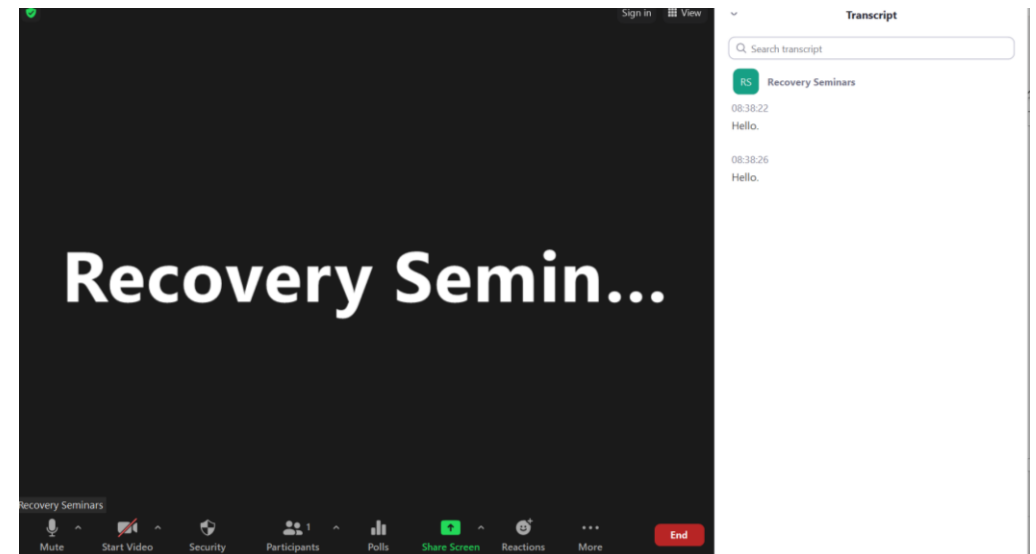
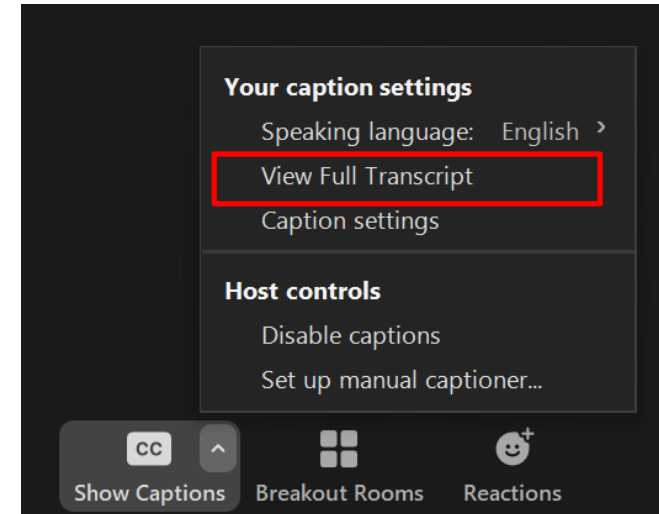


# Closed Captions



- For this seminar we are using Zoom's **automatic captions**.
- These should automatically appear at the bottom of your screen.
- The full transcript of the captions can also be opened on the sidebar:
  - Click the **"Closed Captions"** button at the bottom of the Zoom window and select the **"Show Full Transcript"** option:



# Steering Committee Members



The Steering Committee is made up of scientists, clinicians, RCC leadership and persons with lived experience from multiple organizations and institutions from across the US.

