

PROMOTING ADDICTION RECOVERY THROUGH TREATMENT,  
MUTUAL AID AND OTHER SUPPORTIVE ENVIRONMENTS:  
LESSONS LEARNED FROM THE REC-PATH PROJECT

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# PRESENTATION OUTLINE

- Our research focus
- Recovery?!
- The REC-PATH project
- Other recovery studies
- Some conclusions

# THE RESEARCH WE ARE DOING

**Intersectionality**

**Research team Recovery & Addiction**

**Holistic view:**  
person-centred &  
context-oriented approach

**Integrative approach:**  
Quantitative and qualitative  
research


**Multiple perspectives:** service  
users and experts by experience



# Measuring capital in active addiction and recovery: The development of the Strengths And Barriers Recovery Scale (SABRS)

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University of Derby <https://orcid.org/0000-0002-6792-916X>  
Wouter Vanderplasschen  
Universiteit Gent  
Mulka Nisic  
Recovered Users Network

# “Personal recovery depends on NA unity”: an exploratory study on recovery- supportive elements in Narcotics Anonymous Flanders



Anne Dekkers<sup>1\*</sup> , Sam Vos<sup>2</sup> and Wouter Vanderplasschen<sup>1</sup>

# Comparing three stages of addiction recovery: long-term recovery and its relation to housing problems, crime, occupation situation, and substance use

Thomas F. Martinelli, Gera E. Nagelhout, Lore Bellaert, David Best, Wouter Vanderplasschen & Dike van de Mheen


Review

# Recovery capital among migrants and ethnic minorities: A qualitative systematic review of first-person perspectives

Aline Pouille ✉ , Charlotte De Kock , Freya Vander Laenen  & Wouter Vanderplasschen 

Published online: 02 Nov 2020

# Substitute addictions in the context of the COVID-19 pandemic

DEBORAH LOUISE SINCLAIR<sup>1,2\*</sup> ,  
WOUTER VANDERPLASSCHEN<sup>2</sup>, SHAZLY SAVAHL<sup>3</sup>,  
MARIA FLORENCE<sup>1</sup>, DAVID BEST<sup>4</sup> and STEVE SUSSMAN<sup>5</sup>

# Perspectives on addiction recovery: focus groups with individuals in recovery and family members

Anne Dekkers, Clara De Ruysscher and Wouter Vanderplasschen  
Department of Special Needs Education, Ghent University, Ghent, Belgium

# From monologue to dialogue in mental health care research: reflections on a collaborative research process

Peter Tomlinson & Clara De Ruysscher

# Mothering, Substance Use Disorders and Intergenerational Trauma Transmission: An Attachment-Based Perspective

Florien Meulewaeter\*, Sarah S. W. De Pauw and Wouter Vanderplasschen  
Department of Special Needs Education, Ghent University, Ghent, Belgium

# The Concept of Recovery as Experienced by Persons with Dual Diagnosis: A Systematic Review of Qualitative Research From a First-Person Perspective

C. De Ruysscher<sup>a</sup>, S. Vandeveldel<sup>a</sup>, W. Vanderplasschen<sup>a</sup>, J. De Maeyer<sup>b</sup>, and S. Vanheule<sup>c</sup>

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# RECOVERY?



# RECOVERY ?!

“... a voluntarily maintained lifestyle characterized by sobriety, personal health and citizenship”.

(Betty Ford Institute Consensus Panel, 2007)

“The process of recovery from problematic substance use is characterized by voluntarily-sustained control over substance use which maximizes health and wellbeing and participation in the rights, roles and responsibilities of society.”

(Drug Policy Commission Recovery Consensus Group, UK, 2008)

“... the experience (a process and 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.”

(White, 2007, p.236)







# THE PREVALENCE OF ADDICTION RECOVERY

(BEST ET AL., 2019)

- Sheedy and Whitter (2009) estimated prevalence at 58%, but with marked variability (30% - 72%)
- Recovery prevalence often underestimated
- White (2012) analysed remission rates in a review of 415 scientific studies published between 1868 and 2011:
  - White argues that between 5.3–15.3% of the adult population in the US are in recovery from a substance use disorder (> 25 million people)
  - 49.9% of those with a lifetime substance use disorder will eventually achieve stable recovery (increased to 53.9% in studies published since 2000)



# HOW DO PEOPLE RESOLVE A DRUG/ALCOHOL PROBLEM?



Contents lists available at ScienceDirect

Drug and Alcohol Dependence

journal homepage: [www.elsevier.com/locate/drugalcdep](http://www.elsevier.com/locate/drugalcdep)



Full length article

Prevalence and pathways of recovery from drug and alcohol problems in the United States population: Implications for practice, research, and policy



John F. Kelly<sup>a,\*</sup>, Brandon Bergman<sup>a</sup>, Bettina B. Hoepfner<sup>a</sup>, Corrie Vilsaint<sup>a</sup>, William L. White<sup>b</sup>

<sup>a</sup> Recovery Research Institute, Massachusetts General Hospital, 151 Merrimac Street, and Harvard Medical School, Boston, MA, 02114, United States

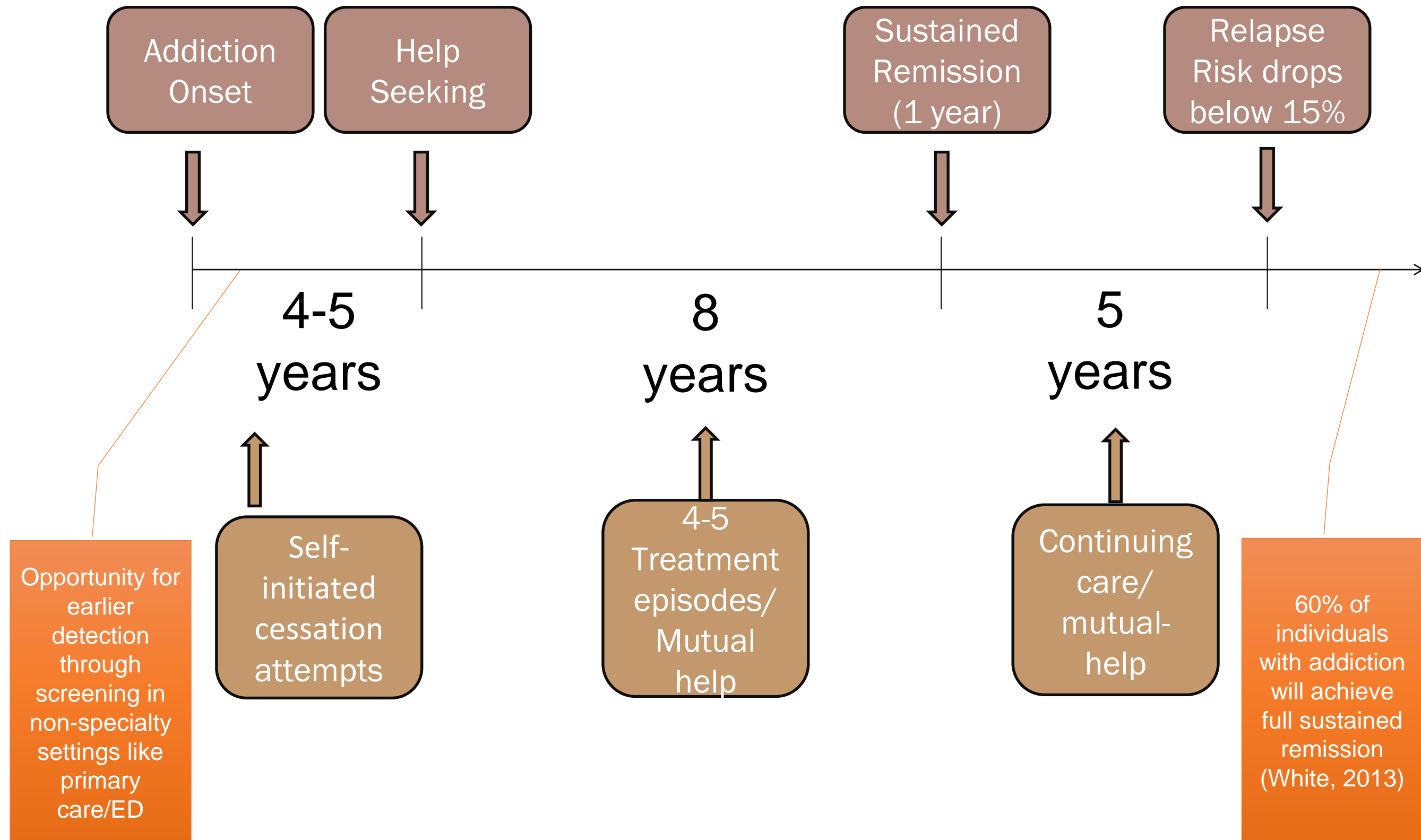
<sup>b</sup> Chestnut Health Systems, W Chestnut St, Bloomington, IL, 61701, United States

