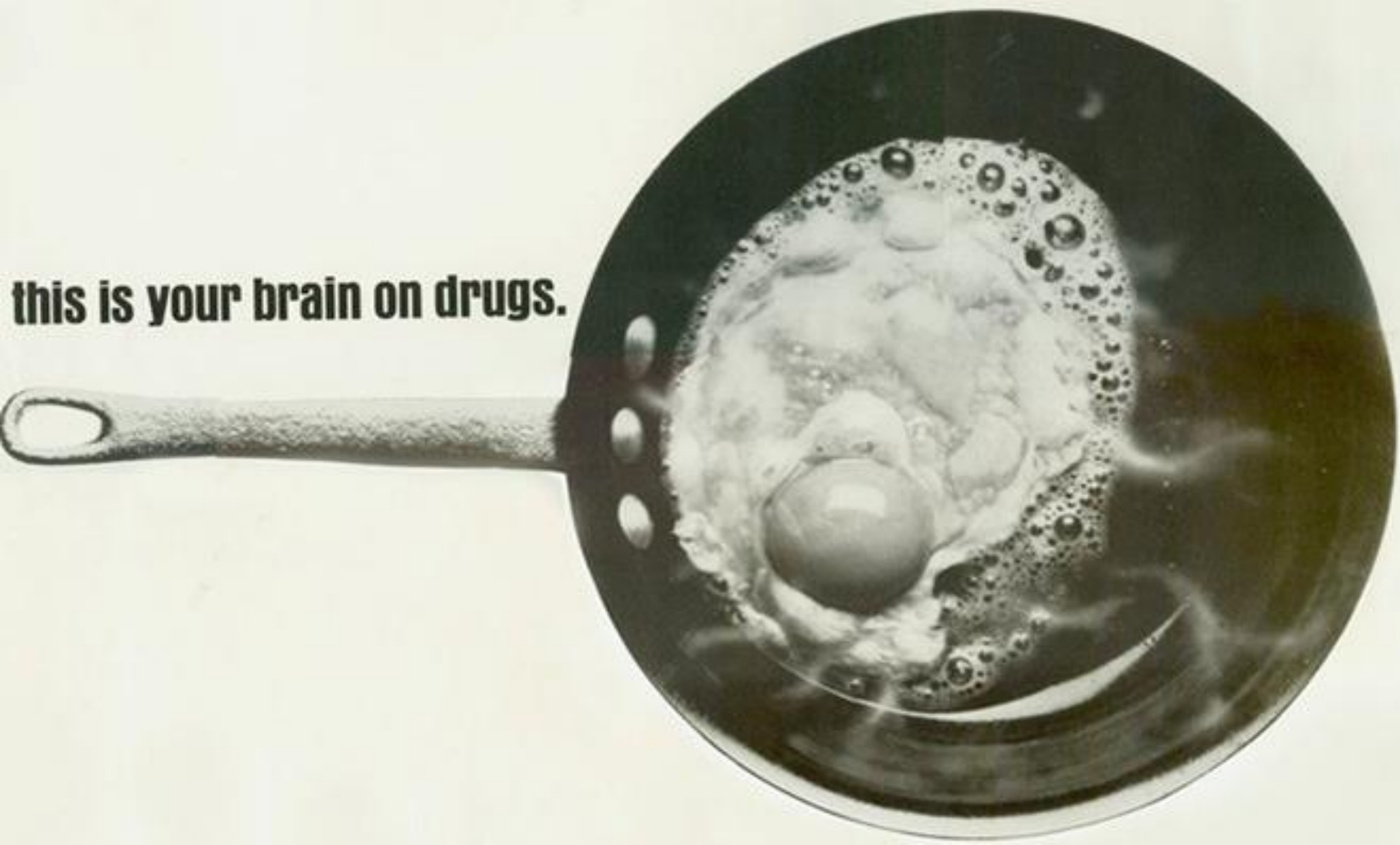
Substance Use Prevention and Recovery

University of Kentucky

My Recovery



this is your brain on drugs.

