Expanding Definitions of Recovery: Examining the Multiple Pathways to a Life Worth Living

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o   I am a participant in the Alcohol Clinical Trials Initiative, which in the past 36 months was supported by Alkermes, Dicerna, Ethypharm, Kinnov Therapeutics, Lundbeck, Otsuka, and Pear Therapeutics

o   No other conflicts related to this work

NIH
National Institute
on Drug Abuse

HEAL
NIH · Helping to End Addiction Long-term

NIH
National Institute
on Alcohol Abuse
and Alcoholism

Acknowledging and supporting this place...

UNM Indigenous Peoples' Land and Territory Acknowledgement

Founded in 1889, the University of New Mexico sits on the traditional homelands of the Pueblo of Sandia. The original peoples of New Mexico – Pueblo, Navajo, and Apache – since time immemorial, have deep connections to the land and have made significant contributions to the broader community statewide. We honor the land itself and those who remain stewards of this land throughout the generations and also acknowledge our committed relationship to Indigenous peoples.
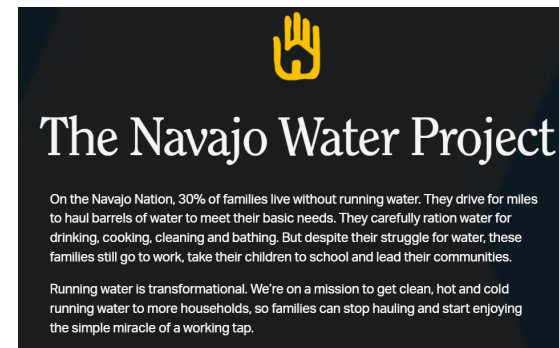
We gratefully recognize our history.

Developed by the Special Assistant for American Indian Affairs to the UNM President in consultation with the Native American Faculty Council.

Approved and adopted by President Garnett S. Stokes February 2020
Photo by Dr. Tim Schroeder

Pueblo Action Alliance

Support them here:

The Navajo Water Project

On the Navajo Nation, 30% of families live without running water. They drive for miles to haul barrels of water to meet their basic needs. They carefully ration water for drinking, cooking, cleaning and bathing. But despite their struggle for water, these families still go to work, take their children to school and lead their communities.

Running water is transformational. We're on a mission to get clean, hot and cold running water to more households, so families can stop hauling and start enjoying the simple miracle of a working tap.

Support them here:

Some terminology

PEOPLE MATTER, WORDS MATTER™

"~~Alcoholic~~" An individual with an alcohol use disorder

"~~Alcoholism~~" Alcohol use disorder or alcohol dependence

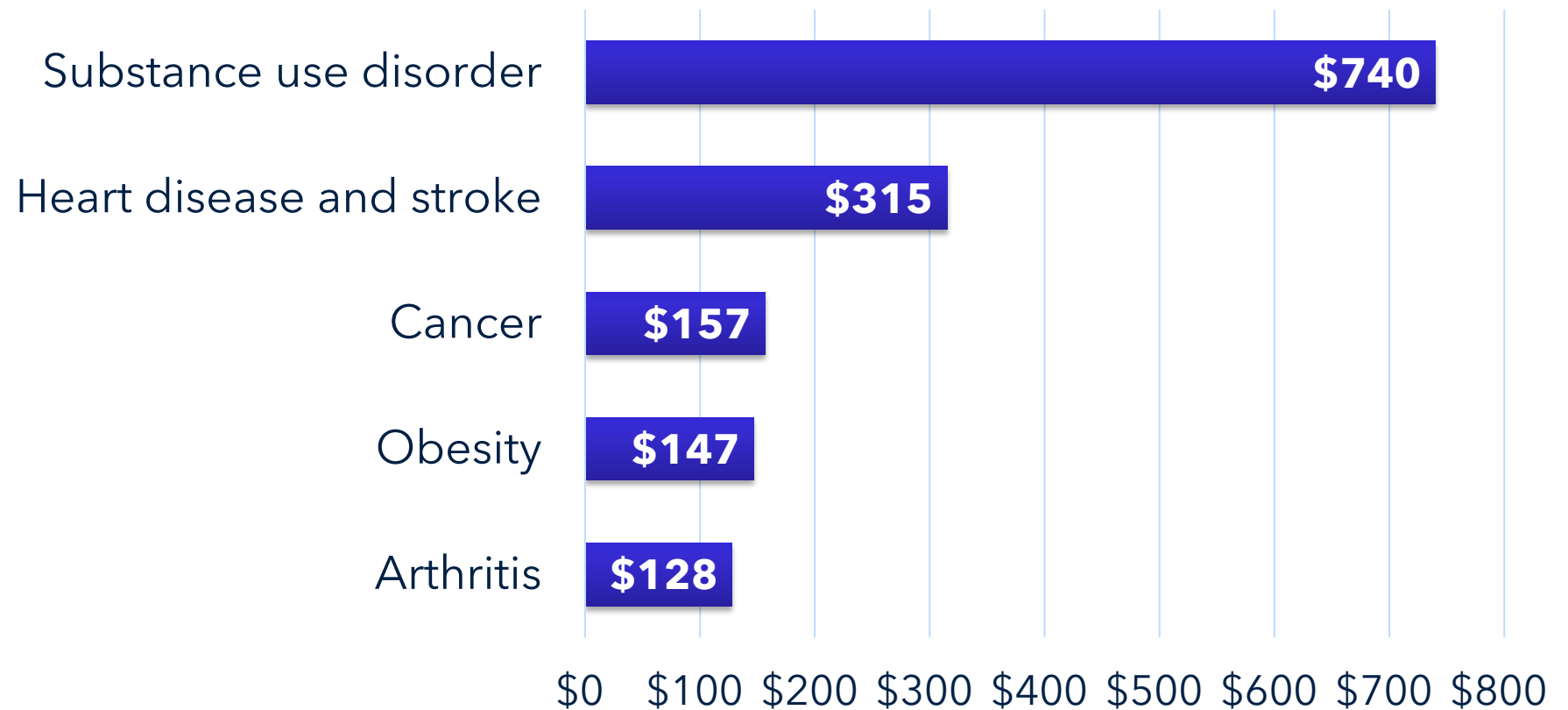"~~Alcohol abuse~~" Alcohol-related problems

"~~Alcohol misuse~~" At risk, risky, or harmful alcohol use

"~~Alcohol abuser~~" Individual who experiences alcohol-related problems or individual who engages in harmful alcohol use
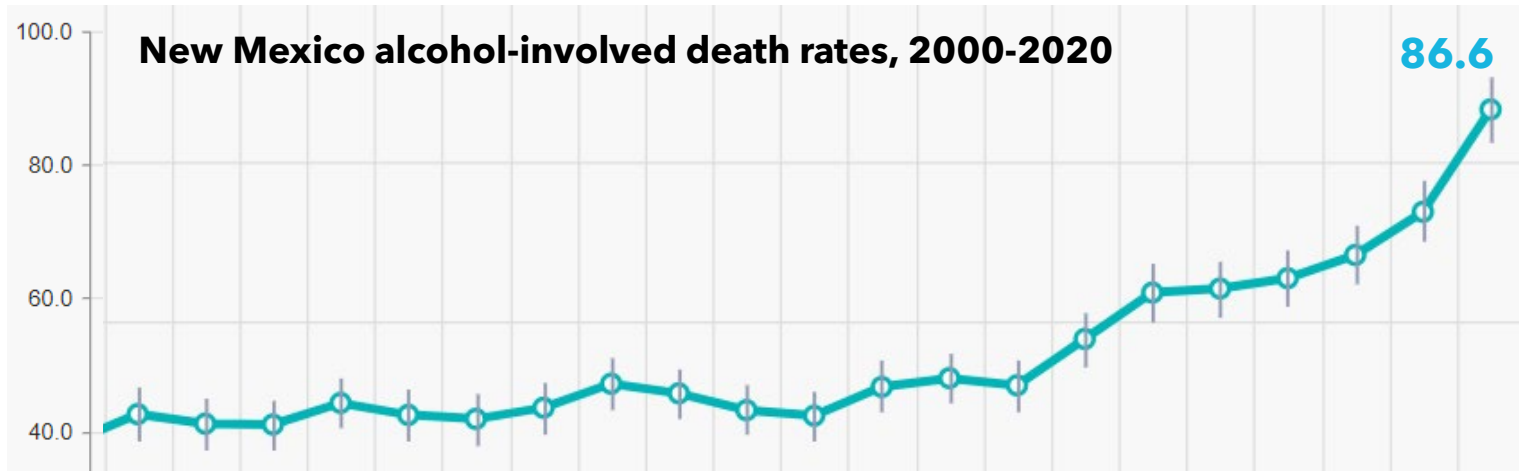
Alcohol and substance use disorder impacts millions of Americans and costs over $700 billion/year