**Table 2**

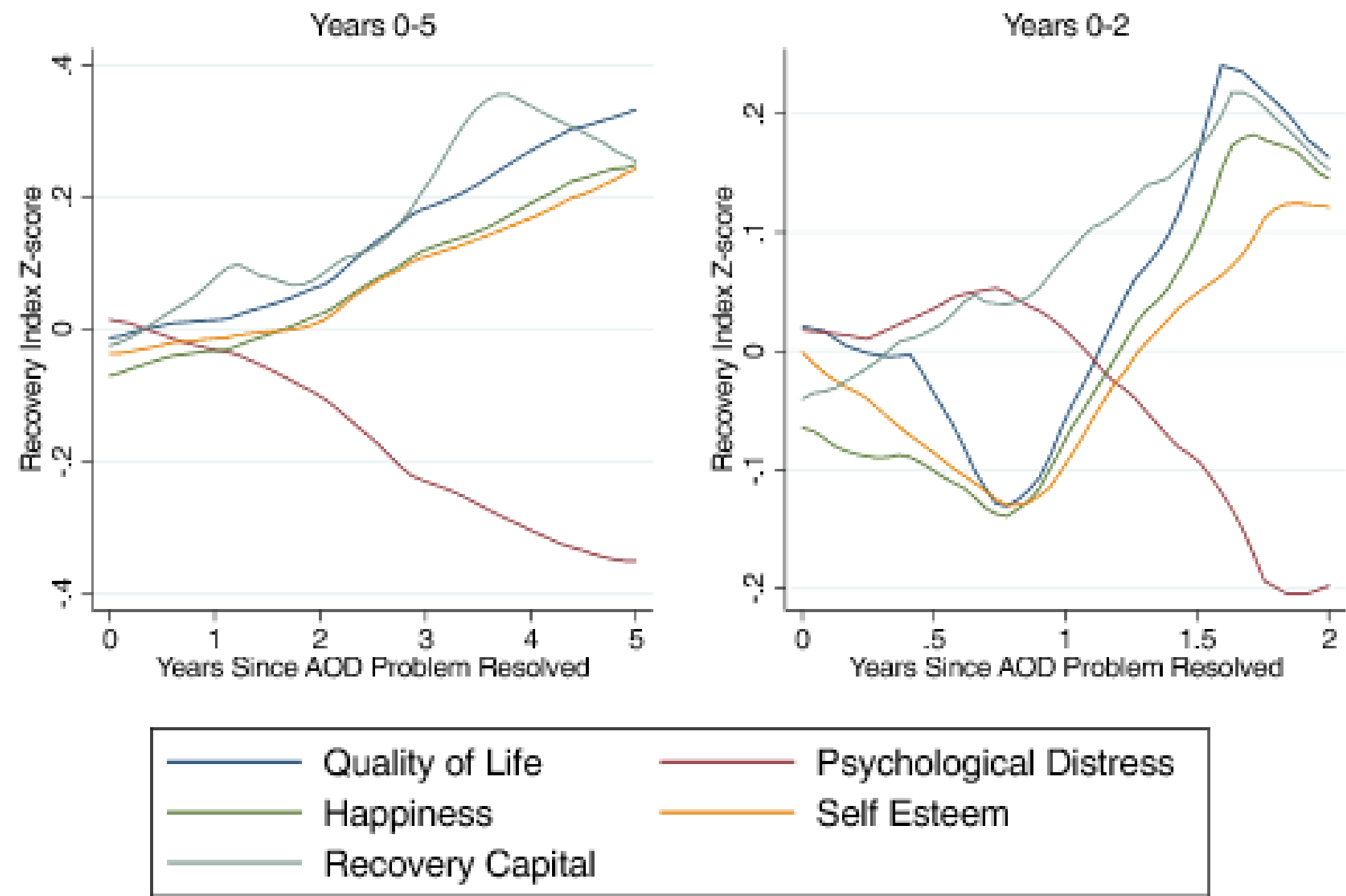
Recovery pathway choices of U.S. adults who endorsed “used to have a problem with drugs or alcohol, but no longer do” (9.1% (SE =0.28)).

Pathway	weighted%	SE
Used support	<b>53.9</b>	<b>1.60</b>
Professionally assisted recovery support (aka formal treatment) (any)	<b>27.6</b>	<b>1.43</b>
Outpatient addiction treatment	16.8	1.21
Inpatient or residential treatment	15.0	1.08
Alcohol/drug detoxification services	9.1	0.91
Anti-relapse/craving medication use (any)	<b>8.6</b>	<b>0.93</b>
Recovery support services	<b>21.8</b>	<b>1.40</b>
Mutual-help groups	<b>45.1</b>	<b>1.60</b>