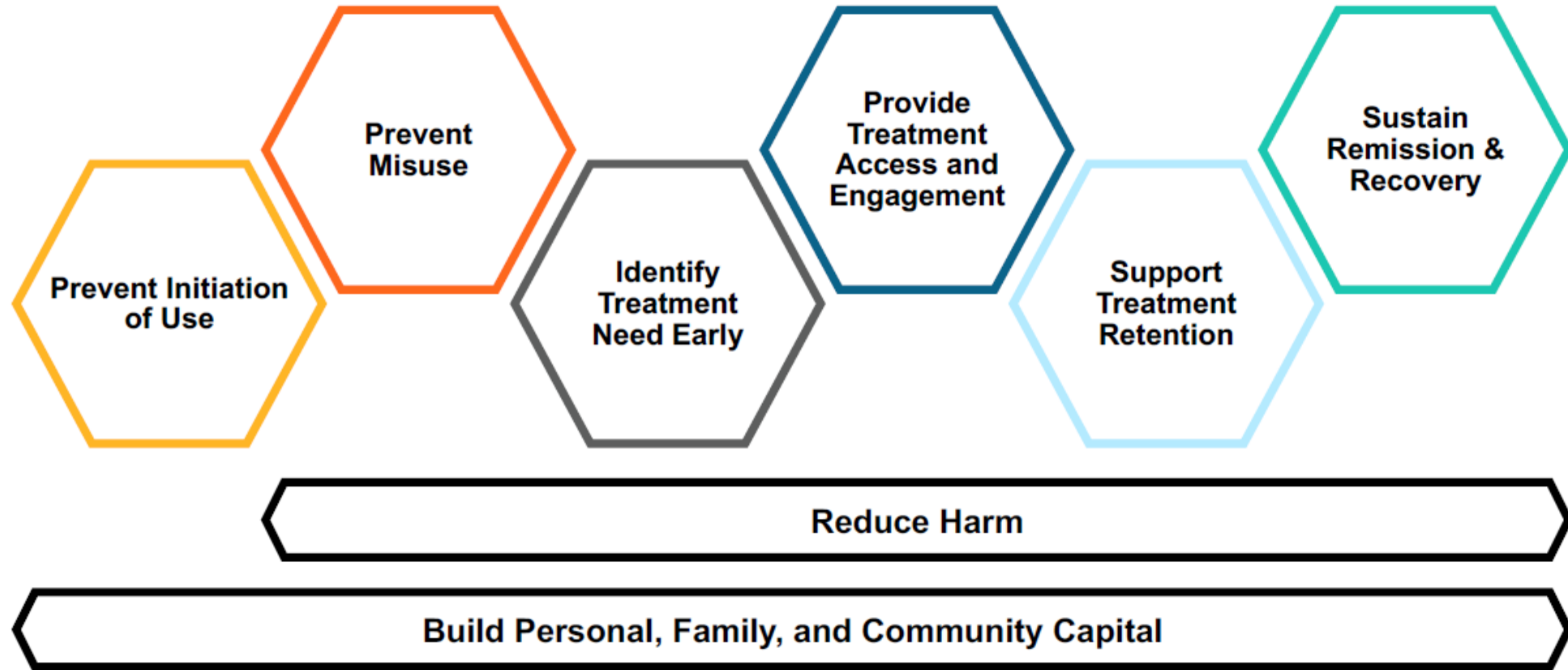


Partial Recovery of Brain Dopamine Transporters in Methamphetamine (METH) Abuser After Protracted Abstinence



Source: Volkow, ND et al., Journal of Neuroscience 21, 9414-9418, 2001.

