A Transatlantic Perspective on the Adoption of Recovery Concepts and Practices into Health Care Systems

Society for the Study of Addiction
Newcastle, UK
8 November 2018

Clifford Bersamira
University of Hawaii

Keith Humphreys
Veterans Affairs and Stanford University Medical Centers

Essential Background

The Recovery Movement

- Precursors in 12-step mutual help organizations, but became broader and less anonymous.

- Some cultural goals: Better understanding, more compassion, reduced stigma & shame.

- Some political goals: Redesigned services, removal of secondary sanctions, representation in influential bodies.

Significant Institutional Notice in U.S. for two decades

- SAMHSA Funds Recovering Community Support Program
- White House ONDCP creates recovery branch*
- ROSC and Hiring of peer recovery professionals
- Creation of national translational center
- Government conferences and rhetoric

*Conflict of Interest: That was me, actually

U.K. Institutional Notice Follows

- Partly indigenous, partly due to UK-US contact
- Scotland is first, drug strategy & futures forum
- UKDPC Recovery Definition
- National Treatment Agency Methadone & Recovery
- Language and concepts in England & Wales Policy

Data Sources for Current Adoption of Recovery

- Semi-structured interviews with policy elites in the addiction field, ranging from government agency administrators; policy advocates, addiction treatment and recovery support service providers; insurers, recovery community organizations; and addiction policy researchers, evaluators, and trainers.
- US Sample based in 8 US States + key agencies
- 86 interviews (40-75 minutes) with 107 stakeholders
- Data coded thematically with Dedoose
- UK work in progress

US Study Results: Systems Change towards ROSC

- *“This is not a tweaking of addiction treatment as we know it, it's a radical redesign of addiction treatment.” – National Recovery Trainer and Researcher*

- Stakeholders identified key ingredients for change
  - Engaged leadership
  - Mobilized grassroots community
  - Recovery as a priority
    - Community-driven process of defining recovery principles
    - Recovery aligning with behavioral health policy priorities

Key Ingredients for Reforms: Who are the Players?

- Supportive leadership up top

"If you don't have the kind of director or manager who is willing to get out there and say that this is important, and go to meetings, and become involved, it doesn't happen… You just rely on, 'Oh, let the staff go do this…'" – State Agency Administrator

- Mobilized grassroots community

"Leadership is certainly important… But it also has to do with the grassroots advocacy, the vitality or viability of the grassroots advocacy organizations and communities as well… So, it's really a partnership between strong leadership inside the system, and strong advocacy outside the system." – Behavioral Health Researcher

Key Ingredients: Prioritizing Recovery

- Recovery as a priority
  - Community-driven process of defining recovery/ROSC principles
  - Recovery aligning with behavioral health policy priorities (such as addressing the opioid epidemic)

"Well, you know the big priority across the state is opioid use disorder and the epidemic that's resulting from it… [The state's] Action Plan is focused on prevention, treatment, and recovery support and rescue, the issues around reviving overdose…I think it's almost like, I hate to say as a positive thing, but it does seem like the stars are aligning right now. It's the perfect storm…" – State Agency Administrator

US Study Results: Recovery Support Services

- Even more being done to improve access to RSS than to promote ROSC systems change
- Growing number of non-clinical RSS being funded and delivered (taking advantage of ACA, Medicaid expansion, opioid epidemic funding)
  - RSS provided in specialty addiction, healthcare, and community-based settings
  - RSS provided by trained clinicians, peers, and other community allies

Importance of Peer Workforce

- Acknowledging the value of lived experience

“Our perspective is the services that we talk about should be provided by peers. There's something very different about a person that has had a lived experience who can meet people where they're at” – National Advocacy Organization Leader

- Including peers in treatment teams

“We made it very clear that the peer mentor needed to be part of the treatment team and what their role was...” – State Agency Administrator

- Developing policies for peer workforce certification

[We] worked to put together a training curriculum for certification of peer mentors. We developed the policy around peer mentors, the policy for providers, and the certification process.” – State Agency Administrator

Preliminary Assessment of the UK Situation

- Data far less developed than for US, but…

- Movement activities outside of the treatment system
- "In treatment, we have adopted some buzzwords but not done much that is new"
- "A few commissioners have taken this on, but much goes on pretty much as before"
- "Spending on recovery initiatives is rare because everything is being cut across the board"

Why Are The Countries Different?

- Funding expansion in US, contraction in UK
- Definitional challenge regarding opioid substitution therapy more difficult in UK
- Many insider advocates displaced in UK due to political changes
- “Brexit ate everything”

Also, A Cultural Difference

Summary

- Recovery movement is never just about institutional adoption/reform, but this is one metric of impact
- Both US and UK have had some movement in this direction
- Both countries experience barriers and bumps
- But more change evident in US than UK to date

Thank You for Your Attention!