

Recovery Milestones, Pathways to Recovery, and the People Who Use Them

Corrie L. Vilsaint, PhD
Instructor, Harvard Medical School
Associate Director of Recovery Health Equity, Recovery Research Institute
NARR Board of Directors

Ohio Recovery Housing Annual Conference
March 20, 2024

1

Learning Objectives

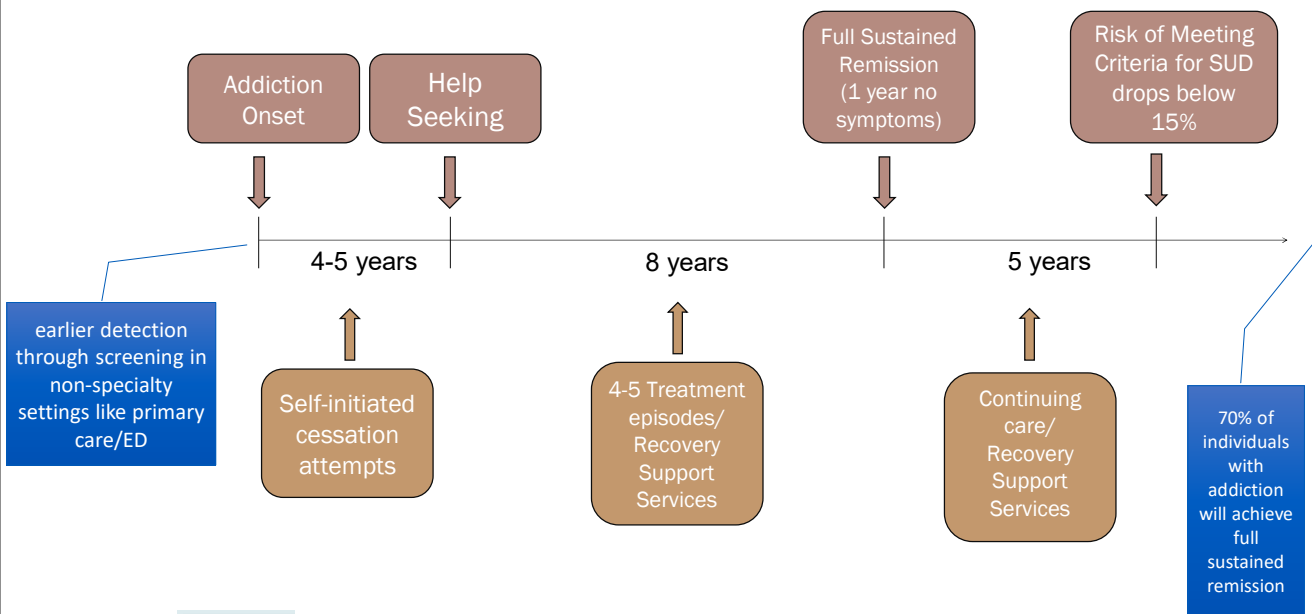
- Identify Recovery Milestones
- Analyze Long-Term Recovery: Nature and Scope of Recovery Support Services
- Measure the Effectiveness of Recovery Housing: A Look Under the Hood

2

01 Identify Recovery Milestones

3

Nature of Problem for Severe Substance Use Disorders



4

What is the RECOVERY construct?

5

Recovery in the Individual

Remission-no longer meet criteria for substance use disorder for 1 year

Substance Use – abstinence or reductions in use.

ABSENCE OF PATHOLOGY OUTCOMES

Recovery – more than the absence of symptomology,
presence of health & well-being.

6

Pathology versus Strengths

PATHOLOGY FOCUSED

Remission
Risk Factors
Deficits
Broken
Pathological
Problems
Powerless
Disease

STRENGTH FOCUSED

Recovery / Resilience
Protective Factors
Assets
Functioning
Adaptive
Advantages
Empowerment
Health

7

Recovery Vital Signs

Instrument	Authors	Description	Link
Quality of Life-Health Related	Schmidt et al., 2006	Individuals perception of their position in life in relation to goals, expectations, standards & concerns.	https://pubmed.ncbi.nlm.nih.gov/16141303/
Brief Assessment of Recovery Capital (BARC-10)	Vilsaint, Kelly, Bergman, et al., 2017	Sum total of resources needed for recovery: personal, social, environmental & cultural. Building blocks of recovery.	https://pubmed.ncbi.nlm.nih.gov/28578224/
Self-Esteem	Robins et al., 2001	Confidence in ones worth or abilities.	https://journals.sagepub.com/doi/10.1177/0146167201272002
Happiness	Meyers & Smith, 1995	Ratio of positive to negative feelings.	https://www.guilford.com/books/Clinical-Guide-to-Alcohol-Treatment/Meyers-Smith/9780898628579

8

Relevant to
inform answers
to Questions
regarding
Treatment and
Recovery
Support
Services...

Who needs what type of service?

When in their recovery?

For what duration?

At what intensity?

9

Recovery Milestones

- ◇ Initial 0-3m
- ◇ Early 4-12m
- ◇ Sustained 1-5yrs
- ◇ Stable 5+yrs



What do we know about recovery milestones and trajectories?