# FROM ADDICTION TO RECOVERY IN PERSONS WITH SEVERE DEPENDENCE (White, 2013)



# Recovery Indices by Years Since Problem Resolution



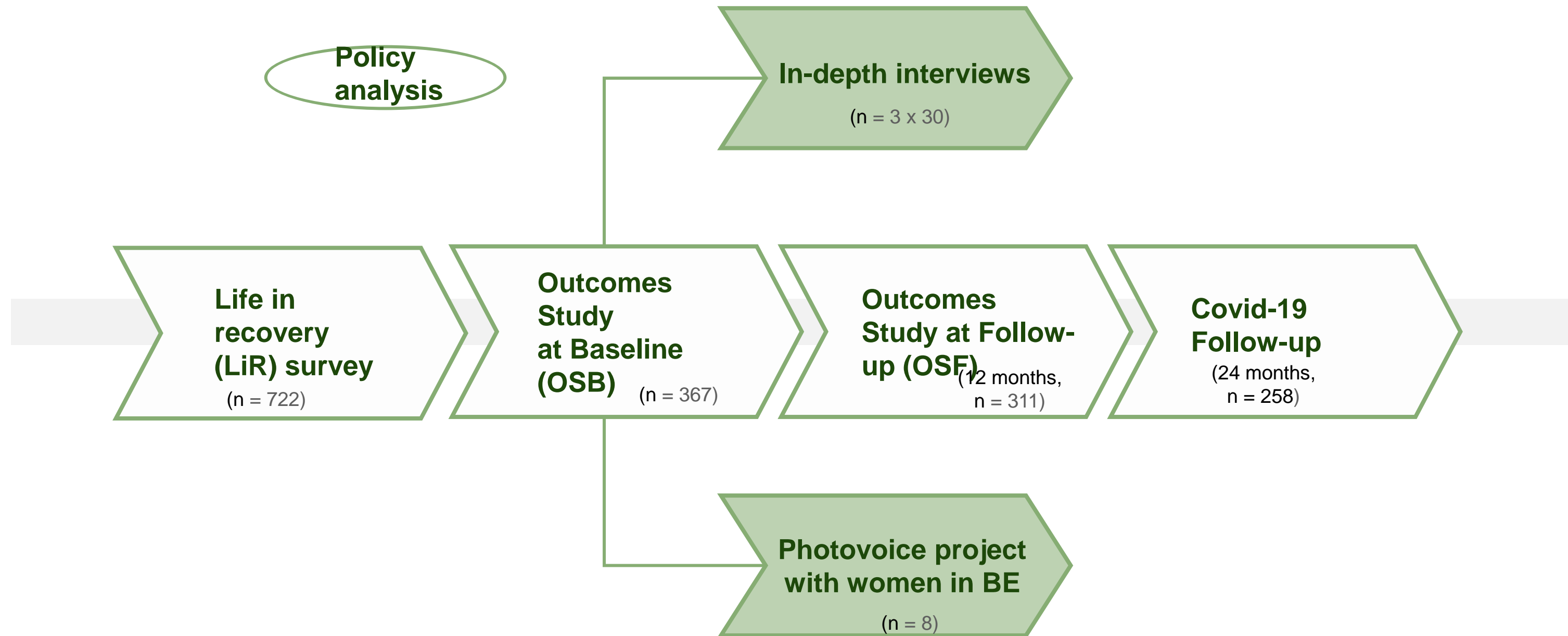


# THE REC-PATH PROJECT

# RECOVERY PATHWAYS AND SOCIETAL RESPONSES RELATED TO ILLICIT DRUG USE IN THE UK, NETHERLANDS AND BELGIUM

- Available research primarily focused on alcohol and conducted in North America (US)
- Role of environmental and contextual factors + mechanisms that support/sustain recovery journeys poorly understood
- Multi-country, multi-method study on addiction recovery in Europe, with special focus on:
  - Illicit substances
  - The voices of those in recovery
  - Women
  - Building capacity for future recovery research
- Three recovery stages:
  - Early recovery (< 1 year)
  - Sustained recovery (1-5 years)
  - Stable recovery (> 5 years)

# REC-PATH study design (2017-2021)





# AT LEAST FIVE MECHANISMS OF BEHAVIOUR CHANGE (BEST ET AL., 2018)



12-step mutual aid



Other peer-based support groups



Outpatient community treatment



TC and other residential treatment



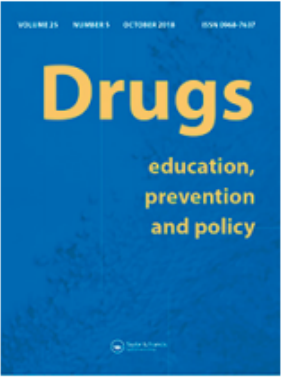
Natural/unassisted recovery



# WHICH MECHANISMS OF BEHAVIOUR CHANGE HAVE PERSONS IN ADDICTION RECOVERY USED (RECPATH)? (MARTINELLI ET AL., 2021)

Mechanisms of behaviour change	% (n=367)
Mutual aid only	5.4%
Outpatient treatment only	4.9%
Residential treatment only	5.7%
Mutual aid + outpatient	9.0%
Mutual aid + residential	13.6%
Outpatient + residential	15.8%
All 3 types of treatment/Support	40.9%
Natural recovery (no formal Tx/support)	4.6%

# RECOVERY INDICATORS ACCORDING TO RECOVERY STAG & GENDER



Drugs: Education, Prevention and Policy



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Life in Recovery survey (n=722)

- 17.6% in early recovery
- 40.2% in sustained recovery
- 42.2% in stable recovery

256 women in recovery (36.7%)

Comparing three stages of addiction recovery: long-term recovery and its relation to housing problems, crime, occupation situation, and substance use

Thomas F. Martinelli, Gera E. Nagelhout, Lore Bellaert, David Best, Wouter Vanderplasschen & Dike van de Mheen

	Housing problems OR (95% CI)	Crime OR (95% CI)	Occupation situation OR (95% CI)	Alcohol Use OR (95% CI)	Illicit Hard Drug Use OR (95% CI)	Cannabis Use OR (95% CI)	Abstinent from drugs, alcohol, and opiate subs OR (95% CI)
Recovery Stage							
Early	1	1	1	1	1	1	1
Sustained	0.34 (0.16–0.74)**	0.44 (0.25–0.79)**	3.58 (2.18–5.85)***	0.80 (0.48–1.36)	0.51 (0.27–0.99)*	0.60 (0.32–1.13)	1.41 (0.88–2.25)
Stable	0.12 (0.04–0.36)***	0.24 (0.11–0.51)***	4.94 (2.75–8.90)***	1.54 (0.87–2.74)	0.40 (0.17–0.90)*	0.84 (0.40–1.74)	1.00 (0.59–1.67)
Gender							
Male	1	1	1	1	1	1	1
Female	0.97 (0.47–2.02)	0.87 (0.49–1.56)	0.81 (0.53–1.24)	1.45 (0.99–2.11)	0.82 (0.45–1.49)	0.88 (0.51–1.49)	0.78 (0.55–1.10)



**Table 2.** Differences in housing problems, crime, occupation situation, and substance use by recovery stage.

Recovery Stage	Early (n = 127)	Sustained (n = 290)	Stable (n = 305)	p Value Chi2
Housing problems	14.2	5.5	2.0	<0.001
Have you been having acute housing problems in the last 30 days? (yes)	11.0	5.2	2.0	<0.001
Have you been at risk of eviction in the last 30 days? (yes)	8.7	1.7	1.0	<0.001
Crime	26.8	12.1	5.6	<0.001
Have you been involved in offending in the last 30 days? (yes)	11.8	5.9	4.3	0.012
Have you been involved with the criminal justice system in the last 30 days? (yes)	15.7	7.2	1.6	<0.001
Occupation situation	53.5	82.4	88.2	<0.001
Have you been continuously working full-time in the last 30 days? (yes)	19.7	32.8	52.5	<0.001
Have you been continuously working part-time in the last 30 days? (yes)	8.7	24.1	23.3	0.001
Have you been at (..) education (..) within the last 30 days? (yes)	15.7	31.4	25.6	0.004
Have you volunteered in the last 30 days? (yes)	28.3	45.9	36.1	0.002
Substance use in the last 30 days				
Alcohol use (yes)	25.2	18.6	24.9	0.131
Illicit hard drug use (yes)	16.5	7.9	4.9	<0.001
Cannabis use (yes)	17.3	9.0	8.9	0.019
Abstinent from alcohol, illicit drugs and opiate substitutes (yes)	63.0	73.4	70.2	0.099

Note: All numbers are percentages unless otherwise specified.

