Recovery from problematic drug use: pathways and societal responses in the UK, the Netherlands and Belgium

(REC-PATH)

An ERANID-funded project

IVO Onderzoek naar welzijn, zorg & verslaving

Tilburg University

Universiteit Gent

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University of Derby

Funding acknowledgement:

REC-PATH is a collaborative project supported by the European Research Area Network on Illicit Drugs (ERANID). This presentation is based on independent research commissioned and funded in England by the National Institute for Health Research (NIHR) Policy Research Programme (project ref. PR-ST-0217-10001), in the Netherlands by The Netherlands Organisation for Health Research and Development (ZonMW), and in Belgium by the Research Foundation Flanders (FWO, Belgium) and the Belgian Science Policy Office (BELSPO). The views expressed in this presentation are those of the authors and not necessarily those of the national funding agencies or ERANID.

Partners & researchers

UK: David Best, James Irving, Michael Edwards, Simon Graham, Rebecca Hamer & Tim Millar

BE: Wouter Vanderplasschen, Jessica De Maeyer, Lore Bellaert, Freya Vander Laenen, Charlotte Colman & Tijs Van Steenberghe

NL: Dike Van de Mheen, Gera Nagelhout & Thomas Martinelli

Overview

- 1. Introduction (Wouter Vanderplasschen & David Best, UK)
- 2. “It’s getting better all the time”: findings from the Life in Recovery survey (Gera Nagelhout, the Netherlands)
- 3. Understanding recovery pathways (Thomas Martinelli, the Netherlands)
- 4. Photovoice: an innovative method for participatory recovery research (Tijs Van Steenberghe, Belgium)
- 5. Recovery and national drug policies: discourse vs. actual practice (Lore Bellaert, Belgium)
- 6. Questions and discussion

Recovery? At least two ≠ types (Slade et al., 2010)

- The first involves clinical recovery – when someone 'recovers' from the illness and no longer experiences its symptoms

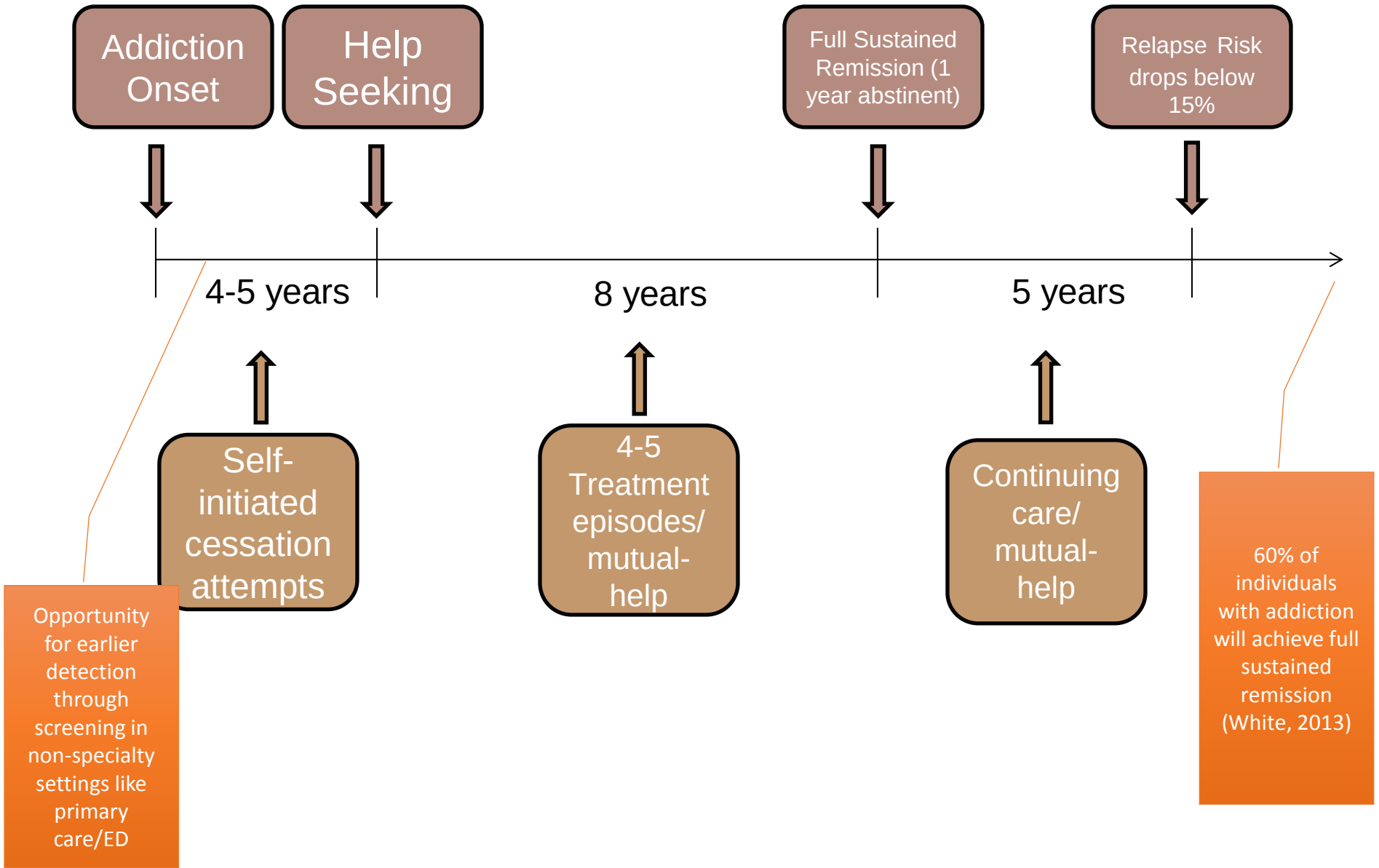
- The second involves personal recovery – recovering a life worth living (without necessarily achieving clinical recovery). It is about building a life that is satisfying, fulfilling and enjoyable.

40 YEARS OF ADDICTION RESEARCH: WHAT do we know about treatment & RECOVERY?

(SCOTT & DENNIS, 2003)

- MOST ADDICTS relapse unless treated early and effectively.
- MOST ADDICTS cycle more than 3 times through periods of untreated addiction, treatment, sobriety, and incarceration
- MOST ADDICTS experience a trajectory for recovery based on genotype *(severity of biological addiction)*
- MOST ADDICTS improve the odds ratio for remaining sober after one year of sobriety
- MOST ADDICTS achieve self-sustainable recovery (low odds ration for relapse) after 5 years of sobriety
- MOST ADDICTS take over 30 years to achieve 5 years of sobriety.