10

THE NATIONAL RECOVERY STUDY

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



John F. Kelly^{a,*}, Brandon G. Bergman^a, Bettina B. Hoepfner^a, Corrie Vilsaint^a, William L. White^b

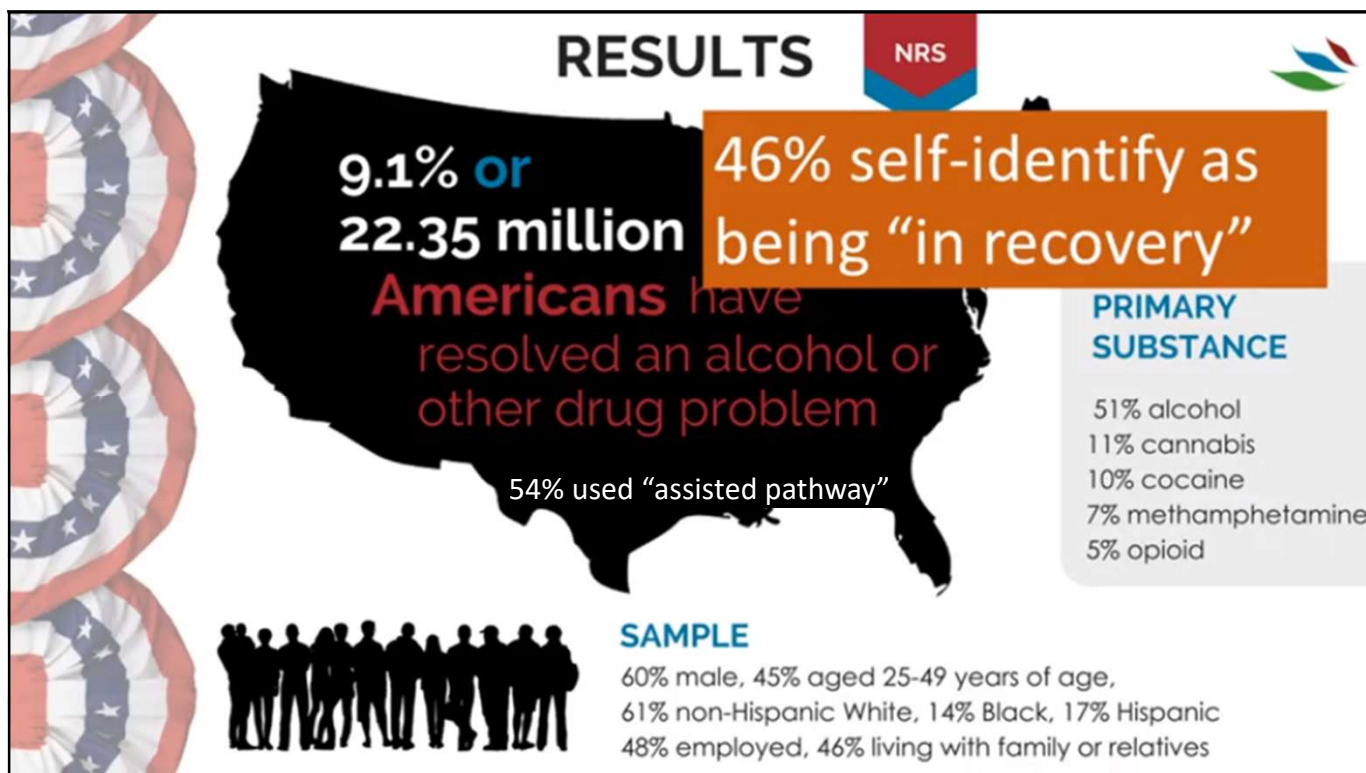
Design: web-based cross-sectional

Population: nationally representative of people who endorsed “yes” “Did you used to have a problem with drugs or alcohol but no longer do.”