2010)





# The Strengths and Barriers Recovery Scale (SABRS): Relationships Matter in Building Strengths and Overcoming Barriers

David Best<sup>1</sup>, Arun Sondhi<sup>2</sup>, Lorna Brown<sup>1</sup>, Mulka Nisic<sup>3</sup>, Gera E. Nagelhout<sup>4,5</sup>, Thomas Martinelli<sup>4</sup>, Dike van de Mheen<sup>6</sup> and Wouter Vanderplasschen<sup>7\*</sup>

**TABLE 1 |** Final set of included items ( $n = 32$ ) in the Strengths And Barriers Recovery Scale (SABRS).

Recovery Strength items	Recovery Barrier items
<ul style="list-style-type: none"> <li>– Exercise regularly</li> <li>– Have a GP</li> <li>– Have regular dental checks</li> <li>– Have good nutrition</li> <li>– Take care of your health</li> <li>– Maintain a driving licence</li> <li>– Maintain a bank account</li> <li>– Able to pay your bills</li> <li>– Maintain stable housing</li> <li>– Remain in steady employment</li> <li>– Further your education or training</li> <li>– Start your own business</li> <li>– Participate in family life</li> <li>– Plan for the future</li> <li>– Volunteer</li> </ul>	<ul style="list-style-type: none"> <li>– Have untreated emotional or mental health problems</li> <li>– Make regular visits to the emergency room</li> <li>– Regular use of health services</li> <li>– Smoke</li> <li>– Have your drivers' licence revoked</li> <li>– Drive under the influence of alcohol or drugs</li> <li>– Damage property</li> <li>– Been arrested</li> <li>– Been charged with a criminal offence</li> <li>– Been to prison</li> <li>– Have bad debts</li> <li>– Were unable to pay the bills</li> <li>– Regularly missed school or work</li> <li>– Dropped out of school or college</li> <li>– Fired or suspended from work</li> <li>– Lose custody of children</li> <li>– Experience family violence</li> </ul>





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**TABLE 2 |** Number of strengths and barriers while in addiction and recovery ( $n = 1,313$ ).

	Strengths (addiction)	Strengths (recovery)	Barriers (addiction)	Barriers (recovery)
Mean	4.71	10.53	8.59	2.58
SD	2.91	3.25	3.30	2.31
Minimum	0	0	0	0
Maximum	15	15	17	17

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Minimum	0	0	0	0
Maximum	15	15	17	17

**TABLE 3 |** Mean number of strengths and barriers while in recovery and growth of strengths and reduction of barriers, by recovery stage ( $n = 1,313$ ).

	Early recovery	Sustained recovery	Stable recovery	F, significance
Strengths	8.59	10.46	11.69	102.39, $p < 0.001$
Barriers	3.07	2.58	2.33	11.19, $p < 0.001$
Change in strengths	3.33	5.66	7.37	109.84, $p < 0.001$
Changes in barriers	-4.74	-6.13	-6.64	24.50, $p < 0.001$

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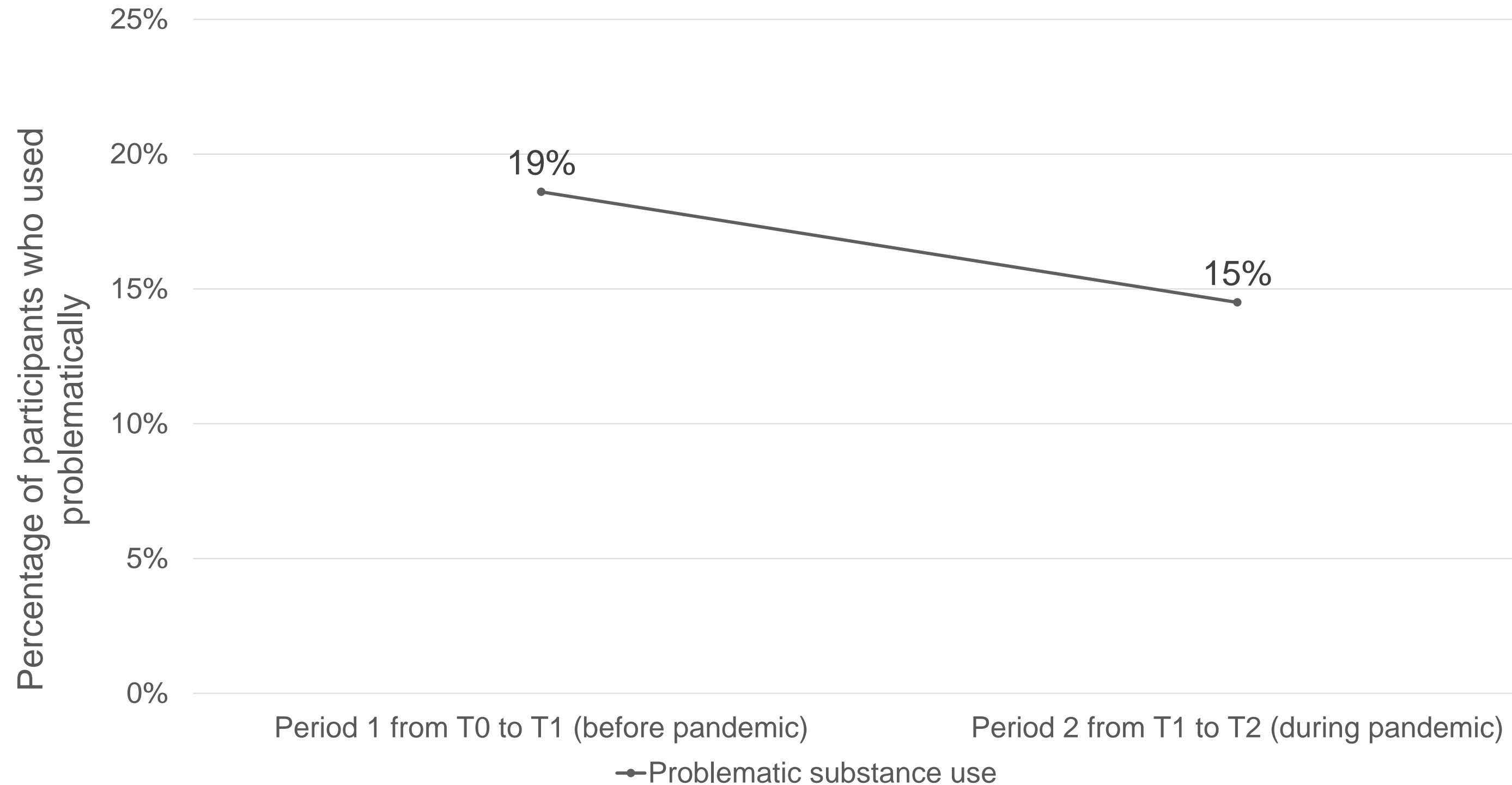
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# RETURN TO PROBLEM DRUG USE AMONG THE REC-PATH COHORT DURING THE COVID-19 PANDEMIC