KORE CASCADE OF CARE



KORE KENTUCKY OPIOID RESPONSE EFFORT



Recovery Capital

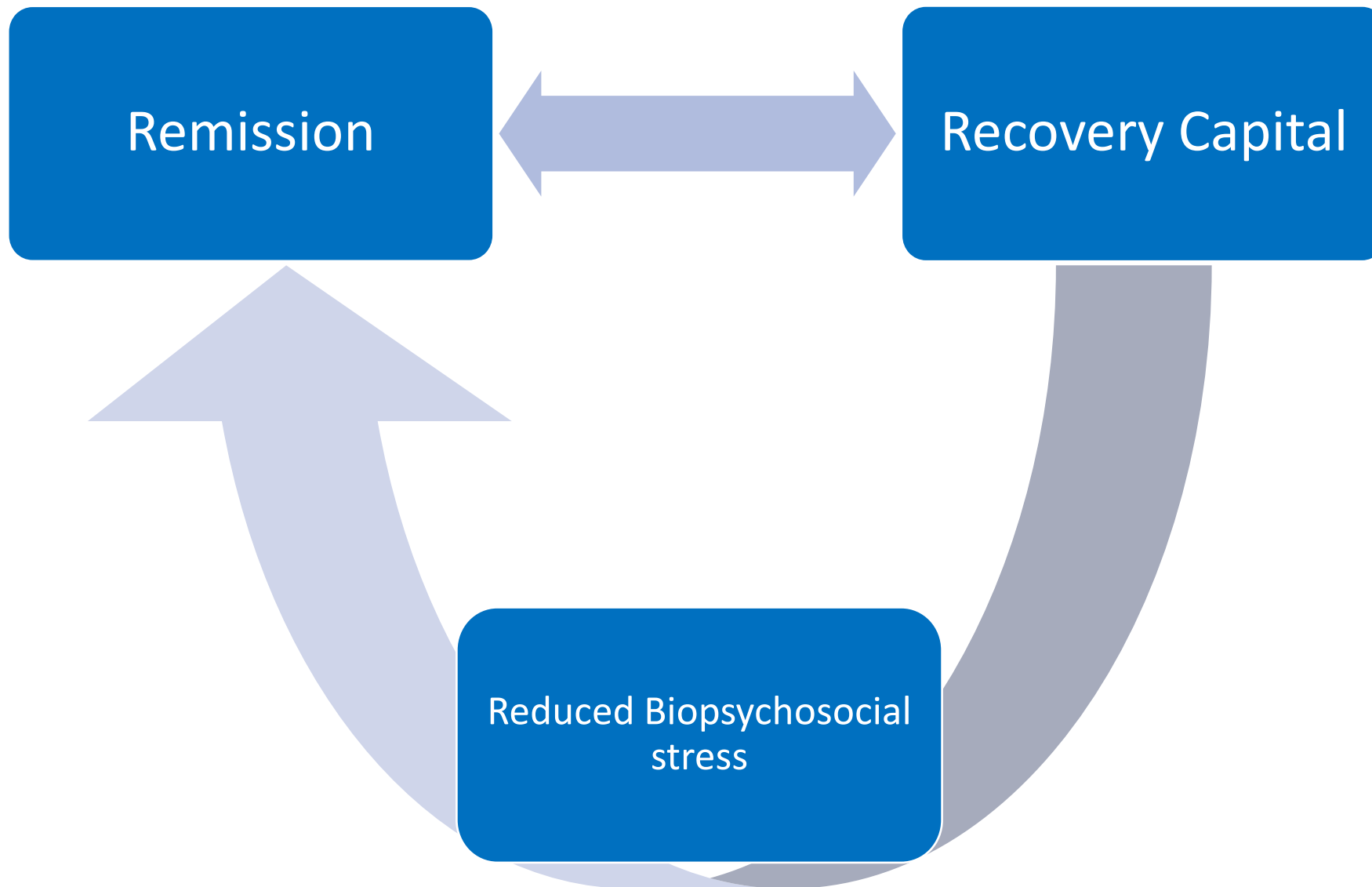


Adapted from Maslow (1943)