Sampling Frame: 40,000

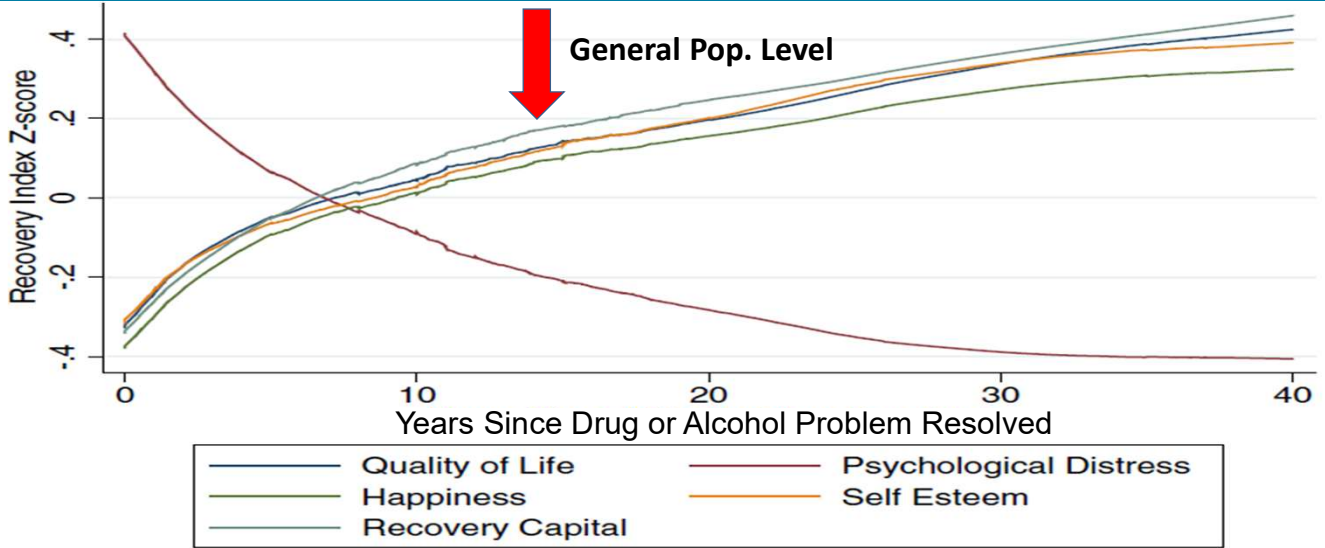
Sample: 2,002 people

11



12

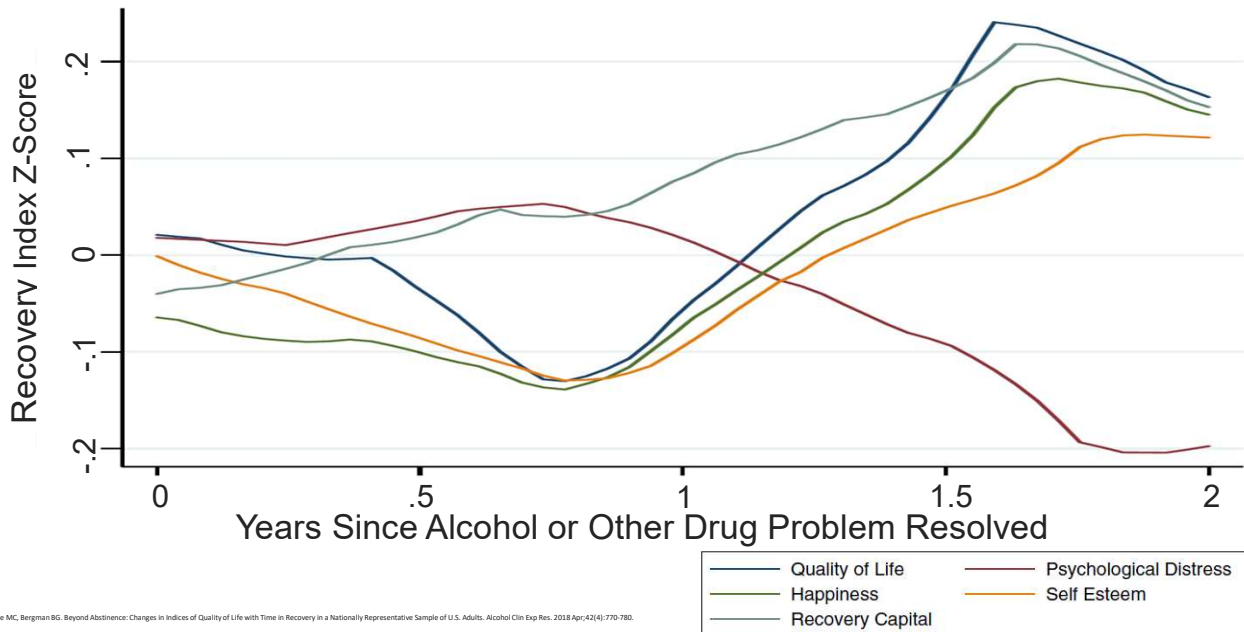
Recovery Vital Signs over 40 Years



Kelly, Greene, Bergman. 2018. Beyond abstinence: Changes in quality of life with time in recovery in A nationally representative sample of US adults. *Alcoholism: Clinical and Experimental Research*, 42(4), 770-780.

13

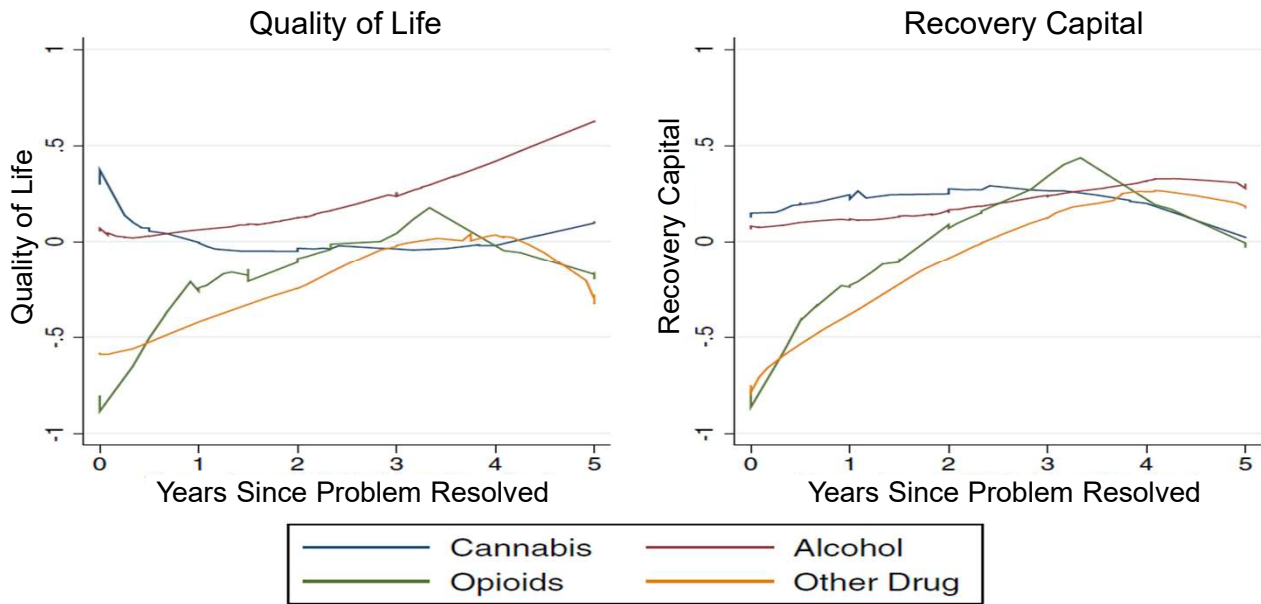
Recovery Vital Signs over 2 Years



Kelly JF, Greene MC, Bergman BG. Beyond Abstinence: Changes in Indices of Quality of Life with Time in Recovery in a Nationally Representative Sample of U.S. Adults. *Alcohol Clin Exp Res*. 2018 Apr;42(4):770-780.

