The Importance of Professionals and Community Members as Recovery Allies
Wednesday, January 24, 2024

1. Is there any additional research on recovery capital depreciation?

The quote from my presentation – “high risk times for recovery capital depreciation – comes from a presentation by Dr. David Best, who has written extensively on recovery capital. Much of his current work focuses on measuring recovery capital so we can better understand acquiring it and losing it (depreciation). [https://www.cultivatingrecoverycapital.com/](https://www.cultivatingrecoverycapital.com/)

Here are a few specific, small-scale studies about recovery capital post-incarceration:


2. Any personal tips on bridging the gaps between any individual involved with the ecosystem? Those can be uncomfortable moments, depending on the situation.

- Peers talking to peers is one effective way of gently educating people. By that, I mean physicians talking to physicians, teachers talking to teachers, parents talking to parents. Those conversations can also serve as a sort of warm hand-off to someone else in the ecosystem.
  - Here’s an example: we know that physicians are more likely to listen to the expertise of other physicians than anyone else. A personal conversation between two physicians can include something like, “perhaps you’d like to speak to the counselor [advocate, law enforcement officer, parent, etc.] that I know and respect.”
  - Staying with the physician example, holding a grand rounds presentation on recovery could include people from the other parts of the ecosystem as a way to expose physicians to the world around them.
- Another effective strategy is to recruit a community champion, a person in the community who doesn’t necessarily know a lot about recovery but is respected as being reliable and trustworthy.
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That person can be a spokesperson for supporting recovery in the community in a way that people in recovery, professionals in the field, and even affected family members can’t.  
   o I know an employer who took on this role, and he took every opportunity to talk about how supporting recovery in the workplace had created all sorts of benefits to the other employees, family members, productivity, etc. etc. He took responsibility for reducing stigma in his workplace, which spread when he spoke formally and informally at Chamber of Commerce meetings, created social media posts, spoke up in church, etc. etc. and that was effective in bridging the gap to people in different parts of the ecosystem.

3. Could you elaborate on the role of community engagement within the recovery ecosystem and how individuals can actively contribute to creating a supportive environment?

For community engagement, I suggest working within existing community groups before starting something new. Engagement through existing allied coalitions or organizations can be a quicker path to engagement than starting something new. For example, if a region has “community feedback” as part of its community health assessment or health planning process, use that forum for engaging around recovery. In cases where existing groups are not open to being recovery-friendly, identify a community champion who can bring people together around recovery. I suggest starting with the easy tasks, like forming a group for information sharing across organizations, then progress to identifying gaps in services and support, and then identifying one or two specific issues to work on.

See the answer to question 5 for how individuals can contribute.

4. In your research, did you come across any innovative or successful models within the recovery ecosystem that could serve as inspiration for other communities?

The most innovation these days in the recovery ecosystem is in the workplace. Because work is central for many people – as a way to support oneself and family and as a source of meaning and a way to contribute to the community – employers and employees, are a key to creating recovery-friendly communities. Here are a few examples I’ve learned about:

- National trade unions supporting recovery [https://massbuildingtrades.org/recovery/](https://massbuildingtrades.org/recovery/)
- Employee groups, like one started by an employee in recovery at Salesforce [https://journey-magazine.com/bringing-your-whole-self-to-work/](https://journey-magazine.com/bringing-your-whole-self-to-work/)
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- Individual large and mid-size employers who host educational lunch ‘n learns, train supervisors, and use EAPs to support employees who have family members in active chaotic substance use.
- Individual small employers who support employees by creating flexible work schedules, creating safe spaces for discussing mental health challenges, hiring people with criminal convictions, and welcoming employees back who have been absent for return to use, treatment, or incarceration.

5. How can loved ones and allies play a meaningful role in the broader recovery ecosystem, beyond individual support?

Many allies aren’t comfortable with individual support. Some loved ones find it too painful or difficult to deal with their loved one’s recovery, but they are able to be supportive in the community. Sometimes, an affected family member isn’t able to be open because of stigma – perhaps the family member has asked them not to speak up. Similarly, some people may be reluctant because they don’t know much about recovery but want to be involved to make positive change in their communities. Many community members are intimidated by advocacy, but still want to contribute. In all of these cases, individuals can

- Seek out opportunities to learn more.
- Speak up when stigmatizing language or stereotypes come up, to reduce discrimination and stigma. Smashing stigma is a never-ending job, so don’t underestimate the value of speaking up.
- Participate in social events like recovery walks or overdose vigils. When some allies show up, they encourage other allies to do the same.
- Serve on boards of recovery support organizations.
- Consider their role in the community and act from there – employer, teacher, healthcare provider, etc. etc.