The Solution



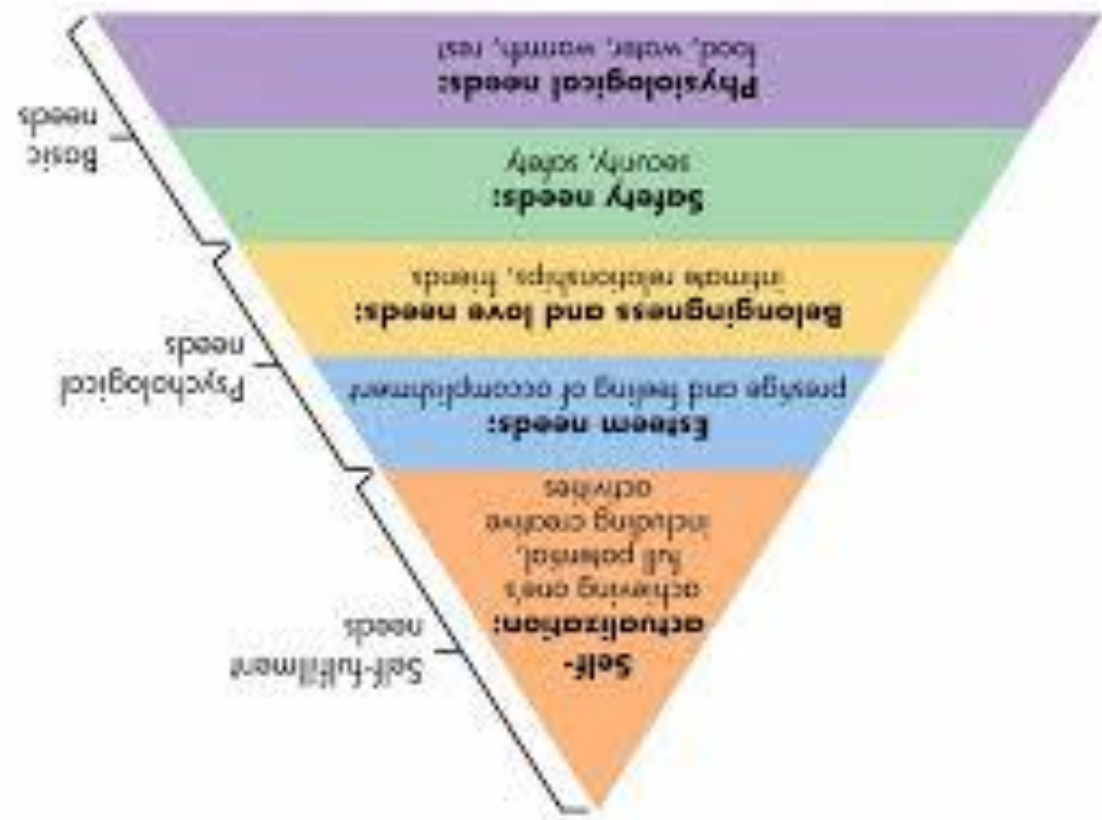
Adapted from White & Cloud (2008)



Abstinence or Resources: Chicken & Egg

- Should we wait for individuals to become abstinent before building recovery capital?
- Abstinence as a precondition for:
 - **Housing** (Pauly et al., 2013)
 - **Social services** (Rigaud, 2019)
 - **Caregiving** (Patton, Best, & Brown, 2022)
 - **Mental health services**
 - **Continued treatment** (White, Scott, Dennis, & Boyle, 2005)
 - **Acceptance in the recovery community** (von Greiff, & Skogens, 2021)

We've Got it All Upside Down!



Expert Thoughts on Rock Bottom

“It’s remarkable that people believe what’s needed is more punishment. If punishment worked, nobody would be addicted. It’s a pretty punishing experience.” -Keith Humphreys

“Bill, you’re not getting it! My clients don’t hit bottom; my clients live on the bottom. Their capacities for physical and emotional pain are beyond your comprehension. If we wait for them to hit bottom, they will die! The issue of engaging them is not an absence of pain, it is an absence of HOPE!” -William White