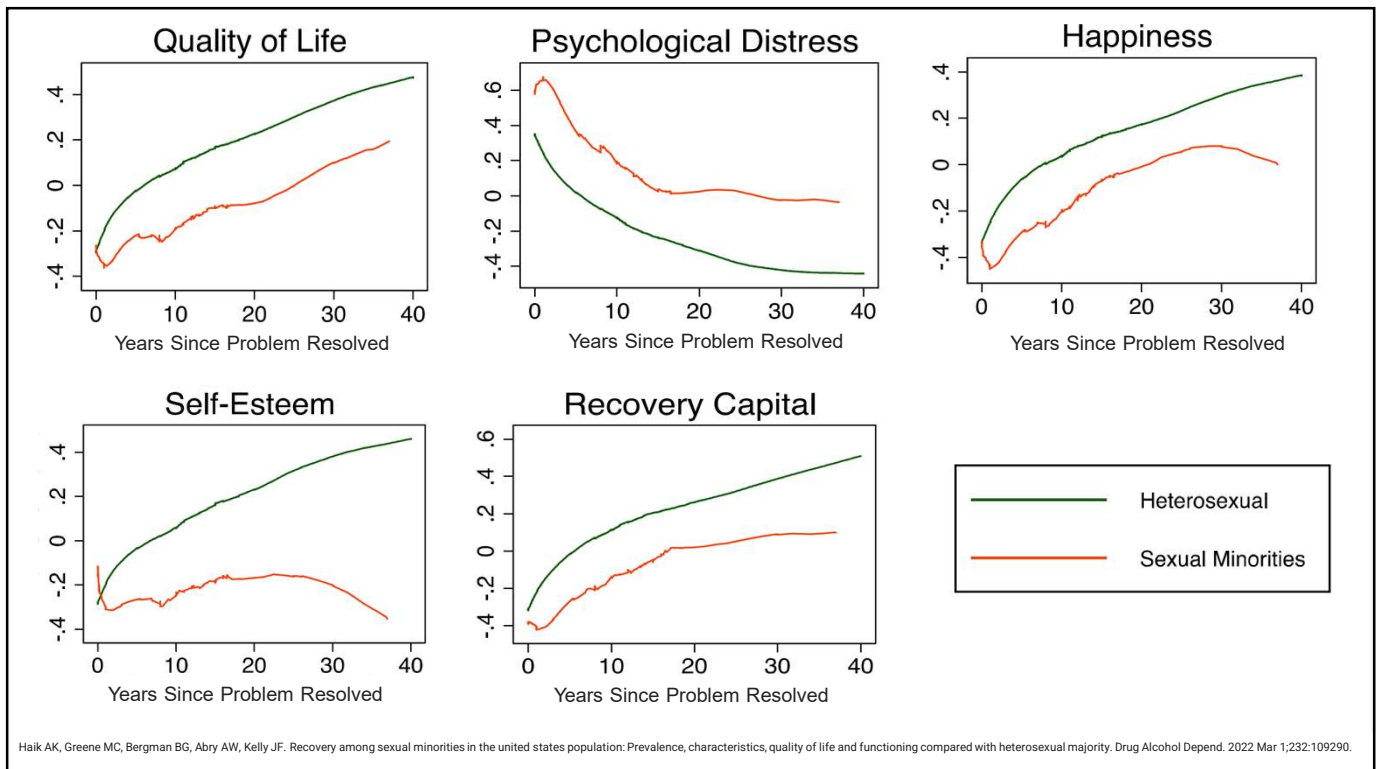
14

Recovery Vital Signs over 5 Years



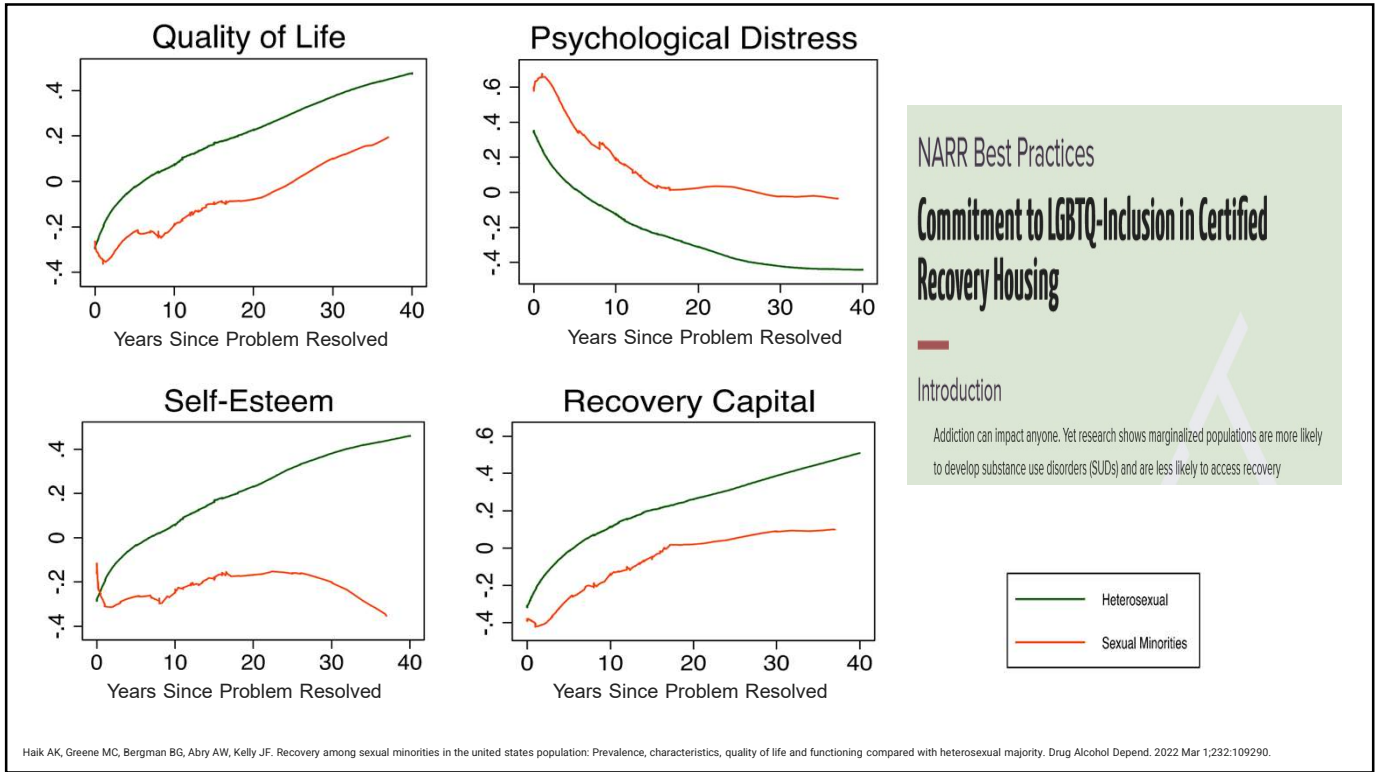
Kelly, Greene, Bergman. 2018. Beyond abstinence: Changes in quality of life with time in recovery in A nationally representative sample of US adults. *Alcoholism: Clinical and Experimental Research*, 42(4), 770-780.

