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ATTC Addiction Technology Transfer Center Network
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Recovery Support for Individuals with Stimulant Use Disorders

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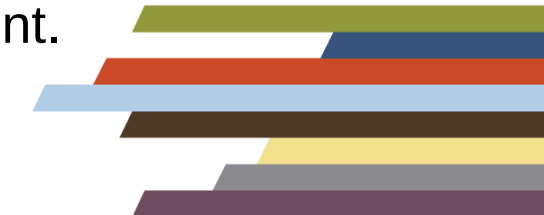
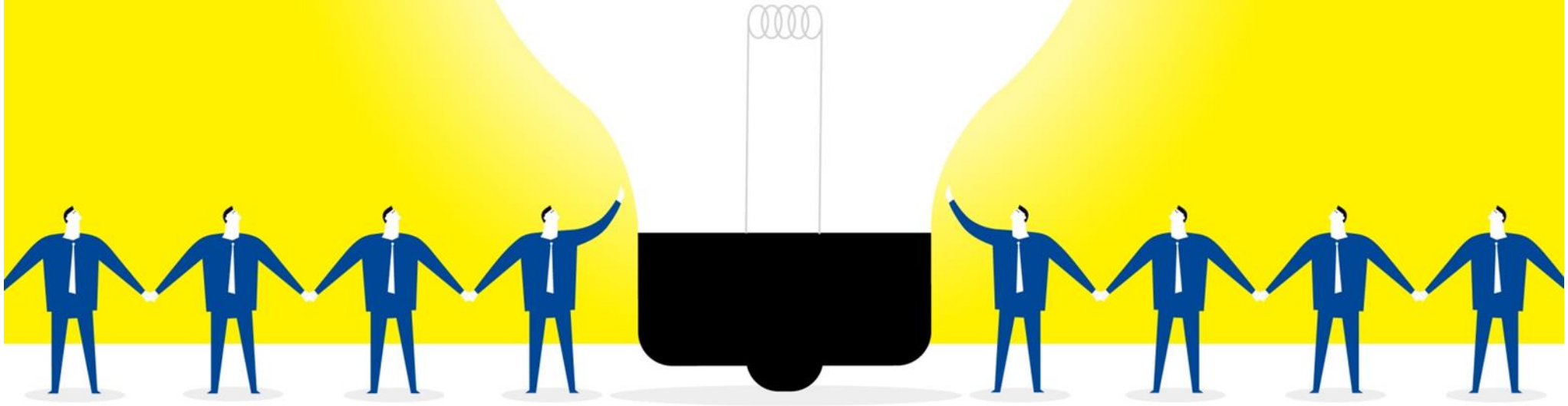


Presentation Outline

1. Definitions of Recovery & Recovery Capital
2. Importance of Recovery Capital & Recovery Benchmarks
3. Brief Overview of Stimulant/Use-Methamphetamine
4. Recovery Support for Stimulant Users-Recent Research
5. Peer Support Specialists & RCOs
6. Questions/Discussion

There is a growing consensus that recovery is more than simply abstinence from alcohol and other drugs.



Garner et al., 2014

Resolving alcohol and other drug problems is not just a matter of abstinence or symptom reductions, but …

improvements in functioning,

psychological well-being,

and **Quality of Life**.

SAMHSA's working definition of *Recovery from Mental Disorders and/or Substance Use Disorders*:

"A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."

http://www.samhsa.gov/recovery

SAMHSA

has delineated

4 major dimensions

that support a life in RECOVERY

Health, Home, Purpose, & Community

http://www.samhsa.gov/recovery

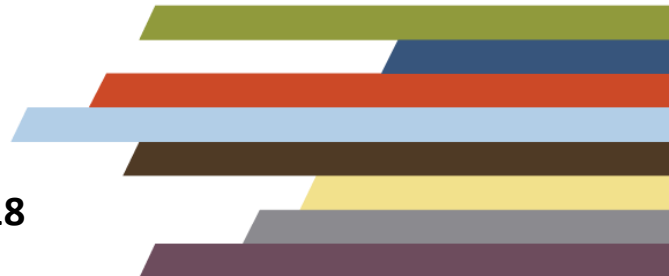
Imagine a serious substance use problem like a burning building… we know how to extinguish the fire – stopping substance use (getting ›meone detoxed and clinically stable).

Kelly et al., 2018; White, 2018

BUT… we have been less successful in:

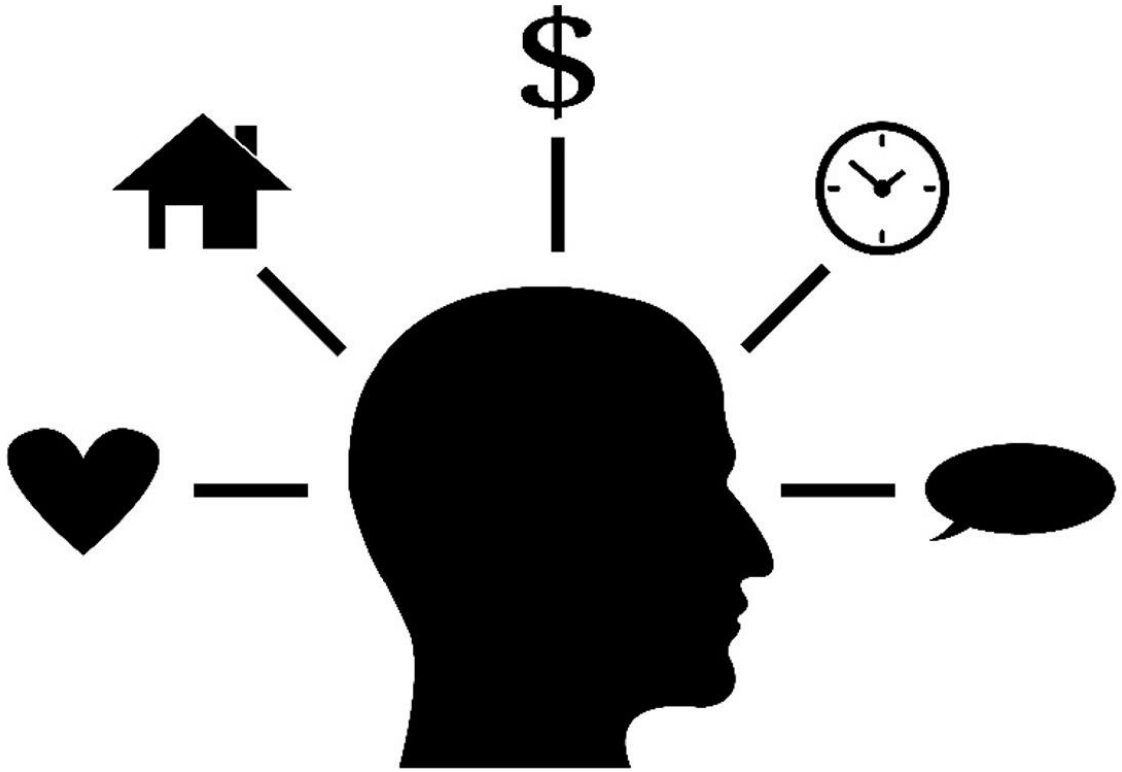
- preventing the fire from restarting – **preventing return to use**
- providing the architectural planning for reconstructing that person's life once the fire is out – **comprehensive treatment planning**
- providing access to the building materials – **recovery capital** – necessary to reconstruct their lives
- granting the "rebuilding permits" needed to allow the recovery process to begin – **advocating for individuals to help navigate systems**

If someone has a criminal record, for example often directly related to their substance use, they often cannot get a job, housing, or a loan for college or job training.



Kelly et al., 2018; White, 2018

‘recovery capital’ refers to the sum of resources necessary to initiate and sustain recovery from substance misuse



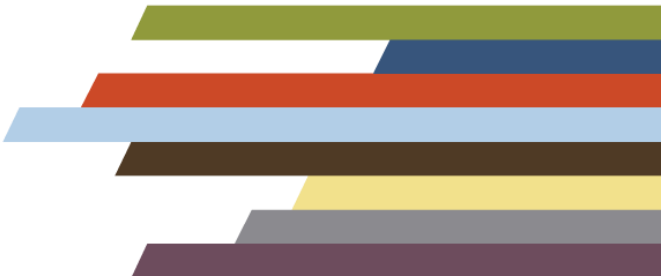
Best & Laudet, 2010

Key Components of Recovery Capital

- **Social capital** – the sum of resources each person has as a result of their relationships, and includes both support from and obligations
- **Physical capital** – tangible assets, such as property and money
- **Human capital** – the skills, positive health, aspirations and hopes, and personal resources that will enable the individual to prosper
- **Cultural capital** – the values, beliefs and attitudes that link to social conformity

