



Building a Recovery-Ready Ecosystem in Oregon

Robert D. Ashford, MSW

University of Pennsylvania - Center for the Continuum of Care on Addictions
University of the Sciences - Substance Use Disorders Institute



Disclosures

Grant Support: Our ongoing research work is supported by funds from NIH (NIDA R01 and P50).

Consultant Support: I operate a for-profit consulting firm, VFR Consultants, that regularly conducts business in Oregon.

Other Financial Interests: I have no current financial interests related to any of the topics discussed in this presentation.

Recovery Science

Recovery as an Organizing Paradigm

- Not only for systems of care, but also for how we organize our research agenda
- Addiction, as a primary and secondary pathology, is well studied (though we still have a lot to explore)
- Recovery - as a topic of scientific inquiry - is still in relative infancy stages and the opportunities are exciting!

Recovery in the United States

A Brief Primer on Defining Recovery

SOURCE	YEAR	DEFINITION
CENTER FOR SUBSTANCE ABUSE TREATMENT (CSAT)	2005	Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness and quality of life.
AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM)	2005	A patient is in a "state of recovery" when he or she has reached a state of physical and psychological health such that his/her abstinence from dependency-producing drugs is complete and comfortable.
BETTY FORD INSTITUTE	2006	A voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship.
WILLIAM L. WHITE	2007	Recovery is the experience (a process and a 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.
UK DRUG POLICY COMMISSION	2008	The process of recovery from problematic substance use is characterised by voluntarily sustained control over substance use which maximises health and wellbeing and participation in the rights, roles and responsibilities of society.
SCOTTISH GOVERNMENT	2008	A process through which an individual is enabled to move on from their problem drug use, towards a drug-free life as an active and contributing member of society.
SAMSHA	2011	Recovery from mental disorders and substance use disorders is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM)	2013	A process of sustained action that addresses the biological, psychological, social and spiritual disturbances inherent in addiction.
KELLY AND HOEPPNER	2014	Recovery is a dynamic process characterized by increasingly stable remission resulting in and supported by increased recovery capital and enhanced quality of life.
RECOVERY RESEARCH INSTITUTE ADDICTION-ARY	2017	The process of improved physical, psychological, and social well-being and health after having suffered from a substance-related condition.

- The fields of SUD and MH recovery have seen several attempts at defining the word and concept of "recovery."
- National organizations such as the Substance Abuse and Mental Health Association (SAMHSA), the American Society for Addiction Medicine (ASAM), the Hazelden Betty Ford Foundation (HBFF), and others have developed working definitions of recovery (SAMHSA, 2011; ASAM, 2013; The Betty Ford Institute Consensus Panel, 2007).
- Each of these has its merits, and weaknesses, and we have yet to reach true consensus among the scientific and professional communities, or the lay public.

* This figure documents the most popular definitions of recovery (Kelly & Hoepfner, 2015; *Courtesy of the Recovery Research Institute, 2017*).

Recovery Defined for Policy

Agreement of certain tenants of a recovery definition is critical in the context of public and health policy