15

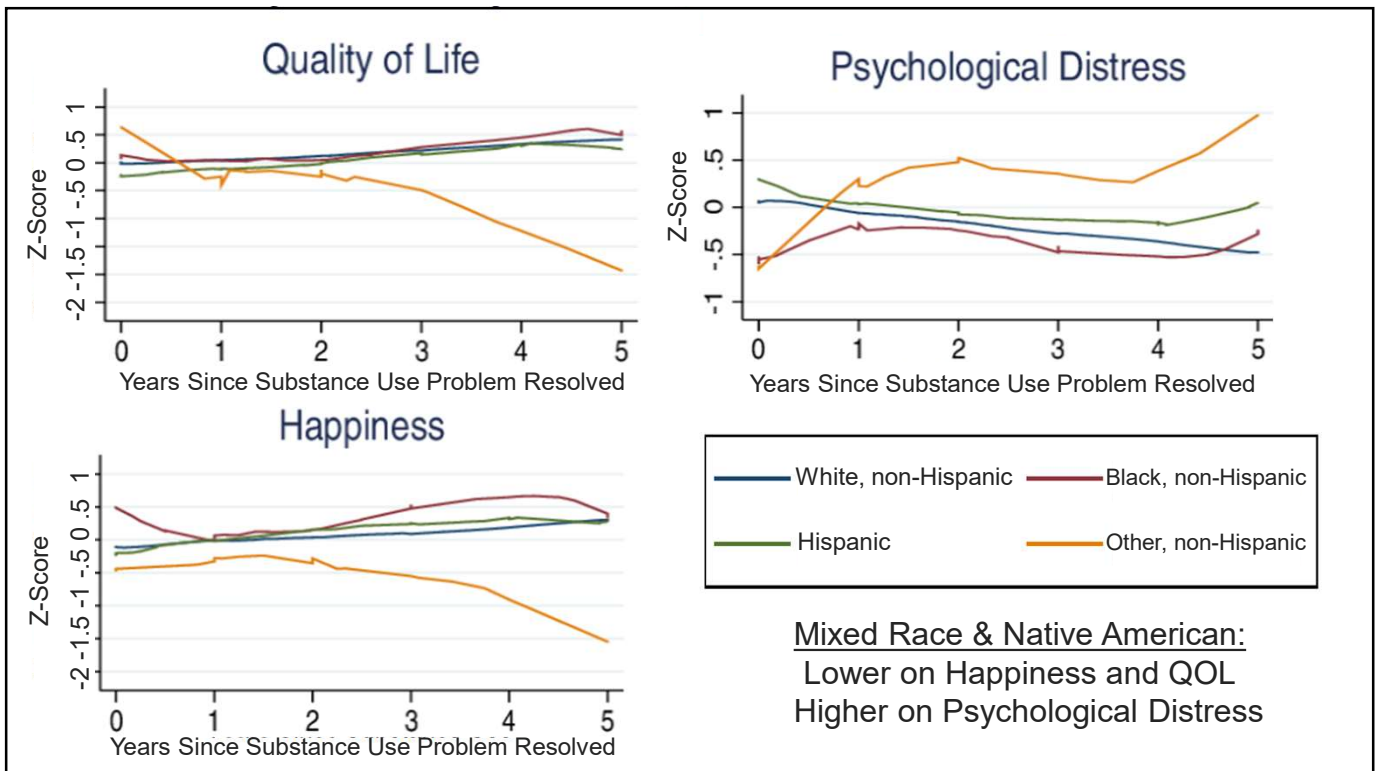


Haik AK, Greene MC, Bergman BG, Abry AW, Kelly JF. Recovery among sexual minorities in the united states population: Prevalence, characteristics, quality of life and functioning compared with heterosexual majority. *Drug Alcohol Depend.* 2022 Mar 1;232:109290.