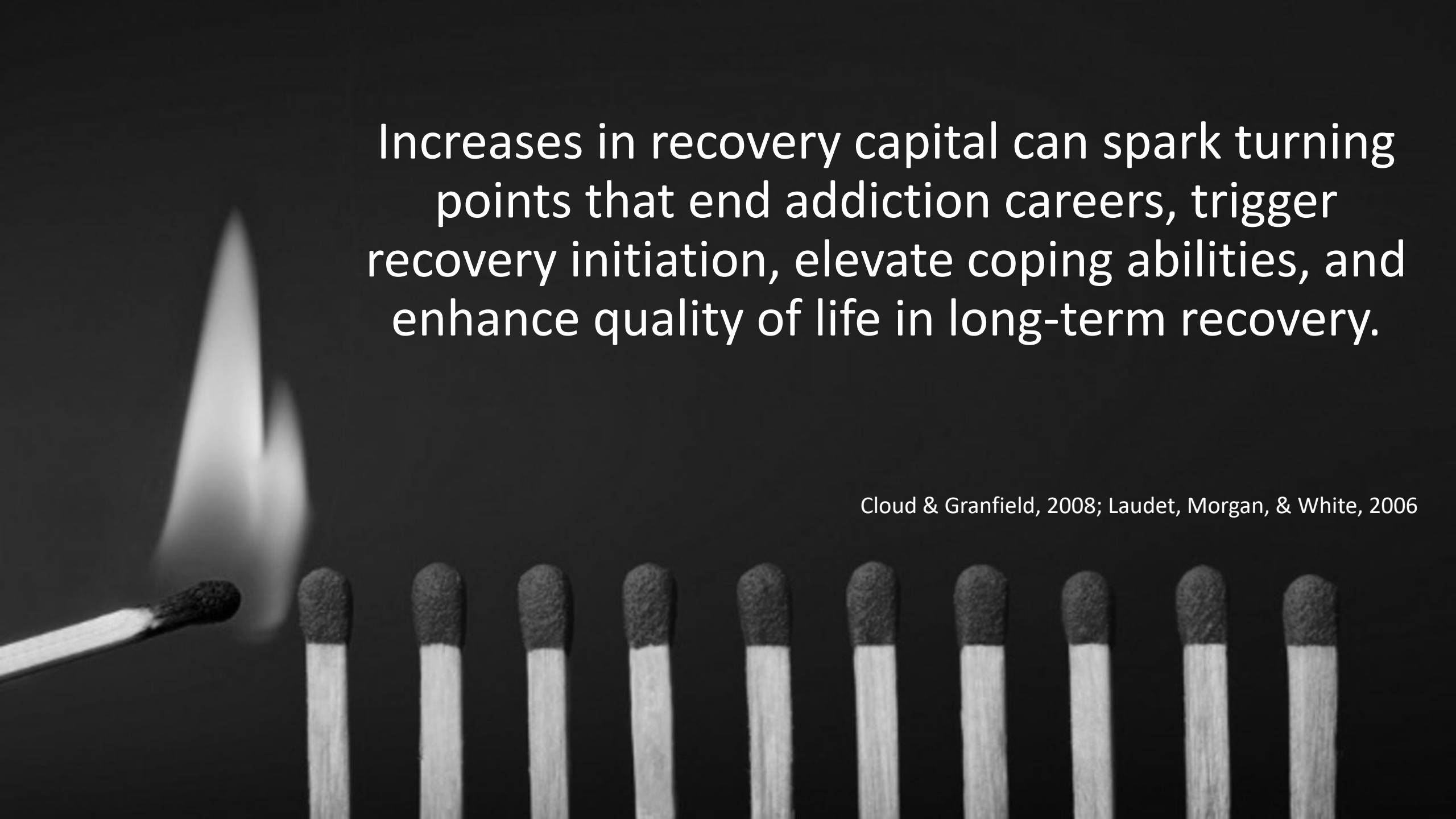
Cloud & Granfield, 2008

'Individuals who have access to more resources are found to handle issues with substance use more adequately' (Advisory Council on the Misuse of Drugs, 2014) (Dekkers, et al., 2020 p.283)



Partnerships between treatment providers and RCOs are needed to help people gain access to the "building materials" (recovery cap especially to reconstruct their lives early in the recovery phase.

Kelly et al., 2018; White, 2018



Increases in recovery capital can spark turning points that end addiction careers, trigger recovery initiation, elevate coping abilities, and enhance quality of life in long-term recovery.

Cloud & Granfield, 2008; Laudet, Morgan, & White, 2006

Recovery Benchmarks

Important to:

- **differentiate between the needs of peers in early, middle, and late recovery stages**
- **understand risk factors that can negatively impact recovery**

4 Time-Linked Recovery Benchmarks

- less than 6 months
- 6 to less than 18 months
- 18 to 36 months
- more than 3 years

Laudet & White, 2010

Research on the Stages of Recovery and Life Priorities

	Abstinence duration stage			
	<6 months	6–18 months	18–36 months	>3 years
Priorities	*n* = 106	*n* = 94	*N* = 74	*n* = 82
Recovery from substance use	49.9	43.2	52.7	34.1
Employment	31.1	36.2	35.1	34.1
Family and social relationships	19.8	23.5	23.0	24.4
Education and training	17.9	16.0	23.0	14.6
Achieve and enjoy improved, normal, productive life	17.0	19.3	26.8	27.9
Family reunification	15.1	11.7	18.9	7.3
Emotional health and self-work	15.1	14.8	21.7	6.1
Housing and living environment	12.3	21.3	13.6	8.6
Physical health	11.3	11.7	6.8	20.7
Spirituality and religion	9.4	9.6	2.7	2.4
Financial and material	6.6	14.9	8.1	7.3
Give back, help others	1.9	3.2	6.8	3.7
Legal issues	0	1.1	1.4	0

Note. Values are expressed as percentage.

[a] Total greater than 100% because up to three answers were coded per respondent.

Laudet & White, 2010

Early Recovery

things may get worse before they get better—notably, happiness and self-esteem appear to drop during the first few months followed by a gradual increase beginning 6 to 12 months into recovery.

Kelly et al., 2018; White, 2018

Individuals with OUDs or Stimulant Use Disorders

- Appear to begin their recovery journey at a substantial disadvantage- recovery capital compared to those resolving alcohol or cannabis problems
- They make take several years to achieve similar sobriety rates compared to other individuals with different drugs of choice
- May be among the most marginalized and stigmatized (i.e., those with heroin, methamphetamine, or crack cocaine as their primary substance)
- Appear to be at a distinct disadvantage early in the recovery process in terms of access to recovery resources
- More likely to have drug-related criminal records that can prevent access to jobs, loans, education and training opportunities, and housing and may need more resource support

Kelly et al., 2018; White, 2018

Recovery Benchmarks Implications

- **The 1st year of recovery is a risky period (happiness/self-esteem; difficulties with sleep); things get worse and then get better. More support services may be necessary around relaxation, stress, sleep, other health issues in the 1st year.**
- **Individuals in recovery are still concerned about abstinence, family/friend relationships, and employment even after 3 years.**
- **Individuals with OUDs/stimulant use may start with lower recovery capital and require more resources - Increase resources over an extended period of time.**
- **Bottom Line… 'Greater problem severity may entail a longer period of disentangling the baggage associated with SUDs before a process of emotional thawing and healing ensues.'**

Kelly et al., 2018; White, 2018

During 2015–2018, 6.6 people per 1,000 had past year use of methamphetamine

- **Over a quarter (27.3%)** reported using on ≥200 days
- **Over half (52.9%)** had a methamphetamine use disorder
- **Almost a quarter (22.3%)** injected methamphetamine
- **Nearly twice** as many men **(8.7%)** than women **(4.7%)** used meth
- **Highest estimated use** rates were among adults aged 26–34 **(11.0%)**
- **57.7%** reported any mental illness, and **25.0%** reported serious mental illness during the past year
- **Fewer than one third** of adults with past-year methamphetamine use disorder received substance use treatment in the past year
- **Higher rates** of methamphetamine use in small metro and nonmetro areas

Jones, Compton, Mustaquim, 2020

Methamphetamine Use Disorder is Characterized by:

- **Repeated periods of intense use with intermittent periods of sobriety and relapse and return to use**
- **Use of other substances – 30% (n=237) of individuals reported meth use at admission to OUD treatment** (Tsui et al., 2020)

MUD is a chronic, relapsing, and possibly degenerative condition, which is consistent with the profound molecular changes induced by methamphetamine use.'