For more severely dependent individuals … course of dependence and achievement of stable recovery can take a long time...

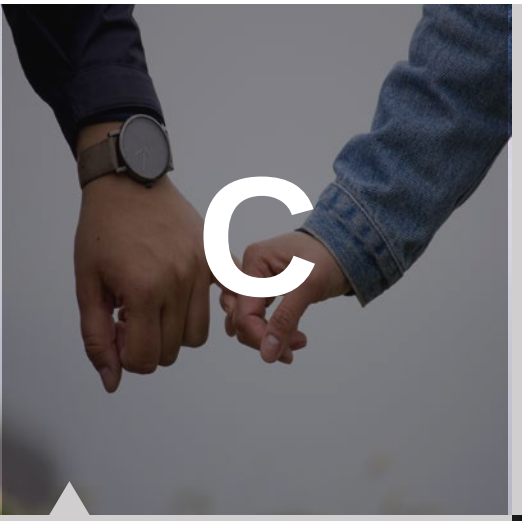


Recovery Prevalence

- Sheedy and Whitter (2009): 58%, but marked variability (30% - 72%)
- “Clinical fallacy” and worker attitudes
- White (2012) reviewed remission rates in a review of 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)

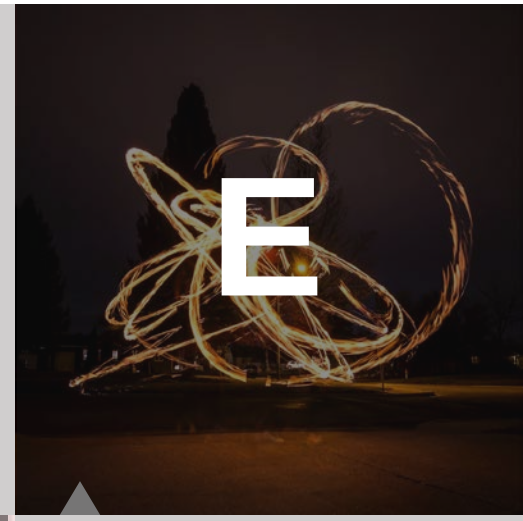
CHIME framework for personal recovery: What enables recovery change?

(Leamy, Bird, Le Boutillier, Williams & Slade, 2011)

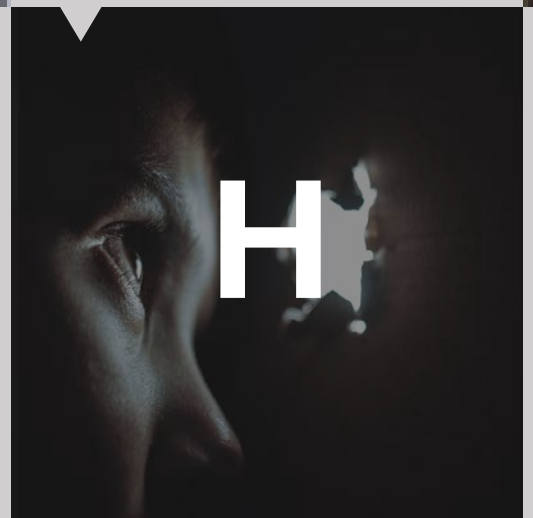


Hope

Meaning



Connectedness



Identity

Empowerment

Recovery capital (Best and Laudet, 2010)

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*"

John Kelly's work on Mechanisms of change

- Review of the evidence on the effectiveness of 12-step support
- Challenged the idea that the primary mechanism is spiritual awakening
- Suggested a clear gender difference
- For men, the model is primarily social – building on existing evidence about group belonging
- For women, the primary mechanism is about abstinence self-efficacy

Table 2
Recovery pathway choices of U.S. adults who endorsed "used to have a problem with drugs or alcohol, but no longer do" (9.1% (SE = 0.28)).

Pathway	weighted%	SE
Used support	**53.9**	**1.60**
Professionally assisted recovery support (aka formal treatment) (any)	**27.6**	**1.43**
Outpatient addiction treatment	16.8	1.21
Inpatient or residential treatment	15.0	1.08
Alcohol/drug detoxification services	9.1	0.91
Anti-relapse/craving medication use (any)	**8.6**	**0.93**
Alcohol	4.8	0.70
Antabuse (Disulfiram)	2.4	0.45
Selincro (Nalmefene)	0.8	0.29
Revia (Naltrexone)	0.8	0.29
Campral (Acamprosate)	0.5	0.23
Topamax (Topiramate)	0.5	0.28
Lioresal (Baclofen)	0.2	0.23
Other	0.5	0.17
Opioid	4.4	0.73
Methadone	1.4	0.35
Orlaam (Levomethadyl acetate)	0.5	0.31
Suboxone (Buprenorphine-naloxone)	2.3	0.54
Subutex (Buprenorphine)	1.0	0.36
Revia (Oral naltrexone)	0.2	0.17
Vivitrol (Long-acting injectable naltrexone)	0.4	0.26
Other	0.2	0.09
Recovery support services	**21.8**	**1.40**
Faith-based recovery services	9.2	0.94
Sober living environment	8.5	0.95
Recovery community centers	6.2	0.85
State or local recovery community organization	3.0	0.61
College recovery programs/communities	1.7	0.52
Recovery high schools	0.8	0.37
Mutual-help groups	**45.1**	**1.60**
Alcoholics Anonymous (AA)	34.6	1.49
Narcotics Anonymous (NA)	17.5	1.23
Cocaine Anonymous (CA)	2.3	0.43
Celebrate Recovery	2.2	0.44
SMART Recovery	1.3	0.35
Women for Sobriety	1.2	0.37

9.1% in recovery of a SUD !