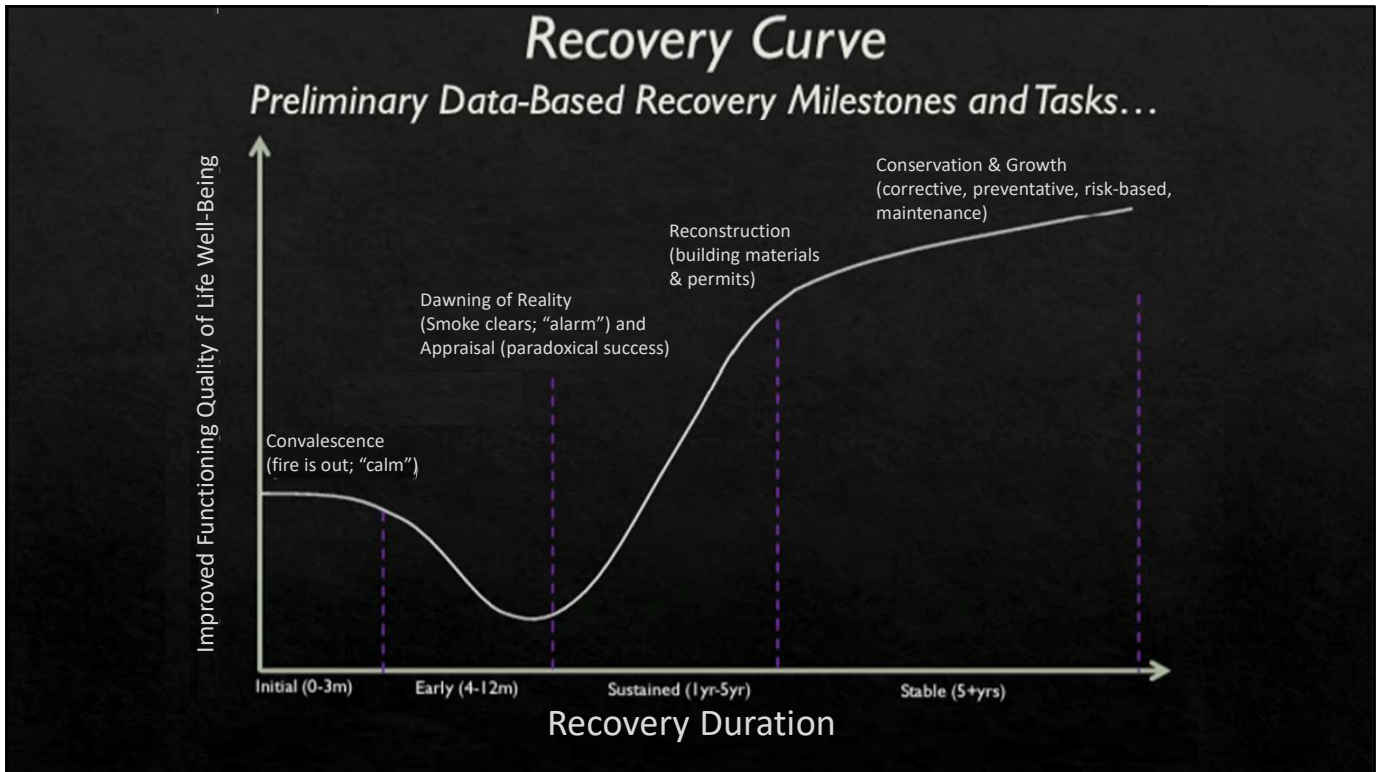
16



17



18



19

02

Explain Recovery as Public Health Infrastructure:

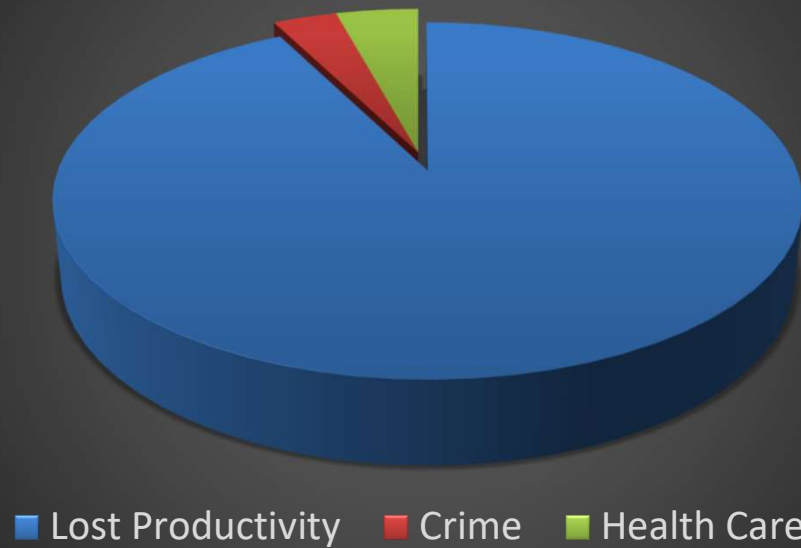
Nature, Scope, Prevalence of Recovery Support Services

20

Recovery as a U.S. Public Health Infrastructure

21

Cost of Substance Use Disorders \$600 Billion Annually



<https://www.drugabuse.gov/drug-topics/trends-statistics/costs-substance-abuse#supplemental-references-for-economic-costs>

22

Recovery as a U.S. Public Health Infrastructure

➔ The framework we operationalize to build an effective U.S. infrastructure must comprehensively address ALL COMPONENTS associated with this price tag.