Paulus & Stewart, 2020, p.962

Cognitive Effects of Methamphetamine

- It is estimated that more than 2/3 of those with methamphetamine use disorder show cognitive impairment
- Impairment is associated with
  - older age
  - longer duration of use
  - injection route of administration
  - greater frequency of use
- Impairment may limit ability to follow through with treatment, comprehend advice and direction in treatment, as well as generally achieve good treatment outcomes.

Slide from Dr. Rick Rawson's Presentation, University of Vermont, December 2020

Clinical Challenges with Individuals with Stimulant Use Disorders

- Overdose death
- Limited understanding of stimulant addiction
- Ambivalence about need to stop use
- Impulsivity/Poor judgement
- Cognitive impairment and poor memory

Slide from Dr. Rick Rawson, Presentation University of Vermont, 2020

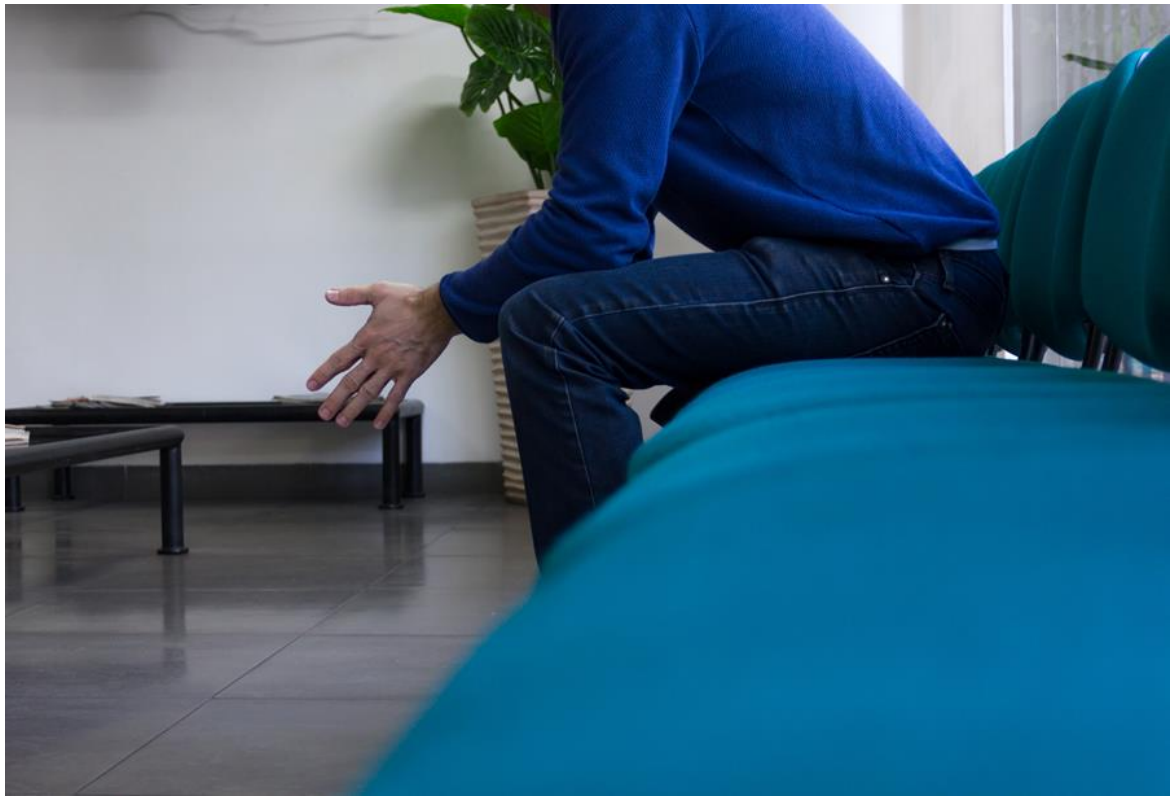
Return to Use…

- Individuals who received treatment, 61% return to use within the first 12 months and another 14% return to use during years 2 to 5
- A study of 42 methamphetamine users receiving a 12-week relapse prevention program from an outpatient clinic found that:
  - nearly 70% of participants had at least one positive urine screening for methamphetamine during the program
  - 41% quit the program before completion

Brecht & Herbeck, 2014

90-Day Dropout Rates From In-Person Psychosocial SUD Treatment Based Upon Substance

- Alcohol - **26.1%**
- Heroin - **25.1%**
- Methamphetamine - **53.5%**
- Cocaine - **48.7%**
- Tobacco - **25.5%**
- Opioids - **39.3%**
- Cannabis - **34.9%**



Lappan, Brown, & Hendriks, 2019

Methamphetamine Craving

- **Craving**- Drug craving is a dynamic neurocognitive emotional–motivational response to a wide range of cues, from internal to external environments and from drug-related to stressful or affective events (Ekhtiari, et al.,2016)

