

Determinants of recovery capital among persons in early and stable recovery from a drug addiction

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Some early findings about recovery and treatment?

(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.

Recovery?!

“... a voluntarily maintained lifestyle characterized by sobriety, personal health and citizenship”.

(Betty Ford Institute Consensus Panel, 2007)

“The process of recovery from problematic substance use is characterized by voluntarily-sustained control over substance use which maximizes health and wellbeing and participation in the rights, roles and responsibilities of society.”

(Drug Policy Commission Recovery Consensus Group, UK, 2008)

“... the experience (a process and sustained status) through which individuals, families, and communities impacted by severe alcohol and other drug (AOD) problems utilize internal and external resources to voluntarily resolve these problems, heal the wounds inflicted by AOD-related problems, actively manage their continued vulnerability to such problems, and develop a healthy, productive, and meaningful life.”

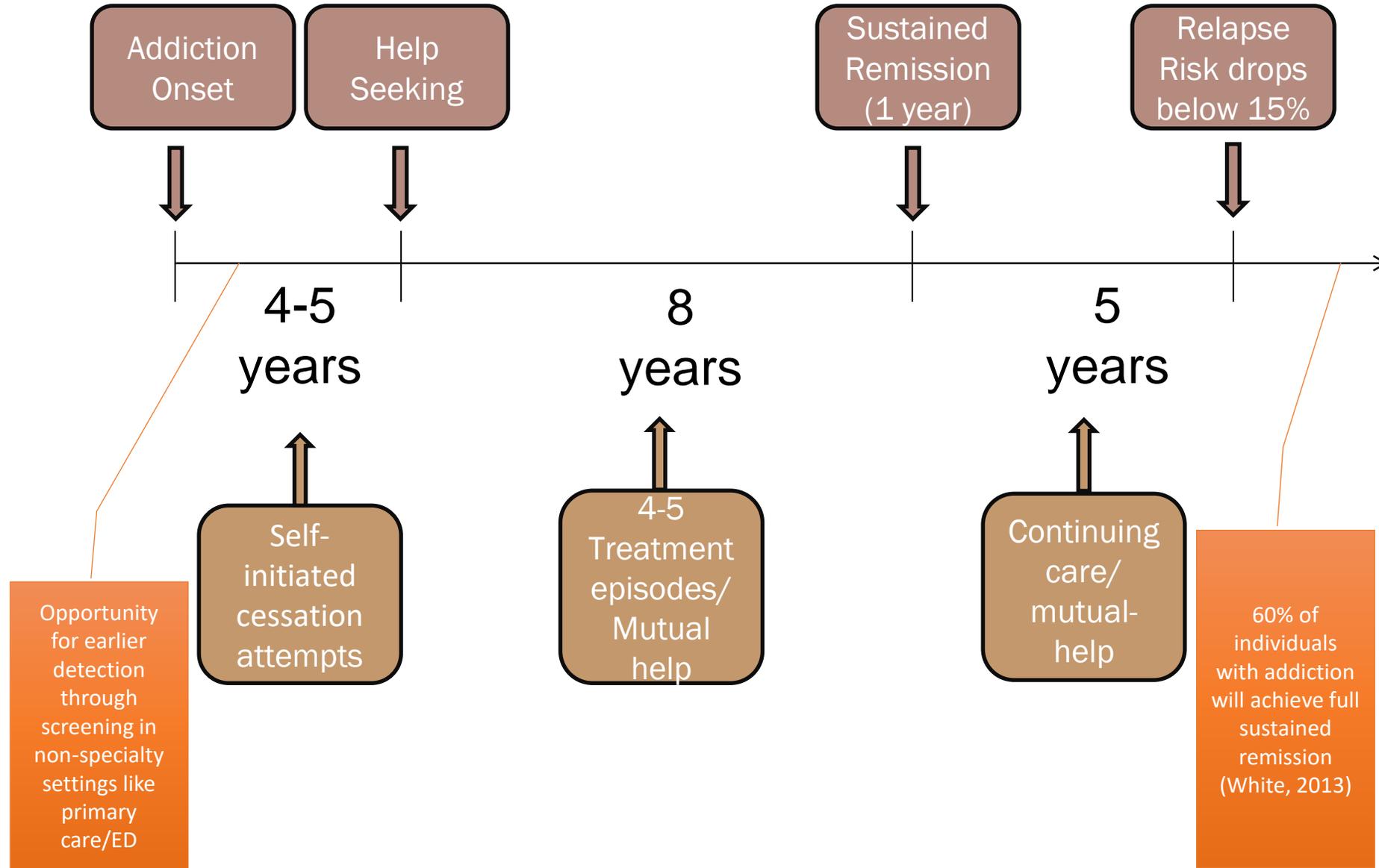
(White, 2007, p.236)

The prevalence of addiction recovery

(Best et al., 2019)

- 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 published 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 in the US are in recovery from a substance use disorder (> 25 million people)

From addiction to recovery in persons with severe dependence (White, 2013)





ELSEVIER



How do people resolve a drug/alcohol problem?