# Turning points towards addiction recovery: a contextualized understanding of its underlying dynamics (Lore Bellaert, 2022)

## Findings

Gender	Female	15
	Male	15
Recovery stage	Early (<1)	10
	Sustained (1-5)	10
	Stable (>5)	10



## Multiple turning points

- experiences
- facilitators

Layered pieces of an ongoing ‘recovery puzzle’



# TURNING POINTS TOWARDS ADDICTION RECOVERY

(BELLAERT ET AL., 2022)

Adverse drug-induced experiences

Becoming a parent

‘Hitting rock bottom’

(Dis)engagement of social networks and environments

Addiction treatment

These are mediated by interrelated contextual dimensions such as:  
socio-economic context, interpersonal relations, enabling places, stigma

The background is a composite image. It features a bridge structure, possibly the Golden Gate Bridge, with its iconic orange-red color, set against a sky with soft, pinkish-orange clouds from a sunset or sunrise. In the foreground, a multi-lane road with yellow and white lane markings stretches into the distance, creating a sense of perspective. The overall mood is hopeful and aspirational.

# PHOTOVOICING WOMEN'S RECOVERY STORIES

Photovoice is a method for participatory action research, in which individuals take pictures and discuss them as a way to establish personal and societal change (Booth & Booth, 2003; Wang & Burris, 1994, 1997).

Photovoice arose from the observation that some people's stories are never heard in society



Drugs: Education, Prevention and Policy

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## Photovoicing interconnected sources of recovery capital of women with a drug use history

Tijs Van Steenberghe, Wouter Vanderplasschen, Lore Bellaert & Jessica De Maeyer

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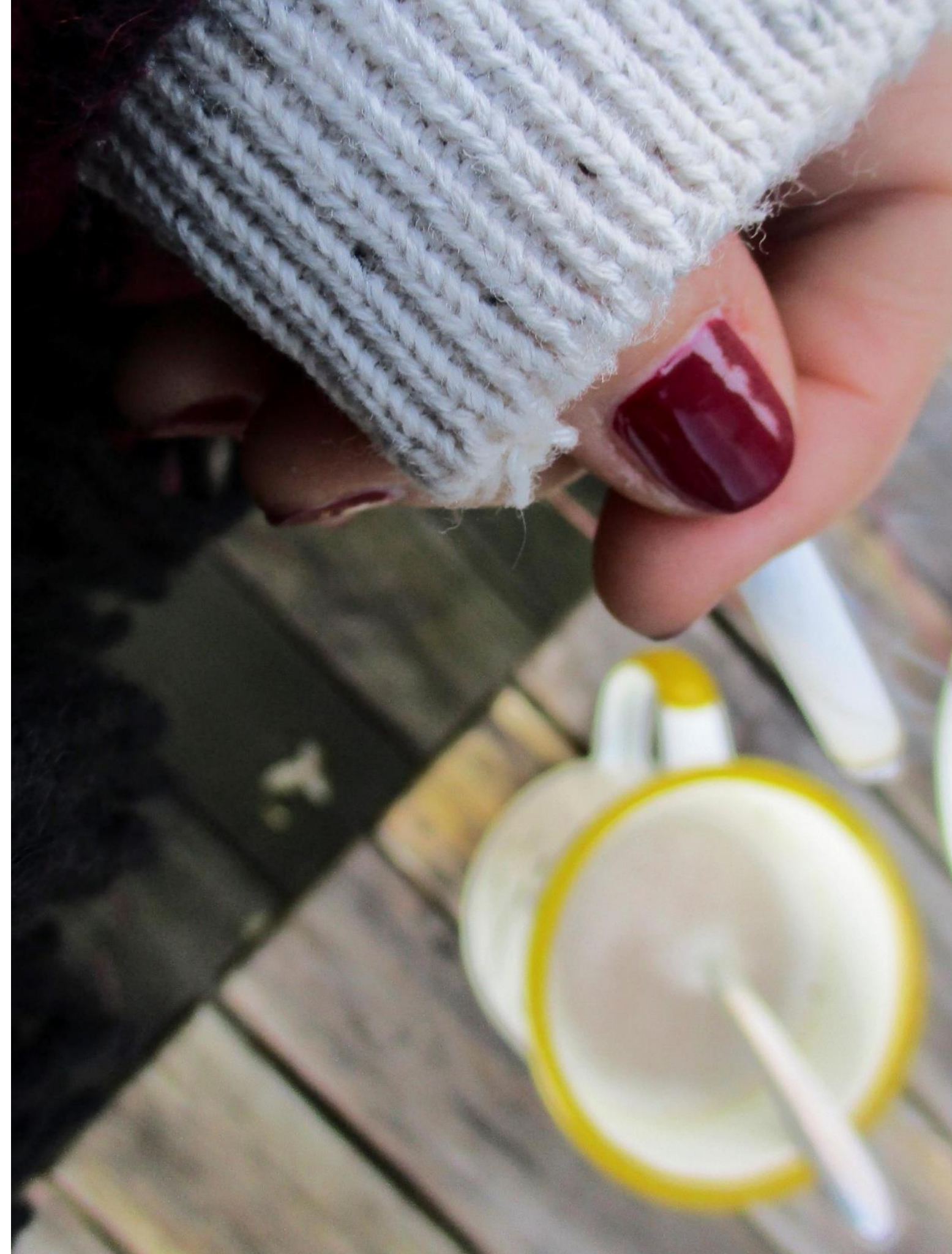
To link to this article: <https://doi.org/10.1080/09687637.2021.1931033>



## 4 CENTRAL THEMES

1. (Re-)building me
2. Untangling what life is and what addiction is
3. Becoming (re)connected
4. Enacting future perspectives