Costs (in Billions, 2003-2010 U.S. dollars)

Substance use disorder	$740
Heart disease and stroke	$315
Cancer	$157
Obesity	$147
Arthritis	$128

$0 $100 $200 $300 $400 $500 $600 $700 $800

Alcohol mortality in the US and New Mexico

New Mexico alcohol-involved death rates, 2000-2020

86.6

Figure 1. U.S. alcohol-involved and drug overdose death rates, 2000-2020

Alcohol-involved death rates | Drug overdose death rates

28.3*

21.6

13.1*

10.4

7.0

6.2
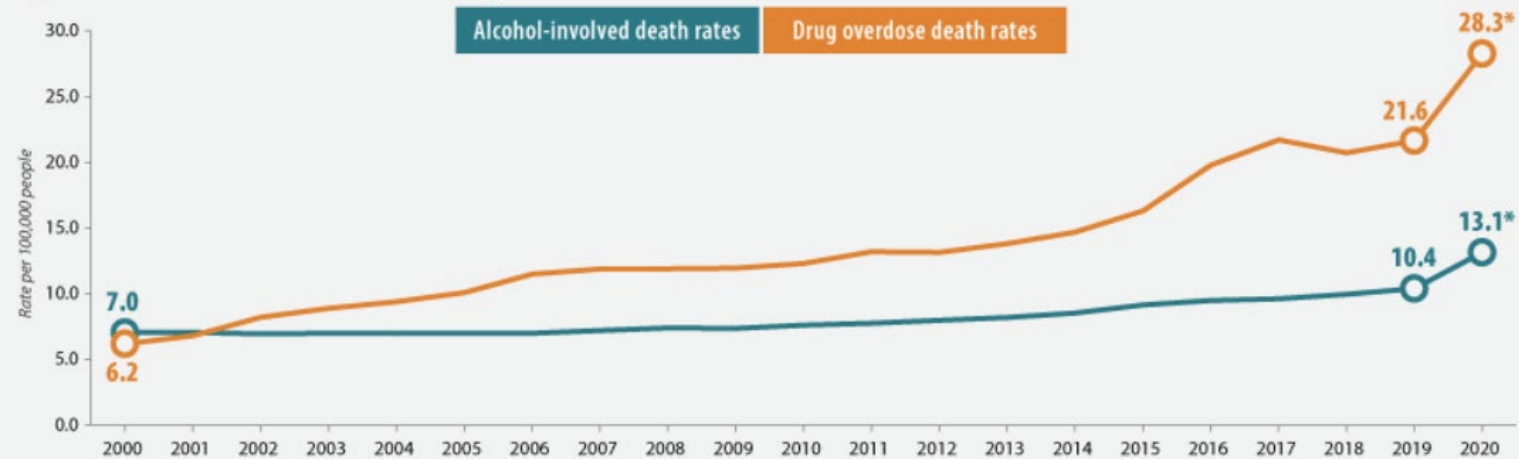
*Statistically significant change since 2019 at the 95% confidence level.
Source: SHADAC analysis of vital statistics data from the CDC WONDER system.