## Principal Investigators:



John F. Kelly



Bettina B. Hoeppe



Robert D. Ashford



Patty McCarthy



Julia Ojeda



Philip Rutherford



Brandon G. Bergman



Lauren A. Hoffman



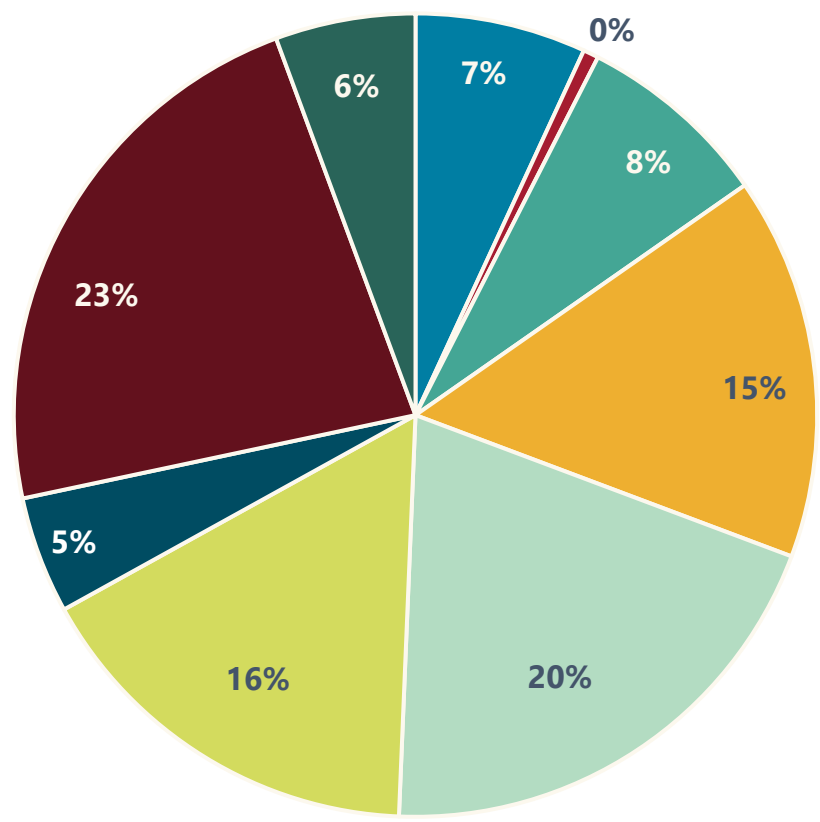
Vinod Rao



Amy A. Mericle



# Seminar Attendee Demographics



- Healthcare decision maker (e.g., hospital leadership, department of health, etc.)
- Prescriber (of medications for OUD)
- Clinician
- Scientist
- RCC leader / staff
- Peer support worker / volunteer
- RCC participant
- Recovery advocate
- None of the above

# The Consortium on Addiction Recovery Science (CoARS)

(<https://www.recoveryanswers.org/coars/>)



## CoARS collective mission:

(PI: Aaron Hogue, Partnership to End Addiction - <https://drugfree.org/staff/aaron-hogue/>)

To advance the science on recovery support services through research networking, training and mentoring students and early career scientists, and building community partnerships.

- **Pilot study funding**
  - On recovery housing (<https://istarr.org.org/pilot-studies/>) – LOI deadline: November 13<sup>th</sup>
- **Work groups and Seminars**
  - Monthly webinar series on recovery housing (presented by the I-STARR team): **Next one:** “Treatments and Medications for OUD and MAR” **November 7, 2023, 2pm EST** (<https://istarr.org.org/webinars-training/>)
  - [The FIRST Research Network’s Diversity and Disparities Meeting](#) occur every fourth Monday: **Next one: October 23<sup>rd</sup> 12pm EST**
- **Postdoctoral fellowship positions**
  - Emerging adults, UConn - contact Kristyn Zajac ([zajac@uchc.edu](mailto:zajac@uchc.edu)); for details: <https://health.uconn.edu/contingency-management/wp-content/uploads/sites/119/2023/01/CHEARR-Post-doc-flyer-FINAL1-1.pdf>
- **CHEARR Young Adults in Recovery Community Board**
  - Looking for young adults (ages 18-28) who are in recovery and have lived experience receiving treatment involving medications for opioid use disorder. <https://chearr.org/#community-boards>



# RCC Live Feature



We are featuring a different RCC at the start of each of our seminars in order to allow all participants to learn first-hand about RCCs

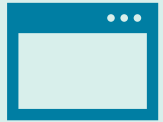


**Felecia Pullen, Ph.D.**

Founder & CEO



# Polling Questions



A pop-up Zoom window will appear with the poll questions



You must complete all questions before clicking to submit

→ Remember to scroll down to see all the questions!