- Studies have shown that relapse occurs more rapidly among high cravers compared to low cravers (Tuliao and Liwag, 2011)

- **Craving** can persist up to 5 weeks after abstinence from MA (Zorick et al., 2011), rendering the treatment period as a critical time to target craving as a clinical goal (Tiffany et al., 2012)

Current Status of Treatment Approaches for Stimulant Use Disorder

- Contingency management unanimously (5 systematic reviews and meta-analyses) found to have best evidence of effectiveness
- Other approaches with less but clear evidence of support:
  - Cognitive Behavioral Therapy (CBT) and Community Reinforcement Approach (CRA)
  - Approach with evidence for treatment of a broad variety of SUD: Motivational Interviewing (MI)
  - Approach with recent studies showing benefit to methamphetamine users: Physical Exercise (PE)

Rawson et al., 2015

Slide from Dr. Rick Rawson's Presentation- University of Vermont- December 2020

Barriers to Methamphetamine Recovery

- **Internal Perceived Barriers**
  - Low Self-Efficacy
  - Conflicting Thoughts About Meth Use
  - Side Effects of Withdrawal
- **External Barriers**
  - Escaping the Drug Environment
  - Friends/Family Hindering Recovery
  - Difficulties with Treatment Services

Drugs
education, prevention and policy
http://informahealthcare.com/dep
ISSN: 0968-7637 (print), 1465-3370 (electronic)
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Addicted to the 'life of methamphetamine': Perceived barriers to sustained methamphetamine recovery

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Alexander, et al., 2018

Perceived Internal Barriers to Methamphetamine Recovery

- **Low-Self Efficacy**
  - **feeling powerless and resigned to lifetime use of meth; quit attempts were viewed as temporary or futile; no examples of successful recovery**
- **Conflicting Thoughts About Meth Use**
  - **feeling conflicted about ability to abstain from meth, desire to sustain recovery but also desire to use –**
    'I cry out for help- but seek or want none'
- **Side Effects of Withdrawal**
  - **negative side effects of abstinence- depression, anxiety, weight gain, craving, etc. are perceived to be more challenging than continued use**

External Barriers to Methamphetamine Recovery

- **The Life of Methamphetamine**
  - **quitting methamphetamine and the life associated with it is difficult (giving up friends, activities, etc.)**

'I was addicted to the life that comes with using, just as much as I was addicted to the drug... walking away from the life was difficult, and it is a struggle every day'

External Barriers to Methamphetamine Recovery

- **Friends/Family Hindering Recovery**
  - **Friends/family overtly and/or covertly support continued use**
  - **Feeling isolated in recovery and receiving no support while in recovery**

External Barriers to Methamphetamine Recovery

- **Difficulties with Treatment Services**
  - **some difficulty entering treatment (costs, sessions scheduled during work hours, wait list times, high demands, etc.)**
  - **negative beliefs about treatment due to stigmatizing experiences and/or cultural beliefs about ‘doing it on their own’**

What Patients Said….

What are/were the challenges of stopping stimulant use?

- Love the drug effect and in a perfect world would use all the time
- Craving/desire is very powerful and ambivalent about stopping
- Drug is widely available in inexpensive dosage forms
- Craving is triggered by many things-Parts of town • Drug using friends • Dealers phone calls
- Boredom

What helped them with stopping?

- Not carrying cash and limiting handling of money
- Avoiding drug using friends
- Avoiding parts of town
- Changing phone numbers
- Staying busy with activities • Kids • Exercise/sports • Animal rescue

Presentation by Dr. Rick Rawson April 2020- based upon exploratory interview with 25 patients who used opiates and stimulants

Return to Use and Recovery Triggers - Turning Points???

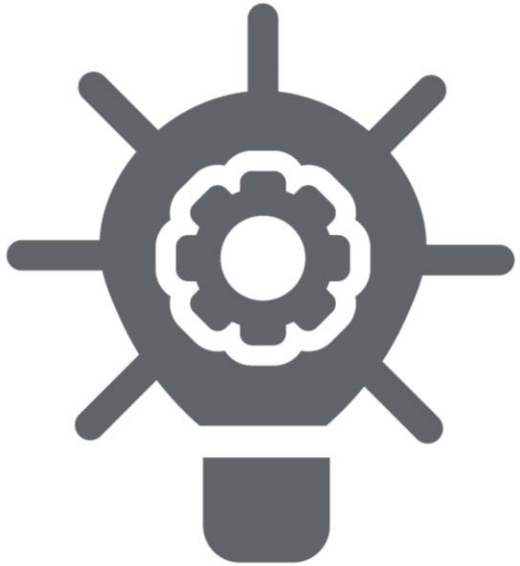
- **Trigger – an environmental stimulus (people, places, objects, music, social isolation, etc.) that can provoke strong emotions or cravings for abstinent drug users, thereby contributing to return to use**

Bruehl, Lende, Schartz, Sterk, & Elifson, 2006; Marlatt & George, 1984

But…

Cessation Triggers

- **Sudden realization or epiphany that you need to stop using-**
- **Can be triggered by:**
  - **Concern for children**
  - **Increased mental clarity;**
  - **Increasing negative effects of drug use**
  - **Sudden loss of income**
  - **Desire for stability**
  - **Moved location**
  - **Isolation from user/social network**
  - **Loss of access to methamphetamine**
  - **Pressure from family, etc.**



Brookfield, et al., 2019

Happiness Triggers

While the process of recovery from drug dependence entails prolonged and sustained effort, the discrete **turning points** at which drug users decided to abstain from or resume drug use also could be dictated by subtle or even unknown factors. However, these transitions to recovery… occur more frequently when a **turning point** was closely connected… with access to **Recovery Capital (social, physical, human, cultural)… through social connectedness.**