1 in 3 deaths among adults (age 20-49) in New Mexico are attributable to alcohol

Health & Health Care

Economic Stability

Social Determinants of Health

Social & Community Context

Education

Neighborhood & Built Environment

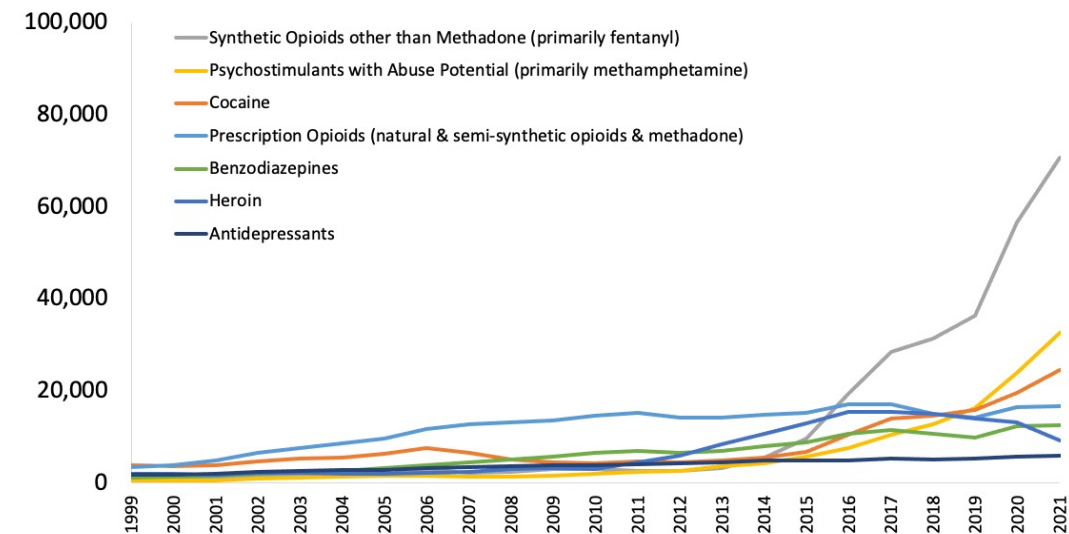https://ibis.doh.nm.gov/topic/lifestyle/AlcoholUse.html
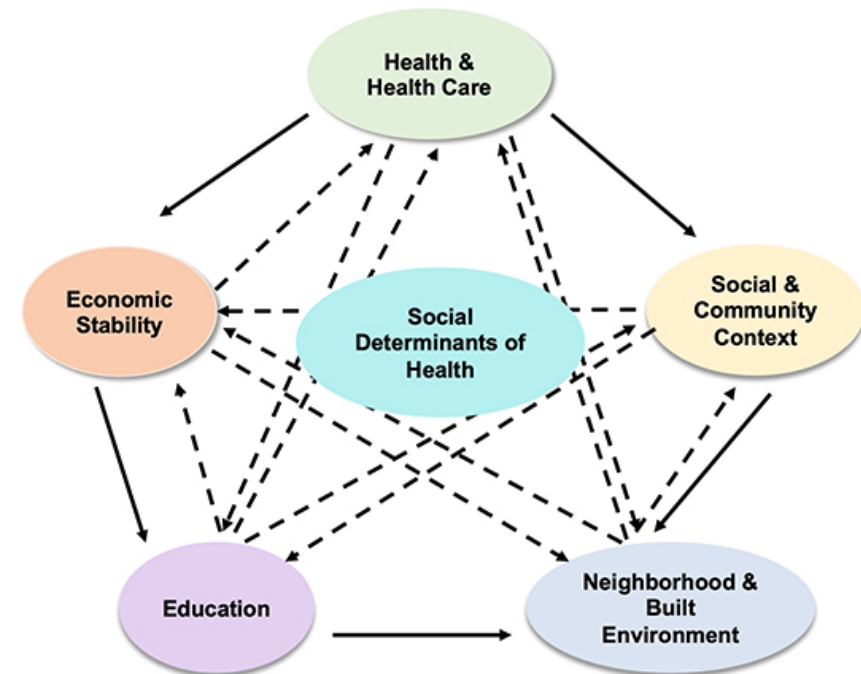
Increase in fentanyl and methamphetamine related deaths in New Mexico and United States

