



Digital Recovery Support Services

American Academy of Addiction Psychiatry

Opioid Response Network

September 2021



MASSACHUSETTS
GENERAL HOSPITAL
Center for Addiction Medicine



HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL



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Brandon G. Bergman, PhD
Assistant Professor, Harvard Medical School
Associate Director, Recovery Research Institute
Center for Addiction Medicine, Massachusetts General Hospital

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Sponsoring Organizations



Opioid Response Network

- The SAMHSA-funded *Opioid Response Network (ORN)* assists states, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.
- Technical assistance is available to support the evidence-based prevention, treatment and recovery of opioid use disorders and stimulant use disorders.

Funding for this initiative was made possible (in part) by grant no. 1H79TI083343 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



Working With Communities

- The *Opioid Response Network (ORN)* provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis and stimulant use.
- *ORN* accepts requests for education and training.
- Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.



Contact the Opioid Response Network

- To ask questions or submit a request for technical assistance:
 - Visit www.OpioidResponseNetwork.org
 - Email orn@aaap.org
 - Call 401-270-5900





Enhancing Recovery Through Science

recoveryanswers.org

Recovery Research Institute



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free monthly Recovery Bulletin



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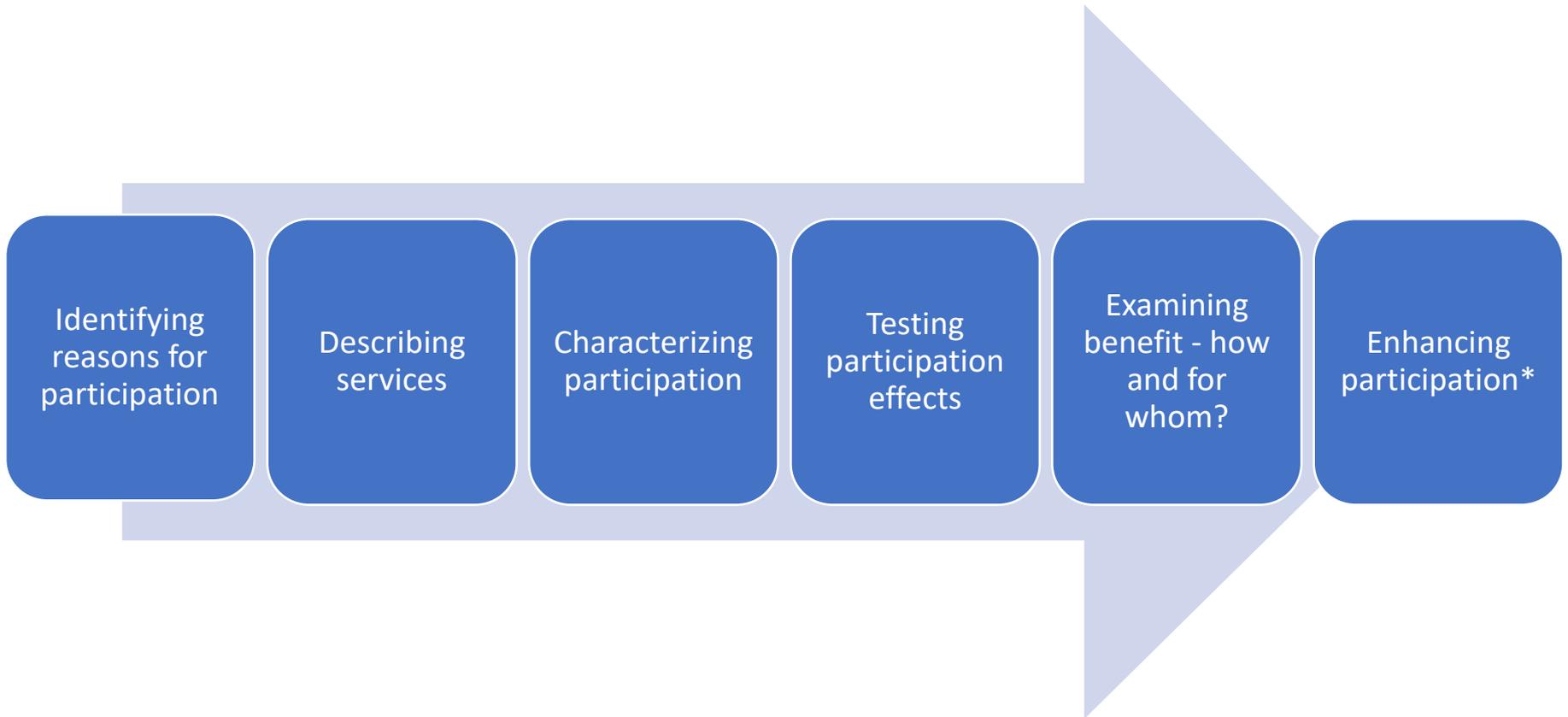
RECOVERYANSWERS.ORG

Talk Objectives

1. Identify in-person service barriers that digital services might address
2. Define digital recovery support services and introduce a classification system
3. Describe several digital recovery support services
 - a. Theory on how they can enhance recovery
 - b. Summarize what is known empirically
4. Recommend referral strategies that maximize potential benefits and mitigates potential risks



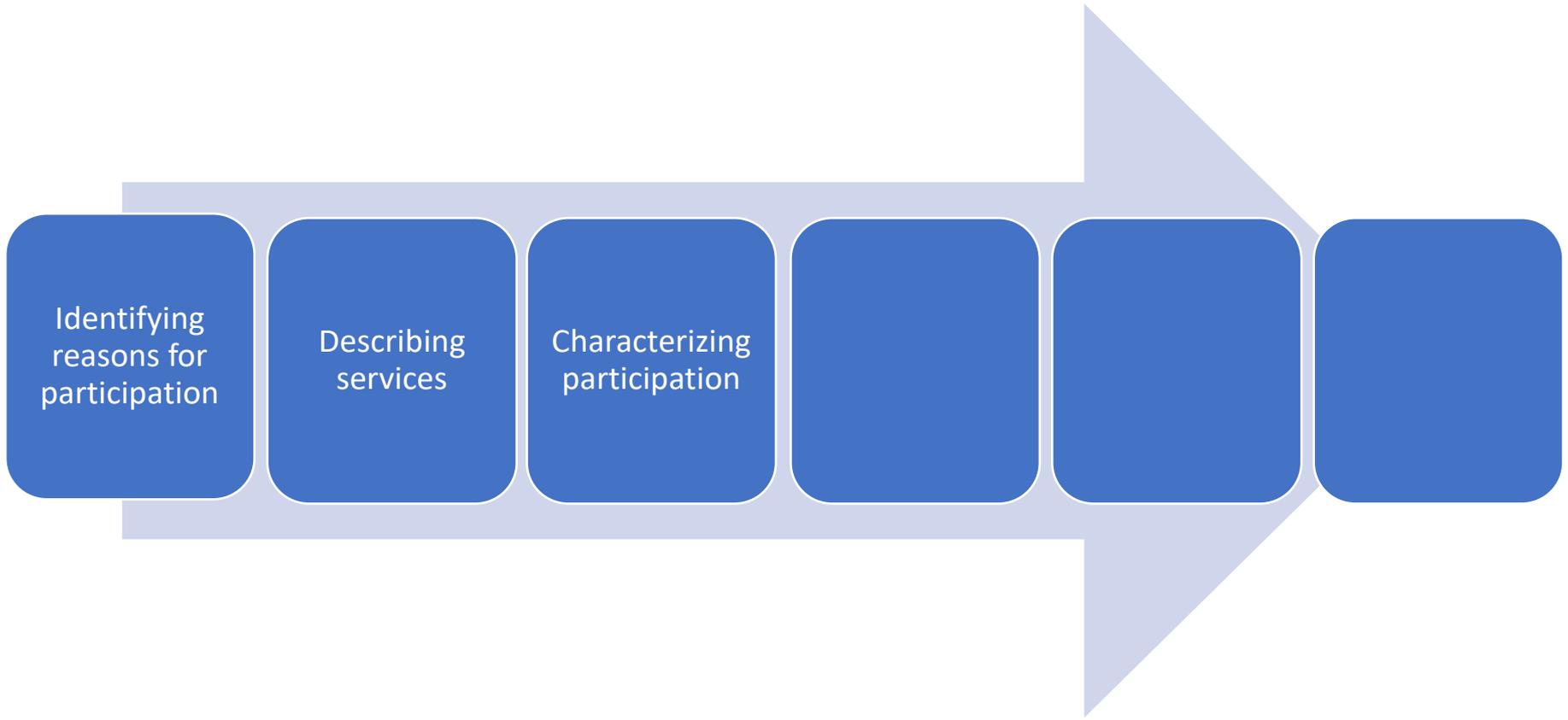
Research to improve individual outcomes and public health



