

# Connection Between Prevention and Recovery

- Jessica Herrmann, Governor's Institute on Substance Abuse
- Jimmy Cioe, Governor's Institute on Substance Abuse
- Chris Campau, NC State Collegiate Recovery Community
- Jennifer Cervi, UNC-W Collegiate Recovery
- Sarah Potter, NC DMH/DD/SAS
- Jennifer Overfield, Advocate

# Why Are We Here?

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- Share ideas and spark innovation.
- Discuss the links between prevention and the community wellness using recovery efforts.
- Describe the potential role of what prevention and recovery can offer to each other (strategies).
- Matching strengths of prevention and recovery with shared goals across both.

# Learning Objectives

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- ▶ By the end of this track, the learner will be able to:
  - Identify at least 4 areas of commonality between prevention and recovery;
  - Define the chronic nature of recovery from substance use disorder;
  - Summarize the role of prevention in recovery;
  - Understand the language and key concepts of prevention and recovery;
  - Identify how you may incorporate prevention with recovery in your practice / workplace.



# Stories from the Field


Jennifer Cervi, UNCW Collegiate Recovery





# Getting to Know You

- ▶ On your index card answer the following questions (DO NOT WRITE YOUR NAME ON THE CARD):
  - ▶ *What is one thing about someone in your family that you admire or like?*
  - ▶ *What is one goal you would like to accomplish in your lifetime?*
  - ▶ *What is your guilty pleasure song?*




# What Would the System Look Like If...

- ▶ We completed the circle from effective prevention to supported recovery?

# Activity

- Divide into two groups.
- Assign one person to write / record.
- Assign a different person to report out at the end.
- Review the instructions and if there are no questions, begin.





# What is Prevention and Recovery to you?

- ▶ List Commonalities
- ▶ Identify Ways to Support Each Function
- ▶ Discuss Action Steps / Real World

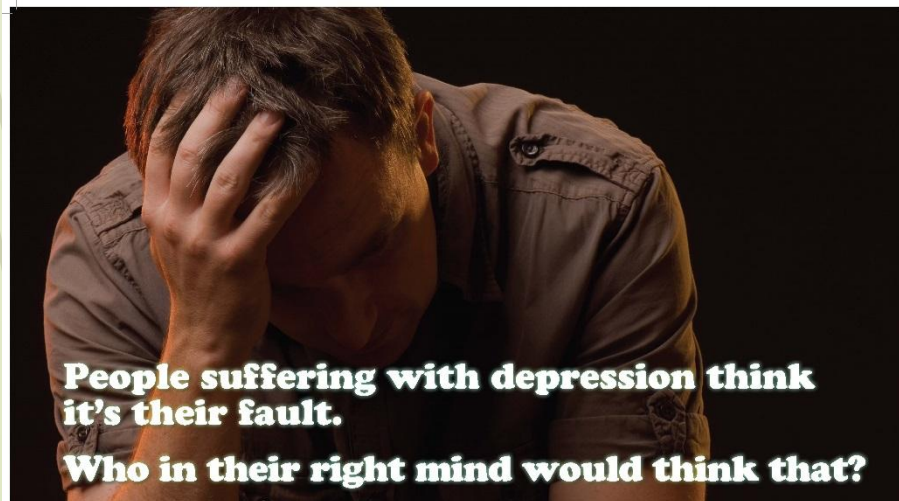
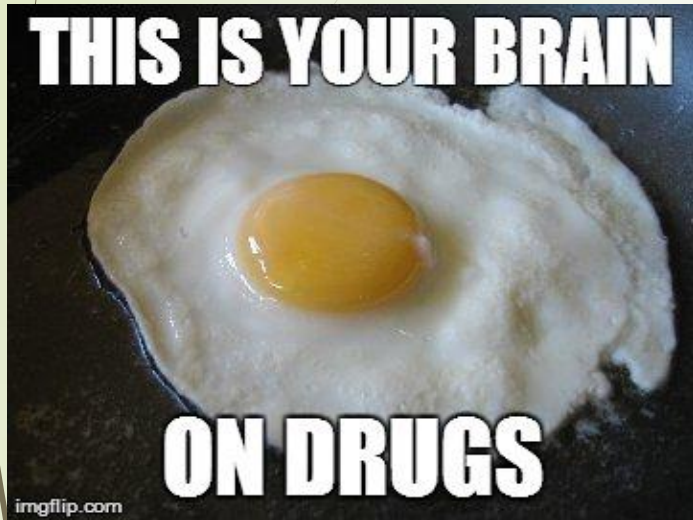




# Prevention Definition

- ▶ pre·ven·tion: /prə'ven(t)SH(ə)n/ noun
- ▶ 1. an active process of creating conditions and fostering personal attributes that promote the well-being of people.
- ▶ a proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles.

This is not the Prevention we are talking about today...





# Recovery Definition

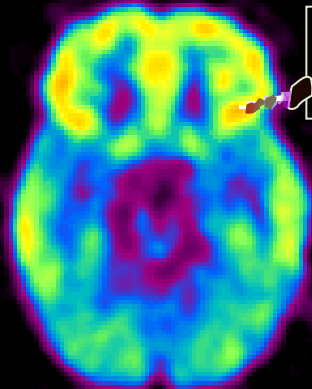
- ▶ re·cov·er·y: /rə'kəv(ə)rē/ noun
- ▶ 1. a return to a normal state of health, mind, or strength "signs of recovery in the housing market" synonyms: recuperation, convalescence, improvement, rallying, picking up
- ▶ 2. the action or process of regaining possession or control of something stolen or lost "a team of salvage experts to ensure the recovery of family possessions"

Both are Deeply Rooted in the

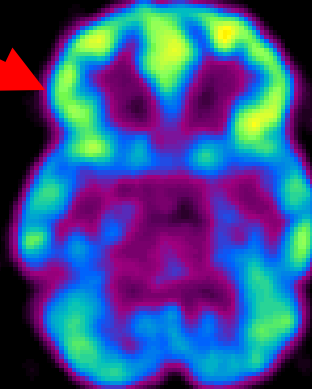


# ADDICTION IS A **DISEASE OF THE BRAIN** *as other diseases it affects the tissue function*

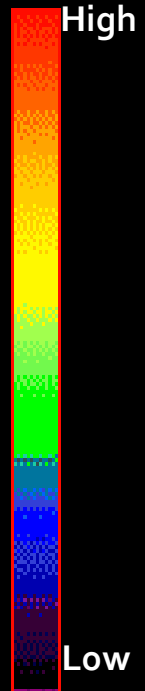
## Decreased Brain Metabolism in *an Addicted Patient*