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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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
Recovery support services	21.8	1.40
Mutual-help groups	45.1	1.60

46.1% did so without support: unassisted / natural recovery





The importance of one's recovery capital

(Granfield & Cloud, 2001; Cloud & Granfield, 2008; Hennessy, 2017; Best & Hennessy, 2021;)

- The internal and external resources a person can access in support of their recovery
- The assets and capacities that enable human growth and flourishing (Best & Ivers, 2021)
- As opposed to recovery, Recovery Capital (RC) is a more narrow and clearly defined concept + starts from a contextual approach
- Strengths-based perspective, focusing on strengths and resources to initiate and sustain recovery

A multidimensional and dynamic concept

- Changes over time and various aspects of RC support one another synergistically
- Recovery capital can be depleted or may impede one's recovery (= negative recovery capital), indicating barriers that need to be addressed to facilitate recovery
- Reciprocal relation between recovery and RC:
 - the longer in recovery, the more RC;
 - while growth of RC leads to more stable recovery and better QoL

Dimensions of recovery capital

(Best & Laudet, 2010)





The role of recovery capital

- Recovery capital is crucial at various stages of the recovery continuum (Best e.a., 2010; Laudet & White, 2008; Best & Laudet, 2010)
 - **Personal recovery capital:** held by individuals, e.g. personal characteristics and skills which can be supportive for recovery (specific competences, severity of dependence), motivation for change, physical recovery capital (e.g. health, finances)
 - **Social recovery capital:** includes the social network of the individual and the extent to which one experiences support and acceptance from this network (friendships)
 - **Community recovery capital:** concerns the extent of support that is available within the wider community, such as housing, employment, training opportunities, treatment and self-help groups



The Strengths and Barriers Recovery Scale (SABRS): Relationships Matter in Building Strengths and Overcoming Barriers

David Best¹, Arun Sondhi², Lorna Brown¹, Mulka Nisic³, Gera E. Nagelhout^{4,5}, Thomas Martinelli⁴, Dike van de Mheen⁶ and Wouter Vanderplasschen^{7*}

TABLE 1 | Final set of included items ($n = 32$) in the Strengths And Barriers Recovery Scale (SABRS).

Recovery Strength items

- Exercise regularly
- Have a GP
- Have regular dental checks
- Have good nutrition
- Take care of your health
- Maintain a driving licence
- Maintain a bank account
- Able to pay your bills
- Maintain stable housing
- Remain in steady employment
- Further your education or training
- Start your own business
- Participate in family life
- Plan for the future
- Volunteer

Recovery Barrier items

- Have untreated emotional or mental health problems
- Make regular visits to the emergency room
- Regular use of health services
- Smoke
- Have your drivers' licence revoked
- Drive under the influence of alcohol or drugs
- Damage property
- Been arrested
- Been charged with a criminal offence
- Been to prison
- Have bad debts
- Were unable to pay the bills
- Regularly missed school or work
- Dropped out of school or college
- Fired or suspended from work
- Lose custody of children
- Experience family violence

TABLE 2 | Number of strengths and barriers while in addiction and recovery ($n = 1,313$).

	Strengths (addiction)	Strengths (recovery)	Barriers (addiction)	Barriers (recovery)
Mean	4.71	10.53	8.59	2.58
SD	2.91	3.25	3.30	2.31
Minimum	0	0	0	0
Maximum	15	15	17	17

TABLE 3 | Mean number of strengths and barriers while in recovery and growth of strengths and reduction of barriers, by recovery stage ($n = 1,313$).

