**Recovery &**

**The Community**



*The opposite of addiction is connection.*

*~ Johan Hari*

**Overview**

In 2009 the state of Texas began providing education in the larger cities in Texas about **Recovery Oriented Systems of Care** (ROSC). The educators invited everyone in the community involved in recovery. The educators urged attendees to organize and begin putting together ROSC groups to mobilize in their communities.

This module will define the term ROSC and provides glimpses into ROSC groups active around the state of Texas. This module will also give historical information about the ROSC’s in Texas and share some insight into ROSC’s around the country. This module offers opportunities for people to offer their strengths and skills into their own communities via local ROSC groups.

This module will also address the impact of stigma, where stigma might come from, and how each person can help reduce stigma.

**Learning Objectives**

Upon the completion, students should proficiently:

• Recall 3 of the elements of a ROSC;

• Recognize 2 places stigma might come from; and

• Select the correct elements Johann Hari discusses in his Ted Talk.

**What is ROSC?**

A ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems. (SAMHSA, 2010).

**History of ROSC’s in Texas**

The Department of State Health Services in Texas defines ROSC as “a framework for coordinating multiple systems, services, and supports that are person-centered, self-directed and designed to readily adjust to meet the individual’s needs and chosen pathway to recovery. The system builds upon the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness, and recovery from substance use disorders and improved quality of life.” (Recovery Oriented Systems of Care Across Texas, 2018)

The history of ROSC’s in Texas is provided as a handout.

SAMHSA provides information about a ROSC in this [pdf](https://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf).

**Why ROSC?**

Historically, addiction and recovery services were not interwoven with other wellness services. This would often leave a person who needed multiple services underserved. Under resourcing a person with Substance Use Disorder heightens the chance of use recurrence. Leveraging community resources improves the chance of someone achieving a high quality, long-term recovery. Transitioning from formal treatment services into the community is a crucial time for the person in recovery. Instead of being shunned by society, ROSC’s create an environment of wellness.

One goal for a person seeking services for Substance Use Disorder is becoming a productive community member. This only benefits the likelihood of continued wellness and benefits the community.

People in recovery become more responsible, employed, tax-paying consumers. People who have acute Substance Use Disorder often require assistance from their community, while people in recovery are giving back to their community. If we look at the benefit from no other perspective than financial, it makes sense for a community to desire what ROSC’s offer.

**Recovery Requires a Community**

As we all do, people in recovery thrive in a supportive community. Often, people entering recovery must take an inventory of those who will be supportive of recovery and those who will be saboteurs of continued recovery.

Many people entering recovery have depleted resources that are essential to live a healthy and fruitful life. Without assistance some people have little chance of maintaining meaningful recovery. People in recovery, their family members, the community, and those who offer services can come together as a community. When we inform, educate, and arm people with access to supportive services we empower them

Educating the community further benefits a person’s success.

**ROSC Framework**

The following was taken from Guiding Principles and Elements of Recovery-Oriented Systems of Care, which provides research supporting the framework. The Guiding Principles and Elements of Recovery-Oriented Systems of Care is provided as a handout.

| **Guiding Principles of ROSC** | |
| --- | --- |
| * There are many pathways to recovery. | * Recovery is self-directed and empowering. |
| * Recovery involves a personal recognition of the need for change and transformation. | * Recovery is holistic. |
| * Recovery has cultural dimensions. | * Recovery exists on a continuum of improved health and wellness. |
| * Recovery emerges from hope and gratitude. | * Recovery involves a process of healing and self-redefinition. |
| * Recovery involves addressing discrimination and transcending shame and stigma. | * Recovery is supported by peers and allies. |
| * Recovery involves (re)joining and (re)building a life in the community. | * Recovery is a reality. |

| **Elements of ROSC** | |
| --- | --- |
| * Person-centered | * Inclusive of family and other- ally involvement |
| * Individualized and comprehensive services across the lifespan | * Systems anchored in the community |
| * Continuity of care | * Partnership-consultant relationships |
| * Strength-based | * Culturally responsive |
| * Responsiveness to personal belief systems | * Commitment to peer recovery support services |
| * Inclusion of the voices and experiences of recovering individuals and their families | * Integrated services |
| * System-wide education and training | * Ongoing monitoring and outreach |
| * Outcomes driven | * Research based |
| * Adequately and flexibly financed | |