Brookfield, et al., 2019 p. 83

12-Step Involvement

- Although 12-step attendance has been associated with greater rates of abstinence from both alcohol and other illicit drugs, including stimulants, **participation in 12-step activities** may be a better predictor of abstinence than attendance (Hatch-Maillette, et al., 2016; Wendt et al., 2017)
- **Introduce and Prepare** patients on how to best use 12-step meetings in their recovery
- **Don't** just urge attendance alone
- **Participation** may lead to more positive changes in beliefs and attitude
- Little research on the use of Cocaine Anonymous and Crystal Meth Anonymous by individuals with stimulant use disorders

(Crape et al., 2002; Witbrodt et al., 2012)

12-Step Participation

- Twelve-step participation has a large social emphasis sometimes referred to as fellowship
  - attending meetings
  - providing service
  - coordinating with sponsors
  - celebrating recovery milestones **(Donovan et al., 2013; Young, 2013)**

- The social support that occurs outside of the actual 12-step meetings may be more essential
- **'This explanation is consistent with a growing body of research that has demonstrated the importance of one's social environment in regard to substance use problems'** **(Young, 2013)**
- Sponsorship can greatly deepen the social network benefits of 12-step participation
- Research has generally shown that having a sponsor is associated with greater abstinence and recovery outcomes **(Kelly et al., 2016)**

Taken from Wendt, et al., 2017 p.288

Exercise

- **Results demonstrate that exercise may provide benefits to individuals in the early months of abstinence from MA use**
- **Exercise= progressive aerobic and resistance exercise (aerobic treadmill activity and 1–2 sets of weight training for major muscle groups-arms, chest, back, and legs) 3 times a week- 60 minutes**
- **Clinicians/Recovery Support Specialist seeking strategies to assist patients/peers struggling with high cravings should consider recommending exercise to their patients, along with proper medical screening and supervision**

(Salem, et al., 2022)

Other studies that support exercise

Dolezal et al., 2014; Rawson, Chudzynski, Gonzales et al., 2015; Rawson, Chudzynski, Mooney et al., 2015; Robertson et al., 2016

Recovery Community Organizations (RCOs)

A recovery community organization (RCO) is an independent, non-profit organization led and governed by representatives of local communities of recovery that does any, one, or combination of the following activities. These activities are available to all community members and are not restricted to individuals enrolled in a specific educational, treatment, or residential program.

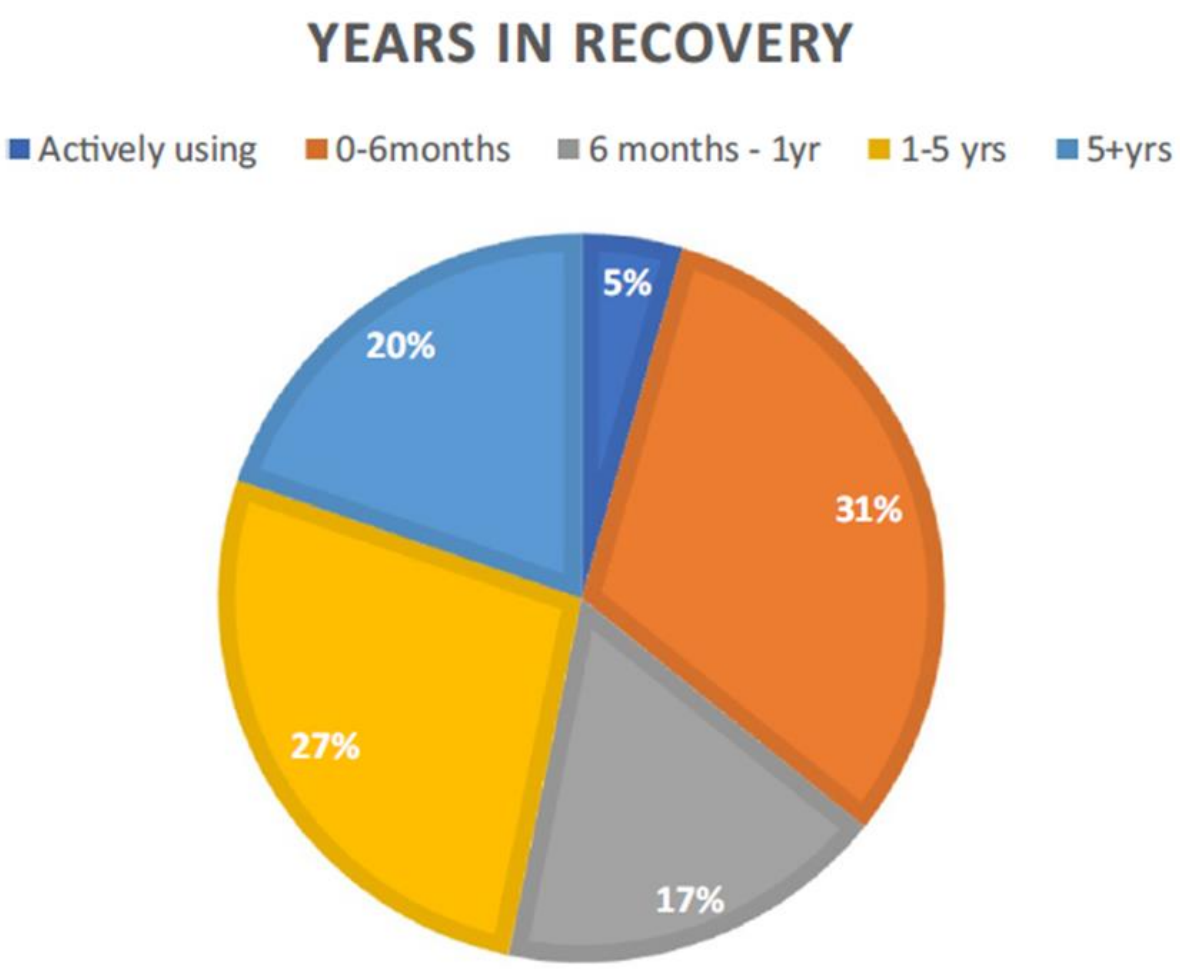
https://facesandvoicesofrecovery.org/arco/rco-best-practices/