*Dissemination/implementation



Research to improve individual outcomes and public health



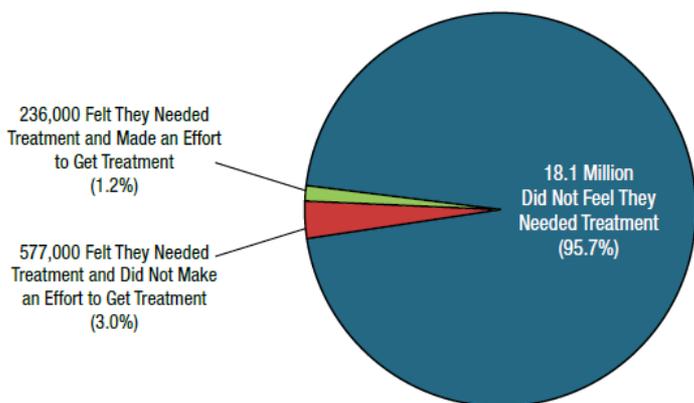
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Finite reach of existing services

- Impact = Reach x Effectiveness (Glasgow)
- 10% with substance use disorder (SUD) received one or more SUD services – including specialty treatment, mutual-help, ED, private physician, etc.



18.9 Million People with an SUD Who Did Not Receive Substance Use Treatment at a Specialty Facility

Note: People who had an SUD were classified as needing substance use treatment.

Note: The percentages do not add to 100 percent due to rounding.

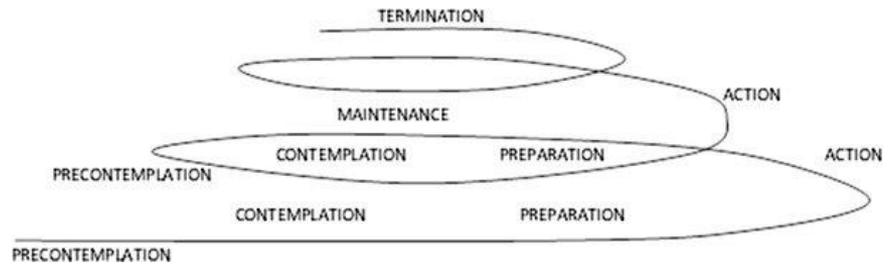
No Health Care Coverage and Could Not Afford Cost	20.9
Had Health Care Coverage But Did Not Cover Treatment or Did Not Cover Full Cost	4.6
No Transportation/Programs Too Far Away or Hours Inconvenient	7.3
Did Not Find Program That Offered Type of Treatment That Was Wanted	14.7
Not Ready to Stop Using	39.9
No Openings in a Program	5.2
Did Not Know Where to Go for Treatment	23.8
Might Cause Neighbors/Community to Have Negative Opinion	17.2
Might Have Negative Effect on Job	16.8
Did Not Feel Need for Treatment at the Time	6.4
Could Handle the Problem Without Treatment	11.7
Treatment Would Not Help	4.6
Did Not Have Time	8.5
Did Not Want Others to Find Out	7.6
Some Other Reason	4.2



Logistical Barriers



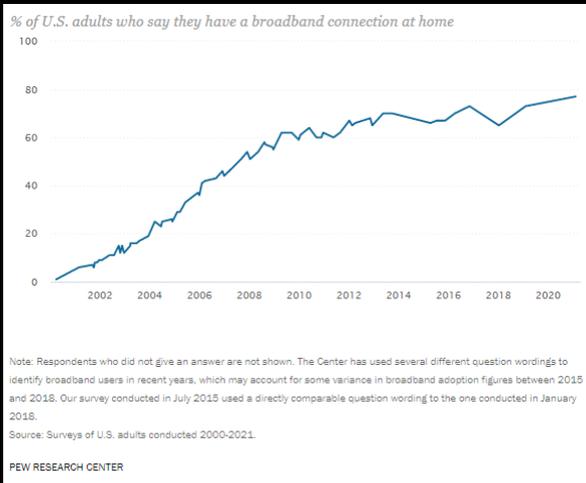
Psychosocial barriers



(Prochaska et al. 1992)