Control



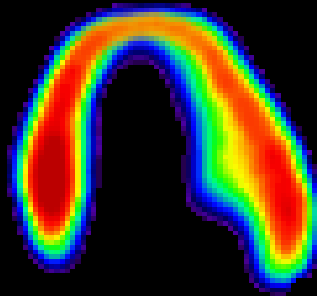
Cocaine Abuser



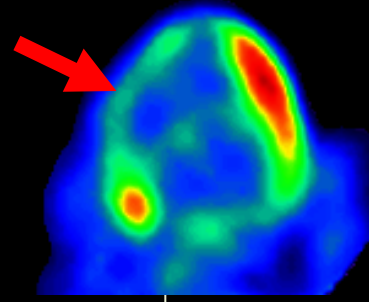
High

Low

## Decreased Heart Metabolism in *Heart Disease Patient*



Healthy Heart



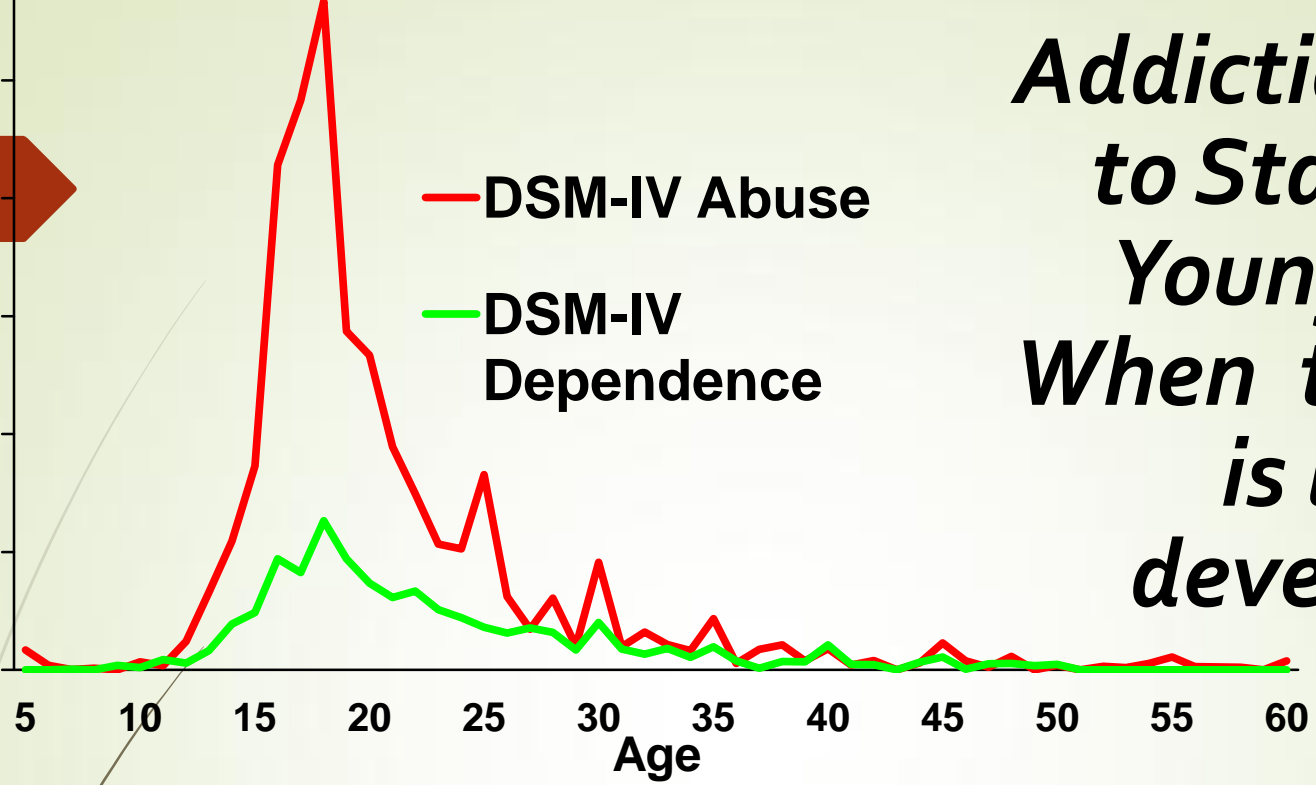
Diseased Heart

Sources: From the laboratories of Drs. N. Volkow and H. Schelbert



Hazard Rate

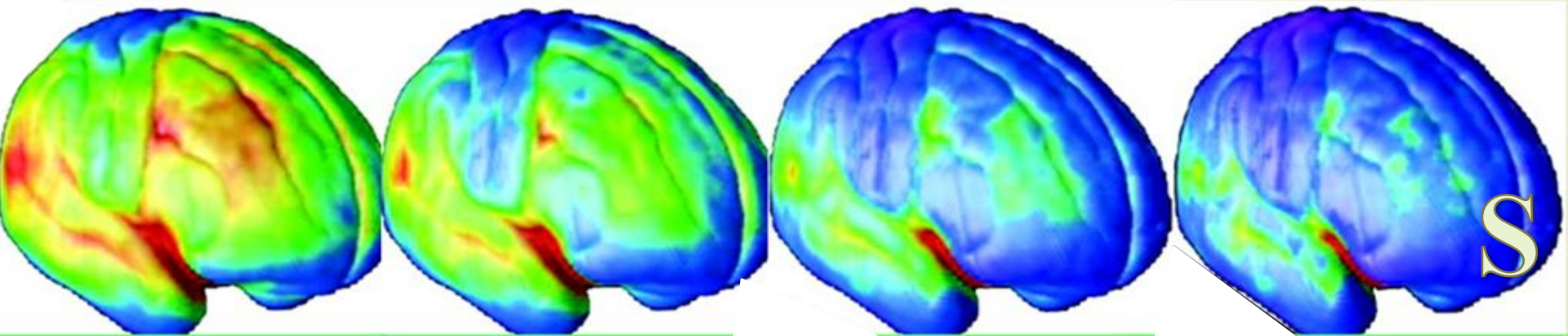
0.010  
0.008  
0.006  
0.004  
0.002  
0.000



*Addiction Tends to Start at a Young Age: When the brain is less developed*

**Age of Onset of Drug Abuse and Dependence**

Source: Compton, et al. *Archives of General Psychiatry* 2007. NESARC Study.