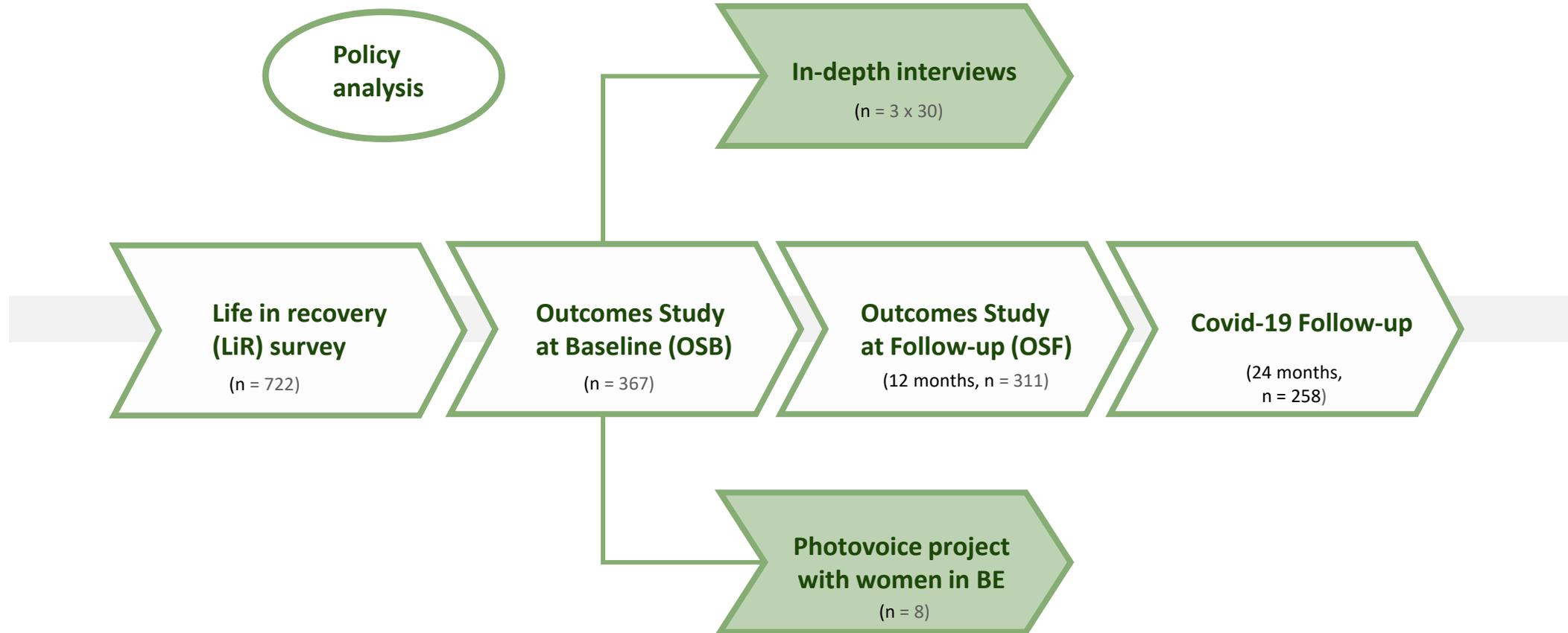
	Early recovery	Sustained recovery	Stable recovery	F, significance
Strengths	8.59	10.46	11.69	102.39, $p < 0.001$
Barriers	3.07	2.58	2.33	11.19, $p < 0.001$
Change in strengths	3.33	5.66	7.37	109.84, $p < 0.001$
Changes in barriers	–4.74	–6.13	–6.64	24.50, $p < 0.001$

Research questions?

What are the correlates of recovery capital in persons in various recovery stages?

How does recovery capital evolve in a recovery population and which factors are associated with changes in recovery capital?

Recovery pathways and societal responses related to illicit drug use in UK, NL & BE (REC-PATH) (2017-2021): Study design



Assessment of recovery capital

- Brief Assessment of Recovery Capital (BARC) (Vilsaint et al., 2017), based on the Assessment of Recovery Capital (ARC, Groshkova et al., 2012)
- 10 items, measured on 6 point Likert scale (strongly disagree – strongly agree)
- Single measure of RC, with scores ranging from 10-60
- Predictive validity for sustained remission has been associated with scores >47 (Vilsaint, 2017)
- Cronbach alfa scores of 0.84 and 0.89 at OSB and OSF

Method

- 311 study participants assessed at baseline and 12 months later (84.5% follow-up rate);
- Those not retained did not differ from drop-outs, except for country, recovery stage and employment status
- Face-to-face, telephone + online assessments

Findings

Change in recovery capital

Comparison of BARC-10 total scores at baseline and follow-up (n = 311)

	Baseline Mean (SD)	Follow-up Mean (SD)	t	P value
BARC-10 total score	51.04 (6.931)	49.66 (8.418)	3.144	.002**