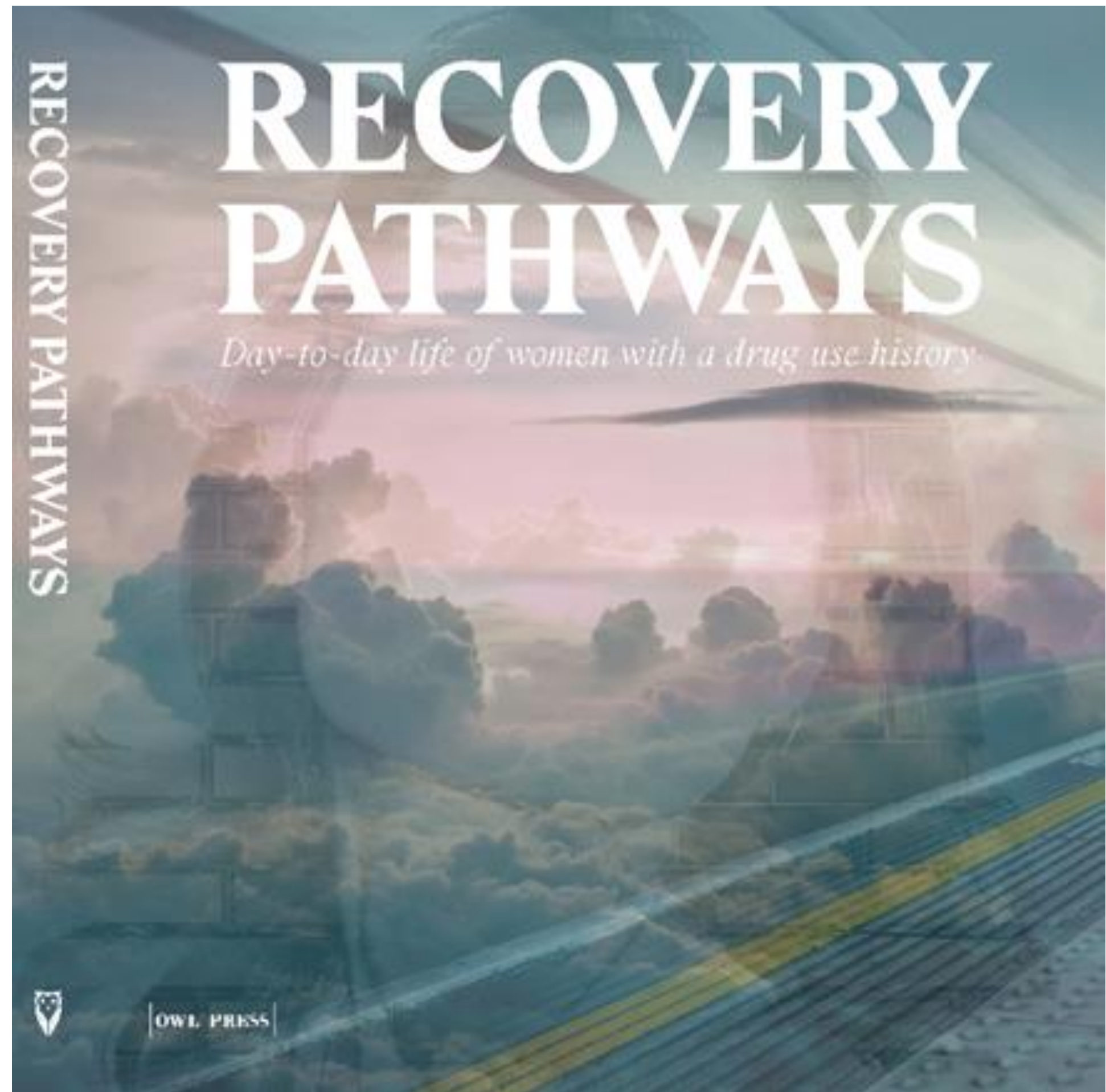
<https://www.photovoicingrecoverypathways.com/>





BOOK PUBLICATION:  
'RECOVERY PATHWAYS: DAY-  
TO-DAY LIFE OF WOMEN WITH  
A DRUG USE HISTORY'. GHENT,  
BELGIUM: OWL PRESS.

[HTTPS://VIMEO.COM/5255447](https://vimeo.com/525544742/12BF08E24B)  
[42/12BF08E24B](https://vimeo.com/525544742/12BF08E24B)



# OTHER RECOVERY STUDIES

# SUBSTITUTE BEHAVIOURS FOLLOWING RESIDENTIAL SUBSTANCE USE TREATMENT (SINCLAIR ET AL., 2021)

- N=137 (65% follow-up rate, n=207)
  - 23% relapsed
  - 40% maintained abstinence
  - **36% substituted their primary substance(s)**
- Substitute motives included:
  - Anticipated appetitive effects (e.g., for energy; to cope; to manage cravings; n = 22),
  - Time-spending (e.g., to occupy time; due to boredom; n = 16)
  - To (re)connect with others (e.g., improved relationships; to receive recovery support; n = 9)
  - For enjoyment (e.g., interested in; for enjoyment or upliftment; n = 8)

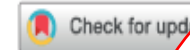
Love (e.g. thoughts, feelings, behaviours about love and relationships)	24
Caffeine (e.g. coffee, or energy drinks such as Red Bull)	11
Eating (way too much food each day and/or high-sugar foods such as chocolates; bingeing; purging; food restriction)	9
Exercise (e.g. sports/extreme sports)	8
Cigarettes	8
Social networking (e.g. Facebook, Twitter, Instagram, WhatsApp)	7
Religion (activities/practices)	7
Binge-watching (e.g. TV series, movies, documentaries)	6
Work	6

# Different types of substitution behaviour: Substance-to-Behaviour, Substance-to-substance, ...






SUBSTANCE USE & MISUSE  
2021, VOL. 56, NO. 5, 683–696  
<https://doi.org/10.1080/10826084.2021.1892136>



ORIGINAL ARTICLE



## Substitute Addictions in Persons with Substance Use Disorders: A Scoping Review

Deborah Louise Sinclair<sup>a,b</sup>, Steve Sussman<sup>c</sup> , Shazly Savahl<sup>d</sup> , Maria Florence<sup>a</sup> , Sabirah Adams<sup>e</sup>   
and Wouter Vanderplasschen<sup>b</sup> 

My **sex addiction**, it's **private**. [...] My sponsor suggested that I go to SAA meetings [...] I went there, and [...] thought [...] I'm not as sick as these people (translated) [...] but [...] I am (translated), [...] I can't go back there because I'm not ready to admit to **my wife** [...]. She **thinks it's only porn** [...] **Because I work a lot**, I can say to her: **'I am working tonight'**. But then [...] I am involved with other things. And, **I know it's a matter of time before it takes me back to my first addiction**. And for a long time now I haven't gone to houses , [...] but **it will never stop**. [...] **It stops for one week** [...] **You can't pray and you feel overwhelmed** [...] **I know it's gonna fuck up my whole life** [...] You are now probably the first person that I really - like, even the people in NA [...] don't know, [...] one of the reasons I, I'm not [...] connected anymore [...] (it) takes me to dodgy places sometimes, and **I'm putting my life at risk**.