Only 53.9% reported 'assisted pathways'

Drug and Alcohol Dependence 181 (2017) 162–169

Contents lists available at ScienceDirect

Drug and Alcohol Dependence

journal homepage: www.elsevier.com/locate/drugalcdep

Full length article

Prevalence and pathways of recovery from drug and alcohol problems in the United States population: Implications for practice, research, and policy

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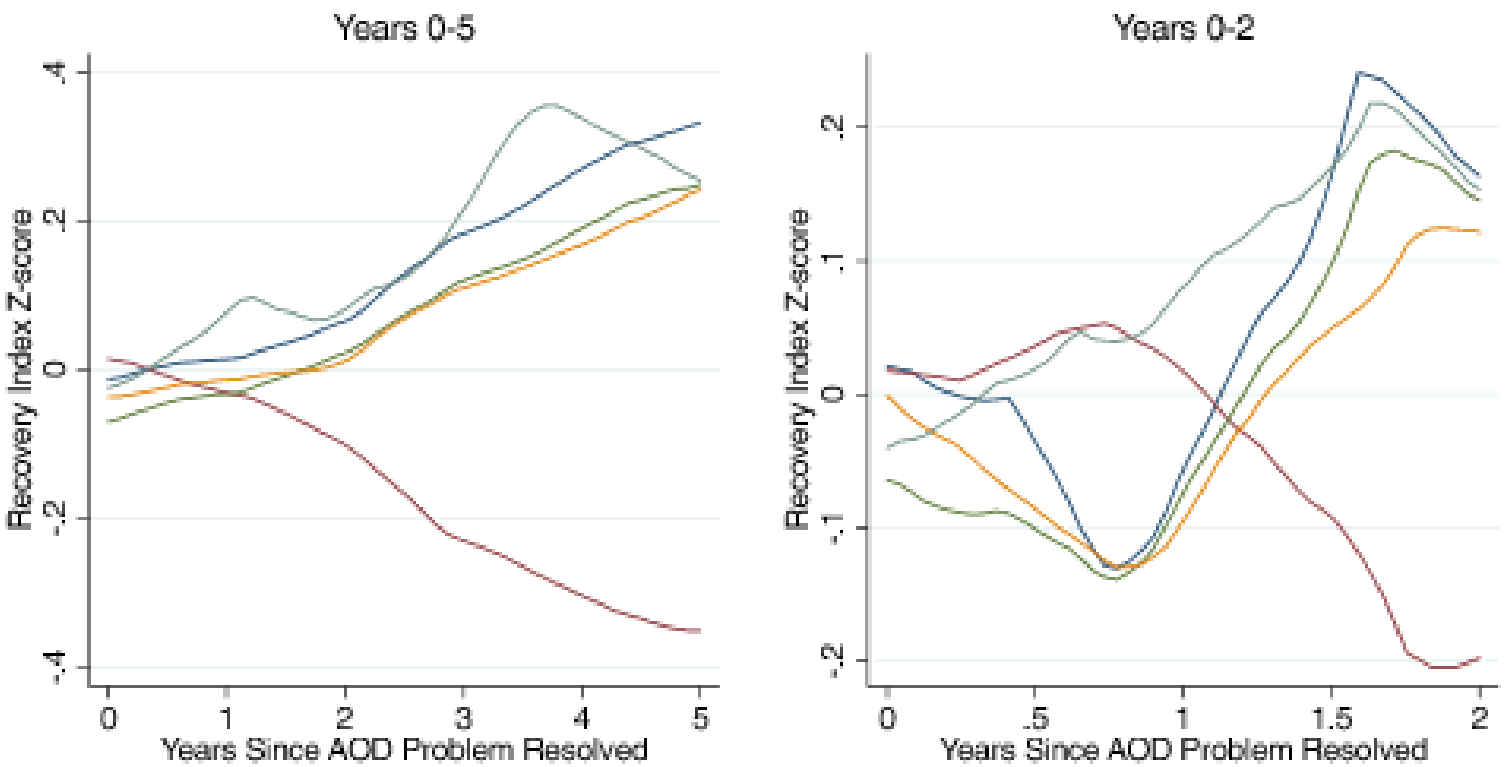
ARTICLE INFO

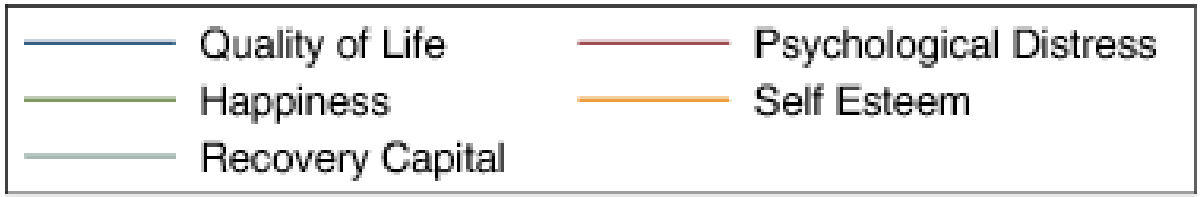
Keywords:
Recovery
Problem resolution
Treatment
Assisted

ABSTRACT

Background: Alcohol and other drug (AOD) problems confer a global, prodigious burden of disease, disability, and premature mortality. Even so, little is known regarding how, and by what means, individuals successfully resolve AOD problems. Greater knowledge would inform policy and guide service provision.
Method: Probability-based survey of US adult population estimating: 1) AOD problem resolution prevalence; 2)

Recovery Indices by Years Since Problem Resolution





International Journal of Drug Policy 53 (2018) 55–64

Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo

Research Paper

Is recovery from cannabis use problems different from alcohol and other drugs? Results from a national probability-based sample of the United States adult population

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ARTICLE INFO

Article history:
Received 2 August 2017
Received in revised form 1 December 2017
Accepted 8 December 2017

Keywords:
Cannabis

ABSTRACT

Background: The policy landscape regarding the legal status of cannabis (CAN) in the US and globally is changing rapidly. Research on CAN has lagged behind in many areas, none more so than in understanding how individuals suffering from the broad range of cannabis-related problems resolve those problems, and how their characteristics and problem resolution pathways are similar to or different from alcohol [ALC] or other drugs [OTH]. Greater knowledge could inform national policy debates as well as the nature and scope of any additional needed services as CAN population exposure increases.
Method: National, probability-based, cross-sectional sample of the US non-institutionalized adult

Study aims

- To identify pathways to recovery for drug problems in England, Scotland, Belgium and Netherlands
- Assessing three PRIMARY ANALYTIC FACTORS:
  - To assess whether there are GENDER differences in the ‘mechanisms of change’ across the participating countries
  - To review recovery pathways by three RECOVERY STAGES – early (less than one year), sustained (1-5 years) and stable (more than five years) based on Betty Ford Institute Consensus Group
  - Five MECHANISMS OF RECOVERY