# Many Factors Lead to Drug Use and Addiction

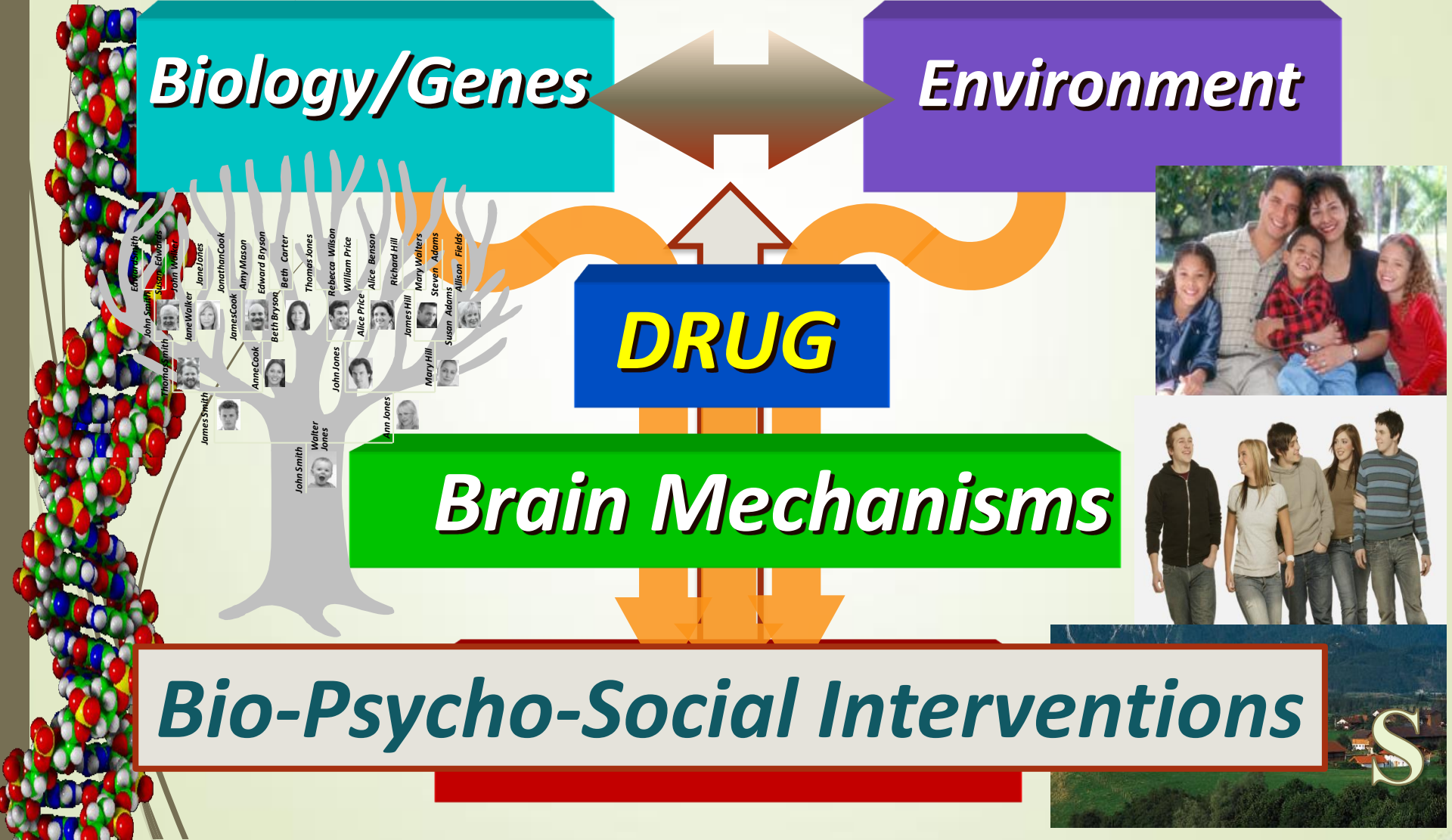
**Biology/Genes**

**Environment**

**DRUG**

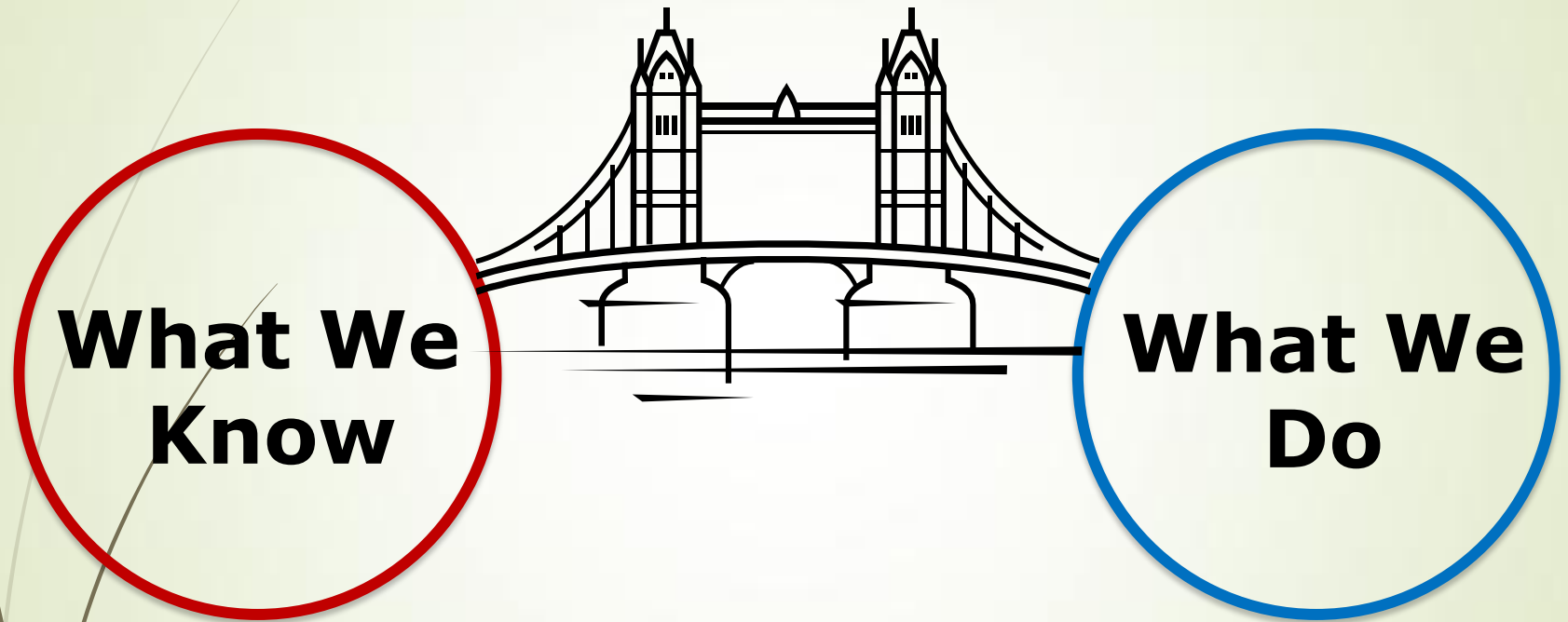
**Brain Mechanisms**

**Bio-Psycho-Social Interventions**



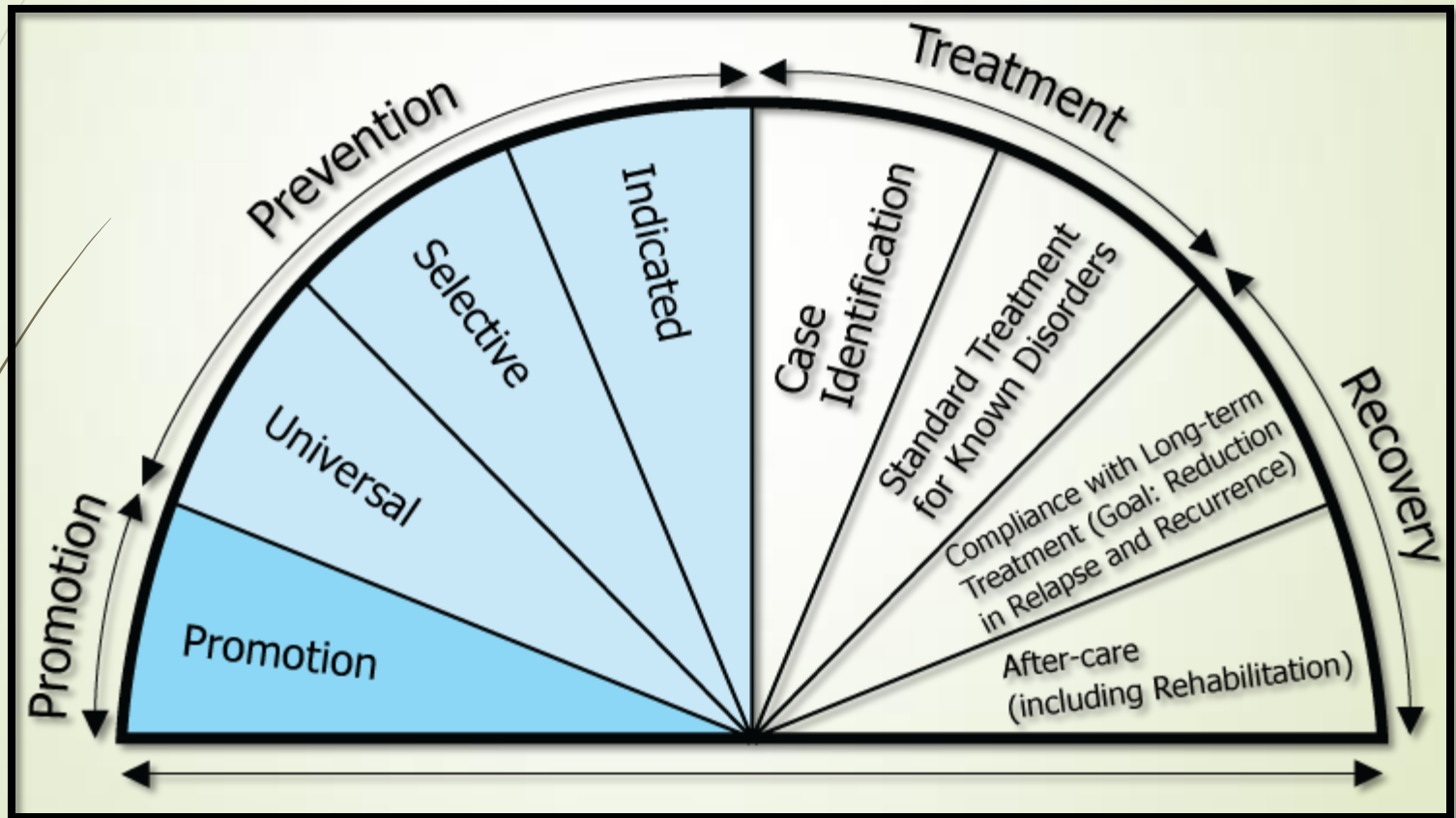
# The Challenge

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# IOM Continuum of Care





# Spectrum of Care

- Substance Abuse Intensive Outpatient Programs (SAIOP)
- Substance Abuse Comprehensive Outpatient Programs (SACOT)
- Substance Abuse Non-Medical Community Residential Treatment
- Substance Abuse Medically Monitored Community Residential Treatment
- Substance Abuse Halfway House
- Ambulatory Detoxification
- Social Setting Detoxification
- Non-Hospital Detoxification
- Medically Supervised or ADATC Detoxification / Crisis Stabilization
- Outpatient Opioid Treatment



# Treating Addiction as a Chronic Condition

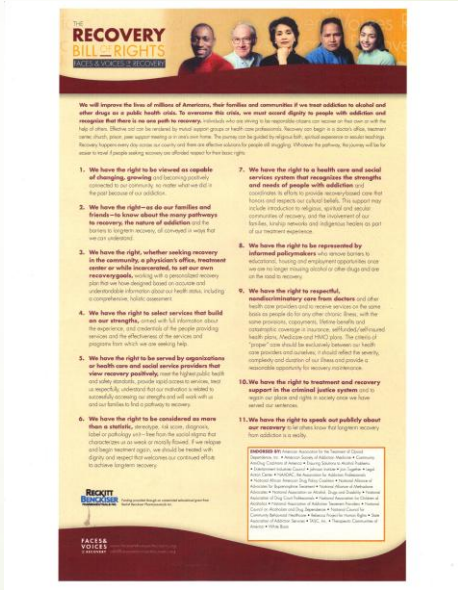
- Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
- Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death. (*American Society of Addiction Medicine, Definition of Addiction / Short Version, 2011*)

# Recovery is Possible / Bill of Rights


Individuals Deserve:

- Hope
- Reduction of Stigma
- Removal of Shame
- Empowered Healing
- Celebration of Recovery
- Ongoing Support