Online and mobile technologies are integrated into day-to-day life



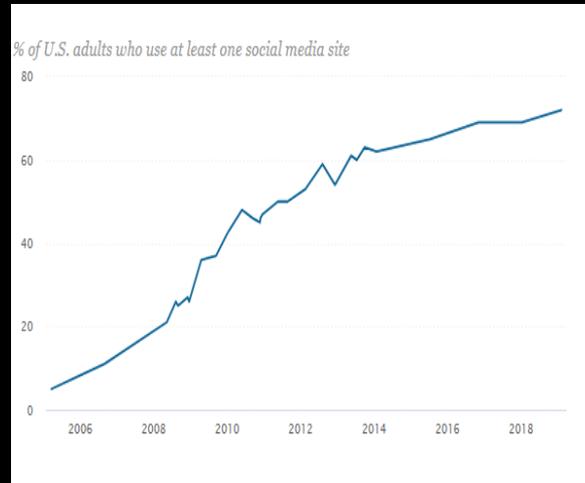
-77% have home broadband

*70% 18-29

*86% 30-49

*79% 50-64

*64% 65+



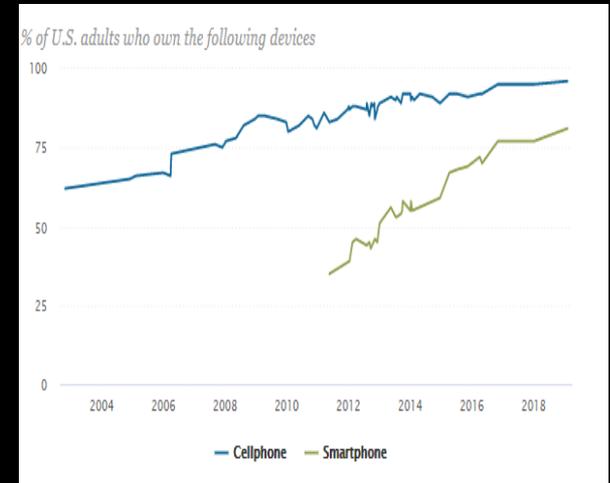
-72% use social network sites

*90% 18-29

*82% 30-49

*69% 50-64

*40% 65+



-81% have a smartphone

*96% 18-29

*92% 30-49

*79% 50-64

*53% 65+

Source: Pew Research Center

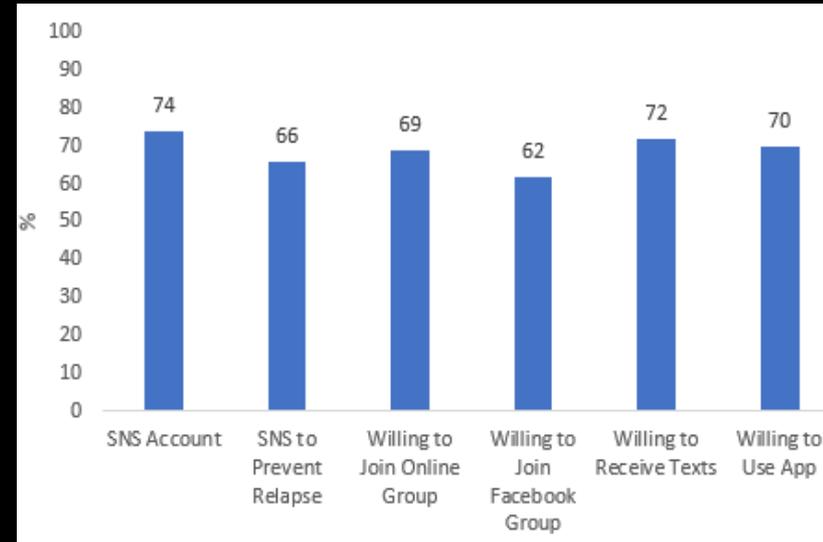


Technology Access for those with SUD

Technology use

Prior to treatment	Yes	No
Own a mobile phone (n = 251)	86.90%	13.10%
SMS capability (n = 218)	95.90%	4.10%
Use text messages (n = 218)	83.00%	17.00%
Own a smartphone (n = 216)	68.50%	31.50%
Download mobile apps (n = 217)	61.30%	38.70%
Use the phone to access the Internet (n = 217)	61.30%	38.70%
Contract type (n = 209)		
Pay-as-you-go	50.70%	
Annual contract	24.40%	
Government issued/Safelink	23.90%	
Other	1.00%	
Post treatment	Yes	No
Own a mobile phone (n = 243)	92.60%	7.40%
SMS capability (n = 223)	96.40%	3.60%
Use text messages (n = 222)	84.70%	15.30%
Own a smartphone (n = 221)	72.40%	27.60%
Download mobile apps (n = 221)	64.30%	35.70%
Use the phone to access the Internet (n = 223)	65.90%	34.10%
Contract type (n = 213)		
Pay-as-you-go	51.60%	
Annual contract	25.40%	
Government issued/Safelink	21.60%	
Other	1.40%	

(Dahne & Lejuez, 2015)



(Ashford, Lynch, & Curtis, 2018)



COVID-19 and SUD Recovery

- COVID *highlights* and *exacerbates*, rather than *creates*, context for enhanced SUD consequences
- Limitations to service access
- High stress
 - Disruptions to basic human needs: employment/purpose, housing, financial stability
- Isolation; reduced social connection



COVID-19 harms to individuals with SUD: Silver Lining

WBUR News



CORONAVIRUS COVERAGE



The Pandemic Has Changed Addiction Treatment, Some Hope For Good

May 21, 2020 By Deborah Parker



Wednesday, June 9, 2021

NIH-funded study tests “one-stop” mobile clinics to deliver HIV, substance use care



A clinical trial is underway in five U.S. cities to determine whether delivering integrated health services through mobile clinics can improve HIV and substance use outcomes among people with opioid use disorder who inject drugs. If effective, mobile clinics could serve as an innovative strategy for expanding access to care and providing uninterrupted treatment in this underserved population that addresses the linked public health crises of addiction and HIV.

According to the [Centers for Disease Control and Prevention](#), approximately 1 in 10 new HIV diagnoses in the United States are attributed—in whole or in part—to injection drug use. Further, high rates of injection drug use in communities have been linked to HIV outbreaks. While injection drug use is not limited to injecting opioids—a drug class that includes heroin and fentanyl—these drugs have a high rate of use among key populations in



One of five mobile health clinics deployed for the NIH-funded INTEGRA study. Artwork for the clinic was designed by artist Shepard Fairey. *LifelineMobile*



President Joe Biden signs executive actions aimed at expanding access to health care on Jan. 28, 2021, in Washington. Photo by Doug Mills-Pool/Getty Images

Covid Sets Stage for Biden to Tackle Addiction Treatment Access

Aug. 23, 2021, 5:24 AM



The New York Times

A.A. to Zoom, Substance Abuse Treatment Goes Online

It began as a stopgap way to get through the pandemic, but both participants and providers say virtual sessions have some clear advantages and will likely become a permanent part of recovery.



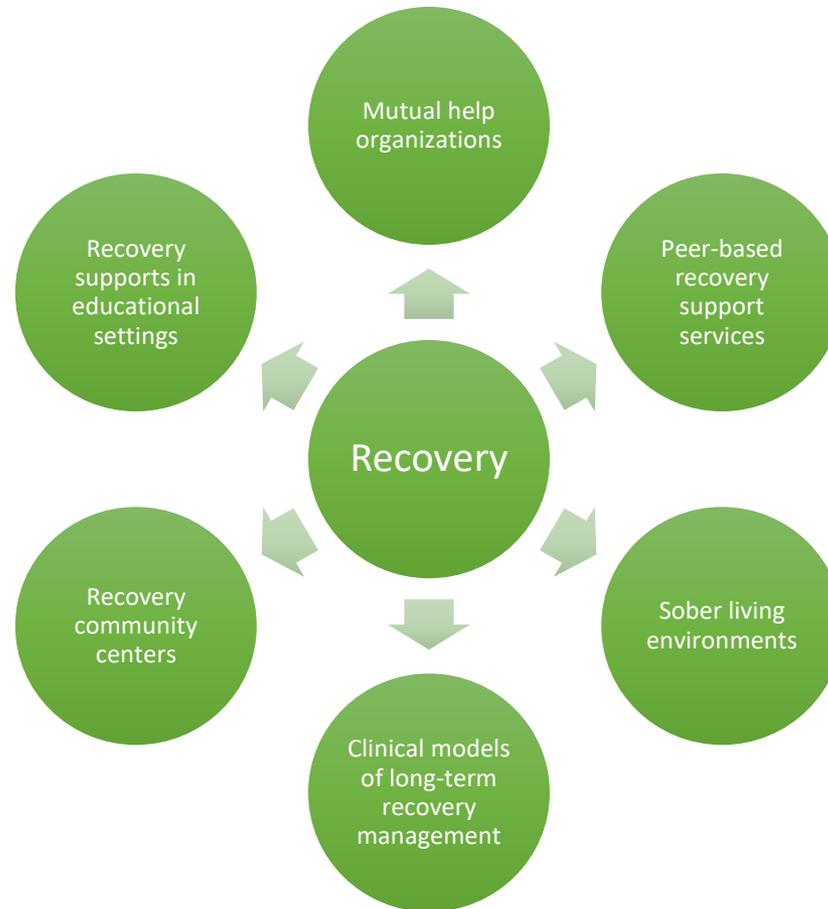
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Recovery Support Services (Revisited)

From ORN/AAAP
Recovery Support
Services Webinar
(Kelly, April 2021)



Treatment vs. Recovery Support Services

	Treatment	Recovery Support Services
Goal	Reduce symptoms, substance use	Enhance recovery (process; White, 2006) *resolve substance use problems *foster health and well-being
Time-frame	Time-limited, short-term designed	Long-term
Location	Health care settings	Community (Ashford et al. 2019)
Providers	Professionals	Peers (can be credentialed, have expertise, etc.)



What are digital recovery support services?

- Digital technology in lieu of, or as adjunct to, in-person recovery support services
- Telehealth vs. technology-based intervention vs. digital recovery support service (and “telerecovery”)

	Technology-based Intervention	Digital Recovery Support Services
Goal	Reduce symptoms, substance use	Enhance recovery (process; White, 2006) *resolve substance use problems *foster health and well-being
Time-frame	Time-limited access	Long-term access
Access points*	Health care settings	Freely available online
Providers/Designers	Professionals	Peers (can be credentialed, have expertise, etc.)