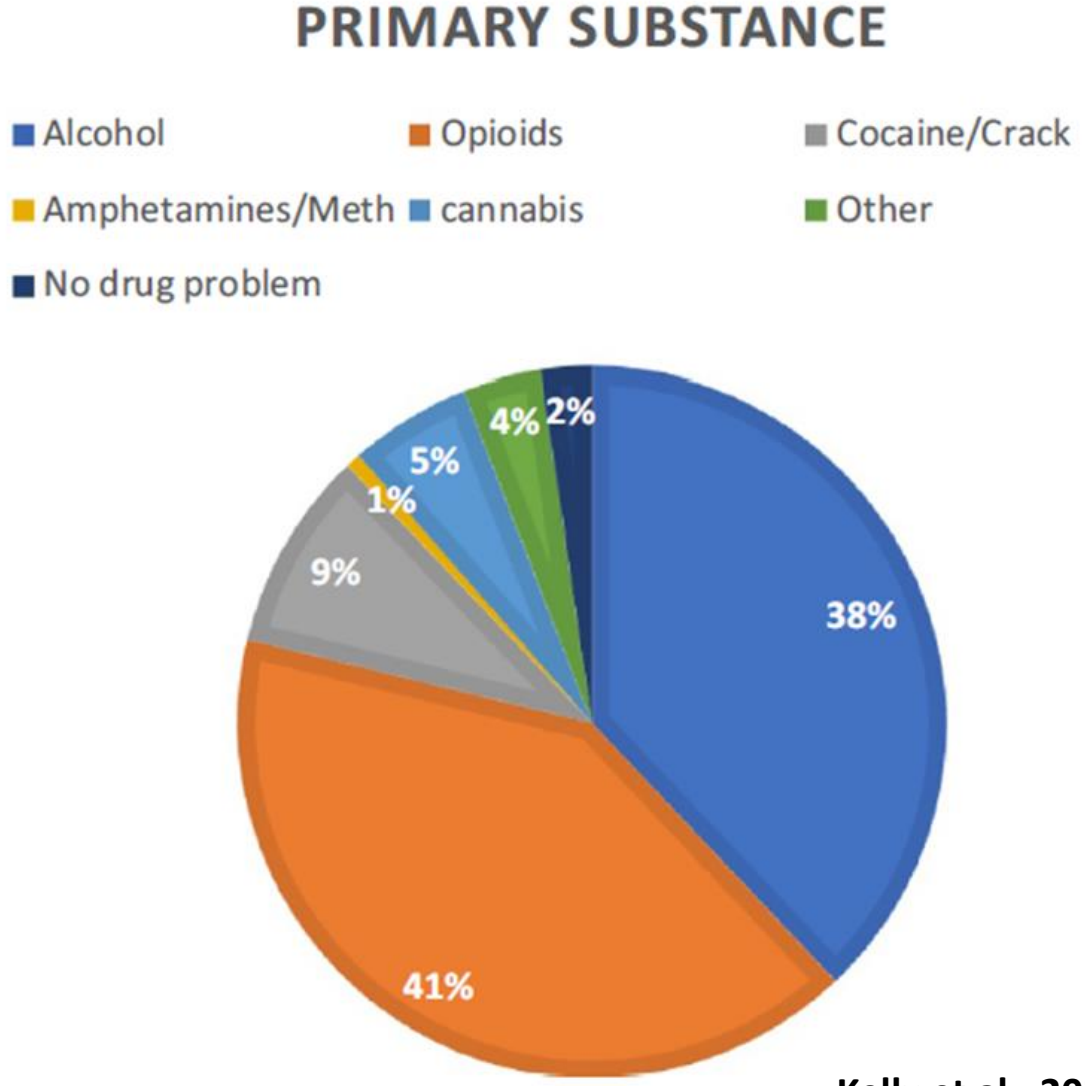
RCOs

- conduct ongoing local recovery support needs assessment surveys or focus groups
- organize recovery-focused policy and advocacy activities
- increase recovery workforce capacity and expertise through training and education
- carry out recovery-focused outreach programs to engage people seeking recovery, in recovery, or in need of recovery-focused support services/events to educate and raise public awareness
- conduct recovery-focused public and professional education events
- provide peer recovery support services (PRSS)
- support the development of recovery support institutions (e.g., education-based recovery support programs, recovery community centers, recovery cafes, recovery ministries, recovery-focused employment programs, recovery-focused prison reentry programs, etc.)
- host local, regional, or national recovery celebration events
- collaborate on the integration of recovery-focused activities within local prevention, harm reduction, early intervention, and treatment initiatives