# Recovery Bill of Rights:



# Faces and Voices of Recovery / (See handout)

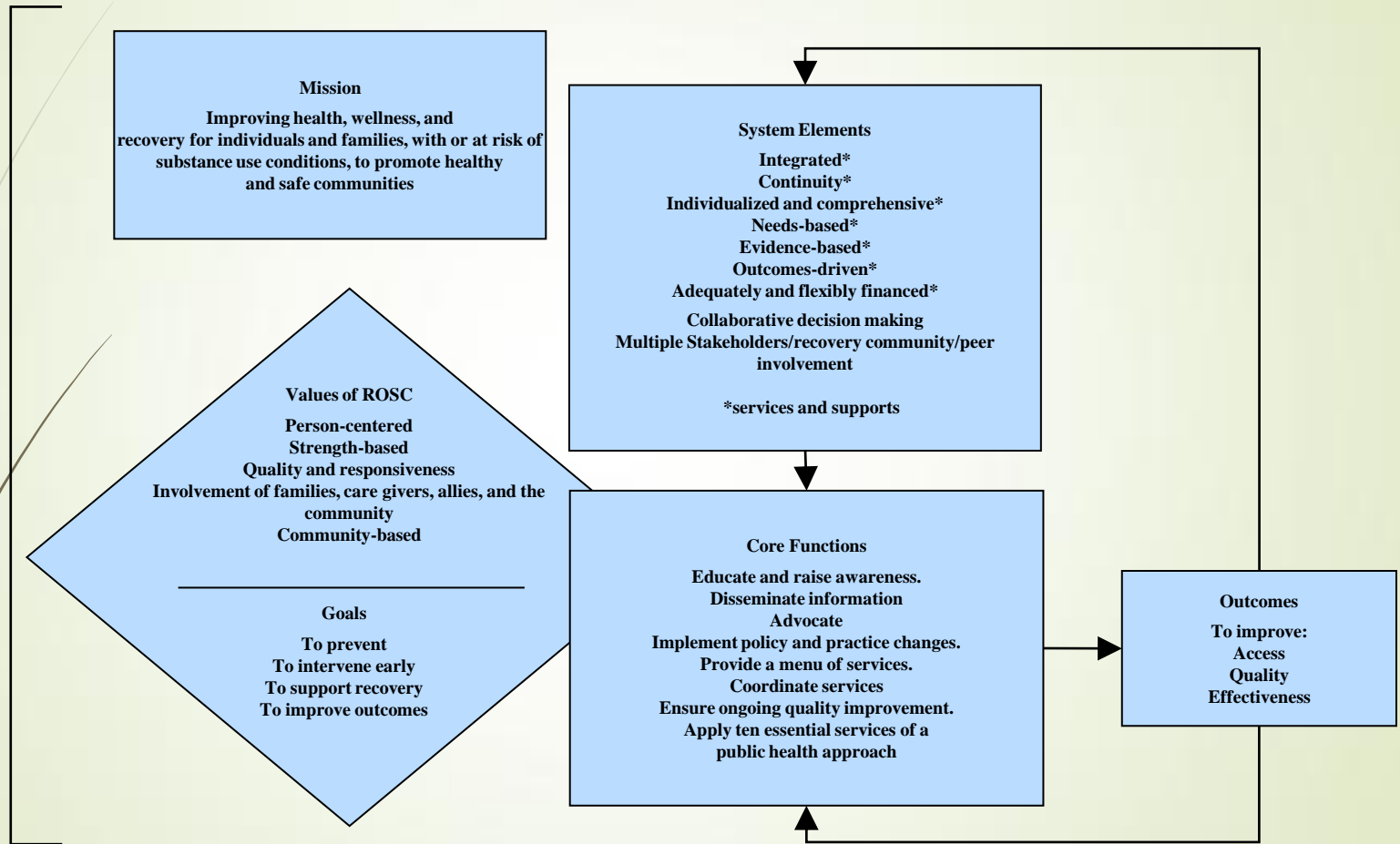


# Recovery Oriented Systems of Care

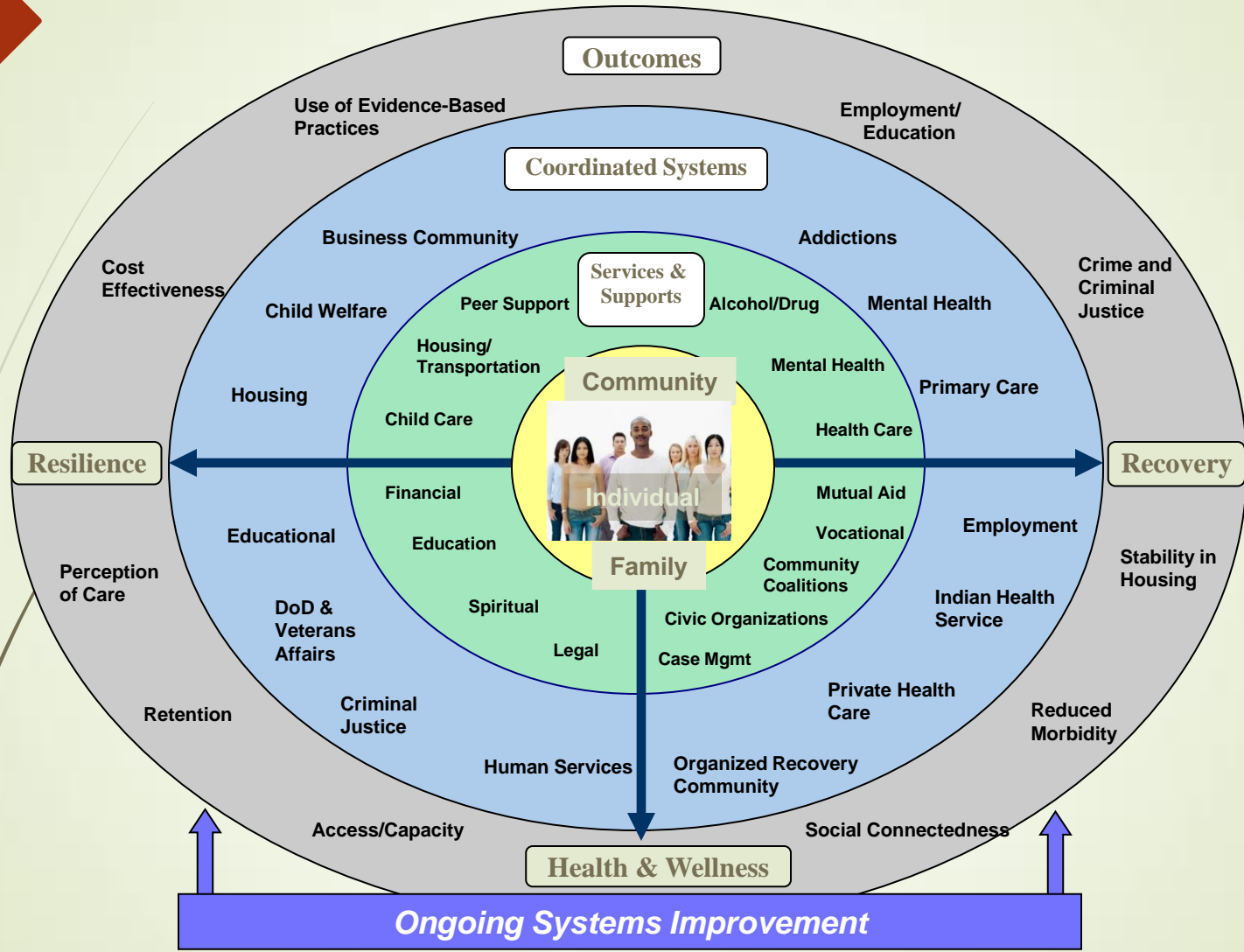
- ▶ Strength Based Approach
- ▶ Focuses on the entire person- not just treatment
- ▶ Treatment is often the beginning of wellness
- ▶ People get well in their communities
- ▶ Primary Care Integration
- ▶ Housing and Employment
- ▶ Long-term Supports
- ▶ Community Focused

# Recovery-Oriented Systems of Care (ROSC) Conceptual Framework

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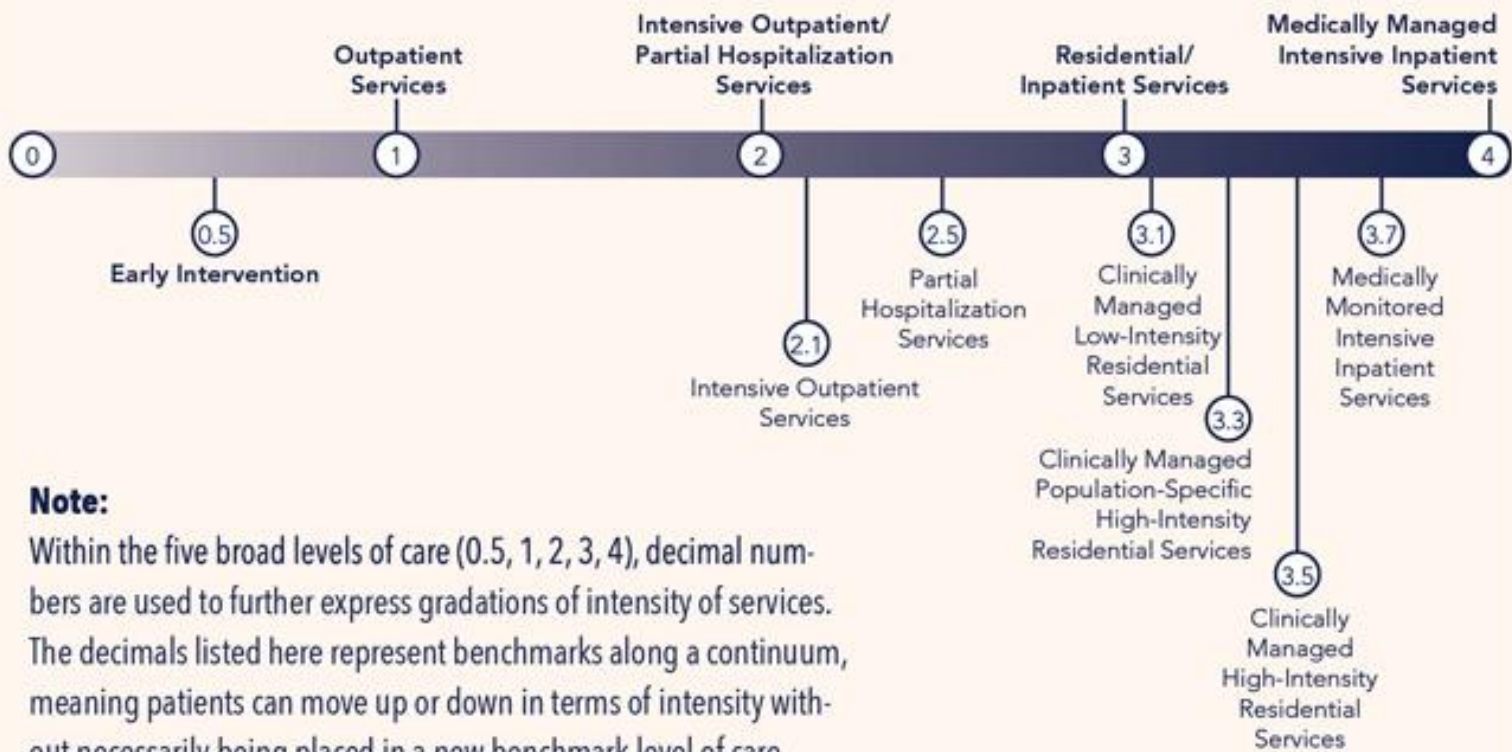


Slides courtesy of  
Melanie Whitter, Abt  
Associates, Inc. /  
Consultant to SAMHSA