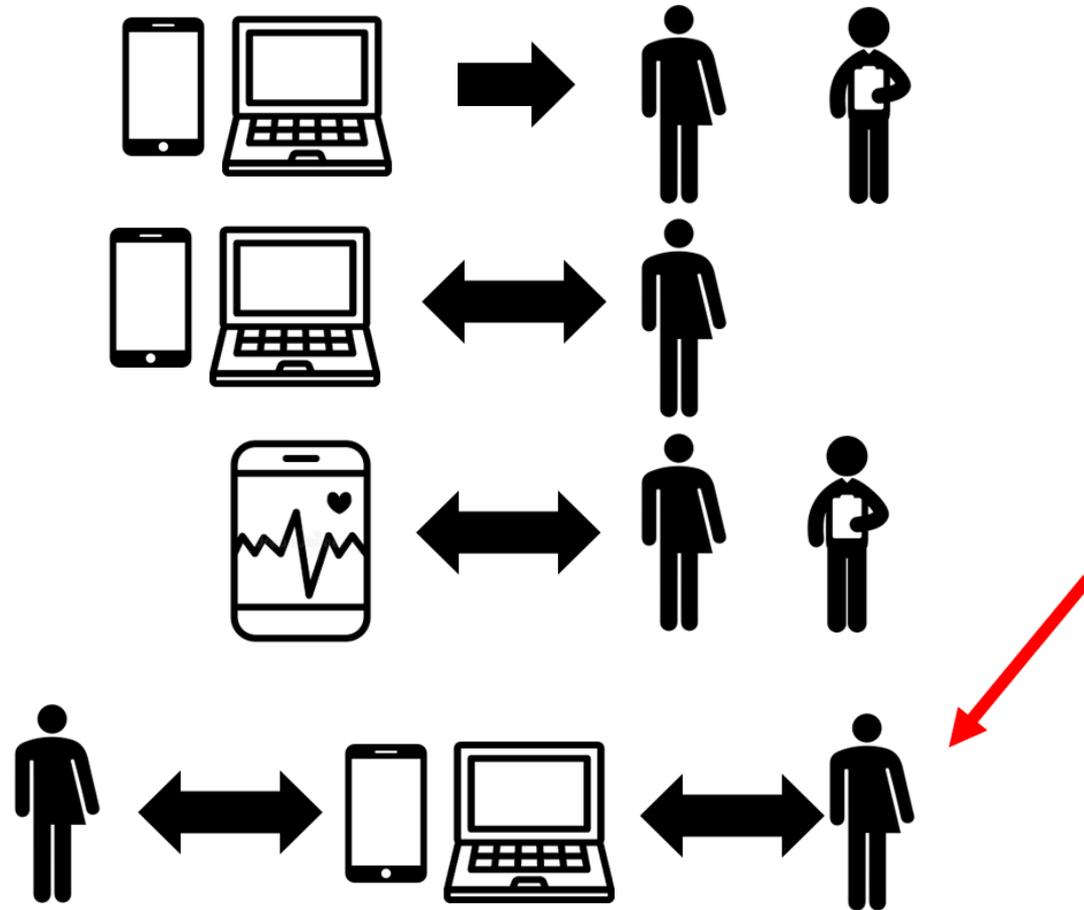


Focus on the behavior: Proposed typology to classify digital services

Dimension	Description
a) Type of service	The recovery support service or activity with which someone engages (e.g., online recovery support meeting). Can be synchronous – real-time interaction – or asynchronous – interaction without time constraints
b) Type of platform	How the recovery support service is delivered <ul style="list-style-type: none"> *remote video conferencing *discussion forum *recovery-specific social network site
c) Points of access	Communication technology through which individuals access the platform <ul style="list-style-type: none"> *website *smartphone app *telephone
d) Organization/individuals responsible	Organization and/or individuals that designed, developed, maintains, monitors, oversees the service <ul style="list-style-type: none"> *mutual-help organization *private company *peer volunteer monitors



Ways to leverage technology for individuals with substance use disorder



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Recovery-related use of online technology



Addictive Behaviors

journal homepage: www.elsevier.com/locate/addictbeh



Expanding the reach of alcohol and other drug services: Prevalence and correlates of US adult engagement with online technology to address substance problems



Brandon G. Bergman^{a,*}, M. Claire Greene^b, Bettina B. Hoepfner^a, John F. Kelly^a

^a Recovery Research Institute, Massachusetts General Hospital and Harvard Medical School, 151 Merrimac Street, Boston, MA 02114, United States.

^b Johns Hopkins Bloomberg School of Public Health, 624 North Broadway, Baltimore, MD 21205, United States

HIGHLIGHTS

- 11% with a former substance problem report recovery-related use of online technology (ROOT)
- Controlling for demographics, clinical severity indicators were ROOT correlates
- Controlling for demographics and ROOT correlates, ROOT was associated with "internet addiction".

ARTICLE INFO

Keywords

Recovery
Technology
mHealth
Social network sites
Smartphone applications

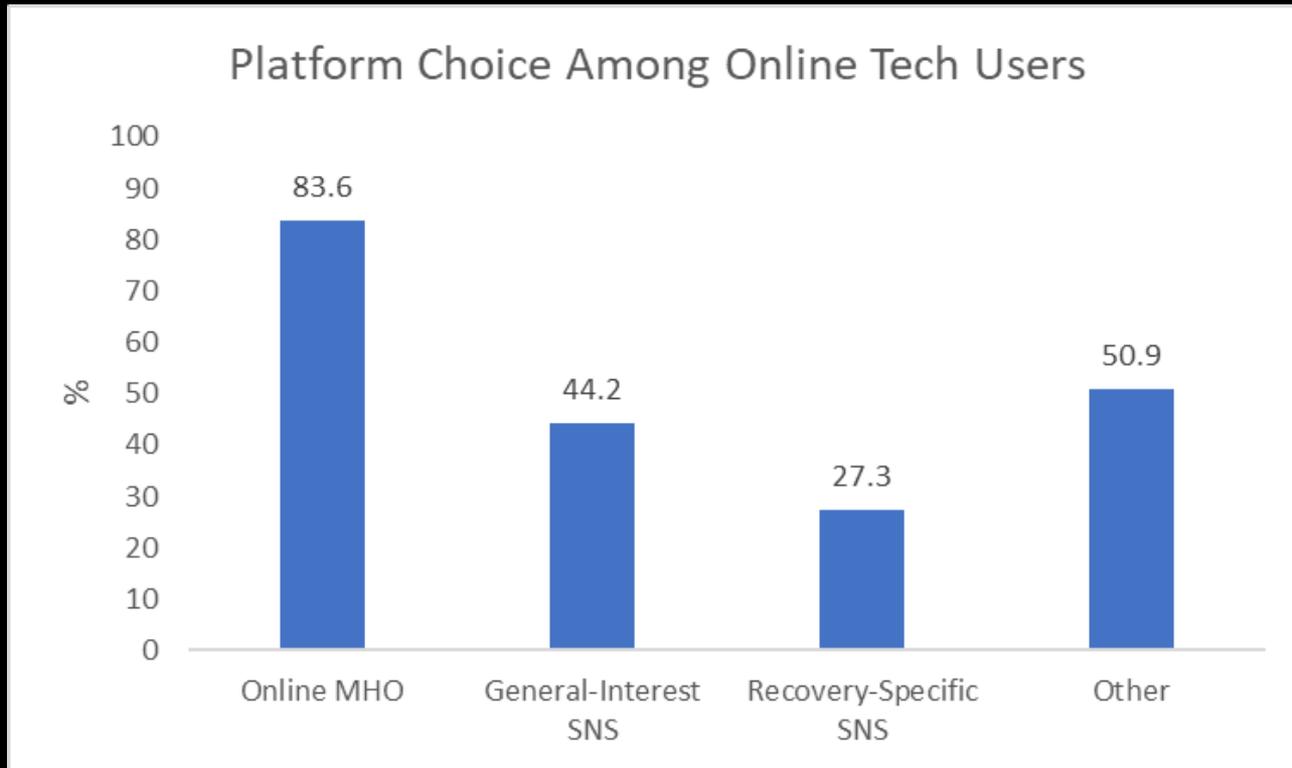
ABSTRACT

Online technologies are well integrated into the day-to-day lives of individuals with alcohol and other drug (i.e., substance use) problems. Interventions that leverage online technologies have been shown to enhance outcomes for these individuals. To date, however, little is known about how those with substance use problems naturally engage with such platforms. In addition, the scientific literatures on health behavior change facilitated by technology and harms driven by technology engagement have developed largely independent of one another. In this secondary analysis of the National Recovery Study (NRS), which provides a geo-demographically representative sample of US adults who resolved a substance use problem, we examined a) the weighted prevalence estimate of individuals who engaged with online technologies to "cut down on substance use, abstain from substances, or strengthen one's recovery" (i.e., recovery-related use of online technology, or ROOT), b) clinical/recovery correlates of ROOT, controlling for demographic covariates, and c) the unique association between ROOT and self-reported history of internet addiction. Results showed one in ten (11%) NRS participants reported ROOT. Significant correlates included greater current psychological distress, younger age of first substance use, as well as history of anti-craving/anti-relapse medication, recovery support services, and drug court participation. Odds of lifetime internet addiction were 4 times greater for those with ROOT (vs. no ROOT). These data build on studies of technology-based interventions, highlighting the reach of ROOT, and therefore, the potential for a large, positive impact on substance-related harms in the US.