https://facesandvoicesofrecovery.org/arco/rco-best-practices/

Years in Recovery & Primary Substance of Service Users of RCOs





Kelly et al., 2020

Support group meetings	
"All recovery" meetings	60.0
Mutual-help groups by known organizations (e.g., Alcoholics Anonymous)	96.7
Other peer-facilitated recovery support groups (e.g., relapse prevention groups)	76.7
Mental health support (e.g., dual diagnosis support groups)	36.7
Recovery coaching (and/or case management)	76.7
Opioid and/or harm reduction services	
Medication-assisted treatment (MAT) support (e.g., Pathway Guide, MARS group)	43.3
NARCAN training and/or distribution	56.7
Provision of access to technology/internet (e.g., use of center computers, printers, fax)	46.7
Assistance with basic needs and social services	
Basic needs assistance (e.g., access to food, clothing, transportation)	43.3
Childcare services	10.0
Education assistance	63.3
Employment assistance (e.g., job or computer skills, resume writing, CORI support)	83.3
Family support services (e.g., family/parent education or support groups)	86.7
Financial services	23.3
Health insurance education	36.7
Housing assistance	70.0
Legal assistance	16.7
Assistance with health behaviors	
Health, exercise, and nutrition programs (e.g., yoga, meditation, fitness classes)	83.3
Smoking cessation support	53.3
Facilitation of substance-free recreational activities	
Recreational/social activities (e.g., substance free social events)	100.0
Expressive arts (e.g., arts/craft groups, music, poetry)	53.3

Services Offered by RCOs

Kelly et al., 2020

Why Get Involved with an RCO??

- Many RCOs and Recovery Community Centers (RCCs) manage and support their programs and operations with paid staff and volunteers who have lived experience with having a substance use disorder or have a personal relationship with someone who has been impacted by substance use.
- Becoming more involved with a recovery community through an RCO creates a greater community awareness about recovery support services and engages leaders who can further develop skills while they may inspire others and find greater purpose in their own lives.

BENEFITS FOR WORKING WITH AN RCO/RCC:

- Become empowered in your own recovery
- Help both individuals in recovery and family members who need support
- Participate in social events that promote recovery, such as Recovery Day and Rally for Recovery
- Help create and facilitate new ideas for recovery activities
- Become a leader in the recovery community
- Volunteer side by side with peers
- Gain valuable relationships and skills that build a resource network
- Enhance or build a personal resume

OPPORTUNITIES SKILL DEVELOPMENT MAY INCLUDE:

- Advocacy and Public Policy (Recovery Messaging)
- Community Networking and Organizing
- Graphic Design- create infographics, design documents and marketing materials, etc.
- Social Media Manager - create content, organize posting schedule, and run campaigns across Facebook, Instagram, & Twitter
- Fundraising
- Event Planning & Participation
- IT and Web Support
- Research Resources (local and national)
- Volunteer Coordination
- Peer Support/Recovery Coach Training

Questions…

- I have heard recovery from stimulant use is harder than from other substances. Do you agree and if so, why?
- How can I as a behavioral health provider support stimulant users in early recovery?
- Do you know SUD treatment providers that do a good job of providing treatment services to individuals with stimulant use disorders? If so, what is it they do to be more effective in their service delivery?
- How can community members become Recovery Allies?
- How can I link my clients to RCOs? Do I call the RCO or should my client make the initial contact?
- What is your best advice regarding helping individuals with stimulant use disorders increase their recovery capital?
- Could you identify effective engagement strategies for individuals in early recovery?

TAKE AWAY MESSAGES

- Expect some patients/clients/peers to
  - Be conflicted about stopping use
  - Miss the methamphetamine using lifestyle
  - Feel pressure from family and friends to keep using
  - Express concerns about weight gain, depression, lack of energy, etc.
  - Feel conflicted about disconnecting from family and friends
- Encourage patients/clients/peers to
  - Talk about their recovery triggers and use them as reminders when recovery gets difficult
  - Use past return to use triggers as providing information and learning to prevent additional return to use triggers

TAKE AWAY MESSAGES

- **Patients/Clients with Methamphetamine Use Disorders Should be Referred to 12-Step Support Groups- doesn't have to be CA or CMA**
- **Patients/Clients Should be Encouraged Not to Just Attend 12-Step Meetings but to Participate:**
  - **Go to coffee after meetings**
  - **Help set up the room for meetings**
  - **Get a sponsor**
  - **Attend recreational activities**
- **Patients/Clients Should be Encouraged to Attend/Get Involved with RCOs**
- **Peer Support Specialists and Counselors/Therapists Should Understand Recovery Benchmarks to help normalize recovery processes**
- **Peer Support Specialists and Counselors/Therapists Should Understand Recovery Capital and that individuals with less Recovery Capital may need wrap-around services- employment, housing, vocational training, etc.**

TAKE AWAY MESSAGES

- RCOs emerged in the US 15 years ago
- RCOs provide different elements of social recovery support as well as facilitate the accrual of recovery capital
- RCOs instill hope
- RCOs are available in the communities in which people live
- RCOs serve individuals in early and late recovery
- Recovery from Stimulant Use Disorders occurs
- Return to use is linked to lessons about how to strengthen recovery

Promote HOPE, COMMUNITY, & ENGAGEMENT

- **Be Aware of Your Language - Use Optimistic Language**
- **Big Book – HOPE is mentioned 43 times**

  "Our hope is that many alcoholic men and women, desperately in need, will see these pages, and we believe that it is only by fully disclosing ourselves and our problems that they will be persuaded to say, "Yes, I am one of them, too; I must have this thing."
- **Hope is one of SAMHSA's 10 Guiding Recovery Principles**
- **Keep in Mind that You and Peers/Patients are Part of an IMPORTANT COMMUNITY**
- **Engagement is CRUCIAL**

Bressi & Vaden, 2017; Fallot & Harris, 2009

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