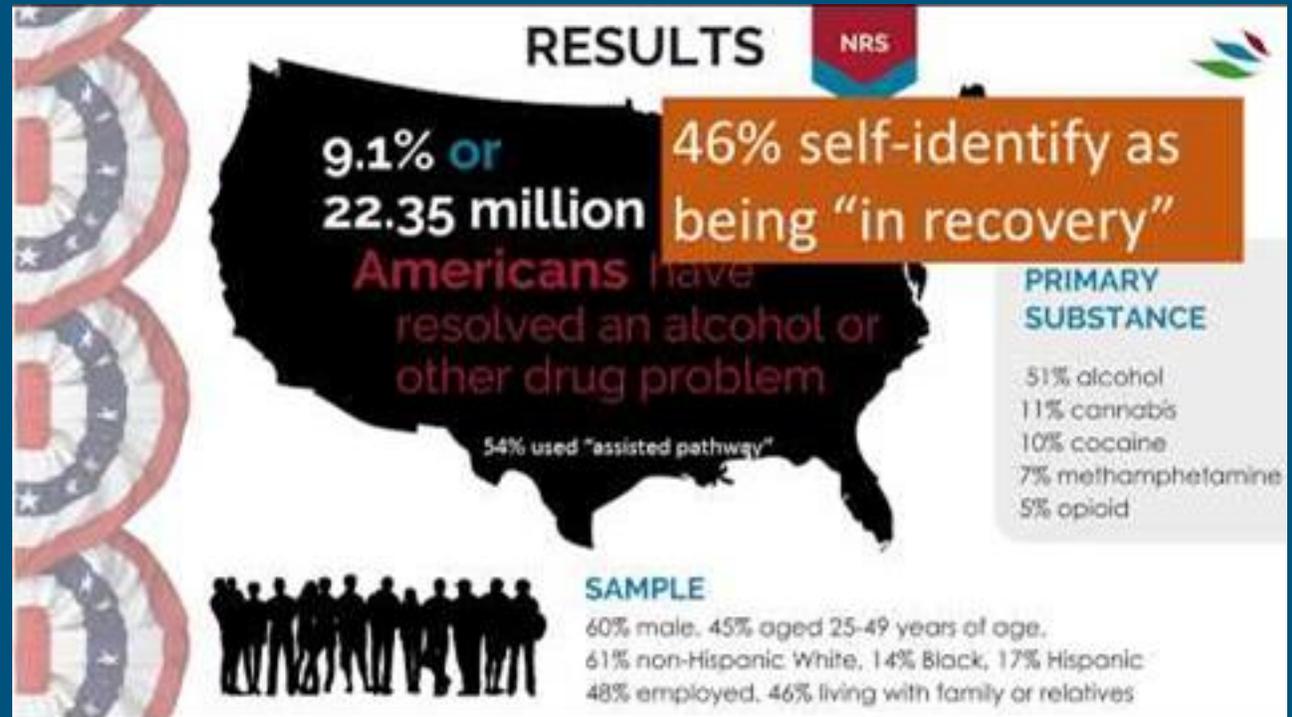
Even without true consensus, central tenants of recovery should be used for policy purposes

These are:

1. Recovery is an individualized and self-directed process, though certain characteristics related to outcomes can likely be applied to general populations
 2. Recovery does not follow a linear progression nor is it time-limited
 3. Recovery begins through various access points, and can progress through the use of various pathways and programs, which often change over time
 4. No matter where and how the recovery process is initiated, it is most likely to flourish and be maintained within a community (identity, geographic, social, etc.)
-

Recovery Prevalence and Outcomes

- The 2017 National Recovery Study estimates that 9.1% of the US population (18+ years, non-institutionalized) has resolved an AOD problem. (Kelly et al., 2017)
- About half of these individuals self-identified as a “person in recovery”
- Over half (53.9%) reported resolution via an “assisted pathway” (i.e. lifetime use of a formal support mechanism)
- A few previous studies have also estimated a national recovery prevalence rate between 9-10%



(Courtesy of the Recovery Research Institute, 2017)

Recovery in Oregon

Estimating Recovery in Oregon

From NRS data, we know that:

- 9.1% have resolved an AOD problem (22.35 million US adults)
- 4.18% in recovery (self-identified, 10.281 million US adults)

While any extrapolation is limited, we can draw some tentative comparisons to Oregon...

- The 9.1% estimate is in line with other regional estimates (i.e. 9.6% in Philadelphia and surrounding counties via public health survey)
- The population of Oregon estimate for 2017 is 4,142,776 - with an estimated 79.9% being over the age of 17 (18+).
- This amounts to an estimated 3,310,078 citizens 18+ years of age that could be sampled.
- **AOD problem resolution:** 301,217 Oregonians
- **Self-identify person in recovery:** 138,361 Oregonians

Estimating Recovery in Portland

Let's look at another estimate...