Mechanisms of behaviour change

1. Natural recovery / Auto-remission
2. Mutual aid (12 step) – specific philosophy about a programme and a disease
3. PBRSS – other forms of peer support rather than professional
4. Community treatment – including medication assisted recovery
5. Residential treatment (TC and other) – TC in particular has a very clear philosophy about no longer being an addict

Study design

- To use multiple research methods:
  - screening survey;
  - cohort study;
  - in-depth qualitative interviews;
  - Photovoice;
  - policy analysis

Progress to date

- Life In Recovery – screening survey complete
- OSB – complete
- OSF – almost complete
- Qualitative interviews – almost complete
- Photovoice (an initial workshop with 12 participants has been arranged)
- Policy analysis – complete for NL – BE

Data collected to date

	LiR	OSB	OSF	Qualitative
Belgium	181	113	92 (81.4%)	24
UK	311	118	84 (71.1%)	27
Netherlands	230	136	126 (92.6%)	28
Total	722	367	302 (82.3%)	79

REC-PATH study 1

Long-term recovery and its relation to housing, crime and occupation situation in individuals with a history of drug addiction

REC-PATH
RECOVERY PATHWAYS

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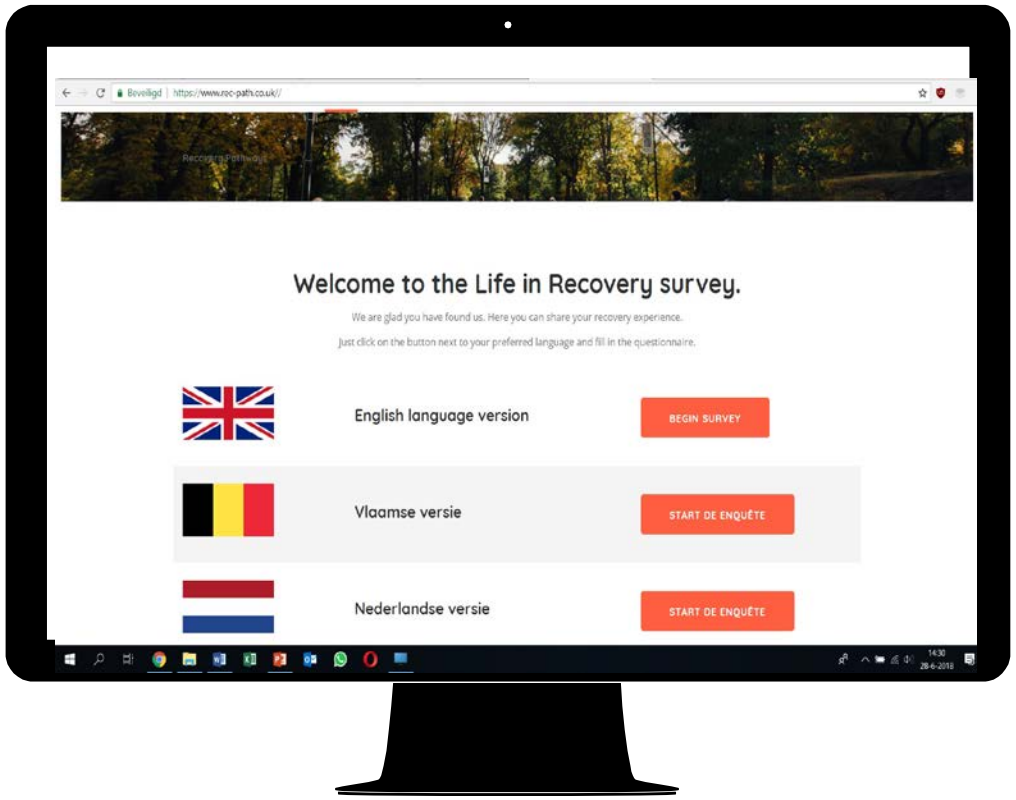
REC-PATH RECOVERY PATHWAYS

Study design

- Life in Recovery survey, as used in:
  - U.S. (2012)
  - Australia (2015)
  - Canada (2017)

- Relation between time in recovery and life domains
  - housing problems
  - crime
  - occupational situation
  - substance use

- Interactions with gender



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Study sample

- Convenience sample

- Recruitment from different sources:
  - Online forums
  - Self-help networks
  - Facebook groups
  - Therapeutic communites
  - Peer based recovery support services
  - Twelve-step programs
  - Specialist outpatient treatment
  - Residential rehab
  - Research organisations

Onderzoek naar welzijn, zorg & verslaving

Recruited **study sample** in the UK, Netherlands and Belgium (Flanders)

Sample Characteristics	**n=722**
Gender (men)	63.3%
Education	
Lower:	50.6%
Higher:	49.4%
Problem illicit substances (ever)	
Alcohol	70.1%
Cannabis	66.5%
Cocaine	62.6%
Amphetamines	56.6%
Ecstacy/MDMA	43.4%
Heroin	37.4%
Crack cocaine	33.1%
Age (*mean years*, SD)	*41.2,* 10.7
Recovery Stage	
Early (<1 year)	187 (25.9%)
Sustained (1-5 years)	290 (40.2%)
Stable (>5 years)	305 (42.2%)

Long-term recovery and its relation to housing, crime and occupation situation

- Stages of recovery
  - Early = less than 1 year
  - Sustained = 1-5 years
  - Stable = more than 5 years

- Life domains: based on experiences from people in recovery

- Subjective inclusion: ‘in recovery’, ‘recovered’, ‘had a problem, but not anymore’