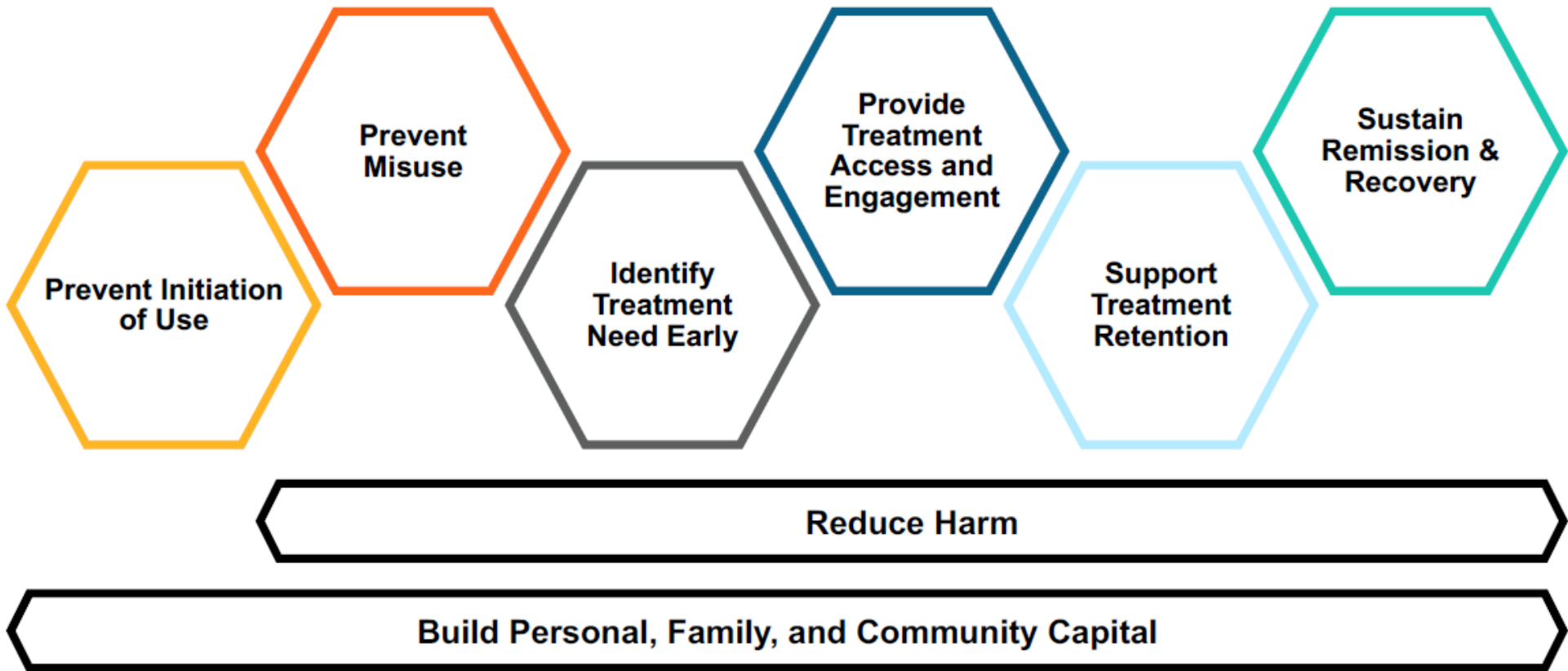
When we do not allow people to be in the *Process* of Recovery (i.e. prioritizing abstinence over recovery)

- Example 1:
 - The Judicial System
- Example 2:
 - MOUD Providers
- Example 3:
 - Families and Concerned Others

Assets, Not Abstinence

- “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential” –SAMHSA
- The GOAL of recovery is:
 - ~~Abstinence~~
 - Health/Wellness/Autonomy (i.e., Recovery Capital)
 - Reducing Harm

KORE CASCADE OF CARE



KORE KENTUCKY OPIOID RESPONSE EFFORT



Where does the “Recovery Capital” construct originate? (White, 2016)

Dr. William Cloud



Dr. Robert Granfield



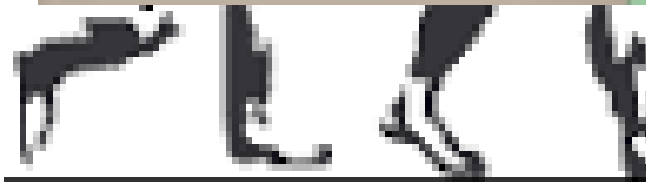
The Elephant
that No One
Sees: Natural
Recovery
Among Middle
Class Addicts
(Granfield and Cloud,
1996)



Natural Recovery is the *Rule* and not the Exception

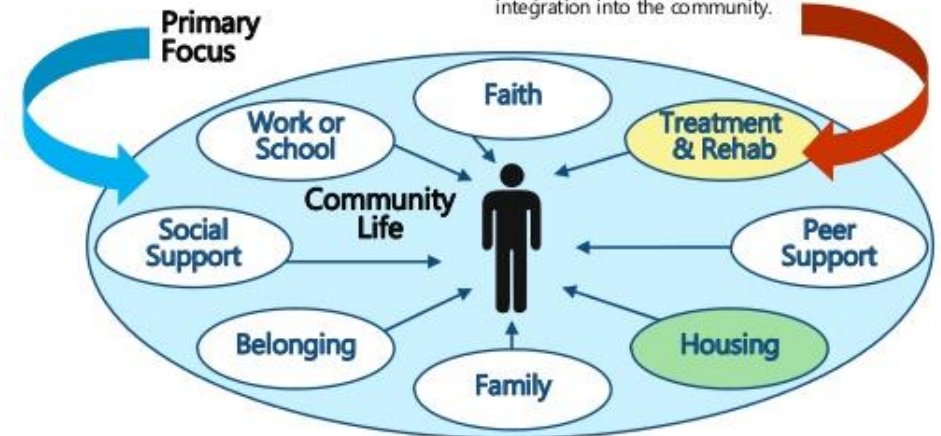
- Unassisted recovery
 - 46.1% of people with SUDs (Kelly, Bergman, Hoepfner, Vilsaint, & White, 2017)
 - 75% of people with AUDs (NIAAA, 2009; Sobell & Cunningham, 1996)
- How is Natural Recovery possible? → Recovery Capital