| **ROSC Environment** | |
| --- | --- |
| * Encourages individuality | * Promotes accurate and positive portrayals of psychiatric disability while fighting discrimination |
| * Focuses on strengths | * Uses a language of hope and possibility |
| * Offers a variety of options for treatment, rehabilitation, and support | * Supports risk-taking, even when failure is a possibility |
| * Actively involves service users, family members, and other natural supports in the development and implementation of programs and services | * Encourages user participation in advocacy activities |
| * Helps develop connections with communities | * Helps people develop valued social roles, interests and hobbies, and other meaningful activities |

| **Examples of Recovery-Oriented Services** | | | |
| --- | --- | --- | --- |
| **Prevention** | **Intervention** | **Treatment** | **Post-Treatment** |
| Early screening before onset  Collaborate with other systems, e.g., Child welfare, VA.  Stigma reduction activities  Refer to intervention treatment services Intervention | Screening  Early intervention  Recovery support services  Outreach services | Menu of treatment services  Recovery support services  Alternative services and therapies  Prevention for families and siblings of individuals in treatment | Continuing care  Recovery support services  Check ups  Self-monitoring |

*Adapted from the 2010 SAMHSA ROSC Resource Guide*

**Current ROSC’s in Texas**

There are currently 22 ROSC’s in Texas; however, at the time of publication, the attachment includes ROSC’s in Texas we were able to locate (in alphabetical order by name).

*See handout*

If you have updated information for any ROSC’s in the state of Texas, please reach out to us so we can continue to update our list with current information.

**Recovery and Connection**

In Johann Hari’s [Ted Talk](https://www.ted.com/talks/johann_hari_everything_you_think_you_know_about_addiction_is_wrong#t-283165), Everything you think you know about addiction is wrong, he discusses the most important part of recovery: connection. This follows the same theme of ROSC. Watch this video to better understand how he explains the isolation of addiction versus the connection in recovery. Questions about contents in this Ted Talk will be on the module quiz.

**Recovery Capital**

One tool the Recovery Movement brought forward is *Recovery Capita*l. This is a measure of internal and external assets a person has in their recovery. Recovery Capital is likely a more accurate measure of quality of life for a person in recovery rather than simple abstinence.

*Recovery capital (RC) is the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from severe AOD problems* (Granfield & Cloud, 1999; Cloud & Granfield, 2004).

A person seeking recovery may have many assets that will help them realize long-term recovery. It is important for a person seeking recovery to be connected with missing resources in order to create the most positive outcome. It is antiquated thinking that dismisses a person as someone who does not want to be in recovery if they have repeated recurrences of use. When a person does not have some of their basic needs met, it is understandable if recovery is difficult to stabilize.

White and Cloud explain Recovery Capital in categories:

**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 capital includes:

* active efforts to reduce addiction/recovery-related stigma,
* visible and diverse local recovery role models,
* a full continuum of addiction treatment resources,
* recovery mutual aid resources that are accessible and diverse,
* local recovery community support institutions (recovery centers
* clubhouses,
* treatment alumni associations,
* recovery homes,
* recovery schools,
* recovery industries,
* recovery ministries/churches,
* sources of sustained recovery support and early re-intervention (e.g., recovery checkups through treatment programs, employee assistance programs, professional assistance programs, drug courts, or recovery community organizations).

**Cultural capital** is a form of community capital. It constitutes the local availability of culturally-prescribed pathways of recovery that resonate with particular individuals and families. Examples of such potential resonance include Native Americans recovering through the “Indianization of AA” or the “Red Road,” or African Americans recovering within a faith-based recovery ministry or within an Afrocentric therapeutic orientation (Coyhis & White, 2006; White & Sanders, in press).