# ASAM Model

## REFLECTING A CONTINUUM OF CARE



**Note:**

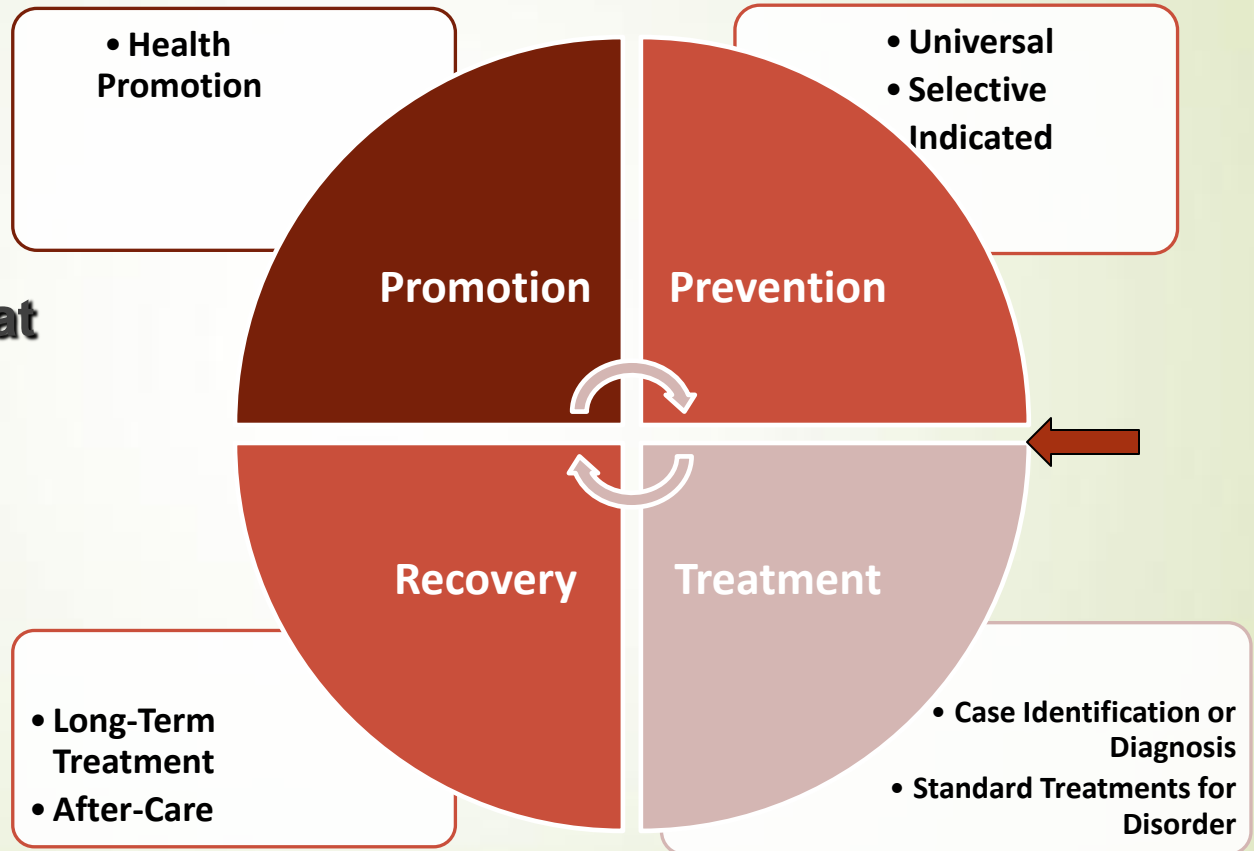
Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.



# Making the Connection

➤ **View the continuum as a circle in which an individual may enter the system at any point.**