Evolving Approach to Addressing Addiction: A (Really) Short History



Recovery Oriented System of Care

In the model, clinical care is viewed as one of many resources needed for successful integration into the community.



RECOVERY, RESILIENCE & SELF-DETERMINATION

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Band-aids and Bullet Wounds (White, Kurtz, & Sanders, 2006)

- “Given the **chronic** nature of substance dependence disorders (McLellan, Lewis, & O’Brien, 2000) and the **scarcity** of funds for treatment, neither single nor serial-episode acute care will ever meet the vast need that exists. Only a focus on **ongoing recovery/support/management** can address effectively the chronic nature of this illness.”

Recovery Capital = Nutrients!





The rewarding nature of social interactions

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The objective of this short review is to highlight rewarding aspects of social interactions for humans and discuss their neural basis. Thereby we report recent research findings to illustrate how social stimuli in general are processed in the reward system and highlight the role of Theory of Mind as one mediating process for experiencing social reward during social interactions. In conclusion we discuss clinical implications for psychiatry and psychotherapy.

Keywords: reward, theory of mind, social interaction

INTRODUCTION

Human societies form a dynamic and complex system, which requires frequent interaction between individuals. According to the “social brain hypothesis” (Dunbar, 1998; Adolphs, 2003) parts of the human neo-cortex have evolved to improve survival in dynamic