The following table was developed by UNT RTP. The information from the scale was taken from:

White, W. L., & Cloud, W., PhD. (2008). Recovery Capital: A Primer for Addiction Professionals. 2-5. Retrieved February 5, 2018.

| **Recovery Capital Examples** | |
| --- | --- |
| **Personal recovery capital (Physical)**   * Physical health * Financial assets * Health insurance * Safe and recovery-conducive shelter * Clothing * Food * Access to transportation. | **Personal recovery capital (human)**   * 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 * Interpersonal skills |
| **Family/social recovery capital (Family)**   * Willingness of intimate partners and family members to participate in treatment * The presence of others in recovery within the family and social network | **Family/social recovery capital (Social)**   * Social relationships that are supportive of recovery efforts * Relational connections to conventional institutions (school, workplace, church, and other mainstream community organizations * Access to sober outlets for sobriety-based fellowship/leisure |
| **Community recovery capital**   * community attitudes/policies/resources related to addiction * Active efforts to reduce addiction/recovery-related stigma * Visible and diverse local recovery role models * A full continuum of addiction treatment resources * Recovery mutual aid resources that are accessible and diverse * Local recovery community support institutions (recovery centers / clubhouses, treatment alumni associations, recovery homes, recovery schools, recovery industries, recovery ministries/churches) * Sources of sustained recovery support and early re-intervention (e.g., recovery checkups through treatment programs, employee assistance programs, professional assistance programs, drug courts, or recovery community organizations) | **Cultural capital**   * Local availability of culturally-prescribed pathways of recovery that resonate with particular individuals and families * Native Americans recovering through the “Indianization of AA” or the “Red Road,” * African Americans recovering within a faith-based recovery ministry or within an Afrocentric therapeutic orientation |

**Resource:**

William White developed the [Recovery Capital Scale](http://www.williamwhitepapers.com/pr/Recovery%20Capital%20Scale.pdf) referenced in the Recovery Capital portion of this module.

**Stigma and the Community**

Stigma is defined by Merriam-Webster as *a scar left by a hot iron. To brand.* Many people in need of intervention and resources are afraid of asking. Addiction is shrouded in shame and secrecy because society, as a whole, believes addiction is a behavior that was desired and could be stopped easily. If a person has a choice about becoming addicted, it stands to reason people with this belief also believe a person with an addiction deserves what they get.

It is important for those who understand addiction and recovery to advocate for change. To fight stigma, we must have conversations with people. One of the biggest reason’s people accept a generalization, without facts, could be due to misunderstanding. If a person does not understand addiction, it might help explain the reason he or she does not feel compassion.

A 2014 National Survey on Drug Use and Health found that 21.5 Americans, age 12 and older, had a substance use disorder in 2011. 2.5 million received the specialized treatment they needed. This can be seen as evidence of stigma.

*Stigma can lead to fear, mistrust, and anger.*

*-- Charles G. Butler, Case Manager*

**Your Brain on Drugs**

Even if you did not see it on television in late1980, you have likely seen the infamous anti-drug commercial, [*This is your brain on drugs*](https://www.youtube.com/watch?v=3FtNm9CgA6U).

Public Services Announcements (PSA’s) such as these do not necessarily work. This ad did not provide any information and likely further distanced people with Substance Use Disorder from people who saw addiction as a choice.

To begin fighting stigma, it is important to get the truth about addiction and recovery within public view.



View [Fighting Stigma Through Next-Generation PSA’s.](https://drugabuse.com/library/addiction-stigma/)

**Stigma Damages Recovery**

Stigma can lead to discrimination, thus is an obstacle to recovery. The impact of stigma:

| * People do not seek treatment |
| --- |
| * Medical professionals do not understand how to treat a person with addiction |
| * Public funding is minimal |
| * People with Substance Use Disorder punish themselves |
| * The justice system often punishes, rather than rehabilitates a person with an addiction |
| * Even in recovery, a person with Substance Use Disorder is often the first to be blamed for a wrong-doing |
| * Employment and Safe housing can be difficult to find if a person with Substance Use Disorder has a “background” |

**Other Marginalized Groups**

Throughout history there have been other marginalized groups. Many have come together to help society better understand their issue. Educating the public about the facts to help diminish the myths believed about an issue is an important component to reducing stigma. Stigma was reduced because people who were impacted and/or knew people who were impacted stood together with the same voice and demanded society understand the facts instead of believing the myths.

Today, families are supported through fund-raisers. Homecomings are celebrated with “Welcome Back” parties. Food chains are created for family members while a loved one is hospitalized or undergoing treatment. Only two of the many amazing organizations who are in the forefront of once-stigmatized conditions are discussed here, but there are many more.