23

Recovery as a Public Health Infrastructure to Address Substance Use Disorders

RECOVERY = GLOBAL HEALTH FROM SUD



24

Recovery Support Services ...

25

Treatment vs. Recovery Support Services

	Treatment	Recovery Support Service
Goal	Reduce symptomology and pathology	Eliminate sociopolitical determinants of health Build recovery capital (rebuilding materials: assets and resources, internal and external, to sustain recovery)
Time-frame	Time-limited, short-term	Long-term
Location	Health care settings	Community
Providers	Professionals	Peers (can be credentialed, has expertise in lived experience in recovery)

Adapted from Brandon Bergman, PhD presentation for Opioid Response Network

26

Prevalence of “Assisted Recovery” among People in the U.S. Who Have Resolved a Problem with Alcohol or Other Drugs

Treatment	Recovery Support Services	Self-Help Groups
30%	17%	45%

54% used an assisted recovery pathway.

Kelly JF, Bergman B, Hoepfner BB, Vilsaint C, White WL. Prevalence and pathways of recovery from drug and alcohol problems in the United States population: Implications for practice, research, and policy. Drug Alcohol Depend. 2017 Dec 1;181:162-169.

27

Scope of Recovery Support Services

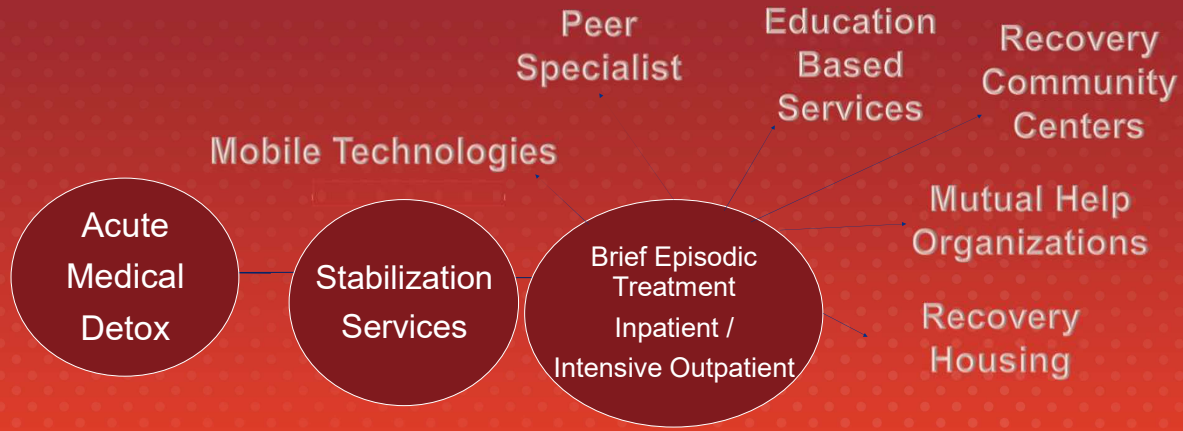


adapted from Brandon Bergman, PhD presentation for Opioid Response Network

28

How do Recovery Support Services Fit into Long-Term Continuum of Care

Paradigm Shift: Episodic to Continuing Care



29

03 Measuring the Effectiveness of Recovery Housing: A Look Under the Hood

30

RECOVERY HOUSING *Origin & Prevalence*

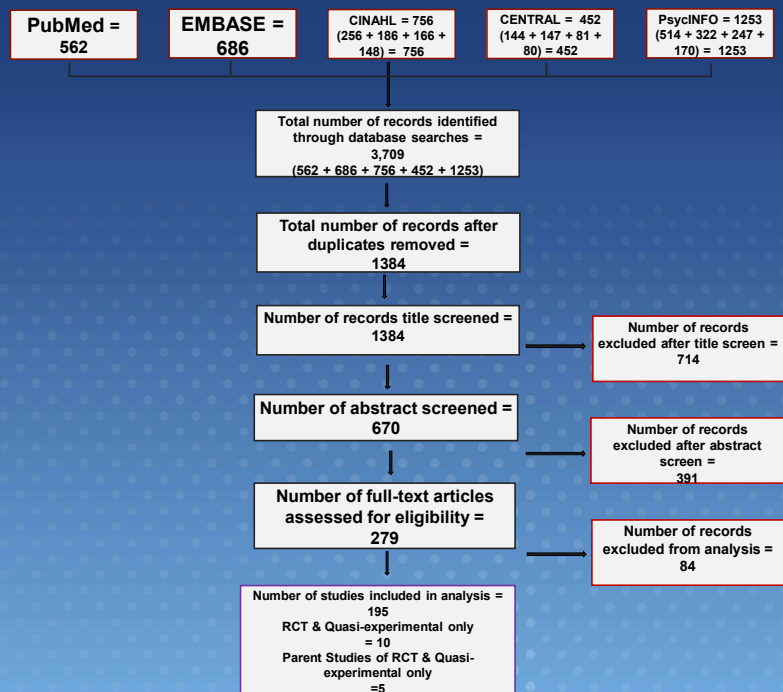
- 22.6 million people who have resolved a problem with alcohol or other drugs in the U.S., of which 8.5% or nearly **2 million people** have used recovery housing (Kelly, Bergman, Hoepfner, Vilsaint, & White, 2017).
- In 2020, there were an estimated 17,943 recovery homes across the United States (Jason, Wiedbusch, Bobak, Taullahu, 2020).
- NARR consists of 30 statewide affiliate organizations that support more than 48,000 residents across 4,500 certified recovery residences.
- Systematic quantification of the magnitude of the impact will inform how to build an effective public health infrastructure to combat substance use disorders and support recovery.