BARC-10 total scores of participants in early, sustained, and stable recovery at baseline (n=367)

	Early n=59 Mean (SD)	Sustained n=146 Mean (SD)	Stable n=162 Mean (SD)	t	P value
BARC-10 total score	46.58 (7.598)	50.925 (7.197)	52.407 (6.086)	15.916	< .001*

Recovery capital at FU according to recovery stage

BARC-10 total scores of participants in early, sustained, and stable recovery at follow-up (n=311)

	Early n=41 Mean (SD)	Sustained n=132 Mean (SD)	Stable n=138 Mean (SD)	t	P value
BARC-10 total score	44.41 (10.576)	49.46 (8.306)	51.40 (7.100)	8.560	< .001*

Determinants of RC at baseline

Table. Linear regression model predicting BARC-10 total scores at baseline

Factors associated with BARC-10 total score at baseline (n = 367)	B (95% CI)	b	t	P value
Perceived Stigma	-.073 (-.161, .016)	-.053	-1.618	.107
Quality of Life	.287 (.218, .355)	.421	8.176	< .001*
Social Support	.282 (.183, .380)	.210	5.625	< .001*
Physical Health	-.049 (-.128, .030)	-.048	-1.220	.223
Mental Health	-.177 (-.261, -.092)	-.195	-4.105	< .001*
Illicit Substance Use (last 30 days)	-4.264 (-5.693, -2.835)	-.195	-5.868	< .001*
Involved in Justice System	.057 (-1.797, 1.911)	.002	.060	.952
Housing Problems	1.717 (-.357, 3.790)	.054	1.628	.104
Recovery Stage				
Less than 1 year	-1.308 (-2.806, .190)	-.068	-1.717	.087
Between 1 and 5 years	.165 (-.881, 1.211)	.011	.310	.757
More than 5 years				
Country				
United Kingdom	.550 (-.726, 1.827)	.036	.848	.397
the Netherlands	.108 (-1.037, 1.253)	.007	.186	.853
Belgium				
Gender				
Male				
Female	-.112 (-1.093, .870)	-.008	-.223	.823
Age	-.007 (-.054, .041)	-.010	-.277	.782

*P < .05

Determinants of change in RC

Table. Linear regression model predicting changes in BARC-10 total scores

Factors associated with change in BARC-10 total score from baseline to follow-up (n = 311)	B (95% CI)	b	t	P value
Quality of Life (change score)	.321 (.215, .426)	.346	5.969	< .001*
Social Support (change score)	.027 (-.120, .174)	.018	.356	.722
Mental Health (change score)	-.301 (-.440, -.162)	-.238	-4.273	< .001*
Illicit Substance Use (last 30 days) (change score)	-2.861 (-5.216, -.506)	-.123	-2.391	.017*
Recovery Stage				
Less than 1 year	-2.724 (-5.344, -.105)	-.119	-2.047	.042*
Between 1 and 5 years	-.965 (-2.701, .771)	-.062	-1.094	.275
More than 5 years				
Country				
United Kingdom	.290 (-1.845, 2.426)	.017	.267	.789
the Netherlands	-.330 (-2.194, 1.534)	-.021	-.348	.728
Belgium				
Gender				
Male				
Female	.297 (-1.318, 1.912)	.018	.362	.718
Age	-.028 (-.106, .050)	-.040	-.714	.476

*P < .05

Conclusions

Factors associated with RC:
mental health, QoL, recent
illicit drug use, social support
and recovery stage

Being in early recovery
associated with less RC at OSF

RC did not continue to grow
over the FU period, although
>47 in stable and sustained
recovery group, suggesting a
ceiling effect for RC

Items around commitment to
sobriety were scored highest,
while community involvement
was ranked lowest

RC as quantifiable framework
to assess resources for
addiction recovery + for
informing practices and
policies

Does RC reflect true resources
for those in recovery, or rather
aligns with the broader
societal norms in its
expectation of normalcy? (Best
& Hennessy, 2021)

The future of RC science

- At least 4 areas for further RC research (Best & Hennessy, 2021):
- Further conceptual development (RC domains, ...)
- Empirical testing and measurement, including appropriate measures and instruments
- Novel applications in treatment and recovery settings
- Further dissemination in policy, practice and lived experience communities

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ADDICTION THEORIES AND CONSTRUCTS

ADDICTION

SSA

The science of recovery capital: where do we go from here?

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Questions contact



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