6. Are there any policy or systemic changes you believe are crucial for improving the overall effectiveness of the recovery ecosystem?

Probably the most important systemic change in my opinion would be to move “recovery” out of the “treatment” world and create policies that maintain recovery support services independent of treatment. We know that if people maintain recovery for five years – the period during which they would most benefit from recovery support services – they fall into the general population in terms of risk of returning to chaotic use. So, making recovery support services available - like recovery housing, peer support, job training, recovery-friendly employment, education, etc. etc. – and funding them for a full five years after a person initiates recovery would create a significant change in the recovery ecosystem.

Here’s a great article by Dr. David Best on distinguishing between treatment and recovery services: https://www.cultivatingrecoverycapital.com/post/what-does-it-mean-to-be-a-treatment-and-recovery-service
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7. What compromise have you experienced with a community where court and punitive punishment may not change as a deterrence- I believe- mainly for the income that it generates. Where have you seen a compromise to the monetary gain from punitive stance?

- “Recovery courts” (sometimes called “drug courts”) use the judicial system to incentivize treatment and recovery. (Some “family courts” do this as well.) This seems to be an acceptable compromise for many in law enforcement, public health, and the treatment field. Many people in recovery have benefited from these courts. Harm reductionists tend to oppose them. There is some evidence that these courts are effective, but success depends on the services provided and the type of individual admitted into the program.
  - Some recovery courts have added recovery coaches or peer specialists, an evidence-based intervention in many settings, to the “team,” and depending on how they are included, they can add to the effectiveness of the courts.
- Some police departments have added recovery coaches to their staff to engage people who may have many interactions with the police and may be seeking treatment and recovery. Some police departments offer a pre-arrest pathway to treatment if people who use drugs voluntarily turn in their drugs and paraphernalia to the police in exchange for treatment. This requires considerable coordination with treatment and recovery support services as well as a source of funding.

8. Any special considerations/suggestions for creating Recovery ecosystems and allies in rural communities? I'd have thought smaller communities would be easier but there's a 'not invented here' philosophy belief against existing programs from other places.

I often hear, “we don’t have any resources here, how can we support recovery?” Barriers to recovery in rural areas aren’t just lack of access to services. They include local knowledge and attitudes that discourage people from seeking help and prevent helpful conversations about how to change the community. In some cases, people want to help but they just don’t know how.

- Local community meetings for educational purposes, led by respected individuals in the community, affected family members who have the courage to share their stories, and people in recovery who have been coached on how to talk about the positive aspects of recovery rather than negative sides of addiction can go a long way toward creating a curiosity about “what’s happening in our community, and “how can we make changes for everyone our community?”
  - In addition to being informational sessions, these community meetings can provide an opening for people wanting to be helpful to ask what they can do. The meetings can also create conversations between organizations that haven’t yet happened, like faith communities in conversation with law enforcement, etc. etc.
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- Respected individuals in the community could include a healthcare provider who can talk about addiction as a disease, a public health professional who could talk about substance use disorder in the community (or broader region) and its impact on families, and employer who can talk about the impact in the workplace, schools administrators or teachers who can talk about the impact in schools, a law enforcement officer who can talk about the actual data on drugs and alcohol in the community, and a faith leader who can provide a compassionate viewpoint.

- Those local meetings can also serve as the beginning of grassroots organizing to find the right approach for the community. Knowing that “the opposite of addiction isn’t sobriety, it’s connection” (Johan Hari) can be a catalyst for community members who want to build community generally and also want to support people in recovery, but don’t want a program or approach from outside the community to drive change.

- Bringing recovery issues to existing organizations, like housing organizations or prevention coalitions, is also a way to incorporate recovery into the conversation without bringing in outside experts or programs.

9. Unfortunately, the military pushes recovery quickly even though it simply takes more time. What is the best way to be the best advocate when we’re pressed for time?

I don’t know much about recovery in the military or among veterans. I learned a lot from Mike Hooper, who is a veteran and recovery advocate. Perhaps he can answer this question. He’s on LinkedIn at https://www.linkedin.com/in/mike-hooper-b987b265/

10. Is there any evidence that recovery looks different from problem gambling recovery?

I don’t have any experience in the area of problem gambling. An interesting question for me is, “what is the role of allies in recovery from problem gambling, and how is it different from recovery from addiction?” I imagine the role of allies as advocates for policy change are similar, but I wouldn’t assume the role in the community or in the family is the same. This is a great topic for research!