- Portland Population aged 18+ years: 417,667
- **AOD problem resolution:** 38,007 Portlandians
- **Self-identify person in recovery:** 17,458 Portlandians

For context, there are 300 of you present today. 100 times that amount are likely in recovery in Portland alone.



Statewide Recovery Strategic Plan

- Estimating recovery prevalence in Oregon will soon be more than just a best guess
- Thanks to the Department of Public Health, Oregon Recovers, and the Oregon Alcohol and Drug Policy Commission, recovery resolution / recovery questions will be added to a statewide health survey starting this fall
- Oregon will be the first state to introduce this - and hopefully the first of many!

Statewide Recovery Strategic Plan

- Improving Oregonian recovery rates over a 5-year period
 - a. How is this done?
 - i. Through systems transformation and investment in new recovery institution and recovery supports infrastructure
 - ii. Not just recovery infrastructure - but the whole system, embedded within a recovery oriented systems of care philosophy
- It begins with data - highlighting the importance of estimate recovery prevalence in Oregon

Recovery Oriented Systems of Care

A Brief Introduction to ROSC

1. The successful recovery of individuals with SUDs is positively impacted by the use of medical, community, and social supports, especially within the first 5-years of the recovery process (Granfield & Cloud, 2001; Hibbert & Best, 2011; Jason, Olson, Ferrari, & Lo Sasso, 2006; McKay, 2017; Sheedy & Whitter, 2009; White et al., 2013).
2. Most individuals will engage within processes of recovery within the community they live (HHS, 2003), suggests that long-term supports will be most beneficial when they exist within an individual's local community.
3. The ROSC model brings together existing resources and stakeholders at the micro and mezzo level, with the primary goal of providing continuity of services and care, provide all stakeholders a voice, and to continue to build upon existing resources to further support individuals in recovery (Sheedy & Whitter, 2013)

A Brief Introduction to ROSC



A Brief Introduction to ROSC

1. As a foundational framework, the ROSC centers the recovery experience (the individual, the family, and the community) as the focal point and continuously self-improves
2. However, the model can also be used as a starting point for community assessment and recovery support efficacy evaluation