➤ **What feels different?**



# Strength in Numbers



North Carolina Mental Health Consumers' Organization

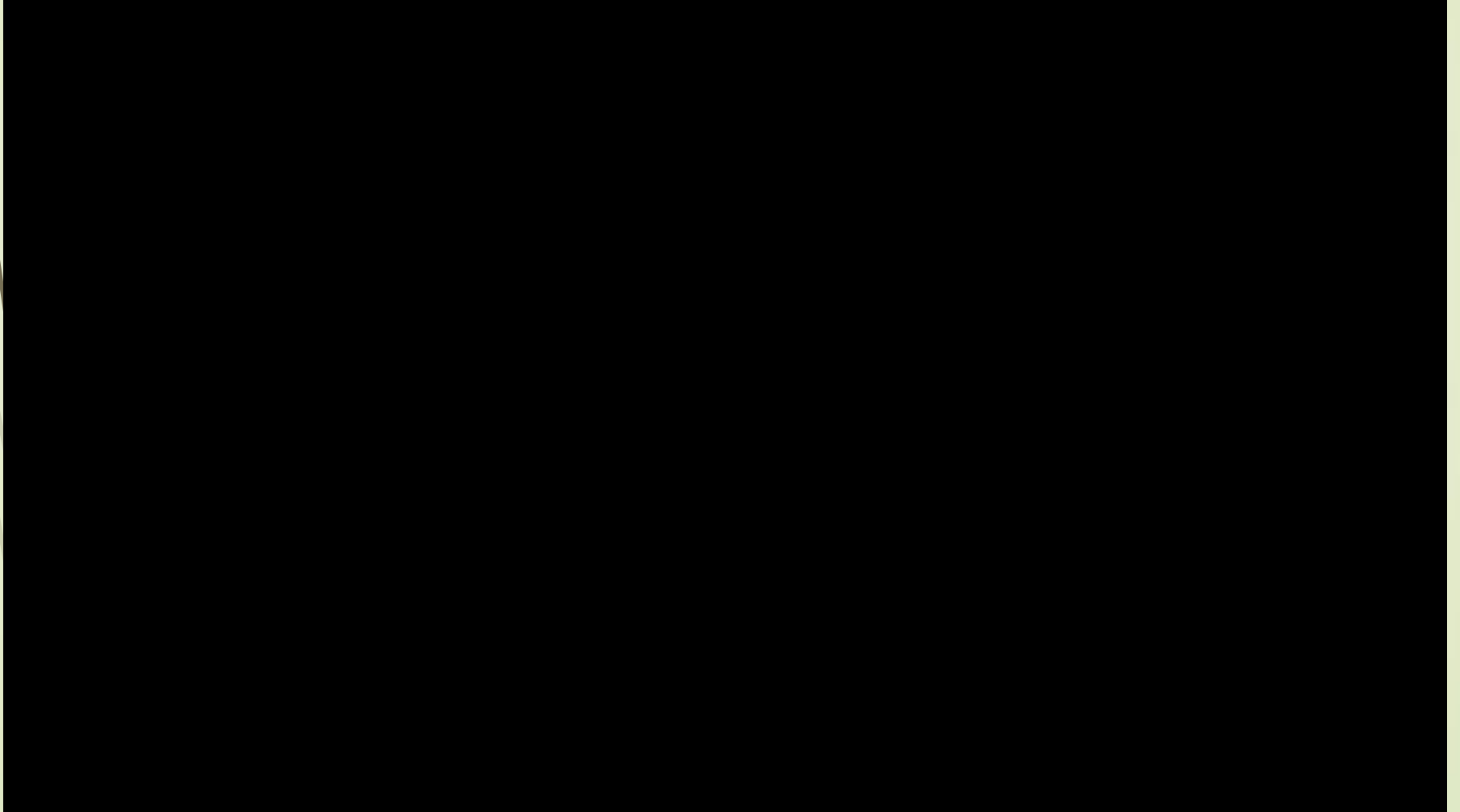


Governor's Institute  
on Substance Abuse



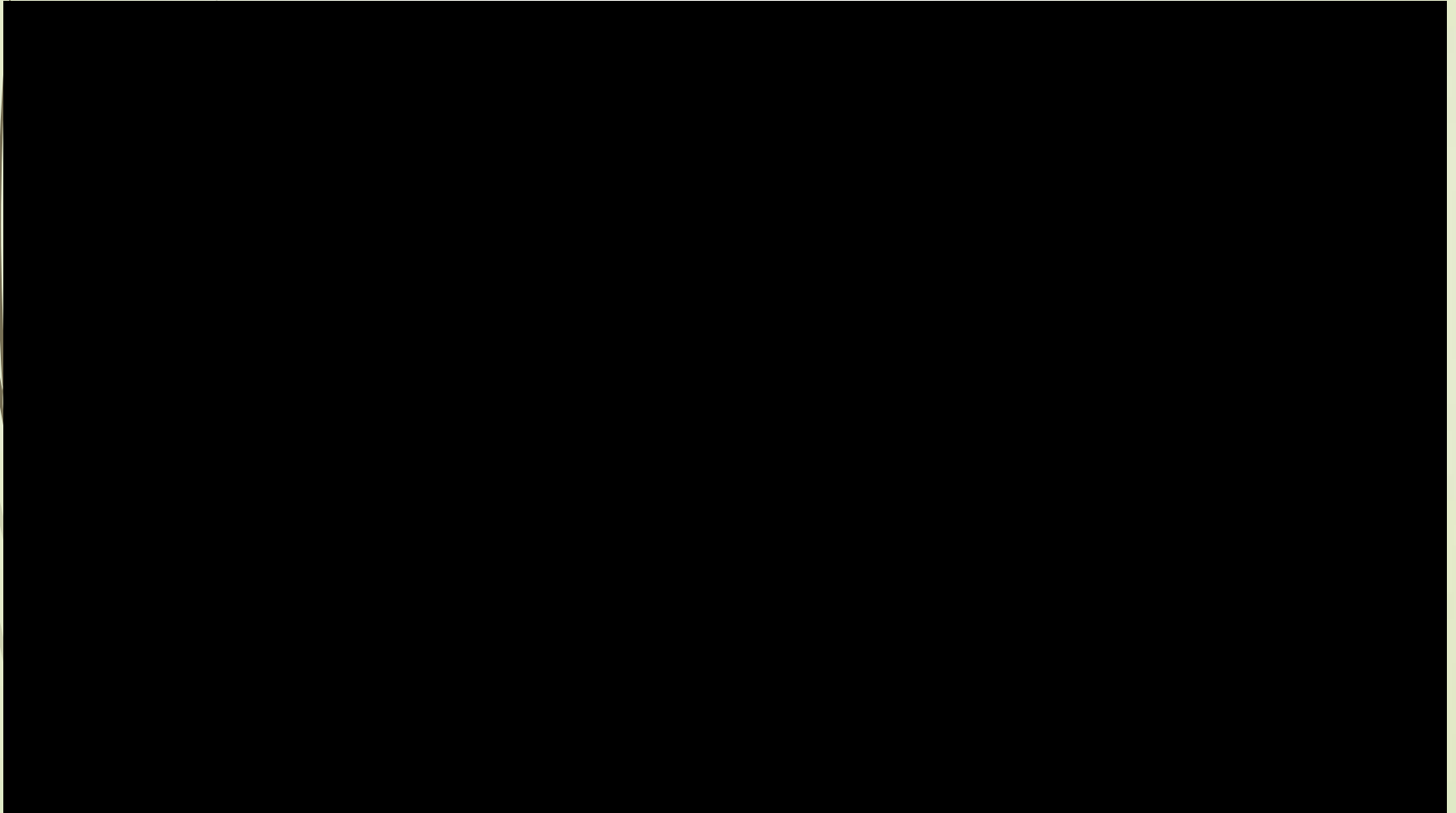


# Advocacy in North Carolina





# Telling a Story Can Paint a Picture....





# Stories from the Field

Jennifer Overfield  
Advocate

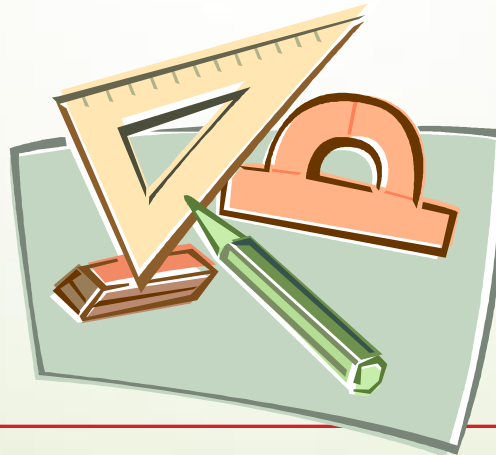
# Local Problems Require Local Solutions



# Assets & Resources



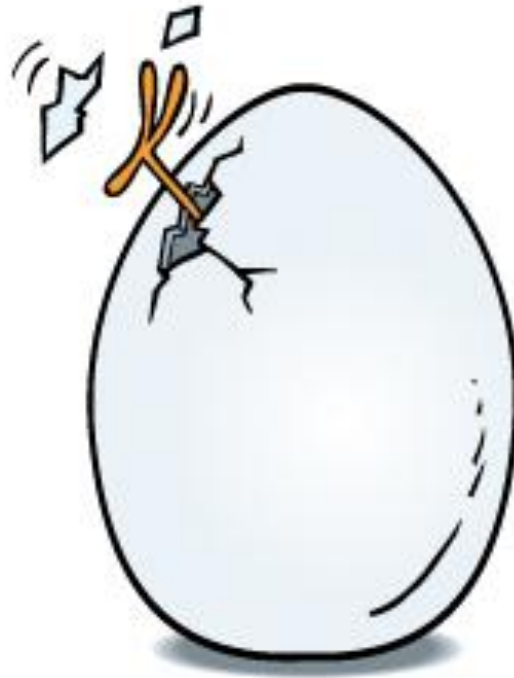
What are our  
building materials?





# Activity: Strengths of Collaboration





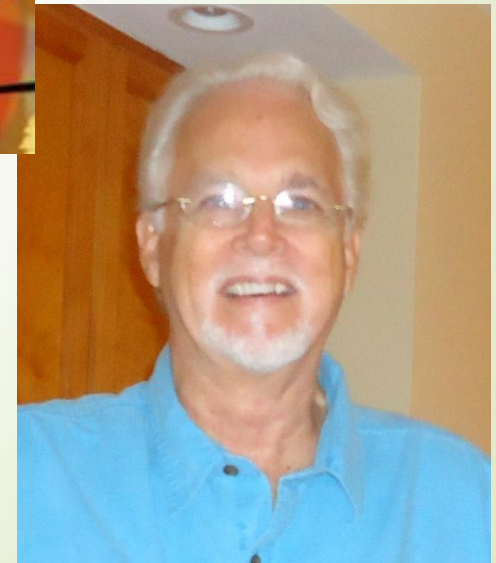
**BREAK! 15 MINUTES!**

# Wellbriety Movement

- Personal recovery for Native Americans is best framed within a broader umbrella of Wellbriety-- physical, psychological, relational, and spiritual health. The concept of Wellbriety is an affirmation of the interconnectedness of all aspects of one's life. At its most practical level, the focus on Wellbriety calls for global rather than categorical assessment, treatment plans that reflect the total vulnerabilities and assets of the person/family/tribe, and advocacy for sustained recovery support systems in the client's physical and cultural environment.

(Don Coyis, White Bison / William White, 2002)

# History of the Recovery Movement





# What Can Recovery Learn from Prevention?



# History of Prevention

TIME	NATIONAL PERSPECTIVE	STRATEGY
1950's	Drugs are a problem inherent to the underprivileged in deprived urban areas - used to escape pain and to avoid reality.	Scare tactics; films and speakers.
Early 1960's	Drugs are used to escape pain and avoid reality, but they're more than just a problem of deprived urban areas	Scare tactics; films and speakers.
Late 1960's	Drugs are used to intensify life, to have psychedelic experiences. Drug use is considered a national epidemic.	Information dissemination; films and speakers.
Early 1970's	<b>A variety of drugs are used for a variety of reasons: to speed up experiences, to intensify experiences, to escape, to expand perceptions, to relieve boredom, and to conform with peer behavior.</b>	Drug education; curricula based on factual information.

<p><b>Mid 1970's</b></p>	<p><b>Users become more sophisticated and society develops an increasing tolerance of drug use.</b></p>	<p><b>Affective education and alternatives to drug use; curricula based on communication, decision making, values clarification and self-esteem.</b></p>
<p><b>Late 1970's to Mid 1980's</b></p>	<p>Parents begin to form organizations to combat drug abuse.</p>	<p><b>Affective education, alternatives to drug use and training; social skills curricula, refusal skills training, parenting education.</b></p>
<p><b>Mid 1980's to Mid 1990's</b></p>	<p><b>Drug use is very complex.</b></p>	<p><b>Comprehensive approach including parent, school and community partnerships (coalitions); research-based curricula, linkage agreements, and peer programs.</b></p>





**Mid  
1990's  
to  
today**

**The gap between research and application is gradually bridged.**


**Replication of evidence-based models including outcome-based planning and then the Strategic Prevention Framework; application of evidence-based approaches, environmental strategies, comprehensive programs targeting many domains and strategies, and evaluation.**



# Environmental Strategies


- ▶ This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of substance use disorders in the general population.
- ▶ Activities focus on policy issues, AND/OR normative communication campaigns.





# Language and Common Understanding

- ▶ Despite the common goals of Prevention and Recovery, broad misunderstanding about what each other does still abounds.
- ▶ As with any partnership, the first step is understanding their “language”.
- ▶ See Handout from the Southeastern ATTC re: Language



► “The feeling of being worthless and useless, and not being able to fit in, are common threads for people who struggle with addiction. Somewhere they lose those feelings of worth.

► ***What if people never lost that?”***

► -- Chris Campau



# Areas of Commonality

- Inadequate funding
- Interest in creating healthy community environments
- What Recovery Capital people have vs. Barriers (Trauma)
- Proactively Building Supports (prior to a crisis)
- Shared interest in making sure services available to everyone
- Need to identify groups that are more often affected.



# Areas of Commonality

- Focus at the community level to build support
- Building resilience and “assets” or “protective factors”
- Positive Social Development & Self-efficacy
- Helping people find their own voice
- Identifying points in the system where people get “lost”



# Pathways to Collaboration

- Empowering People
- Recovery Capital & Asset Building
- Building Supports
- Community Perceptions and Norms
- Transitions & Times of Vulnerability
- Education & Advocacy
- Data Driven Planning

# Empowering People

WHICH IS YOUR → LOCUS OF CONTROL?

"I make things happen."

"Look what I can do!"



"I can determine my future."

Internal locus of control

You make things happen.



"Why bother?"

"There is nothing I can do about my future."

"Why does everything happen to me?"

External locus of control

Things happen to you.

"I am not what happened to me, I am what I choose to become."