Chart 4. Fentanyl and Methamphetamine are Driving the Increase in Overdose Deaths in New Mexico
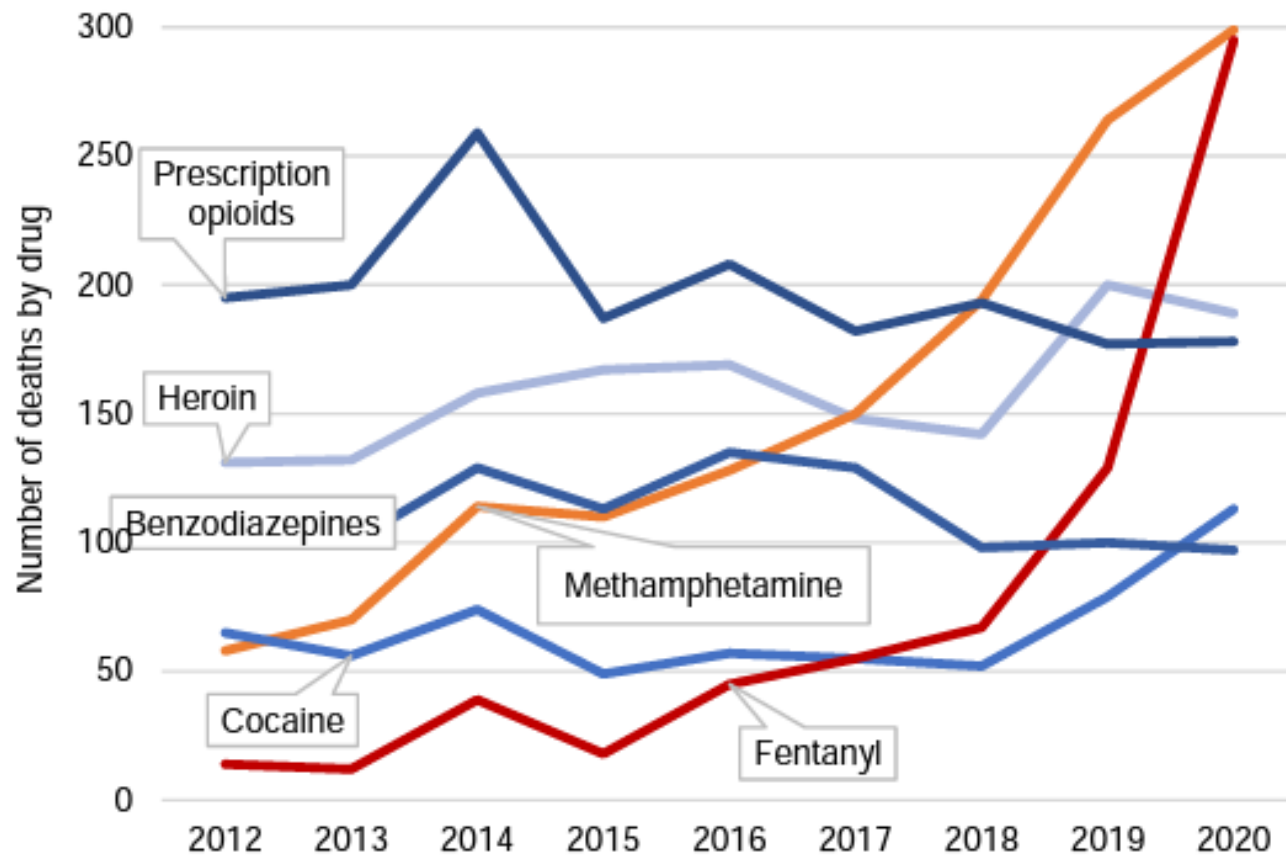
Source: DOH

Figure 2. National Drug-Involved Overdose Deaths*, Number Among All Ages, 1999-2021

*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database, released 1/2023.