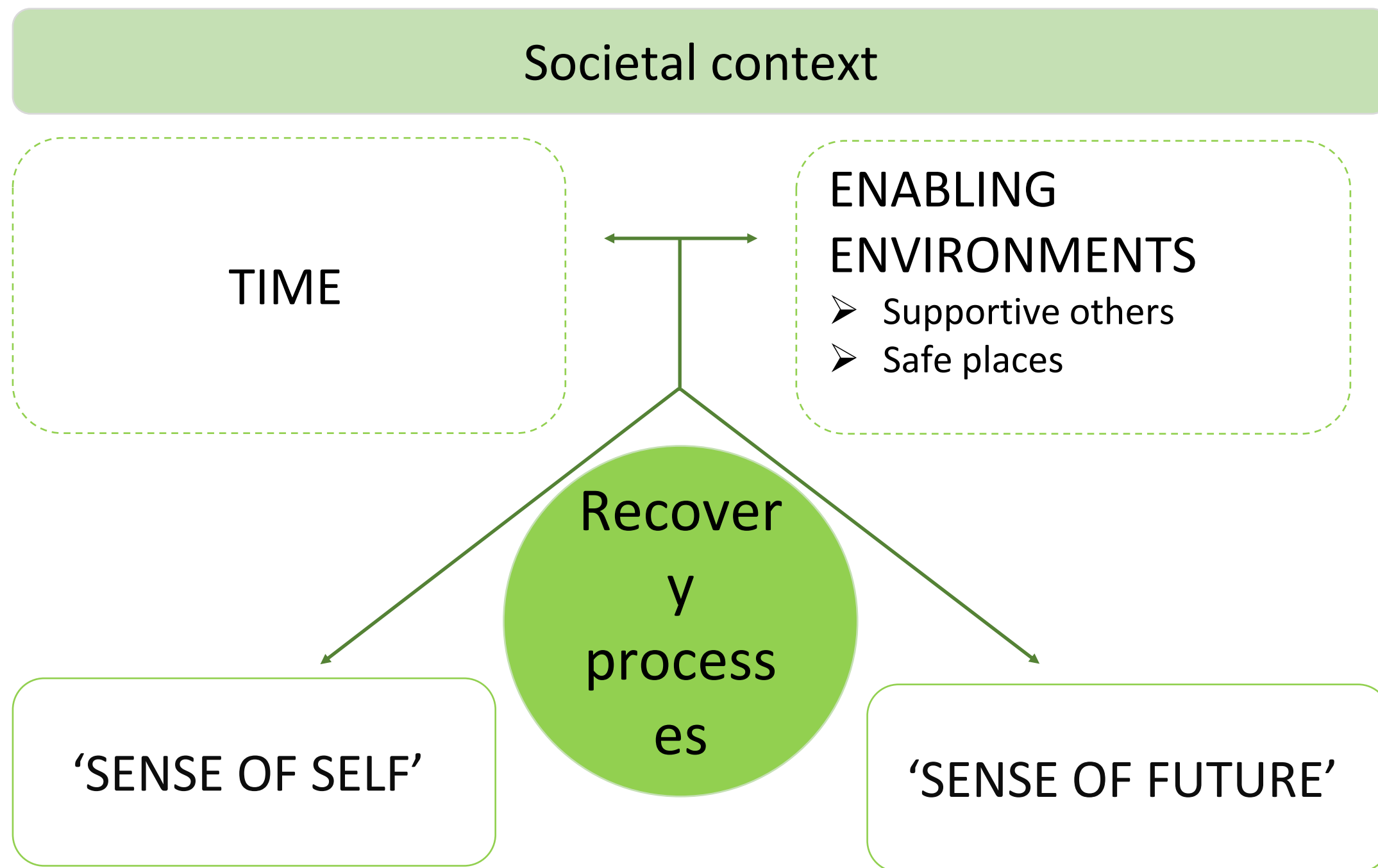
(P 20, Male, in recovery for 4 years)



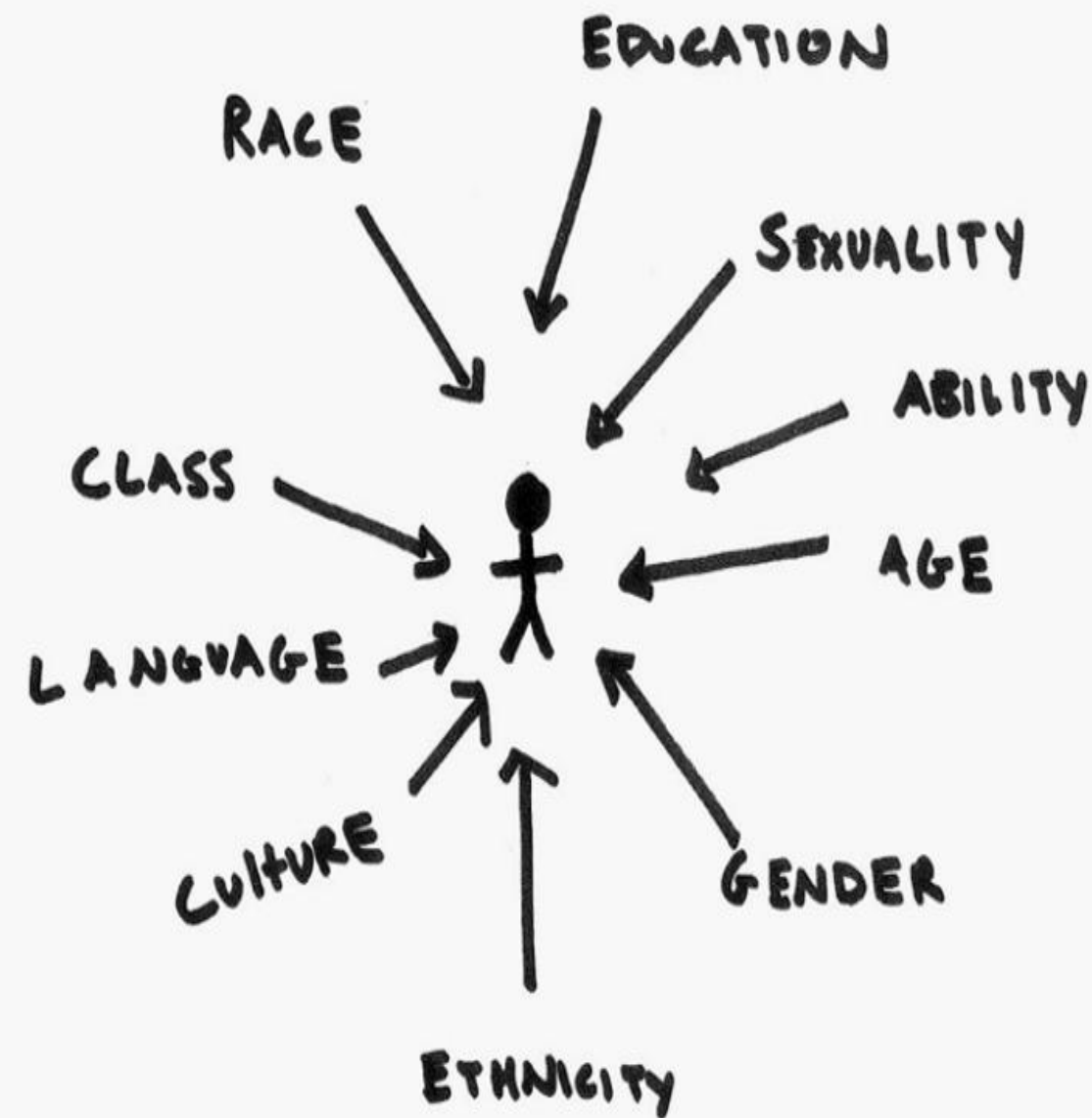


*Pathways to addiction  
recovery : exploring personal  
experiences and support needs*  
Anne Dekkers