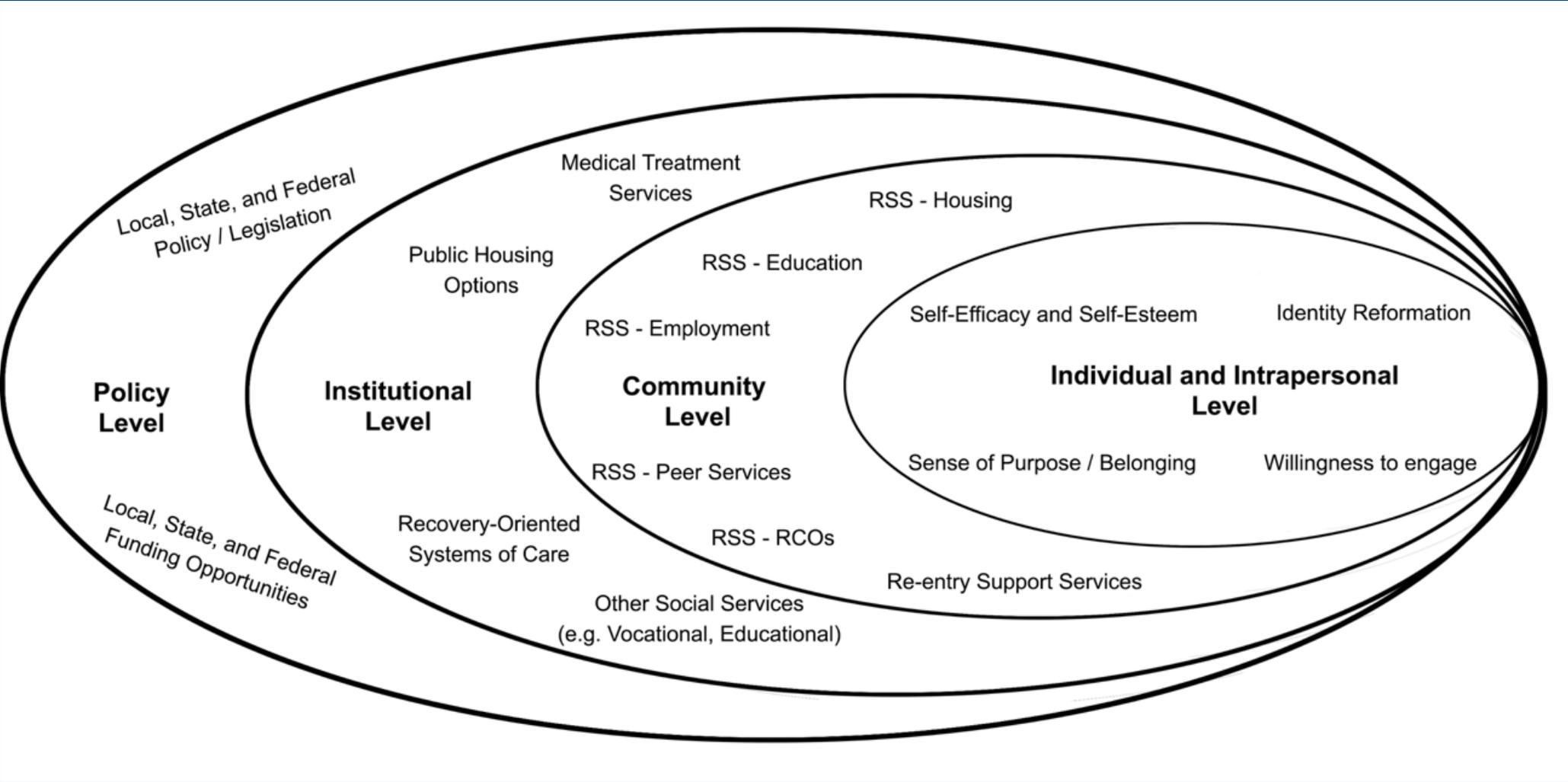
Recovery Ready Communities

Creating Recovery Ready Ecosystems

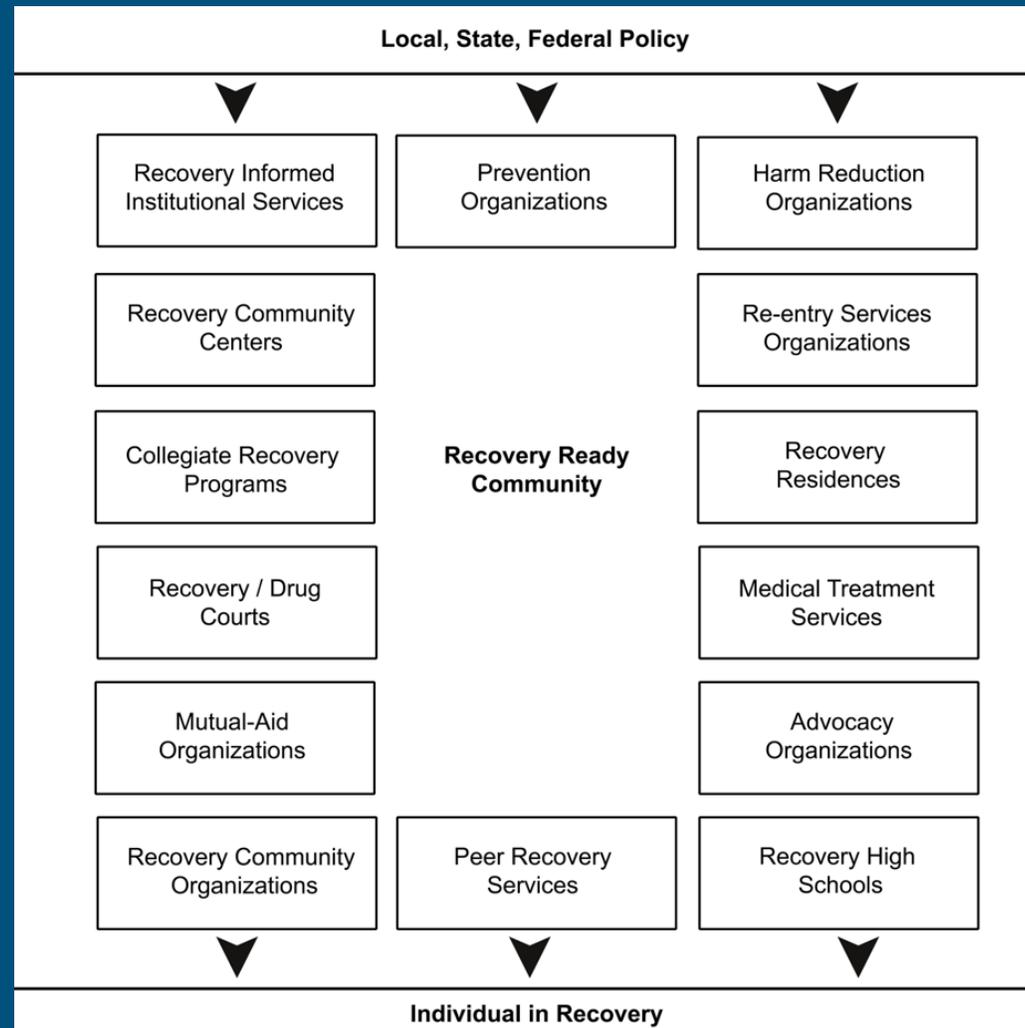
- Realizing goals of any strategic plan that wants to increase recovery prevalence will require a focus on supporting and building recovery-informed infrastructure
- This will have to include all types of supports and resources in every community
- What types of supports are these?
- Why are these supports needed?