Prevalence

11.0% Overall



Predictors of recovery-related use of online technology

Univariate/Unadjusted

Age

Education

Race/Ethnicity

Income

SUD Medication

Recovery Support Services

Criminal Justice Involvement

Age First Use of Any Substance

Psychological Distress

QOL

Years Since Problem Resolution

Multivariate/Adjusted

Income (30k > 100k; OR = 2.5)

SUD Medication (Yes; OR = 3.2)

Recovery Support Services (Yes; OR = 2.8)

Psychological Distress (More; OR = 1.1)



How might digital services make a difference?

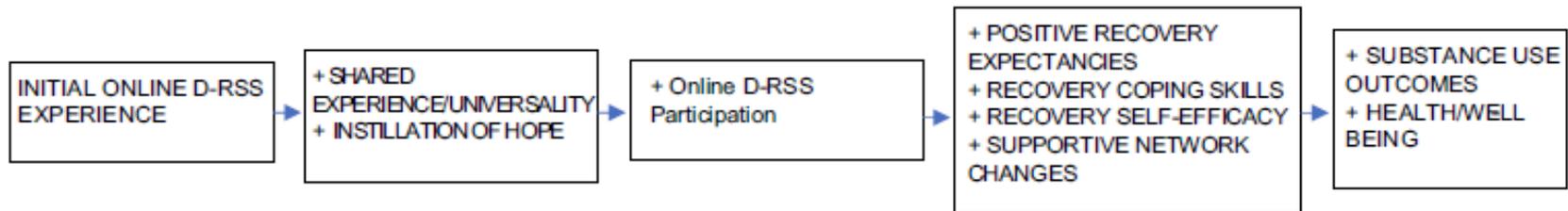


Fig. 1. Conceptual model theorizing how social-online D-RSS enhance initial engagement and confer benefits. The “+” symbolizes a theorized increase or enhancement of the construct (e.g., + online D-RSS participation = increased engagement with online D-RSS).

Source: Bergman & Kelly, 2020, Journal of Substance Abuse Treatment



The background of the slide is a light gray network of interconnected computer icons. Each icon represents a desktop computer with a monitor, keyboard, and mouse. The icons are arranged in a complex, web-like pattern, with thin gray lines connecting them to represent a network. The overall aesthetic is clean and modern, emphasizing digital connectivity.

Online Recovery Support Meetings



Online Recovery Support Meetings



Contents lists available at [ScienceDirect](#)

Addictive Behaviors

journal homepage: www.elsevier.com/locate/addictbeh



Editorial

Online recovery support meetings can help mitigate the public health consequences of COVID-19 for individuals with substance use disorder



ARTICLE INFO

Keywords:

Mutual-help organizations
Covid-19
Digital recovery support services
Telemedicine

ABSTRACT

For people with current and remitted substance use disorder (SUD), the COVID-19 pandemic increases risk for symptom exacerbation and relapse through added stressors and reduced service access. In response, mutual-help groups and recovery community organizations have increased access to online recovery support meetings. However, rigorous studies examining online recovery support meeting participation to inform best practices have not yet been conducted. In the absence of such studies, a review of relevant literature, considered in context of potential barriers and drawbacks, suggests the risk-to-benefit ratio is favorable. Particularly given limited in-person SUD service access resulting from COVID-19 precautions, online recovery support meetings may help mitigate a key public health problem during an ongoing, public health pandemic.



Building on Social Norms/Identity and Mutual-Help Research

- Socially-derived MOBCs may be mobilized online too
 - Recovery role models (sponsors; Tonigan & Rice, 2010; Zemore et al. 2013; Kelly et al. 2016)
 - Social network changes (Kelly et al. 2012; Stout et al. 2012)
 - Enhanced (AA) friendship quality (Humphreys & Noke, 1996)
 - AA-specific social support (Kaskutas et al. 2002)
- Norms partially explain why pro-alcohol content exposure on social media predicts subsequent drinking increases (Labrie, Boyle)
- Social identity theories of health behavior change



Online Recovery Support Meetings: What is Known Empirically?

- Online SMART attendance associated with alcohol abstinent days over the short-term (Campbell et al. 2016; Hester et al. 2013)
 - RCT unrelated to online meeting attendance
- “Zoom” AA effects unknown
 - Developmental model of recovery?



The background of the slide is a light gray network of interconnected computer icons. Each icon represents a computer system with a monitor, keyboard, and mouse, and they are all connected by thin, light gray lines, creating a complex web of connections that symbolizes an online community or network.

Online Recovery Communities



Social Capital as Defining Feature of Recovery Capital

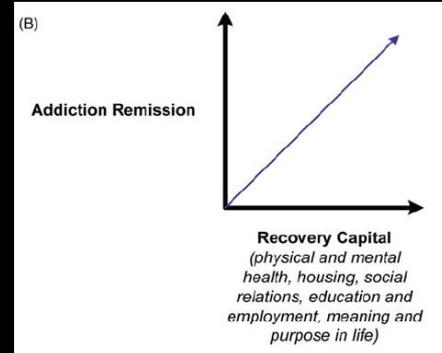
Recovery capital: The sum total of one's resources that can be brought to bear on the initiation and maintenance of substance misuse cessation. The four major components of recovery capital include **social capital**, physical capital, human capital, and cultural capital. While many of these resources are tangible, others are not and adhere to the socio-environmental structures, including relationships, in which persons are embedded.

Personal recovery capital can be divided into physical and human capital. A client's physical recovery capital includes physical health, financial assets, health insurance, safe and recovery-conducive shelter, clothing, food, and access to transportation. Human recovery capital includes a client's values, knowledge, educational/vocational skills and credentials, problem solving capacities, self-awareness, self-esteem, self-efficacy (self-confidence in managing high risk situations), hopefulness/optimism, perception of one's past/present/future, sense of meaning and purpose in life, and interpersonal skills.

Family/social recovery capital encompasses intimate relationships, family and kinship relationships (defined here non-traditionally, i.e., family of choice), and social relationships that are supportive of recovery efforts. Family/social recovery capital is indicated by the willingness of intimate partners and family members to participate in treatment, the presence of others in recovery within the family and social network, access to sober outlets for sobriety-based fellowship/leisure, and relational connections to conventional institutions (school, workplace, church, and other mainstream community organizations).

Community recovery capital encompasses community attitudes/policies/resources related to addiction and recovery that promote the resolution of alcohol and other drug problems. Community recovery

Substance use and sobriety
 Global psychological health
 Global physical health
Citizenship and community involvement
 Social support
 Meaningful activities
 Housing and safety
 Risk-taking
 Coping and life functioning
 Recovery experience



Yalom's "curative" group therapy factors

- Instillation of hope
- Universality
- Imparting information
- Altruism
- Corrective recapitulation of the primary family group
- Development of social skills
- Imitative behavior
- Interpersonal learning
- Group cohesiveness
- Catharsis
- Existential factors