We will share the poll results after a few minutes



Your responses will remain anonymous





# RCCs & MOUDs – Findings From Our Nationwide Survey

	Total n=122	ARCO n=57	Other RCCs n=65	Group Difference
	M / % (SD/n)	M / % (SD/n)	M / % (SD/n)	p
<u>Openness of RCC to medication-assisted treatment (scale 1-5)</u>				
Average score (on 1-5 scale)	4.6 (0.7)	4.6 (0.8)	4.6 (0.7)	0.78
Percent of RCCs indicating "extremely open"	68.0 (83)	64.9 (37)	70.8 (46)	0.59
<u>RCC's handling of medications for opioid use disorder (MOUDs)</u>				
Provides direct support for MOUDs (e.g., providing information)	77.0 (94)	75.4 (43)	78.5 (51)	0.69
Staff engage members in conversations about MOUDs	85.2 (104)	86.0 (49)	84.6 (55)	0.83
RCC works directly with clinical sites providing MOUDs	63.9 (78)	66.7 (38)	61.5 (40)	0.56
RCC does proactive outreach to persons using MOUDs	57.4 (70)	54.4 (31)	60.0 (39)	0.53
RCC advocates that people use MOUDs	45.9 (56)	45.6 (26)	46.2 (30)	0.95
RCC tolerates use of MOUDs, but does not actively encourage it	1.6 (2)	1.8 (1)	1.5 (1)	0.93
RCC discourages people from starting MOUDs	0.0 (0)	0.0 (0)	0.0 (0)	
RCC advises people to stop using MOUDs	0.0 (0)	0.0 (0)	0.0 (0)	
Does not apply - RCC does not have members with opioid use disorder	0.0 (0)	0.0 (0)	0.0 (0)	

- A majority of RCCs (68%) are “extremely open” to MAT
- And a majority (77%) “provide direct support for MOUDs.”

To hear more about these findings and more from our nationwide survey:

- [Recording](#)
- [Slides](#)



# Presenter

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**Roxxanne Newman**  
Research Assistant  
People, Place & Health Collective  
Department of Epidemiology  
Brown University School of Public Health



# An Examination Into the Use of Recovery Community Centers by People on MOUD

Roxanne Newman, MA  
Katherine Dunham, MPH  
Alexandra Collins, PhD

Brown University School of Public Health  
October 6, 2023



people  
place &  
health  
collective



BROWN  
School of Public Health



# Project Background

- Recovery Community Center (RCC) engagement has been linked with a range of positive health outcomes (e.g., increased recovery capital, reductions in substance use, quality of life improvements)
- Despite these benefits, RCC utilization among people on medications for opioid use disorder (MOUD) is significantly lower than people engaged in non-medication-based recovery (e.g., 12-step)
- Understanding variations in RCC uptake among people on MOUD is important to addressing potential barriers to engagement in these services



# Aims & Methods

- The overarching aim of this study was to explore the use of RCCs by people on MOUD, as well as barriers and facilitators to RCC engagement among this population in Rhode Island
- Qualitative interviews (n=20) were conducted from Jan 2023 to July 2023
  - Participants were recruited based on RCC engagement: previous RCC use, current RCC use, and no prior RCC use
  - Participants were recruited from RCCs, flyering, and online recruitment
- Demographic information (e.g., MOUD type, recovery status, gender, sexual orientation) was collected using brief surveys



# Participant demographics (n=20)

Participant characteristic	n=20 (100%)
<b>Gender</b> Female Male	9 (45%) 11 (55%)
<b>Race and ethnicity</b> White Black Indigenous Hispanic	14 (70%) 1 (5%) 1 (5%) 1 (5%)
<b>MOUD type</b> Methadone Suboxone	13 (65%) 7 (35%)
<b>RCC engagement</b> Previous use but no longer accessing Current RCC use No prior RCC use	9 (45%) 7 (35%) 4 (20%)
<b>Length of recovery<sup>1</sup></b> <1 year 1-5 years >5 years	6 (30%) 7 (35%) 7 (35%)