Recovery Ready Ecosystems Model



Recovery Ready Community Framework



Community Recovery Capital / Recovery Readiness

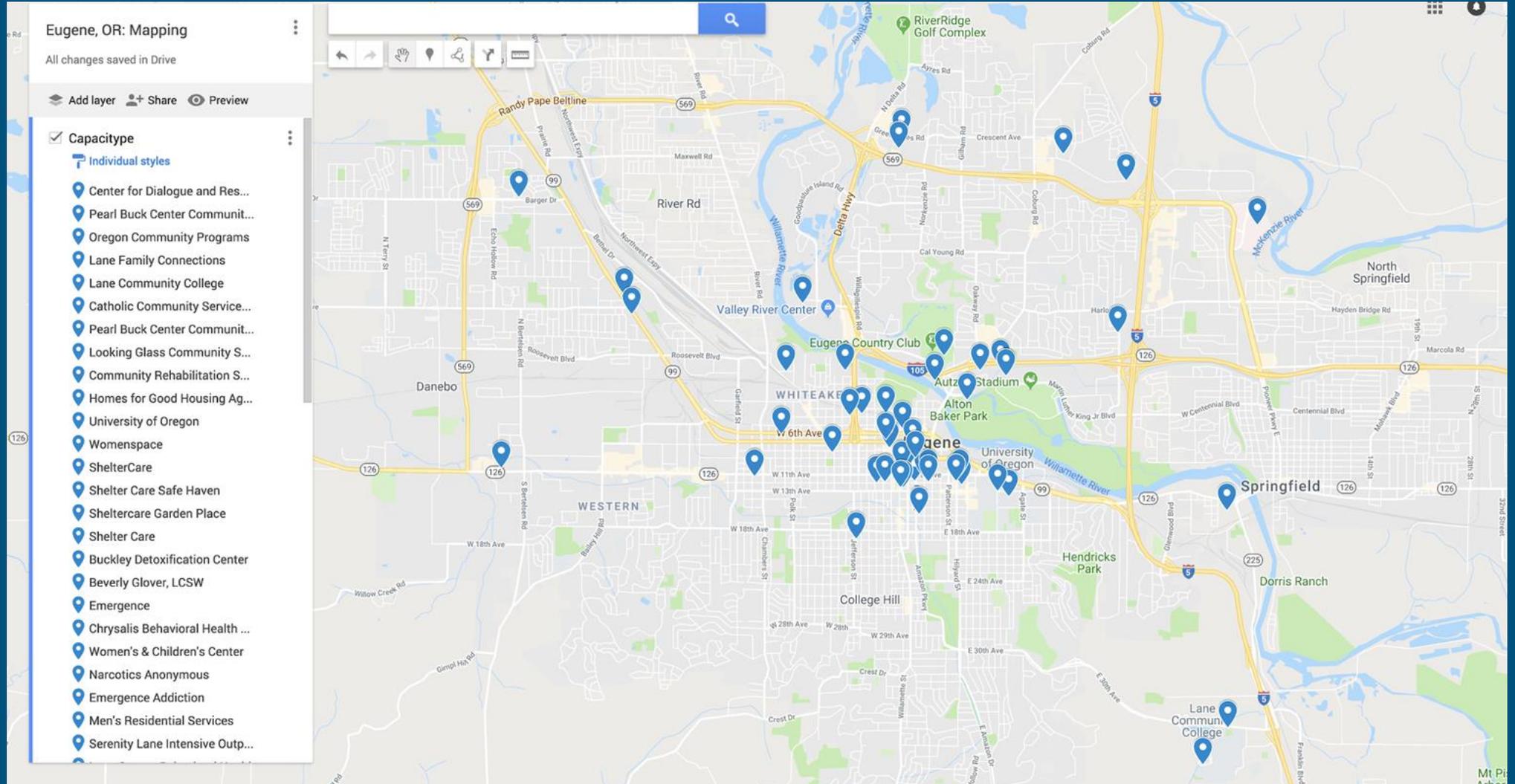
1. What is recovery capital?
 - a. The resources connected to the individual human traits with which persons are born, the individual qualities that they have acquired over time, and the environmental and social structural spaces which they occupy in the world (Cloud & Granfield, 2008)
2. What is community recovery capital?
3. How does that apply to recovery readiness?
4. What can a community do with a quantitative score of readiness?
 - a. Help inform policy, funding mechanisms and levels of support, and target future development