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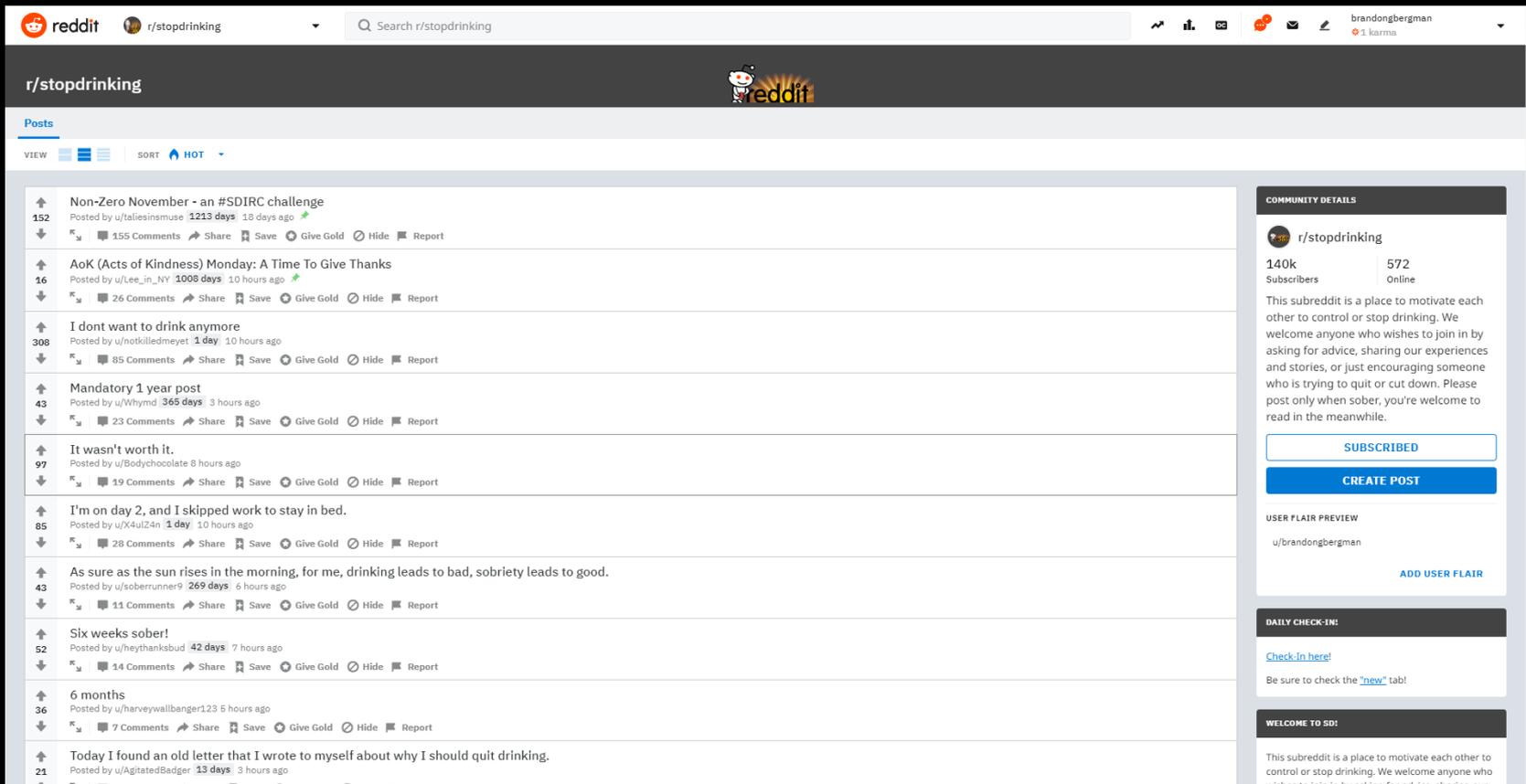


Some *working* definitions

- **Online recovery community:** An online space dedicated to recovery (i.e., efforts to resolve substance use problems and/or enhance well-being) for individuals with substance use disorder (SUD)
 - Space can be actual (website, app, etc.) or conceptual (cutting across multiple online spaces)
- **Recovery-specific social network sites (SNS)** are a type of online community; from Ellison & boyd (2013)
 - Unique profile
 - Articulated connections that can be viewed and traversed
 - Ability to interact with streams of user generated or shared content
- **Online recovery forums** – aka discussion boards – overlaps functionally with recovery SNS with simpler functionality



Online Recovery Forums



The screenshot shows the Reddit interface for the r/stopdrinking subreddit. At the top, the subreddit name and search bar are visible. The main content area displays a list of posts with their titles, authors, and engagement metrics. On the right side, there is a community details sidebar with a 'SUBSCRIBED' button and a 'CREATE POST' button. Below that, there is a 'DAILY CHECK-IN!' section with a 'Check-In here!' link and a 'WELCOME TO SD!' section with a brief description of the subreddit's purpose.

Posts:

- Non-Zero November - an #SDIRC challenge**
Posted by u/taliesinsmuse 1213 days 18 days ago
152 upvotes, 155 Comments
- AoK (Acts of Kindness) Monday: A Time To Give Thanks**
Posted by u/Lee_in_NY 1008 days 10 hours ago
16 upvotes, 26 Comments
- I dont want to drink anymore**
Posted by u/notkilledmeyer 1 day 10 hours ago
308 upvotes, 85 Comments
- Mandatory 1 year post**
Posted by u/Whymd 365 days 3 hours ago
43 upvotes, 23 Comments
- It wasn't worth it.**
Posted by u/Bodychocolate 8 hours ago
97 upvotes, 19 Comments
- I'm on day 2, and I skipped work to stay in bed.**
Posted by u/X4ul24n 1 day 10 hours ago
85 upvotes, 28 Comments
- As sure as the sun rises in the morning, for me, drinking leads to bad, sobriety leads to good.**
Posted by u/soberrunner9 269 days 6 hours ago
43 upvotes, 11 Comments
- Six weeks sober!**
Posted by u/heythanksbud 42 days 7 hours ago
52 upvotes, 14 Comments
- 6 months**
Posted by u/harveywallbanger123 5 hours ago
36 upvotes, 7 Comments
- Today I found an old letter that I wrote to myself about why I should quit drinking.**
Posted by u/AgitatedBadger 13 days 3 hours ago
21 upvotes, 1 Comment

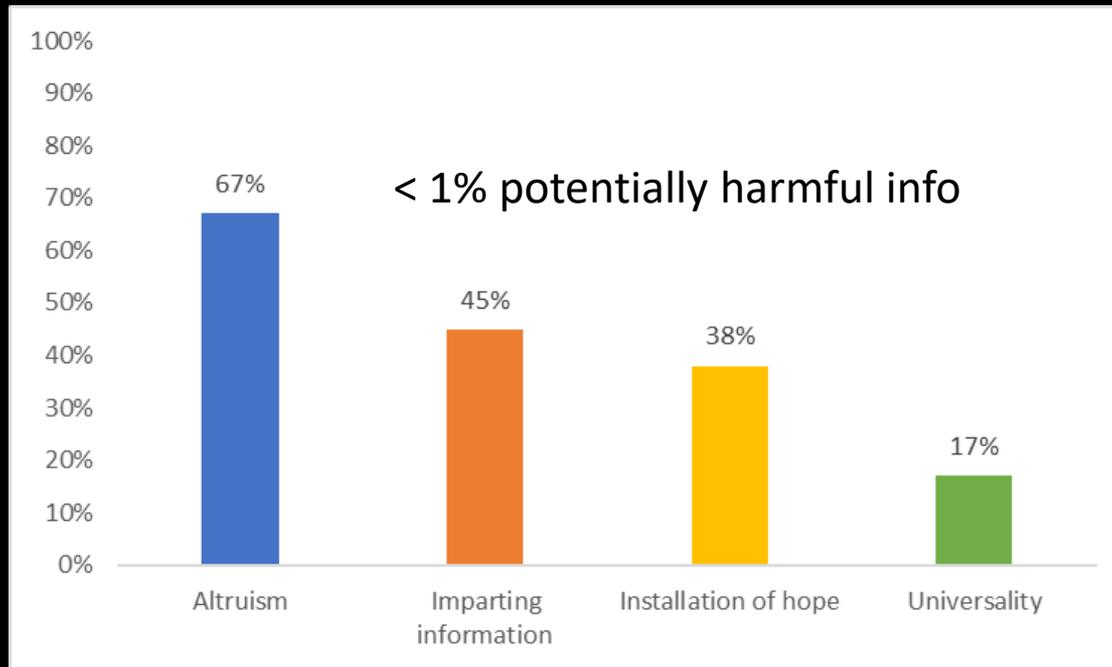
COMMUNITY DETAILS:

- r/stopdrinking**
- 140k Subscribers
- 572 Online
- This subreddit is a place to motivate each other to control or stop drinking. We welcome anyone who wishes to join in by asking for advice, sharing our experiences and stories, or just encouraging someone who is trying to quit or cut down. Please post only when sober, you're welcome to read in the meanwhile.
- SUBSCRIBED**
- CREATE POST**
- USER FLAIR PREVIEW**
u/brandongbergman
ADD USER FLAIR
- DAILY CHECK-IN!**
[Check-In here!](#)
Be sure to check the "new" tab!
- WELCOME TO SD!**
This subreddit is a place to motivate each other to control or stop drinking. We welcome anyone who wishes to join in by asking for advice, sharing our



Online forums: What is known empirically?