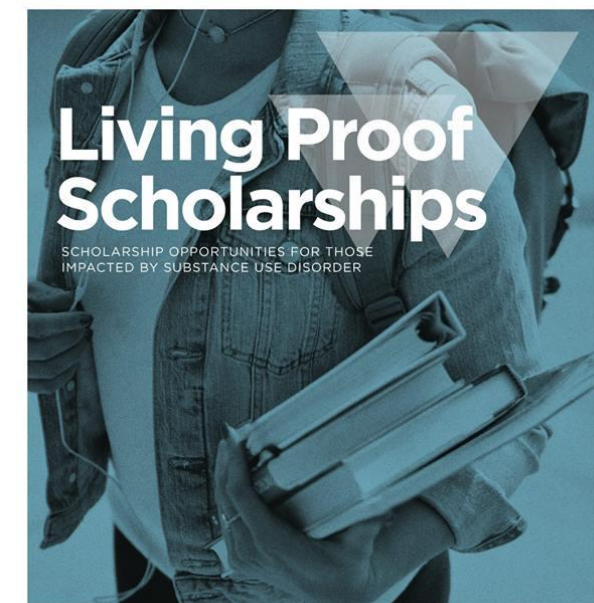
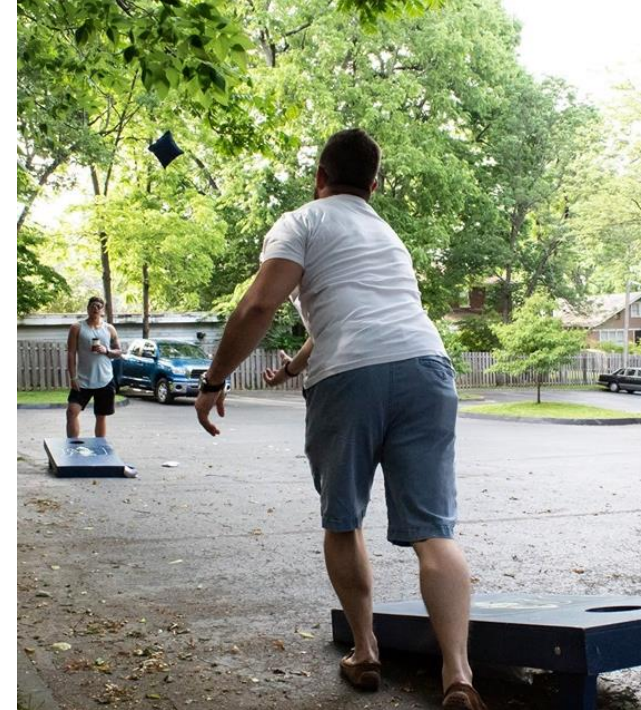
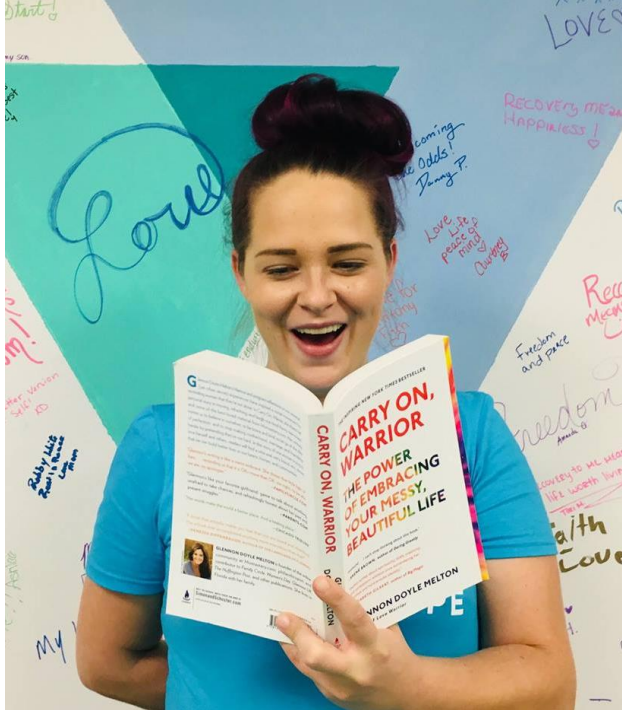
dopamine for highly socially motivated behavior such as maternal care, mating behavior and social attachment. For instance, the access to pups is more reinforcing than cocaine in female rats (Insel, 2003) and dopamine in the nucleus accumbens (NAcc) is involved in typical mating behavior and social interactions of monogamous



WE VALUE **ALL**
PATHWAYS
TO RECOVERY



VOICES *of* HOPE



Living Proof Scholarships

SCHOLARSHIP OPPORTUNITIES FOR THOSE IMPACTED BY SUBSTANCE USE DISORDER

The Living Proof Scholarship
\$1,000 for a student in long-term recovery

Living Proof: The Next Generation
\$1,000 each for four high school seniors continuing

EXPUNGEMENT SESSION

VOICES OF HOPE • WEDNESDAY, APRIL 24
450 OLD VINE ST. STE. 101, LEXINGTON, KY 40507

10:00 AM - 2:00 PM

SERVICES INCLUDE:

- Information on offenses that are eligible for expungement
- Copy of your criminal record
- Job training and job search assistance
- Information regarding restoration of voting rights
- Additional community resources

