Recovery Capital: Assets, Not Abstinence

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My Recovery
this is your brain on drugs.
Partial Recovery of Brain Dopamine Transporters in Methamphetamine (METH) Abuser After Protracted Abstinence

Normal Control | METH Abuser (1 month detox) | METH Abuser (24 months detox)

KORE CASCADE OF CARE

1. Prevent Initiation of Use
2. Prevent Misuse
3. Identify Treatment Need Early
4. Provide Treatment Access and Engagement
5. Support Treatment Retention
6. Sustain Remission & Recovery

Reduce Harm

Build Personal, Family, and Community Capital
Recovery Capital

Adapted from Maslow (1943)

Adapted from White & Cloud (2008)
Adapted from Kelly and Hoeppner (2014)

- Remission
- Recovery Capital
- Reduced Biopsychosocial stress
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

Prevent Initiation of Use
Prevent Misuse
Identify Treatment Need Early
Provide Treatment Access and Engagement
Support Treatment Retention
Sustain Remission & Recovery

Reduce Harm
Build Personal, Family, and Community Capital
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, Hoeppner, 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
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!
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
WE VALUE ALL PATHWAYS TO RECOVERY

VOICES of HOPE
Why Harm Reduction?

Engagement!

Treatment (Abstinence only)

Harm Reduction, Recovery Support Services, etc.

Precontemplation

Contemplation

Preparation

Action

Maintenance
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
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
I walked by staring straight onto the sidewalk unable to lift my head. If I wasn't nodding or barely able to lift my head from the drugs I was so damn hopeless I didn't feel human enough to wanna look another human being in the eye.
References


References


• Scott, C. K., & Dennis, M. L. (2012). The first 90 days following release from jail: Findings from the Recovery Management Checkups for Women Offenders (RMCWO) experiment. Drug and Alcohol Dependence, 125(1-2), 110-118.


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Questions or Comments?

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