**Cancer** was once a diagnosis people would refer to as “the C word”. Now there are fund-raisers and celebrations for people who are in remission.

| **American Cancer Society** |  |
| --- | --- |
| [Website](https://www.cancer.org/) | * Financial support by portions of a daily purchase designated for ACA * Relay for Life * $4.6 Billion given for research since 1946 * Partner Companies, celebrities, and professional sports * Accept tax-deductible donations * Volunteer Opportunities * Multiple fund-raising events * Funding for treatment * Rides to treatment * Lodging during treatment * Affiliate companies offer wigs and cosmetics to those in treatment * Links to support groups and education |

**HIV** was once only referred to as AIDS. Society openly mocked and quarantined people diagnosed. Today we have education in schools, effective treatments, rallies, and awareness days.

| **AIDS.Org** |  |
| --- | --- |
| [Website](http://www.aids.org/) | * Awareness months and days 8 months out of the year * Free testing * Texas requires licensed SUD treatment centers to provide HIV/AIDS/STD/Communicable Disease education to clients * Government sponsored [website](https://www.cdc.gov/hiv/library/awareness/index.html) with up-to date information and education * Multi-pronged research with results published to public * Discrimination laws * Government and private funding |

In a 2014 Johns Hopkins University study, they found people are more likely to have a negative attitude toward people with Substance Use Disorder than Mental Health diagnoses (Johns Hopkins University, 2014).

Often, people are shunned or left out of the community when addiction is present, being treated, or even upon their return from treatment. Perhaps, the most prevalent reason is lack of education. The addiction and recovery community have begun rallying, educating, and coming together. Everyone can take a role in helping end the stigma related to addiction and recovery.

**Reducing Stigma**

In 2012 The Addiction Technology Transfer Center (ATTC) released an Anti-Stigma Toolkit. Module 4 will provide an overview, but you may view the contents in their entirety.

| ATTC [Website](http://attcnetwork.org/home/) | South-Southwest Region [Website](http://attcnetwork.org/regional-centers/?rc=southsouthwest) Located at The University of Texas |
| --- | --- |

| **Where Stigma Comes From** | |
| --- | --- |
| **Stigma from** |  |
| **Within** | The person with SUD often:   * has low self-esteem and * blames themselves * feels powerless to get better |
| **The Recovery Community** | Seeing differences rather than similarities, i.e.,   * A person in recovery from Alcohol Use Disorder may stigmatize people in recovery from an illicit substance |
| **Treatment Providers** | Differing views of effective treatment:   * Medical model versus Therapeutic Community * Differing views of what recovery looks like: * Abstinence only versus medication assisted treatment |
| **The Outside** | The general public:   * Unconscious remarks and actions * Purposeful and mean-spirited actions   These perceptions are often fueled by misinformation or an unwillingness to see beyond a person’s addiction |

**Addiction Related Stigma**

Also taken from the ATTC Anti-Stigma Toolkit, originally developed by the Center for Substance Abuse Treatment in 2000 are five points about Addiction-Related Stigma:

| **Addiction-Related Stigma** |
| --- |
| 1. **Addiction-related stigma is a powerful, shame-based mark of disgrace and reproach.** |
| 1. **Stigma is generated and perpetuated by prejudicial attitudes and beliefs.** |
| 1. **Stigma promotes discrimination among individuals at risk for, experiencing, or in recovery from addiction, as well as individuals associated with them.** |
| 1. **Addicted people and people in recovery are ostracized, discriminated against, and deprived of basic human rights.** |
| 1. **Individuals who are stigmatized often internalize inappropriate attitudes and practices, making them part of their self-identity.** |

**Taking Our Own Inventory**

The ATTC Anti-Stigma Toolkit, encourages each person to take a look at their own beliefs and behaviors to determine how they might contribute to stigma.

| **Looking at your contributions to stigma:** |
| --- |
| * What are your personal beliefs about why people become addicted? |
| * Do you accept certain types of addictions more than others? |
| * Do you believe that some people are beyond help? |
| * Do you believe that certain drug treatment approaches are better than others? |
| * Do you believe that recovery must “look” a certain way? |

**From the Problem to the Solution**

Recovery to Practice has been instrumental in moving the focus from addiction – *the problem* to recovery – *the solution*. Have you ever noticed how little media coverage focuses on celebrities in recovery as opposed to celebrities with an addiction? The reason? Success stories are not salacious. Society seems intrigued with a life spinning out of control rather than the stability of a healthy life. As society voyeuristically watches news reports and reality television shows that focus on the problem, stigma and discrimination continue to gain ground.