# MULTIPLE STIGMA: INTERSECTIONALITY



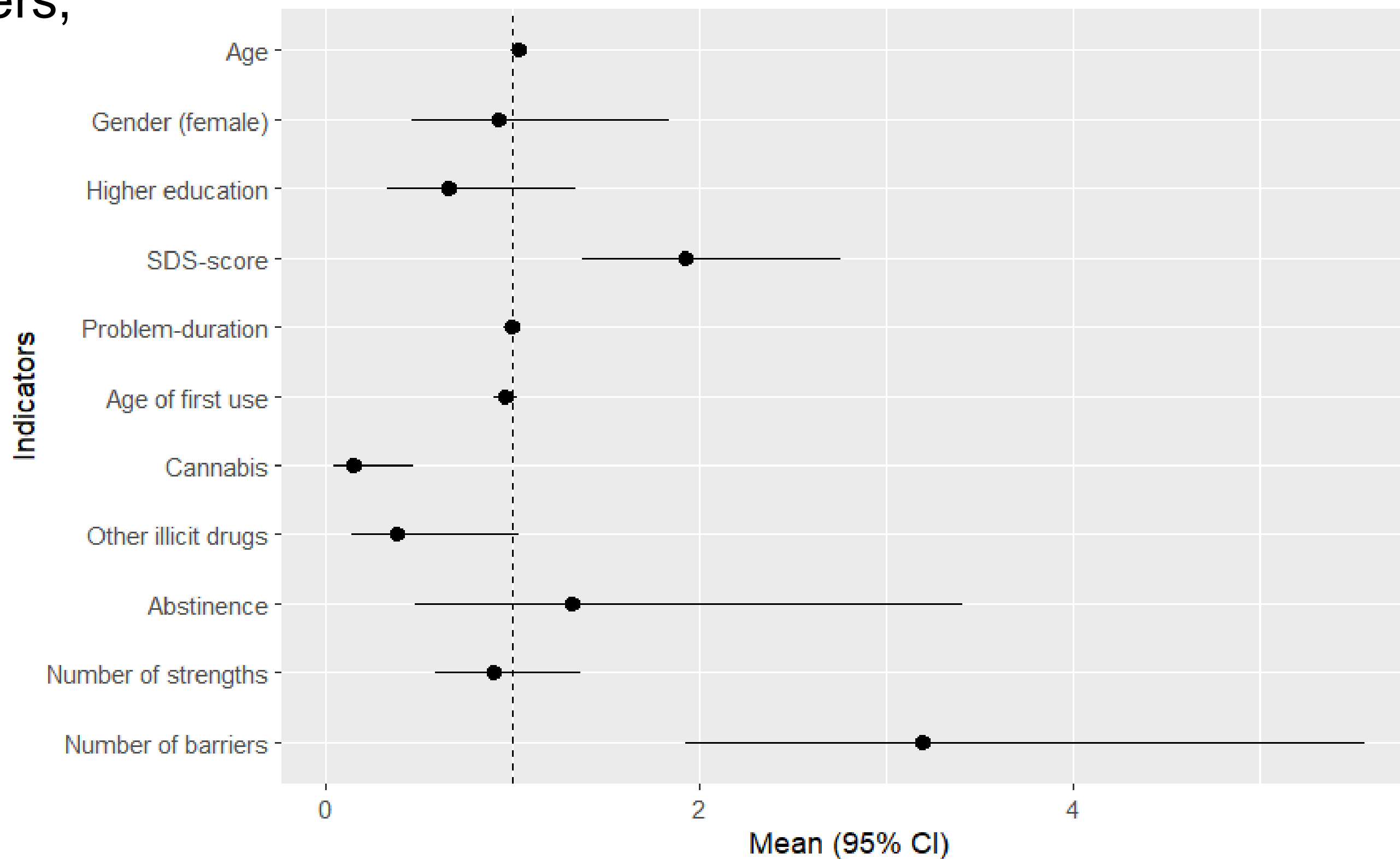
**“Watch out for the boogieman”: stigma and substance use recovery among migrants and ethnic minorities**

Aline Pouille<sup>1</sup>  | Clara De Ruysscher<sup>1</sup> | Freya Vander Laenen<sup>2</sup>  
Wouter Vanderplasschen<sup>1</sup>

*“The problem was, I had no money, I had nothing, so my hair was terrible, my beard was terrible, I wore clothes that had not been washed in months, I stank terribly. No one wanted to believe that I was sober and that was difficult. I had to convince people, I'm really kicking the habit.”*  
(Kofi, 29 years old, Burundian background)

# SELF-CHANGE AND ADDICTION RECOVERY

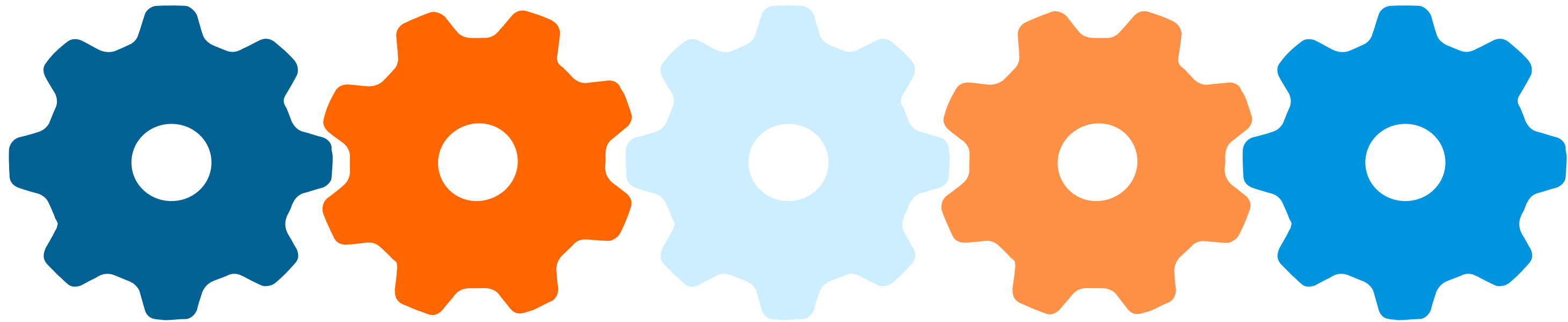
- LIR Flanders,  
2022
- N=371





# SOME CONCLUSIONS

# HOW TO CREATE RECOVERY SUPPORTIVE ENVIRONMENTS?



Connectedness

Hope

Identity

Meaning

Empowerment

(Leamy et al., 2011; CHIME-D)

Being, doing, becoming and belonging (Doroud, Fossey & Fortune, 2018)

# WHAT TO CONCLUDE FROM THIS PRESENTATION?

- Recovery is rather the rule than the exception
- Recovery takes time and is a personal, non-linear process: complex interplay of turning point experiences and contextual/timely elements
- Most addicts use various treatment mechanisms for achieving recovery
- Treatment/support not always needed, but enhances/facilitates recovery
- Type of intervention/support depends on person, moment, addiction severity, recovery capital, comorbidity, context, ...
- Leave room for innovations: new technologies, person-centred treatment, arts-based research and interventions
- Need for a continuum and continuity of care, including a central role for mutual aid groups and individuals' lived experiences

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