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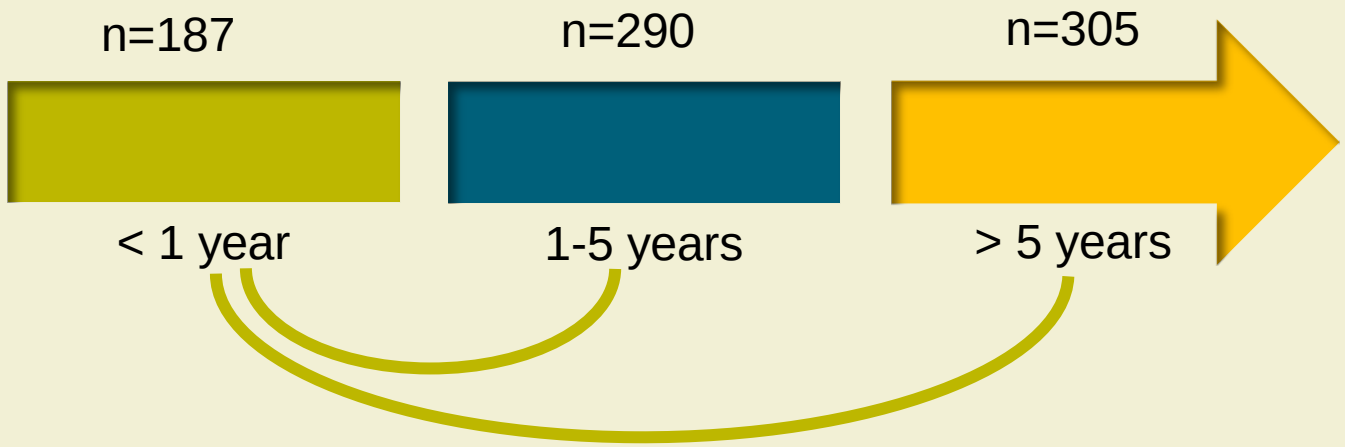
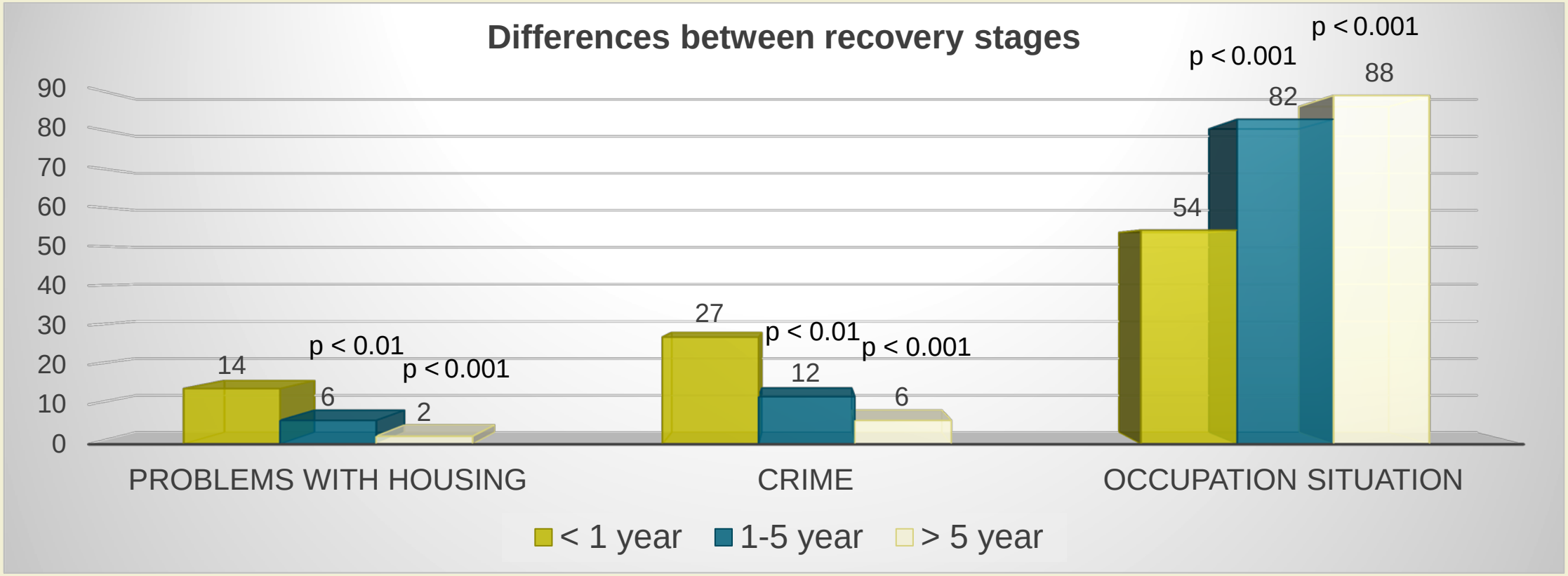
WILLIAM L. WHITE
STAGES OF RECOVERY MODEL

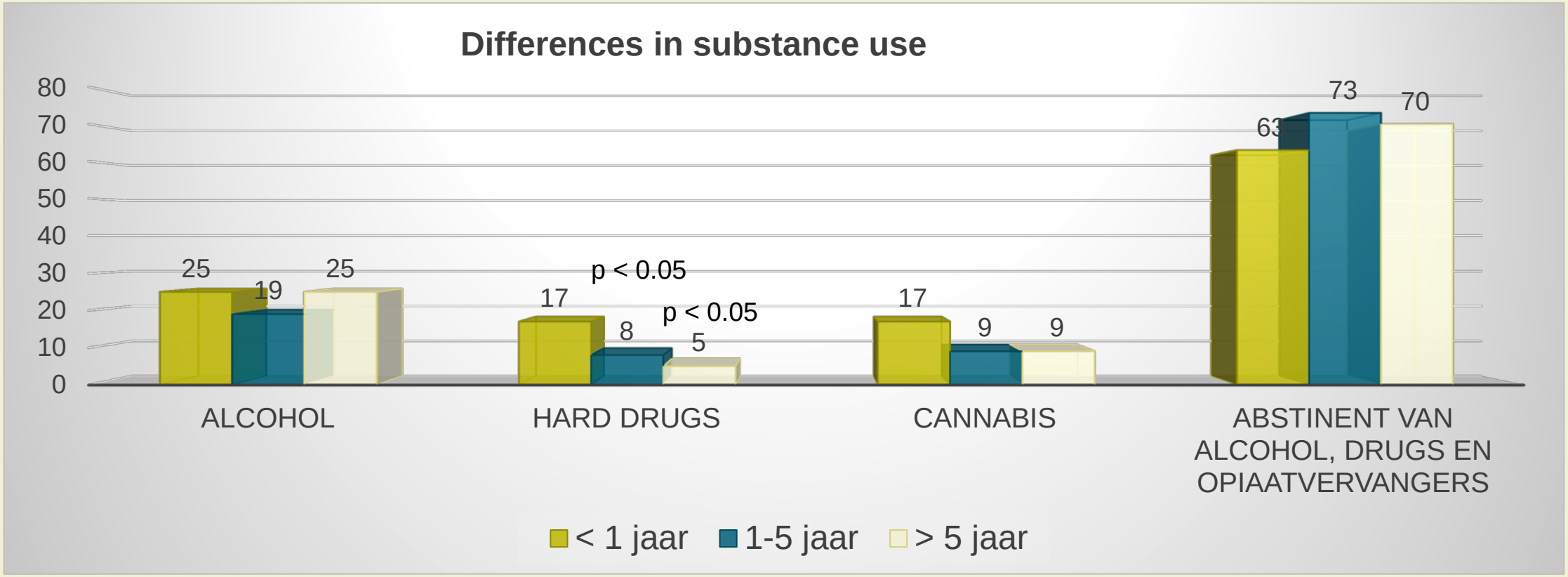
Stages of recovery (Life in Recovery survey, 2018)