**General Tips for Preventing Stigma**

The ATTC Anti-Stigma Toolkit provides Tips for Preventing Stigma. This, and the Toolkit in entirety are worth delving into thoroughly.

| **Tips for Preventing Stigma** |
| --- |
| * Learn more. Get informed. * Speak out when you hear misinformation. * Don’t give up. * Treat people with dignity. * See the whole person, not just the label. * Watch your language. * Don’t define people by their disorder. * Don’t sensationalize addiction. * Don’t sensationalize recovery. * Don’t generalize. * Don’t use substance-related terms as metaphors. |

**CURE the Stigma**

Decreasing stigma includes changing language, shifting the focus, and educating those who do understand addiction or recovery. Everyone can contribute to fighting stigma. If you are a person in recovery, a professional in addiction, a family member of someone with Substance Use Disorder, an educator, a student, or a peer recovery coach; we all have a role to play.

UNT RTP developed this easy to remember acronym: CURE

C – Communicate

U – Unite

R – Rally

E - Educate

**Communicate** with people you know: your neighbors; your place of worship, the school your child or grandchild attends. Each of us has a story. It is important to share it with those already listening.

**Unite** with others who also wish to end stigma. When voices combine they are louder.

**Rally** by taking action. Take part in annual recovery rallies, visit or call your local, state, and national representatives.

**Educate** others about Substance Use Disorder and recovery. Many places are looking for speakers on various topics. Rotary clubs, places of worship, and schools are a place to begin. Make sure you are up to date on your knowledge, also.



**Community Supports**

Supports for community members in recovery are not limited to addiction treatment, counseling, or mutual aid groups. SAMHSA tells us that “because recovery is a highly individualized process, recovery services must be flexible to ensure cultural relevancy” (SAMHSA, 2014).

What is support to one person in recovery may not be support to another. As all other elements of recovery, supports are unique and individualized.

Support can take many forms. Some supports include:

| * Family * Friends * School * Peers * Self-care * Health/wellness * Medication * Children * Healthcare | * Spouse * Employment * Counseling * Treatment * Sober Living * Housing * Legal Services * Supported Employment * Linked Service Coordination |
| --- | --- |

Inadequate community supports can increase anxiety and lead to recurrence of use.

Some specific supports the Recovery to Practice Virtual Community members shared include:

* Bible Study
* Church Services
* Bus System
* Community Center
* Recreational Athletic Leagues
* Public Libraries
* Yoga
* Free or low cost health clinic

**Hope**

The hope a person feels – the belief they have that recovery is possible – is in direct relation to their ability to maintain long-term recovery. Communities who embrace the person and offer recovery supports, free of stigma, heighten a person’s resilience.

Review [Resilience Annotated Bibliography](https://www.samhsa.gov/sites/default/files/resiliency-annotated-bibliography.pdf) written by SAMHSA’s Partner’s for Recovery Initiative in March 2003. This item provides insight into Protective Factors and Risk Factors facing a person in recovery.

Some of the highlights:

**Protective Factors**

Individual factors such as self-worth;

Family factors such as trusting relationships;

Community factors such as participation.

**Risk Factors**

Individual temperament such as locus of control;

Family-related risk factors such as negative relationships;

Community/environmental factors such as limited resources.

**Additional Resources**

Addiction Technology Transfer Center – South Southwest  
University of Texas School of Social Work - Center for Social Work Research  
1717 West 6th Street, Suite 335  
Austin, TX 78703

Hiring Employees in Recovery: A Business Advantage? (2012, May 02). Retrieved from <https://blogs.psychcentral.com/addiction-recovery/2012/03/hiring-employees-in-recovery/>

Recovery and Recovery Support. (2014, June 20). Retrieved from <https://www.samhsa.gov/recovery>

Recovery-oriented systems of care: Emerging approach to integrated treatment for people with substance use, mental health disorders. (2016, June 08). Retrieved from <https://www.sciencedaily.com/releases/2016/06/160608142950.htm>

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Shaming the Sick: Addiction and Stigma. (2016, October 06). Retrieved May 15, 2018, from https://drugabuse.com/library/addiction-stigma/