Eugene, OR: Case Study

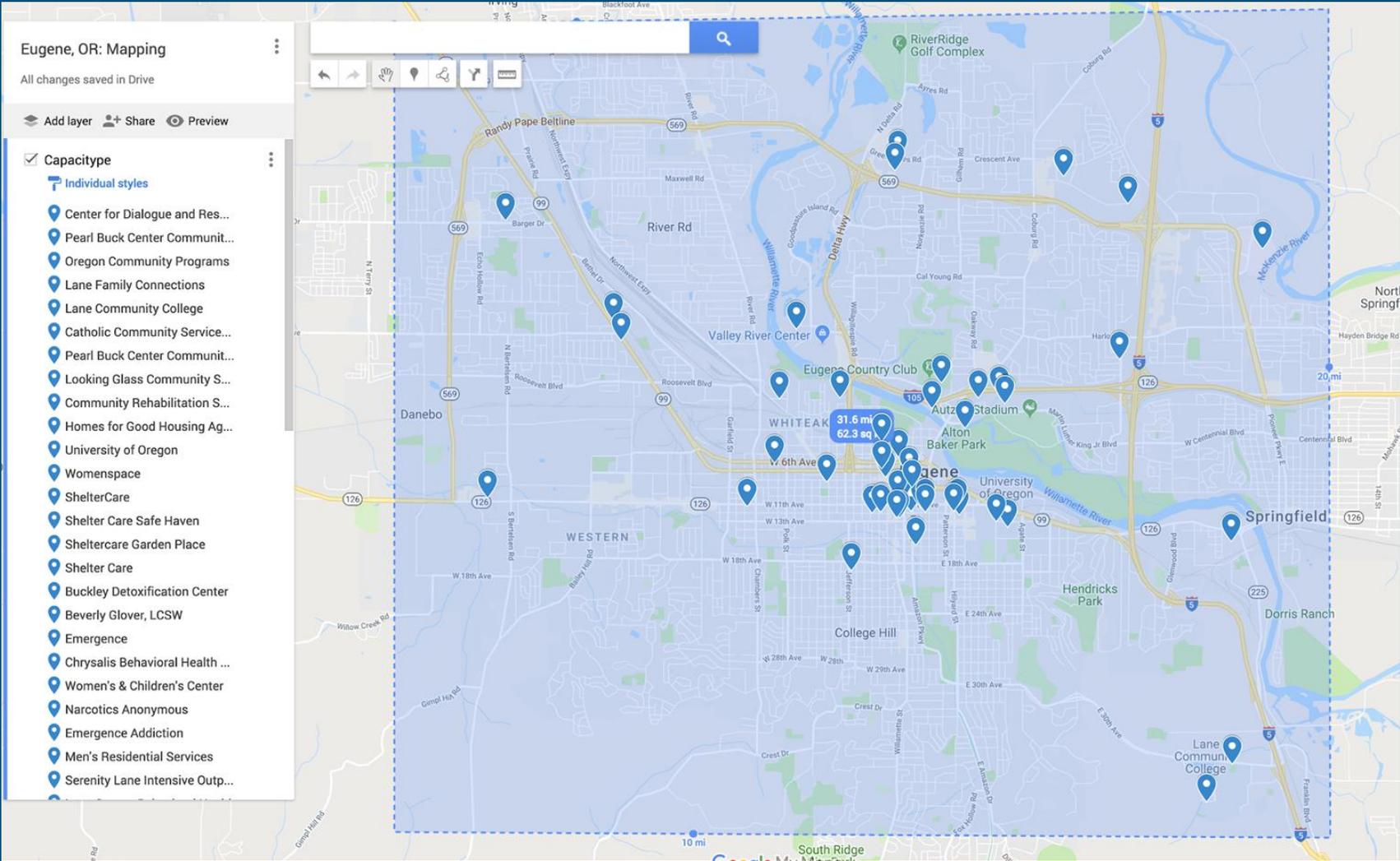
Disclaimer:

- This is an abstract representation of a single community
- There is in all likelihood resources and services missing from the case study
- For those of of you in the audience from Eugene, thanks for letting me use your city!