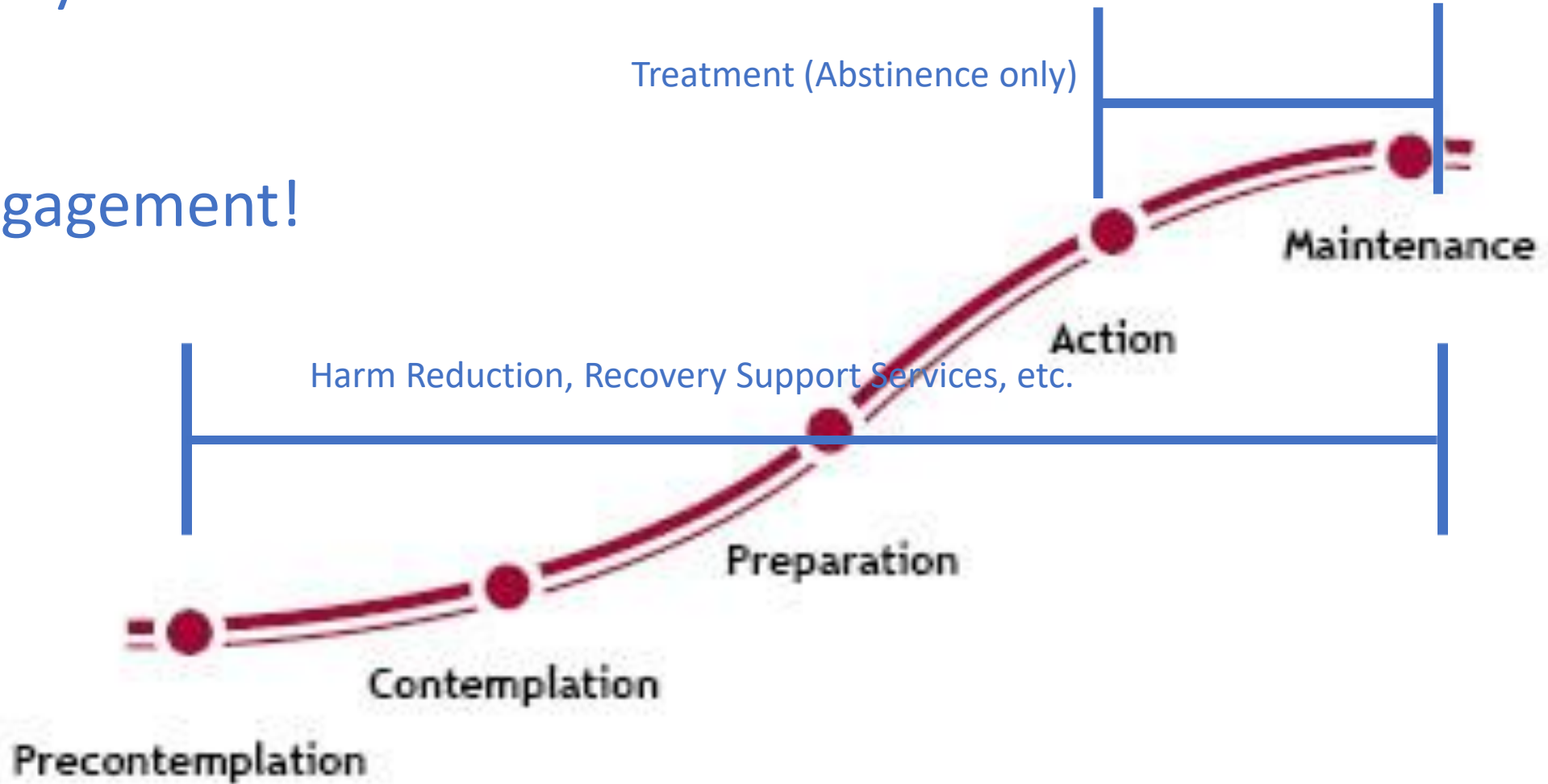
For more information, call or email
859-277-3661 or ben.haydon@goodwillky.org

Voices of Hope RCC

- Recovery Community Centers serve as a hub for recovery resources in the community
 - Assets, Not Abstinence
- Transplant the treatment environment to the community

Why Harm Reduction?

Engagement!



What is the Value of Harm Reduction?

- When we don't "meet people where they are"
 - ~23 million in US with SUD
 - Only 2.3 million will receive treatment
 - (NSDUH, 2015)
- When we DO meet people where they are:
 - Hybrid RCO with PSSs and HR services
 - 87% of participants had past month substance use (Ashford et al., 2019)



What is the Value of Harm Reduction?

- Engagement with the otherwise un-engaged
 - Affords the opportunity to build recovery capital and reduce harm with the MAJORITY of people with SUD who are not being engaged by abstinence-based models of care
 - The value of relationship itself as recovery capital/harm reduction
 - It allows us to love people: Jessie B's Story

Key Takeaways (White & Cloud, 2008)

- Recovery capital plays a major role in the success of both natural and assisted recovery
- Increases in recovery capital can spark “turning points” that increase coping skills, initiate treatment, and end addiction careers.
- Harm Reduction and Recovery Capital are NOT at odds; rather, they are the means to recovery
- Shift the focus from abstinence to recovery capital and harm reduction
- Harm Reduction is for everyone in addiction and recovery: AE

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Questions or
Comments?

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