- Opioid use recovery group (D'Agostino 2017) 500+ comments on the 100 "hottest" posts



Online forums: What is known empirically?

- Similar findings for cannabis use recovery group (Sowles 2017)
- Groups dedicated to substance use may contain harm reduction advice (Wombacher 2019)
- In study of SHE RECOVERS (Curtis 2019), 80% had already or wanted to connect with peers in person



Recovery-specific social network sites

InTheRooms Video Meeting Clubhouse

Footprints in the Sand 12:00 PM - 1:00 PM Current Time: 12:19 PM

Big Book | 12 and 12 | AA Homepage
Meeting Topic: BB p. 25 from 'There is a solution'

AA Preamble How It Works 12 Traditions The Promises 3rd, 7th, 11th Step Prayer A Vision For You

Chairperson

People Requesting to Share

Turn Cam On Fix Main Feed Refresh all Feeds Fewer Feeds

Donate
In accordance with the 20th Anniversary, 2010, ITR is offering \$20.00 to the video meeting group securely via "Paypal".
Checks & Money Orders Payable to: Global Room PO Box 519 Cary, NC 27513
*Has affiliated with InTheRooms.com

Security & privacy: invite your Facebook friends to join this meeting
Request Attendance Confirmation

Request to Share instructions: Click on "Turn Cam On" button and then "Allow" and make sure your webcam is showing your face, and then click "Request to Share".

Audience 55 People

Send IM Send IM

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IN THE ROOMS A GLOBAL RECOVERY COMMUNITY My Profile My Friends Video Meetings

Need Treatment? Let Us Help! CLICK HERE

Search For Anything... Q

Live Video Meetings

Upcoming Video Meetings
1:00PM - NARCOTICS ANONYMOUS
2:00PM - ALCOHOLICS ANONYMOUS
2:00PM - CODA (CODEPENDENCY)
4:00PM - ALCOHOLICS ANONYMOUS
6:00PM - ALCOHOLICS ANONYMOUS
Video Meeting Schedule

Birthdays & Anniversaries

Anniversaries Today

8 years 15 years
8 years 7 years
21 years 8 years
7 years 8 years
28 years 20 years
35 years 8 years
7 years 9 years
6 years 10 years

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Welcome Back ITR Member

Update Status Share a Picture Post a Video

Live Video Meeting On Air Now
Footprints in the Sand (ALCOHOLICS ANONYMOUS) 12:00PM

Now I might get in trouble for saying this...but I bet mommy looks something like this when she's on the phone. This is the cutest thing I've seen all day! Enjoy! Have a GREAT DAY ITRoomies
<http://www.youtube.com/wa...>

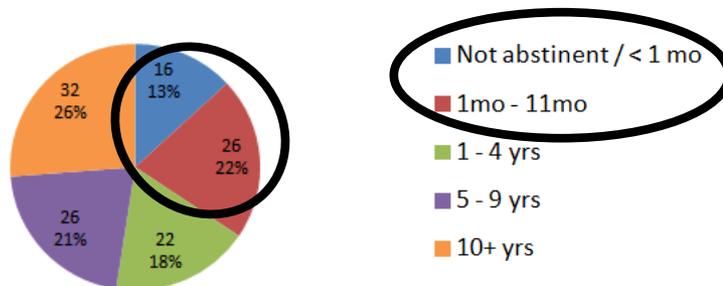
Hilarious Little Girl Talking To Phone
Little girl talking to phone in a baby language.
<http://www.youtube.com/wa...>

Need Treatment? Let Us Help
855-399-0014
Call Now - 24/7

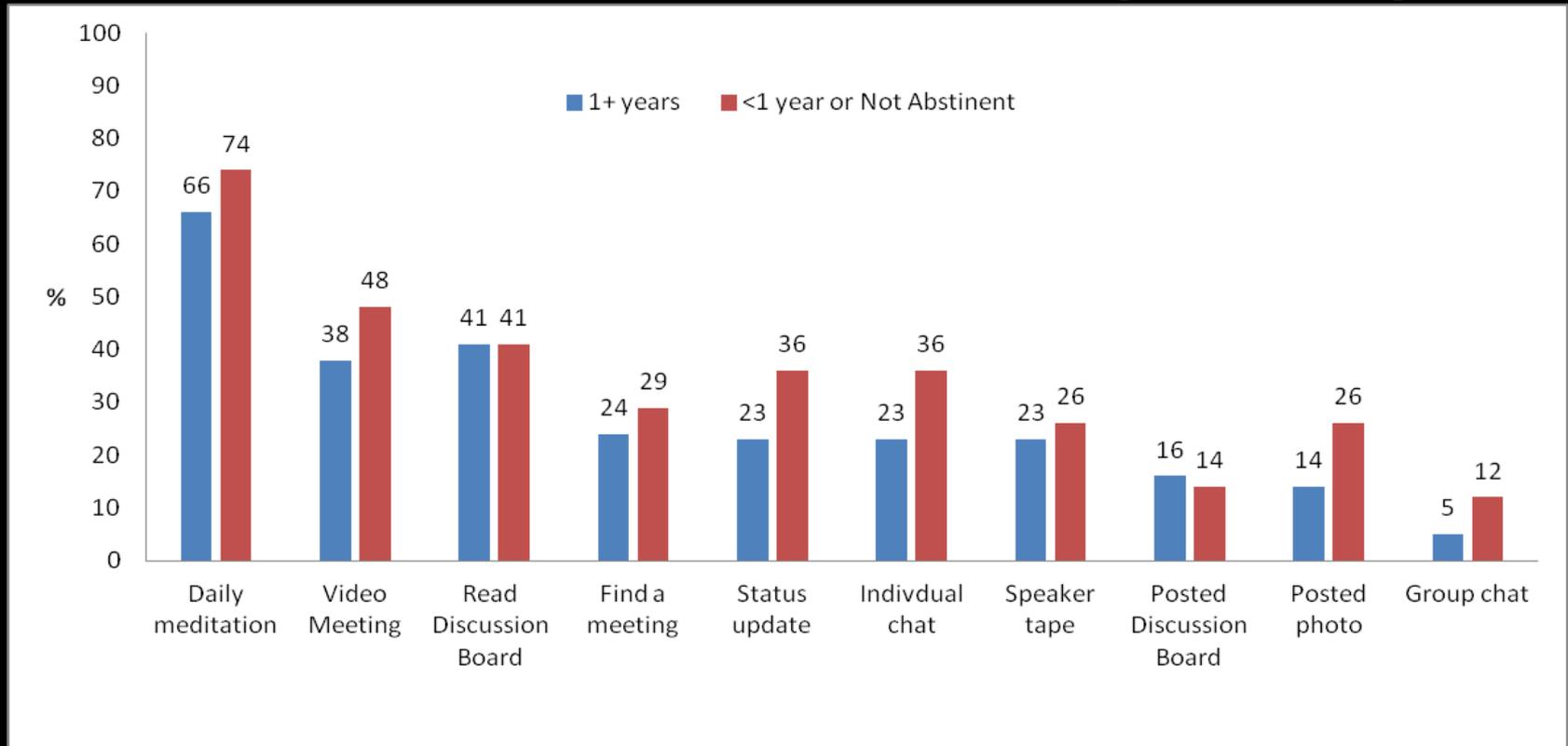


Recovery-specific social network sites: What is known empirically?