# Results

## Referral Source

- Most common referral source came from **inpatient treatment facilities, friends, peers in recovery, and family.**
- Only **two** participants had heard about RCCs via the methadone clinic

## Perceptions: Who are RCCs for?

- **Help** for substance use problems
- **Resources** (i.e., computers, employment assistance, meetings)
- **Lower SES**



# Results

***“Well, I guess there is a stigma, right, so there's -- it's more for people who are, like, bottom of the -- like, uh, I don't know, like, I -- less money, like, the less money you have, I feel like these -- these centers are for.”***



# Results

## Comfortable, Welcoming, and Non-Judgemental

*“When I go in, um, they still say hi to me even though I had relapsed. Even though my clothes aren’t as neat and clean. Um, you know, they don’t make judgment when I look good or don’t look good. It’s just, um, I’m -- I’m -- I’m a person.”*

## Importance of Having Staff with Lived Experience

*“They're like family to me these ones. It took them a while but I realized that they're really there just to help me. They're not judging me because they're all ex addicts in recovery themselves.”*





# Results

## Transitions in Use

***“So in recovery over the last four years, like, I've developed the skills to be to advocate for myself, to find my own resources. If I have a problem, I can seek out a solution. So, I don't particularly find them beneficial because I think I am equipped with the skills to advocate and look for solutions by myself.”***



# Results

## The intersection of MOUD, RCC, and 12 Step Fellowships

- **Positive non-judgemental experiences with RCC staff, but stigma common in other contexts**
- **Selective disclosure**
- **AA/NA meetings are central to participants' understanding of RCCs**



# Results

- *“I don’t know about now. ‘Cause I’m afraid to go so -- the Anchor meetings... Because people know I’m on Suboxone and I’m afraid to walk in there.”*
- *“So I was a little bit, at first, apprehensive. I didn’t know if they would, uh, accept someone that’s on it because sometimes have a -- or some groups or whatever. You just think that -- y -- you star -- I start thinking that maybe they have these firm beliefs that you can’t do it. But once I got in here, um, that was totally furthest thing from the truth.”*
- *“So what did you hear about them?” “Um, that it’s like an AA place. At first it was, but then after, um, it was a place where you can go and get more help.”*



# Discussion and takeaways

- Overall participants reported positive experiences.
- Highlighted the significance of social connection, staff with lived experience.
- RCC engagement was primarily drive by use of resources (i.e, computers, employment assistance, meetings).
- How can RCCs effectively support all pathways to recovery when the there is competing ideologies between pathways?



# Limitations & Future Research

## Limitations

- Recruited from only one state which may limit transferability
- Primarily white sample

## Future Research

- Research that includes a more racially and gender diverse sample is needed
- Research that includes the perceptions of RCC use by staff and administrators could add additional insight into the experiences of RCC by people on MOUD
- Research to assess ways of modifying RCC programming to increase accessibility to people on MOUD



# Appreciation

Participants

Community stakeholders

Funder: National Institute on Drug Abuse via the  
Recovery Research Institute

Thanks!



# Discussants

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**Cathy Shultz**

Director of the Governor's Overdose  
Task Force  
Rhode Island Executive Office of Health  
and Human Services



**Felecia Pullen, Ph.D.**

Founder & CEO of Pillars –  
Holistic Recovery Support



**Amanda von Horn, MD**

Chief of Addiction Psychiatry at Tufts  
Medical Center; Assistant Professor in  
Psychiatry at Tufts University School of  
Medicine.





# Thank you – and see you soon!

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**Seminar 29:** Pilot Project #5 – “Examining sexual minority engagement in RCCs” (PI: Abby Batchelder) – November 3<sup>rd</sup>, 12pm EST

- [Registration link](#)