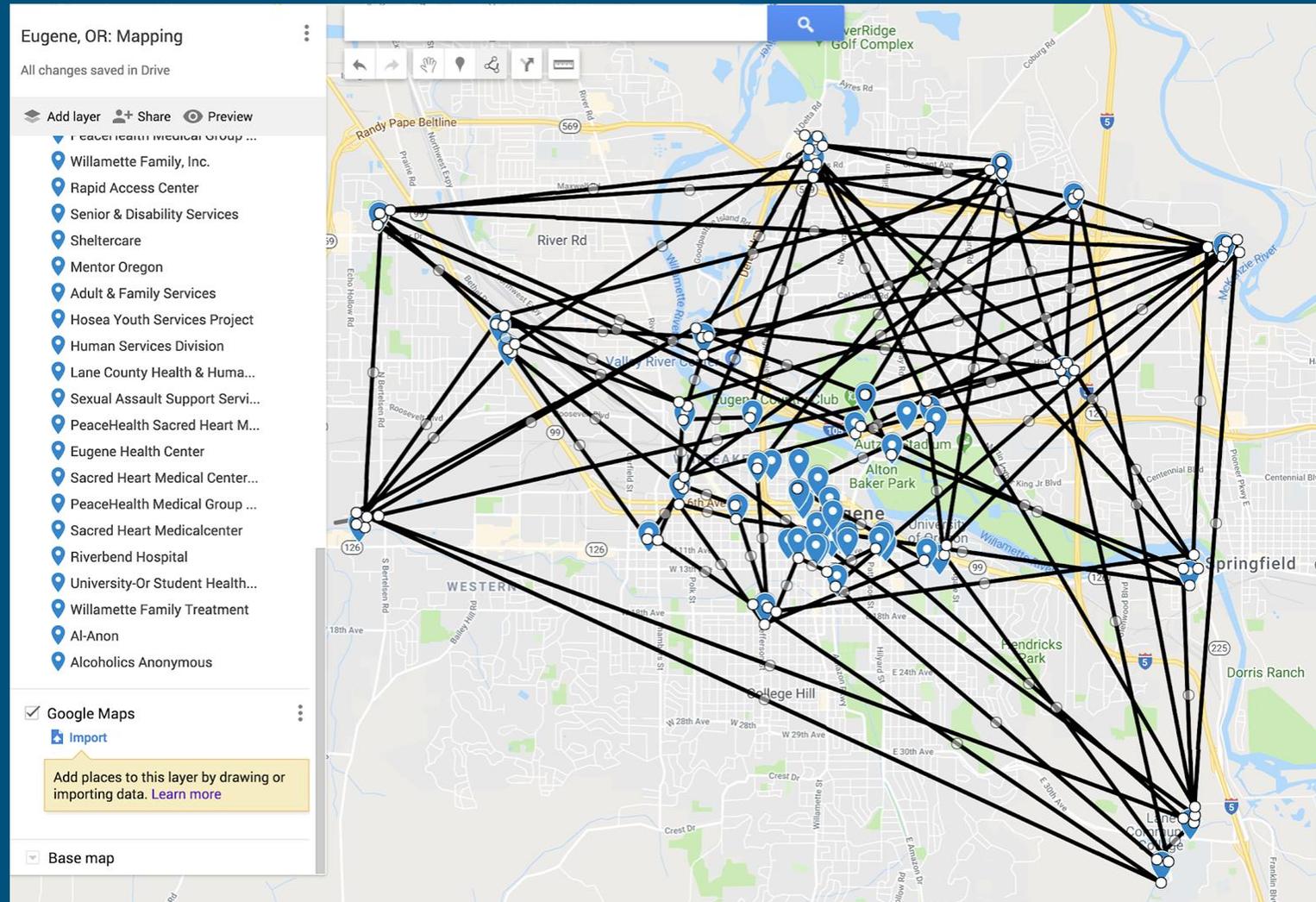
Eugene, OR: Resources and Services



Eugene, OR: Geographic - 63.2 square miles



Eugene, OR: Recovery Oriented System of Care



Connections Between Resources

1. 5 random resources found in the mapping called to inquire about information about another random resource in the list for a potential referral
2. Out of the 5 inquires, none could provide information about the requested resources or how to access it

Discussion

1. Using ROSC theory to evaluate, assess, and improve communities
2. The importance of bilateral connections
3. The importance of filling resource and service gaps, informed by the community
4. The importance of perception of utility from the recovering individual perspective

What next?

- Any statewide strategic plan should begin with analyzing geographic communities and finding what is missing (gaps) and what is currently available (strengths)
- Local community stakeholders **MUST** be included in this process
- The SUD and recovery field and respective stakeholder groups **MUST** embrace concepts such as pharmacotherapy and harm reduction - ROSCs will not work without this happening - and it cannot just be platitudes
- Decisions should be informed by the data - not anecdotal stories (unless rigorously studied), personal beliefs, or anything but empirical evidence (we haven't always been very good at this in our field)

Recovery should not be the
exception.

Recovery should be the
expectation.



Questions?

Robert D. Ashford
roberdav@upenn.edu