31

RECOVERY HOUSING *PRISMA FLOW DIAGRAM*

- **1384** records identified after duplicates removed
- **279** full-text articles assessed
- **5** studies testing Recovery Housing versus a non-housing pathway to recovery (RCT or QED).

Recovery Support Service: Recovery Housing



32

Study Design, Quantity, Demographic, and Clinical Background of Published Studies from a Review of the Evidence on Recovery Housing

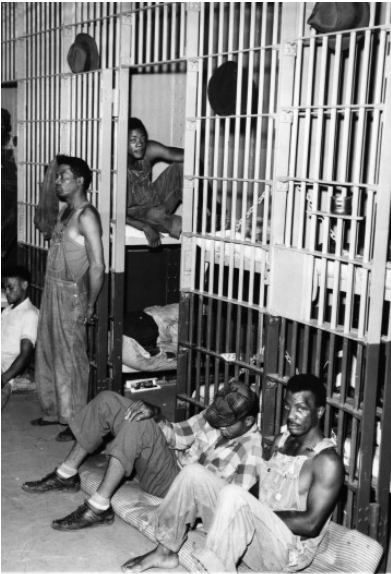
Type of Study Design	Number of Studies (N)	Sample size Mean N	Recruited from	Age Mean	% Female Mean	Race / Percent Non-White (African American) Mean	Follow-Up Months Mean	Primary Drug of Focus						
								% Alcohol	% Mixed	% Opioids	% Stimulants	% Cannabis	% Other	
Randomized Controlled Trial	3	221	Re-Entry, Detoxification, or Residential Treatment	39	35	78	18		2	1				
Comparative Trial (non-randomized)	2	335	Post criminal justice or post criminal justice after treatment	40	95	74	24		2					

33

Quote from Top Nixon Aid (Ehrlichman), 1994

“The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. You understand what I’m saying? We knew we couldn’t make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did.”

34



Anti-Drug Abuse Act 1986

- Created a disparity between federal penalties for crack cocaine and powder cocaine: same penalties for the possession of crack cocaine as for 100 times the same amount of powder cocaine.
- No knock warrants
- Enacted minimum mandatory sentencing for drug possession and distribution. 5 years to life.

RESULT: Black and Latinx make up about 77% of those incarcerated in federal prisons for drug crimes and 57% in state prisons.

35

Model: Recovery Housing for Opioid Use Disorder

STUDY	COMPARISON GROUP	Abstinence Rates at 6 Months	Employment
Tuten 2012	1) Usual care (participant decided after detox)	13% usual care referrals	
	2) Recovery housing, abstinent contingent (rent paid for negative drug screens)	37% housing alone	
	3) Recovery housing abstinent contingent with reinforcement based treatment for 12 weeks	50% housing + treatment	

36

Model of Recovery Housing: **Oxford House**

STUDY	COMPARISON GROUP	SUBSTANCE USE IMPROVED	RECOVERY IMPROVED				
			Social Network	Mortality	Employment or Income	Criminality	Cost Benefit
Jason 2006	Participant decided continuing care	✓ 31% 65%	✓		✓ \$440 \$989	✓ 9% 3%	✓ \$29t
Jason 2015	Therapeutic community or participant decided	✓ 40% 66% (no change other drug use 85%)	✓		✓ 6, 11 days		✓ \$13t
Jason 2016	Participant decided continuing care (incarcerated women)			✓ 4,0			
Majer 2016	Participant decided or therapeutic community	✓ 14, 12,-10, change # days					

37

RECOVERY HOUSING *Main Findings*

- EVIDENCE FOR THE EFFECTIVENESS
 - Alcohol use Opioid use, Employment (income, days employed)
 - Criminality (rearrests, incarceration, convictions)
 - Cost-effective up to \$30,000 mainly from criminal reductions.

38

RECOVERY HOUSING *Main Findings*

Implications for future research...

- Continue to understand the effectiveness of housing on different primary substances (alcohol vs. opioids vs. stimulants)
- Continue to find better way to effect women with carceral exposure using recovery housing models.
- Continue to understand how housing can better effect criminal justice populations.

39

Take Homes



Recovery vital signs dip around year 1.5 – 2. Opioid and stimulant use disorders start lower on recovery vital signs than alcohol and cannabis. Sexual minorities, mixed race and Native Americans are lower on recovery vital signs at 5 years.



Recovery support services offer a menu of pathways to recovery that extend and diversify the continuum of care to long-term recovery (more options will engage more people). They are distinct from treatment in their goals, time-frame, location, and providers.



Recovery Housing is effective for opioid use disorder, alcohol use disorder, employment, wages and reduced criminal justice involvement.
Health Equity: Recovery housing is a protective mechanism for people disproportionately exposed to the war on drugs.

40