Housing, Crime, Occupation situation by recovery stage



Substance use by recovery stage



Gender interaction

	Housing problems OR (95% CI)	
	Women	Men
Recovery Stage		
Early	1	1
Sustained	1.69 (0.31-9.29)	0.15 (0.05-0.44)***
Stable	0.13 (0.01-1.72)	0.13 (0.04-0.48)**

** p < 0.01
*** p < 0.001

Strengths & limitations

strengths

- empirical exploration of recovery stages
- subjective definition of recovery
- taking research to new populations

limitations

- convenience sample
- time-frame of outcome measures limited

Conclusions & implications

- More time in recovery is associated with better living conditions

- We even found differences between 1-5 years and 5+ years in recovery
  Long-term monitoring and support could be beneficial

- Substance use/abstinence: good indicator for stable recovery?
  Too limited; include other life-domains

- More research on persons in (long-term) recovery

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Thank you for your attention!

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Understanding recovery pathways:

How various systems of treatment and support relate to different mechanisms of recovery

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Background

- Recovery is developmental pathway with transitions and stages (Anthony, 1993; Betty Ford Institute 2007)
- Gradually shaped trajectories lead to self-sustaining situation (Dennis, Foss & Scott, 2007)
- Cumulative effect of (multiple) interventions (Hser et al., 1997)
- Build-up to self-sustaining situation
- Mechanisms for Behavior Change for Recovery (MOBCR)

Delivering recovery support

- **Peer-based or mutual aid recovery support**
- Specialist Outpatient Treatment
- Residential rehabilitation and Therapeutic Communities
- Different mechanisms for recovery?

Peer-based or mutual aid recovery support

- **Benefits of similar experience** (White, 1996; White, 2009)

- **Active ingredients in self-help groups** (Moos, 2008):
  - bonding, goal direction and structure (Social Control Theory)
  - norms and role models (Social Learning Theory)
  - building self-efficacy and coping skills (Stress and Coping Theory)

- **Mechanisms of behavior change in AA** (Kelly et al., 2017):
  - change social networks in support of abstinence and recovery
  - boost abstinence self-efficacy and recovery coping skills
  - help individuals to maintain recovery motivation over time

Study sample characteristics (N=367)

	Ever member of Mutual Aid group(s) N=252	Never member of Mutual Aid group(s) N=115
% women	34.8	35.3
Mean age (SD)	42.9 (10.7)	38.5 (10.4)
Participants from: - United Kingdom - Netherlands - Belgium	 39.7 43.4 17.1	 15.7 23.5 43.3
Education level: - none/primary - secondary - higher	 4.8 39.7 55.6	 17.4 48.8 34.8
Recovery stage: - < 1 year - 1-5 years - > 5 years	 11.9 39.3 48.8	 24.3 40.9 34.8

Combinations of treatment & support (ever)

Treatment/support system	N	% of total
Natural / none	17	4.6
Mutual aid only	20	5.4
Outpatient only	19	5.2
Residential only	21	5.7
Outpatient + Residential only	58	15.8
Mutual aid + Outpatient only	33	9.0
Mutual aid + Residential only	49	13.4
Mutual aid + Outpatient + Residential	150	40.9

Mutual Aid and its relation to mechanisms of behavior change

Results	
Social network transitions (ExITS, 2008) - Belonging to groups (now) - Changing groups (since recovery) - Joining groups (since recovery)	 + +/- ++
Afficacy and coping skills (BARC, 2017)	++
Recovery motivation (Commitment to sobriety scale, 2014)	++

