BEYOND TREATMENT AND MUTUAL HELP GROUPS: CAN RECOVERY COMMUNITY CENTERS HELP SUPPORT RECOVERY?

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RATIONALE – WHY RECOVERY?

- **Substance use disorders (SUD)s** are increasingly being recognized as chronically relapsing conditions
  - Require ongoing support and management
  - This support extends well beyond formal treatment courses
- In this symposium, we will focus on different approaches to supporting recovery
  - **Recovery:** The process of eliminating problematic substance use
  - At APA, check out our symposium on “(Re)Defining Recovery: Why is it hard to define, and what are the contentious issues in defining it?”
    Saturday, 8:00-9:50
WHAT ARE RCCS?

• Until recently, recovery-oriented systems of care were comprised solely of:
  • Professional treatment
  • Mutual-help organizations
• **Recovery community centers** (RCCs) are emerging as an important third tier component of recovery-oriented systems of care
  • **Sanctuaries** anchored in the heart of the community (Valentine, 2010)
  • Provide a range of recovery-oriented, peer-delivered services (Haberle et al., 2014)
  • Put a visible, de-stigmatizing face on recovery
  • Serve as a convenient, easily-accessible base of operations for the local recovery community
WHERE DID RCCS COME FROM?

- RCCs grew out of the recovery advocacy movement, based on evidence that showed
  - **Value of social services** added to standard addiction rehabilitation (McLellan et al., 1998)
  - Role of **self-help groups in sustaining long-term recovery** from substance use problems (Morgenstern, Labouvie, McCrady, Kahler, & Frey, 1997)
- **In 1998**, the Substance Abuse and Mental Health Services Administration (SAMHSA) funded recovery programs in its first round of the Recovery Community Support Program (RCSP)
- Currently:
  - ~80-100 RCCs nationwide
  - High concentration in the **northeast region of the United States** (n=32) (R21 AA022693, PI: Kelly)
  - **... and growing**: 5 new RCCs to be added in MA alone (as per Dept. of Public Health)
  - **6.2% of adults who have had a substance use problem but no longer do** have used a recovery community center (Kelly, Hoeppner, Bergman, & Vilsaint, 2017)
RCCs fill an important niche

<table>
<thead>
<tr>
<th>Like Previous Models</th>
<th>Unlike Previous Models</th>
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<tbody>
<tr>
<td>• Like AA clubhouses, they offer <strong>social fellowship</strong></td>
<td>• Also <strong>offer emerging recovery support services</strong>, such as recovery coaching and</td>
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<td>• Like a social-service drop-in center, they offer <strong>tangible services</strong> embedded within a</td>
<td>telephone support with follow-up protocols (Haberle et al., 2014; Valentine, 2011)</td>
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<td>support mission.</td>
<td>• <strong>Not allied with any specific recovery philosophy</strong> or model (e.g., 12-step; religious; secular)</td>
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OUR SYSTEMATIC REVIEW OF THE LITERATURE

• Search terms
  • “recovery community center”, “recovery center”, “recovery support center”, “peer support center”, “recovery community organization”, or “peer participatory model” in combination with substance use terms
• Five publicly available databases (i.e., PubMed, EMBASE, CINAHL, CENTRAL, and PsycInfo)
• Results
  • 218 records
  • 128 after removing duplicates
  • 45 after removing non-relevant titles
  • 14 after removing non-data abstracts – i.e., 15 news and opinions, 12 at but not about RCCs, 3 residential centers, 1 case report
  • 3 after removing full-texts without data – 8 descriptive accounts, 1 foreign language, 2 not relevant
## RESULTS

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<tr>
<th>Paper</th>
<th>N</th>
<th>%</th>
<th>Retention</th>
<th>Outcome</th>
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| Haberle et al., 2014 | 385 | 50% | 6%        | Stability on abstinence and mental health symptoms<br>Increases on<br>  
  - independent living conditions (53% owning/renting vs. 30%)<br>  
  - employment (22% full-time vs. 10%; 16% part-time vs. 11%)<br>  
  - income (41% vs. 21% from wages) |
| Mericle et al., 2014 | 290 | 34% | 90%       | Less likely to use substances at 6-month follow-up (OR=0.5 for alcohol, 0.4 for drugs)<br>  
  Gains in employment status (5% vs. 14%) |
| Armitage et al., 2010 | 55  | -   | -         | 86% reported being abstinent from alcohol and drugs<br>  
  High service satisfaction, with 89% rating services as helpful and 92% rating provided materials as helpful |

- All studies<br>  
- Single group<br>  
- 6-month follow-up<br>  
- RCC participants
HABERLE ET AL. (2014)

- **n=385** participants who used the Pennsylvania Recovery Organization-Achieving Community Together (PRO-ACT) during the years 2008-2011
- No recruitment or retention information, the sub-sample with longitudinal data was largely similar to the overall population, except that GPRA respondents were more likely to be female, older, and of a greater level of education.
- Outcomes (*no formal statistical analyses were conducted*)
  - **Substance use outcomes were largely maintained**, with 92-95% reporting abstinence from alcohol and/or drugs, respectively, at the 6-month follow-up
  - **Living conditions had shifted** from primarily recovery housing at baseline (54%, 34% at 6-month) to owning and renting at 6-month-follow-up (53%; 30% at baseline)
  - **Employment status had shifted** from primarily “unemployed, looking” (43%, 32% at 6-month) to increasingly employed either full-time (22%, 10% at baseline) or part-time (16%, 11% at baseline).
MERICLE ET AL. (2014)

- Participants (n=260) of the Phoenix House Bronx Community Recovery Center (BCRC), a recipient of an NIH H79 grant
  - Adults living in the Bronx
  - Provided locator information to be re-contacted 6 months later
- At 6-month follow-up
  - More participants reported abstinence from alcohol (91%), illegal substances (89%), or both (85%)
  - Reported shifts in employment status, with greater rates of
    - full-time employment (14% vs. 5% at baseline)
    - part-time employment (7% vs. 1% at baseline)
  - Additionally,
    - education (13% full-time enrollment, 7% at baseline)
    - criminal justice status (i.e., fewer crimes, on parole, charges pending)
    - social connectedness (i.e., more attendance of faith-based self-help groups and other recovery meetings)
    - select mental health outcomes (i.e., 14% reporting trouble understanding and remembering, 24% at baseline).
ARMITAGE ET AL. (2010)

• Participants (n=55) of the Recovery Association Project (RAP), Portland, Oregon
• Recruitment/retention not specified
• Outcomes
  • The vast majority of RAP participants reported **complete abstinence** from substance use at 6-month follow-up (86%)
  • Paper comment that RAP made significant progress on program goals, not all of which necessarily involved participant outcomes at this early stage of the program’s existence (e.g., **reducing stigma, building RAP’s capacity to provide peer recovery services long-term**).
  • The vast majority of surveyed RAP participants found the services and materials provided **helpful** (89% and 92%, respectively).
CONCLUSIONS

• Current single-group, prospective data suggests that RCCs may
  • Maintain or enhance abstinence
  • Support attainment of vocational and educational goals

• Evidence is very limited
  • Only 3 studies to date
  • Retention and recruitment are unclear in 2 out of 3 studies

• Needed are:
  • Group comparison studies
  • Assessment of quality-of-life indices
  • Tracked recruitment and retention
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