-- Carl Jung

# Recovery Capital & Asset Building

- RC is the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery.
- RC linked to natural recovery, solution-focused therapy, strengths-based case management, recovery management, resilience and protective factors, and wellness, and global health

# Recovery Capital & Asset Building

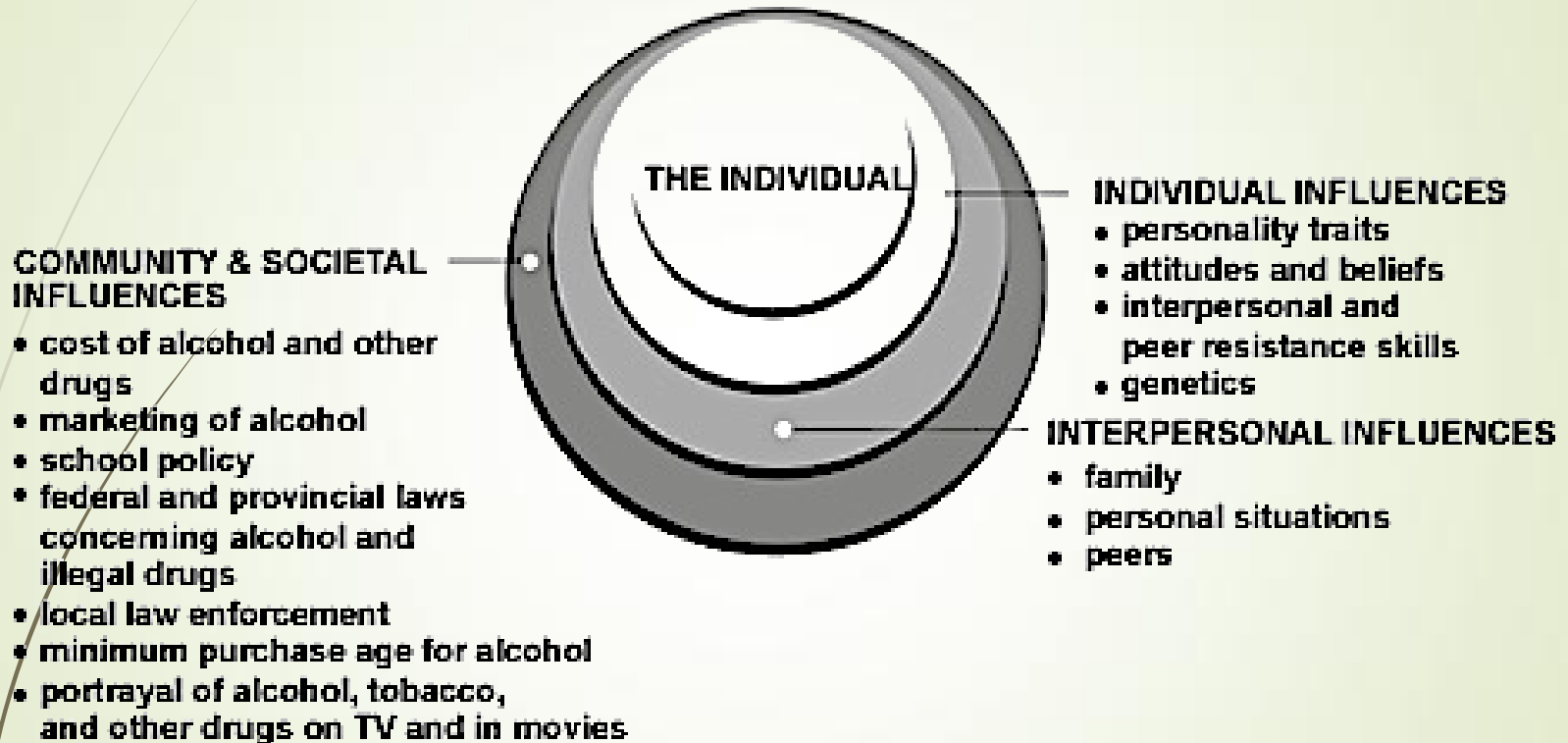
- Personal Recovery Capital
  - (Physical)- Physical health, financial assets, insurance, safe and recovery conducive shelter, clothing, food, transportation
  - (Human)- Values, knowledge, education/vocation, problem solving, self-awareness, self-efficacy, interpersonal skills, sense of purpose
- Family/Social Recovery Capital
  - Supportive, health relationships, willingness to participate in recovery, sobriety-based leisure and connections, relation to institutions (organizations, school, etc)
- Community Recovery Capital
  - Community attitudes, policies and resources, adequate services, sources of support, positive role models



# Recovery Capital & Asset Building

Category	Asset Name and Definition	
External Assets	<b>Support</b> <ol style="list-style-type: none"> <li><b>1. Family Support</b>-Family life provides high levels of love and support.</li> <li><b>2. Positive Family Communication</b>-Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parents.</li> <li><b>3. Other Adult Relationships</b>-Young person receives support from three or more nonparent adults.</li> <li><b>4. Caring Neighborhood</b>-Young person experiences caring neighbors.</li> <li><b>5. Caring School Climate</b>-School provides a caring, encouraging environment.</li> <li><b>6. Parent Involvement in Schooling</b>-Parent(s) are actively involved in helping young person succeed in school.</li> </ol>	
	<b>Empowerment</b> <ol style="list-style-type: none"> <li><b>7. Community Values Youth</b>-Young person perceives that adults in the community value youth.</li> <li><b>8. Youth as Resources</b>-Young people are given useful roles in the community.</li> <li><b>9. Service to Others</b>-Young person serves in the community one hour or more per week.</li> <li><b>10. Safety</b>-Young person feels safe at home, school, and in the neighborhood.</li> </ol>	
	<b>Boundaries &amp; Expectations</b> <ol style="list-style-type: none"> <li><b>11. Family Boundaries</b>-Family has clear rules and consequences and monitors the young person's whereabouts.</li> <li><b>12. School Boundaries</b>-School provides clear rules and consequences.</li> <li><b>13. Neighborhood Boundaries</b>-Neighbors take responsibility for monitoring young people's behavior.</li> <li><b>14. Adult Role Models</b>-Parent(s) and other adults model positive, responsible behavior.</li> <li><b>15. Positive Peer Influence</b>-Young person's best friends model responsible behavior.</li> <li><b>16. High Expectations</b>-Both parent(s) and teachers encourage the young person to do well.</li> </ol>	
	<b>Constructive Use of Time</b> <ol style="list-style-type: none"> <li><b>17. Creative Activities</b>-Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.</li> <li><b>18. Youth Programs</b>-Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in the community.</li> <li><b>19. Religious Community</b>-Young person spends one or more hours per week in activities in a religious institution.</li> <li><b>20. Time at Home</b>-Young person is out with friends "with nothing special to do" two or fewer nights per week.</li> </ol>	
	Internal Assets	<b>Commitment to Learning</b> <ol style="list-style-type: none"> <li><b>21. Achievement Motivation</b>-Young person is motivated to do well in school.</li> <li><b>22. School Engagement</b>-Young person is actively engaged in learning.</li> <li><b>23. Homework</b>-Young person reports doing at least one hour of homework every school day.</li> <li><b>24. Bonding to School</b>-Young person cares about her or his school.</li> <li><b>25. Reading for Pleasure</b>-Young person reads for pleasure three or more hours per week.</li> </ol>
		<b>Positive Values</b> <ol style="list-style-type: none"> <li><b>26. Caring</b>-Young person places high value on helping other people.</li> <li><b>27. Equality and Social Justice</b>-Young person places high value on promoting equality and reducing hunger and poverty.</li> <li><b>28. Integrity</b>-Young person acts on convictions and stands up for her or his beliefs.</li> <li><b>29. Honesty</b>-Young person "tells the truth even when it is not easy."</li> <li><b>30. Responsibility</b>-Young person accepts and takes personal responsibility.</li> <li><b>31. Restraint</b>-Young person believes it is important not to be sexually active or to use alcohol or other drugs.</li> </ol>
		<b>Social Competencies</b> <ol style="list-style-type: none"> <li><b>32. Planning and Decision Making</b>-Young person knows how to plan ahead and make choices.</li> <li><b>33. Interpersonal Competence</b>-Young person has empathy, sensitivity, and friendship skills.</li> <li><b>34. Cultural Competence</b>-Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.</li> <li><b>35. Resistance Skills</b>-Young person can resist negative peer pressure and dangerous situations.</li> <li><b>36. Peaceful Conflict Resolution</b>-Young person seeks to resolve conflict nonviolently.</li> </ol>
		<b>Positive Identity</b> <ol style="list-style-type: none"> <li><b>37. Personal Power</b>-Young person feels he or she has control over "things that happen to me."</li> <li><b>38. Self-Esteem</b>-Young person reports having a high self-esteem.</li> <li><b>39. Sense of Purpose</b>-Young person reports that "my life has a purpose."</li> <li><b>40. Positive View of Personal Future</b>-Young person is optimistic about her or his personal future.</li> </ol>

# Recovery Capital & Asset Building



- **Approaches Should Enhance Protective Factors & Reduce Risk Factors**

# Recovery Capital & Asset Building

**Are young  
people in  
recovery  
appropriate for  
prevention  
programming?**



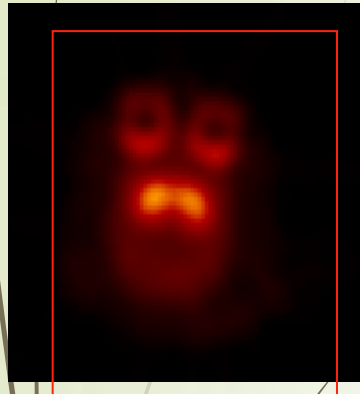


# Building Supports

- ▶ Children who experience social deprivation have fewer connections between parts of the brain that regulate emotions and control thinking.
- ▶ ACEs should be a strong point of reference for planning and building support systems.
- ▶ Peer supports as prevention
- ▶ Leadership programs
- ▶ Positive role models
- ▶ Leveraging community resources
- ▶ AGE APPROPRIATE SUPPORTS