+ $p < 0.05$
++ $p < 0.001$
+/- no significant relation

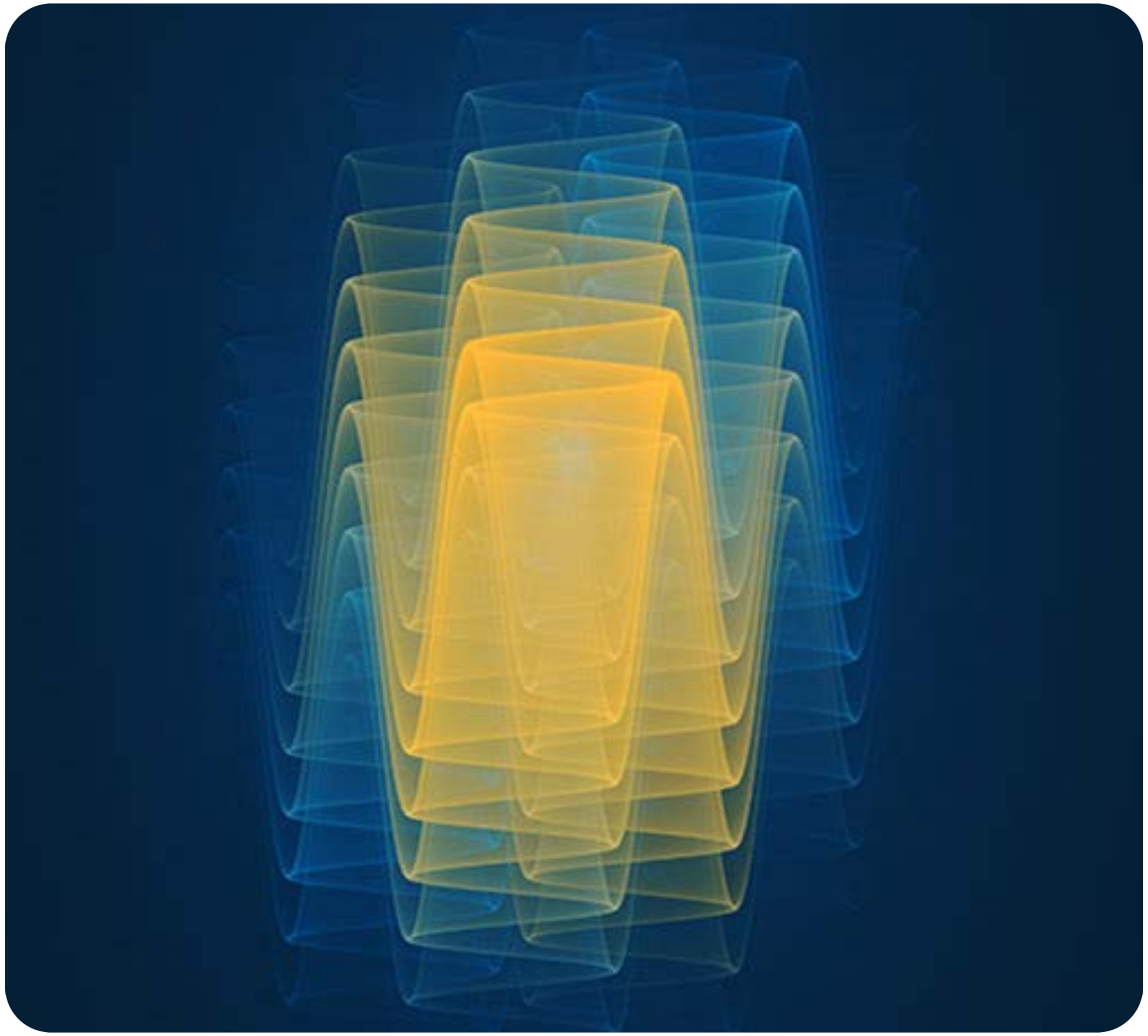
Tom Merton / Getty Images

Conclusions

- (most) People use multiple systems of recovery support
- Value in exploring cumulative effect of treatment/support carreer?
- Some systems of recovery support can be linked to particular Mechanisms of Behavior Change for Recovery

Quantum recovery

Instead of looking at change from a cognitive rational paradigm where inputs produce linear, predictable outcomes, recovery is better understood through embracing the chaos and complexity where results are often greater than the sum of their parts. (Resnicow & Page, 2008)



David Parker / Sciencephoto.com

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Rec-Path Photovoice &

Recovery Pathways

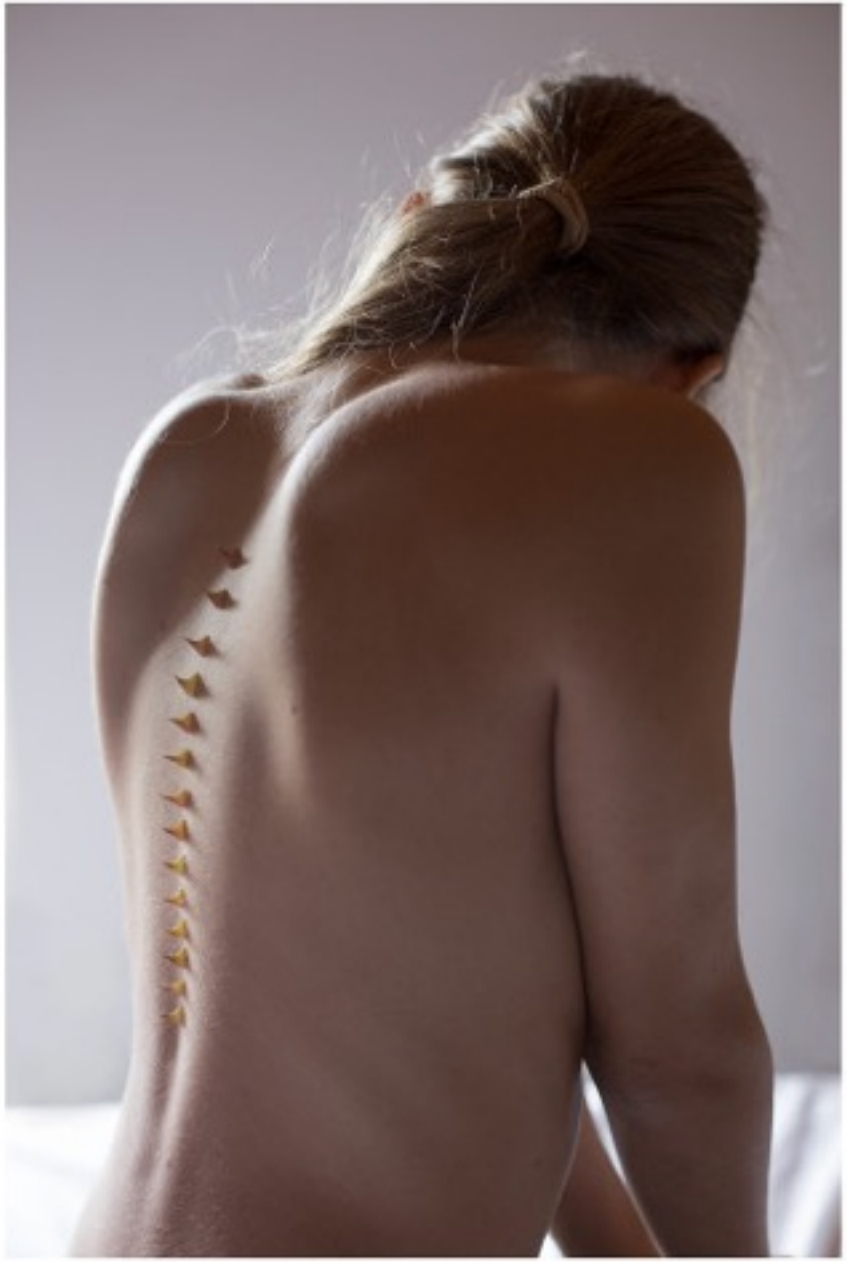
REC-PATH

RECOVERY PATHWAYS

Overview

- What is photovoice?
- Why photovoice?
- Photovoice & recovery pathways
- Photovoice process

What is photovoice?