- Cross-sectional survey of individuals recruited from Intherooms.com who participated for their “own current or former substance problem” ($N = 123$; Bergman et al. 2017)
 - \$10 Dunkies gift card
- $M = 50.8$ years, 94% White and 57% Female (vs. 46.7 years, 61% White, and 40% Female in the National Recovery Study)
- 7.3 years abstinent, on average ($SD = 9.3$)



Recovery-specific social network sites: What is known empirically?



Similar for 1+ and <1 ($p > .05$); $r_s = .01 - .154$



Recovery-specific social network sites: What is known empirically?

- “InTheRooms.com participation” (% agreement)
 - Enhanced identity as a person in recovery (69.2%)
 - Reduced craving for alcohol or other drugs (67.5%)
 - Increased abstinence motivation (83.2%)
 - Increased abstinence self-efficacy (80.3%)
- “Tell us what you find most helpful/least helpful about InTheRooms.com in your recovery or efforts to cut back or quit using alcohol and/or other drugs” (up to five open-ended responses)



Recovery-specific social network sites: What is known empirically?

Common Therapeutic Factors (Yalom, 2005)	InTheRooms.com/Online Factors
	InTheRooms.com Resources (1 st) “Speaker tape library”
	Convenience (2 nd) “I’m far from meetings so it is nice to have an online meeting”
Imparting Information (3 rd) “Meeting locator/finder”	
Cohesiveness (4 th) “Unity worldwide of recovery”	
Universality (5 th) “Knowing I’m not alone”	
Instillation of Hope (6 th) “Help me make up my mind to quit”	



Recovery-specific social network sites: What is known empirically?

Common/Online Socialization	InTheRooms.com Specific
	Functional/technical issues (1 st) “Hard to navigate”
Online socialization, general (2 nd) “Some of the snarking back and forth gets old”	
	InTheRooms.com Resources, general (3 rd) “Need more speaker videos”
Online recovery (4 th) “Missing the human connection”	
	Live online video meetings (5 th) “Some folks try to hog the meetings”
	InTheRooms.com as for-profit organization (6 th) “Advertisements for treatment facilities”



Recovery-specific social network sites: What is known empirically?

- Sober Grid, top third most active users (Ashford 2020)
 - < 1 year abstinent and < 1 year in recovery – measured separately
 - M = 95 posts, 396 comments, 10 check-ins, 1270 ‘likes’ with lots of variability
 - Check-ins related to ‘sobriety date’ change (i.e., recurrence of use)
 - Gen X and baby boomers showed greater engagement than millennials
- Hello Sunday Morning/Daybreak (Kirkman 2018; Tait 2019)
 - Free for Australian citizens; access fee internationally
 - Posts/comments associated with improved drinking outcomes



Talk Objectives

1. Identify in-person service barriers that digital services might address
2. Define digital recovery support services and introduce a classification system
3. Describe several social-online digital recovery support services
 - a. Theory on how they can enhance recovery
 - b. Summarize what is known empirically
4. Recommend referral strategies that maximize potential benefits and mitigates potential risks



Potential Drawbacks

- Attendance

- Peer-to-Peer

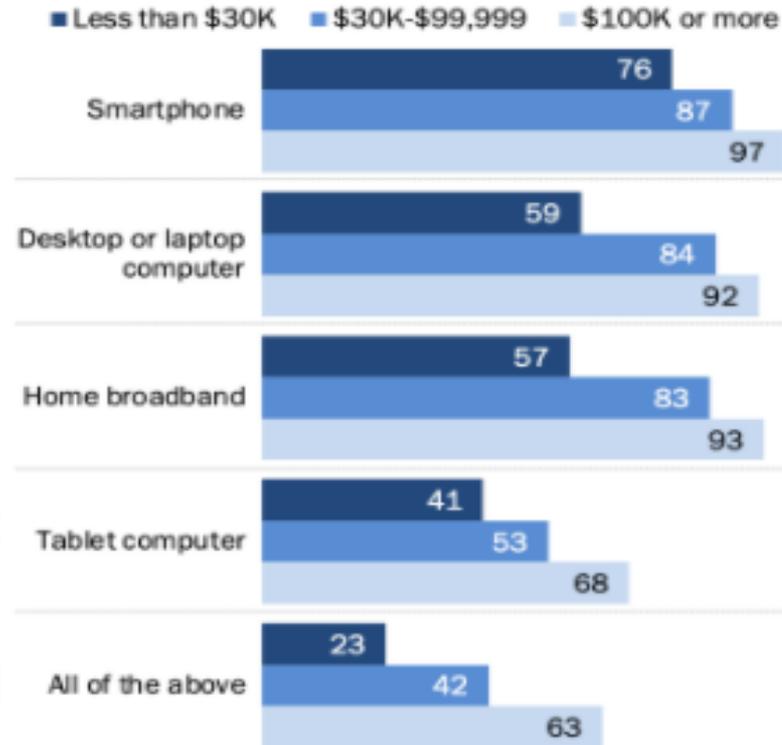
- Reduced engagement
- Non-verbal cues
- Increased isolation
- More effort

- Data Privacy

- Digital Divide

Americans with lower incomes have lower levels of technology adoption

% of U.S. adults who say they have each of the following, by household income



Note: Respondents who did not give an answer are not shown.
Source: Survey of U.S. adults conducted Jan. 25-Feb. 8, 2021.

PEW RESEARCH CENTER

Services
therapy

Negative Affect
building?



Some further caution...

PREDATORY BEHAVIOR RUNS RAMPANT IN FACEBOOK'S ADDICTION SUPPORT GROUPS

Huge groups of vulnerable people looking for help are a rehab marketer's dream

By [Cat Ferguson](#) | May 21, 2018, 9:02am EDT

<https://www.theverge.com/2018/5/21/17370066/facebook-addiction-support-groups-rehab-patient-brokering>



Tips for referral

- Explore the digital service yourself
 - General perceptions of helpfulness vs. harmfulness
 - Services offered by respective platforms
- Discuss ways to enhance privacy
 - Online meetings that use security features
 - Use username/pseudonym
 - Safe physical space if using video
 - Encourage patient to check for what data is being collected about them
- Check in regularly
 - Assess for therapeutic mechanisms: social support, self-efficacy, shifts in stage of change and motivation, etc.
 - Assess for risks and any potential side effects (e.g., signs of compulsive use)



Readings from our group

Ashford, R. D., Bergman, B. G., Kelly, J. F., & Curtis, B. (2019). Systematic review: Digital recovery support services used to support substance use disorder recovery. *Human Behavior and Emerging Technologies*.
<https://doi.org/10.1002/hbe2.148>

Bergman, B. G., & Kelly, J. F. (2021). Online digital recovery support services: An overview of the science and their potential to help individuals with substance use disorder during COVID-19 and beyond. *Journal of Substance Abuse Treatment*, 120, 108152. <https://doi.org/10.1016/j.jsat.2020.108152>

Bergman, B. G., Kelly, J. F., Fava, M., & Evins, A. E. (2021). Online recovery support meetings can help mitigate the public health consequences of COVID-19 for individuals with substance use disorder. *Addictive Behaviors*, 113, 106661. <https://doi.org/10.1016/j.addbeh.2020.106661>

Hoepfner, B. B., Schick, M. R., Kelly, L. M., Hoepfner, S. S., Bergman, B., & Kelly, J. F. (2017). There is an app for that—Or is there? A content analysis of publicly available smartphone apps for managing alcohol use. *Journal of Substance Abuse Treatment*, 82, 67–73.
<https://doi.org/10.1016/j.jsat.2017.09.006>



Resources

Grayken Center for Addiction at the Boston Medical Center

<https://www.bmc.org/addiction/covid-19-recovery-resources>

American Society of Addiction Medicine

<https://www.asam.org/Quality-Science/covid-19-coronavirus/support-group>

National Institute on Drug Abuse

<https://www.drugabuse.gov/related-topics/covid-19-resources>

Recovery Research Institute

<https://www.recoveryanswers.org/media/digital-recovery-support-online-and-mobile-resources/>

m-Health Index and Navigation Database (MIND)

<https://mindapps.org>



Thanks for your time!



Email: bgbergman@mgh.harvard.edu

Twitter: [@brandonbphd](https://twitter.com/brandonbphd)