# Effects of a Social Stressor on Brain Dopamine D2 Receptors and Propensity to Administer Drugs

Individually Housed

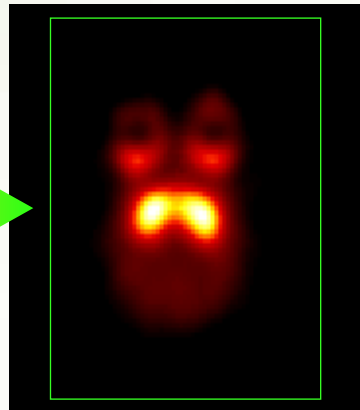


Becomes Dominant

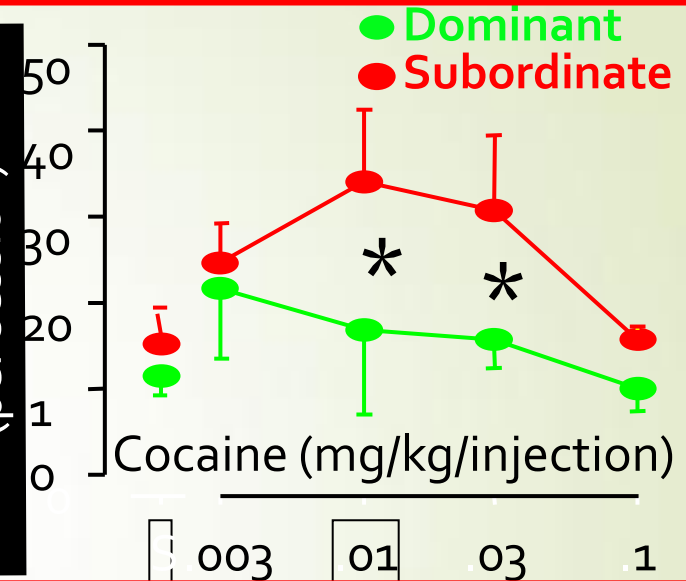


No longer stressed

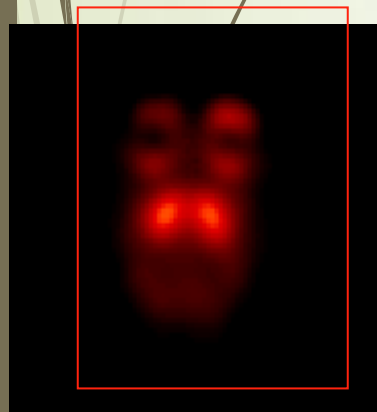
Group Housed



Reinforcers (per session)



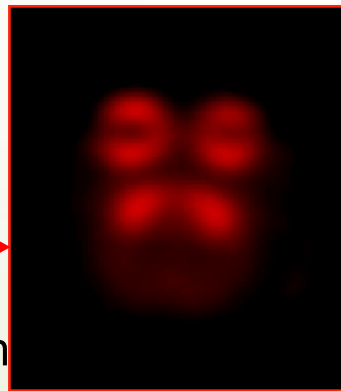
Social Setting Can Change Neurobiology



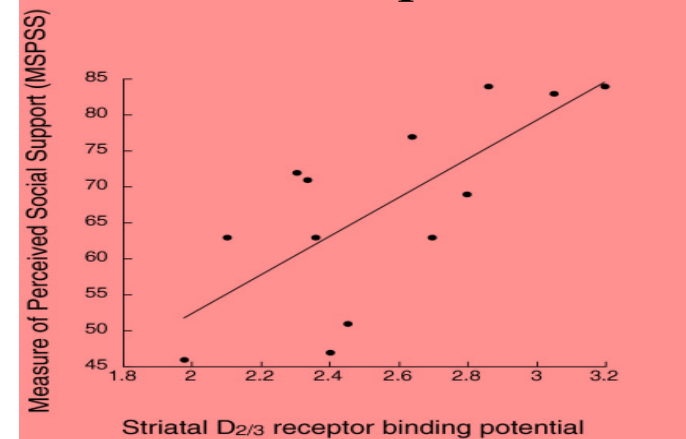
Becomes Subordinate



Stress remains



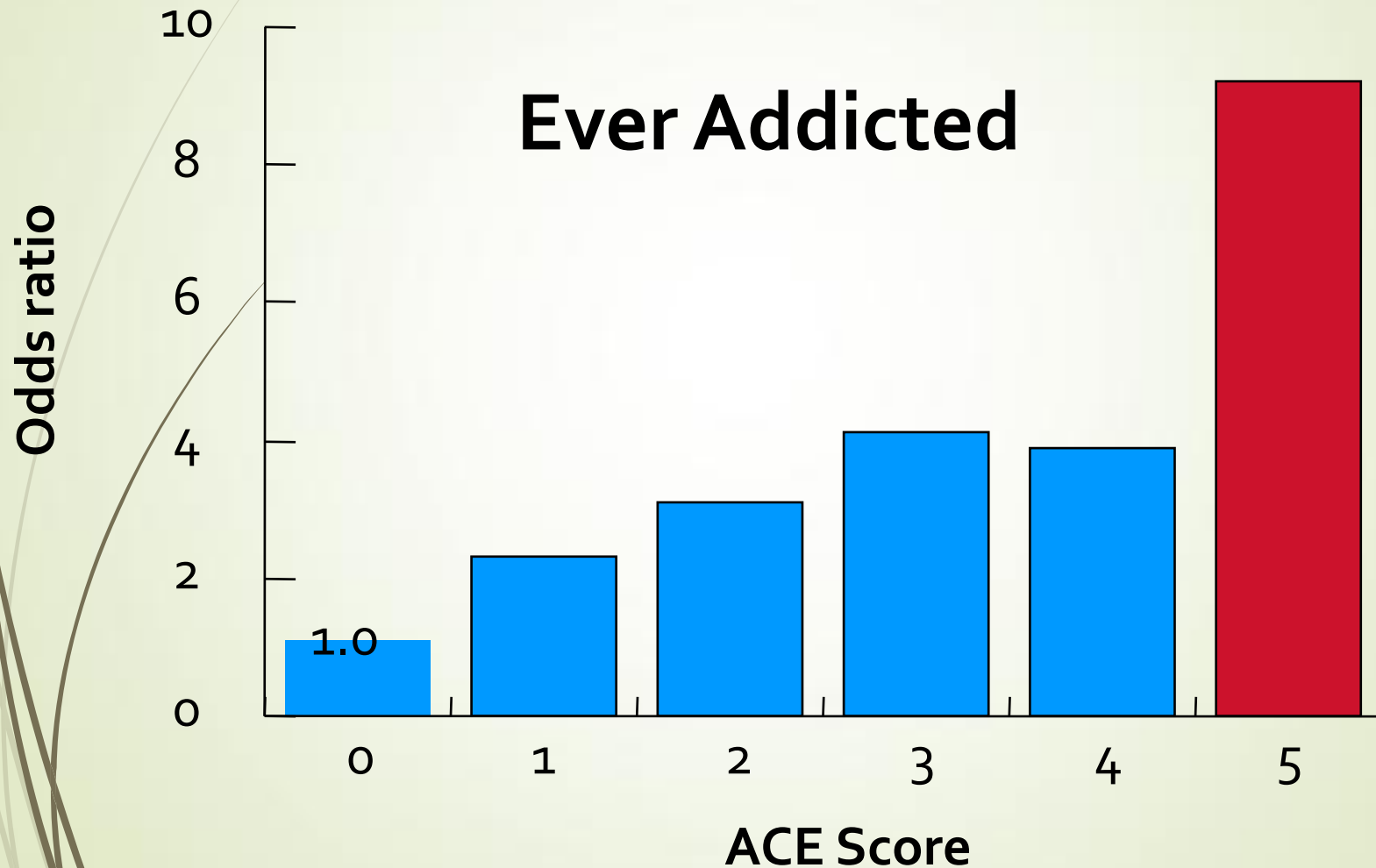
Social Support Is Correlated with D2/3 Receptor Binding



Morgan, D. et al. Nature Neuroscience, 2002.

Martinez D. et al., Bio Psychiatry 2010.

# Adverse Childhood Experiences (ACE) Affect Illicit Drug Use



(n = 8603)



# Grassroots Community Level Change

- Reduction of the Drinking Age
- Changing Policies in the Work Place (Mad Men reference)
- Early Education
- Availability of Products
- Teaching individuals and families to advocate for their care
- Educating practitioners, family members, stakeholders and individuals in recovery about using language that focuses on wellness



# Stories from the Field

Chris Campau







# Transitions & Times of Vulnerability

- ▶ Times (ages) where unhealthy decisions commonly occur
- ▶ Points in time (common triggers or events) that are associated with use or problematic behaviors
- ▶ Transitions (mobility and between services) are a place where people need additional supports



# Education & Advocacy

- Public education on extent of the problem, effective approaches, and successes
- Call to action for policy makers and community leaders
- Speak out for those who can't (yet) to ensure they have access to services, resources and supports
- Combat myths about prevention, treatment, and recovery outcomes



# Data Driven Planning

- To develop a thorough understanding of local patterns and consequences of ATOD use/misuse
- To decrease the reliance solely on anecdotal information. *“I do this because the people like it!”*
- To identify priorities
- To develop effective responses
- To generate awareness of related issues that impact the community
- To change the way community members think about and approach prevention and recovery
- To generate political will to achieve positive change in community norms and behaviors



# Activity: Barriers to Collaboration & Opportunities for Action

# Age of First Use- This is a PEDIATRIC ISSUE





Where does Prevention end  
and Recovery begin?



**9 OUT OF 10**

**PEOPLE WITH ADDICTION  
STARTED USING SUBSTANCES  
BEFORE THEY TURNED 18**

Source: American Academy of Pediatrics. (2009). "Substance Abuse Prevention"



# Summary

- **Prevention**

- “Traditional” scope vs. more “Modern” view of prevention – tied with addiction as a chronic condition.

- **Recovery**

- Prevention or reduction of “return to use” (formerly known as relapse)

- Ensuring community supports for the individual in recovery.



## Take it to the Streets

- **What can you do to make connections between prevention and recovery?**
- **What steps will you take in your work and/or life to enhance collaboration?**



# Questions?



Thank you for being here,  
and for all that you do!