What is photovoice?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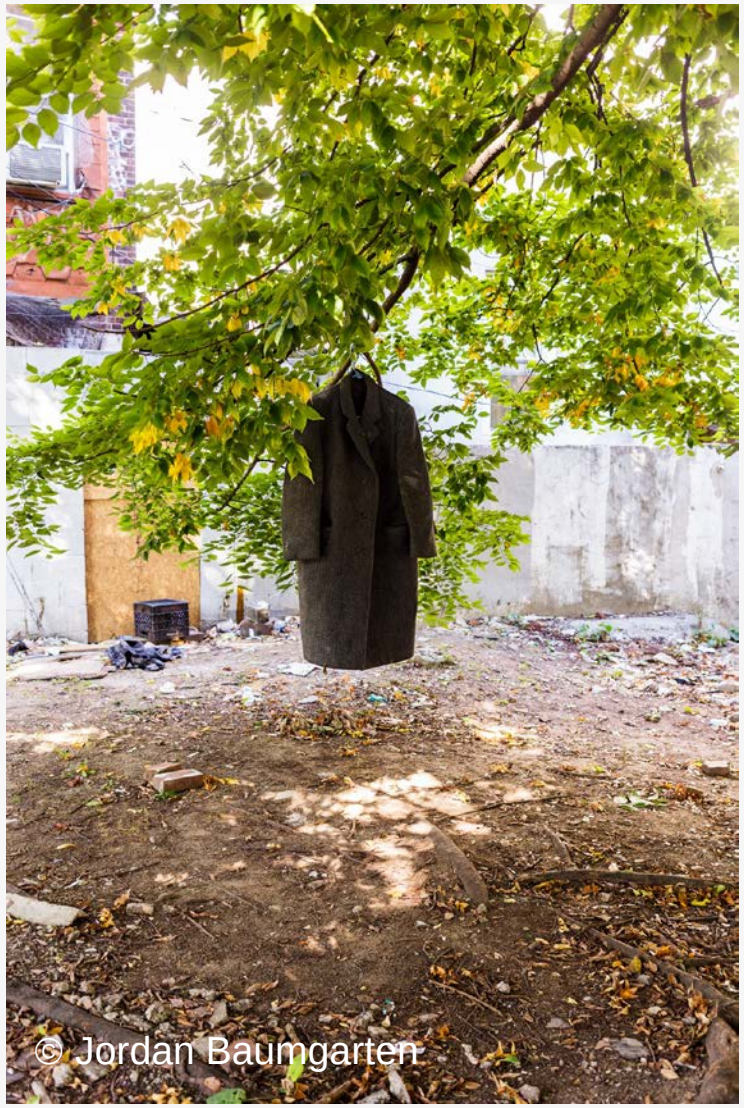
- Photovoice is a method for participatory action research, in which people take pictures and discuss them as a way to establish personal and societal change. (Wang & Burris, 1994)
- “Photovoice is all about point-of-viewness: it sets out to capture and convey the point of view of the person holding the camera”
- Convey the point of view of people whose voices have been marginalized
- Promote critical dialogue and reflection on personal and community issues

What is photovoice?



- People themselves have a central role in research
- They take pictures about their lives and perspectives
- Pictures and experiences are shared within the group + critical reflection
- Process can result in personal change
- Starting point for recommendations and actions that can lead to societal change

Why Photovoice?

Why photovoice?

- Bottom-up approach
- Participants are co-researchers
- Citizenship as practice
- Focus on their daily life/experiences
- Focus on social action

Photovoice & Recovery Pathways

Photovoice & Recovery Pathways

How do women experience their recovery pathways?

In which ways does their personal, social and community capital initiate, inhibit or support their recovery processs?

Focus on recovery =

- Focus on identity, belonging and social position
- Strength based perspective
- First person perspectives
- Emancipatory goals
- Inclusive citizenship

PHOTOVOICE PROCESS

Photovoice process

- 6 group sessions
  - Creating a group process
  - Photoviewing and discussion in group
  - Shared decision making
  - Creating individual and collective content
- Making photos in between the group sessions
- Interviews with particapants
- Online exhibition via website

Photovoice process

- **Points of attention**
  - Creating a group and safety in the group
  - Finding a place for everybody
  - Shared decision making in different phases
  - Support in taking photos
  - Focus on social action

Recovery and national drug policies: discourse versus actual practice

Preliminary findings

LORE BELLAERT (PRESENTER), FREYA VANDER LAENEN & CHARLOTTE COLMAN

Addiction recovery policy

vs.

Policy analysis rationale

To complement the experiences of individuals at a micro level, the aim is to review structural factors at a meso and macro level.

There has been a small literature base on recovery policy primarily in Australia and to a lesser extent in the UK, but this is a rare example of actively engaging policy makers and policy entrepreneurs in primary research.

The aim of this WP is to assess:

- What are the origins of recovery policies?
- How have they been implemented?
- How has their implementation been monitored and evaluated?

Policy analysis objectives

Identify:

- Vision on addiction recovery and recovery objectives **(discourse)**
- Implementation and evaluation of addiction recovery policy **(practice)**
- Challenges for the addiction recovery policy

Methodology

Triangulation of methods:

- Focus group with key policy stakeholders (Flanders: n=6 and the Netherlands: n=8)
- Individual interviews with key figures involved in the development and implementation of policy on drugs, addiction and recovery (Flanders: n=9 and the Netherlands: n=11)
- Relevant policy documents in the area of addiction and mental health care (Flanders: n=5 and the Netherlands: n=4)

Findings: recovery vision

In line with scientific recovery literature, we notice that both the Netherlands and Flanders focus on:

- Broad vision on recovery: 4 aspects of recovery
- Different life domains
- Unique recovery process
- Client-centered

Findings: inclusion of recovery in policy discourse

Netherlands differs from Flanders

- the Netherlands:
  - addiction client recovery movement
  - addiction treatment traditions
- Flanders (Belgium):
  - deinstitutionalization of mental health care
  - international evidence and examples of bottom-up recovery policy and practice
  - bottom-up signals from the addiction care sector

Findings: implementation

Netherlands and Flanders are similar

- Various regional and local recovery-oriented policy initiatives and projects
- Not structurally embedded
- No concrete legislation and regulations

Findings: financing and evaluation

Netherlands and Flanders are similar

- Financing
  - Project-based
  - Fragmented
- Evaluation
  - Missing
  - Not systematic

Conclusion

Despite different (historic) roots recovery, important similarities in the Netherlands and Flanders

- Propagation of the notion of recovery in addiction care discourse vs. few concrete policy measures to support recovery trajectories
- Lack of an integrated policy
- Need to imbed structural policy and legal initiatives

- Bottom-up approach!

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Any questions?

Contact & additional information

https://www.rec-path.co.uk/project-overview/

https://ivo.nl/recovery-pathways/

https://vimeo.com/357297505

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