The majority of individuals with substance use disorder need and do not receive treatment

Estimate of the SUD Treatment Gap by Substance, New Mexico, 2018

Substance Type	People Living with SUD	People Who Received Treatment	People Needing Treatment	People Who May Enter Treatment
Alcohol	101,012	27,834	73,178	7,318
Opioids	38,989	33,415	5,574	557
Stimulants (Methamphetamine)	21,694	12,834	8,860	886
Benzodiazepines	15,987	1,769	14,218	1,422
Cannabis	17,776	10,580	7,196	720
Total	204,681	70,303	134,378	13,438

SUBSTANCE USE DISORDER TREATMENT GAP ANALYSIS | New Mexico Department of Health | January 2020

Most Who Need Treatment for Substance Use Disorders Don't Receive Any

👤 1 million people

In 2019, **21.6 million** people needed treatment...

but just **2.6 million** received any.

Is it a provider shortage issue? There is a critical need for substance use treatment services, a severe shortage of providers, and 51.8% of SUD providers in New Mexico are 55 and older
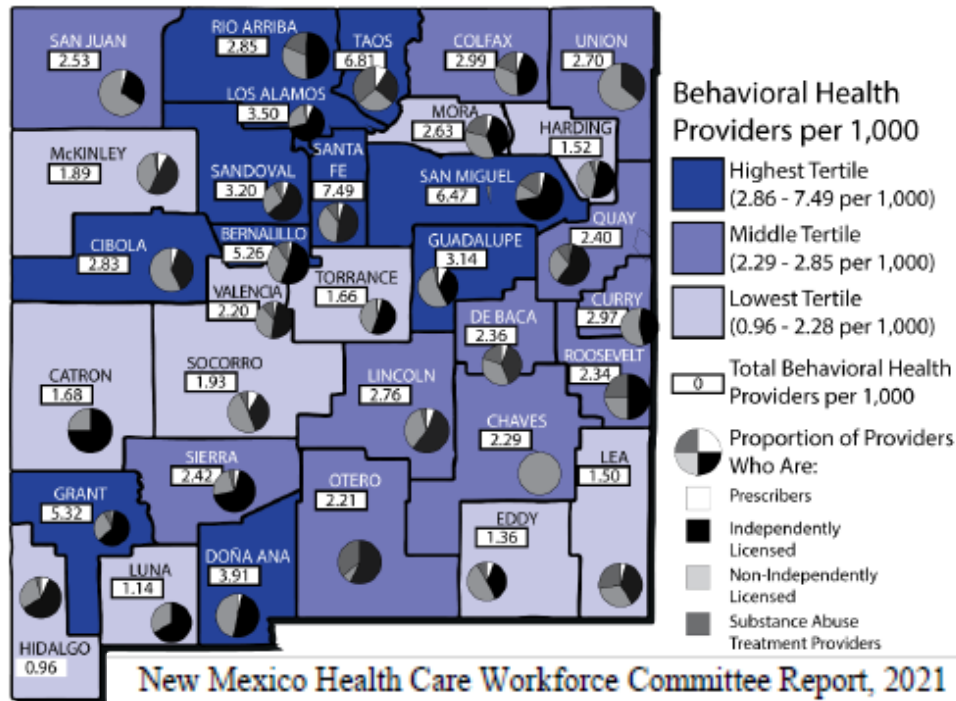
Composition of Behavioral Health Care Workforce, 2020

New Mexico Health Care Workforce Committee Report, 2021

Table 6.9. Age of Behavioral Health Care Providers, 2020

Age	Prescribers		Independently Licensed Psychotherapy Providers		Non-Independently Licensed Psychotherapy Providers		Substance Use Treatment Providers	
	n	%	n	%	n	%	n	%
<25	0	0.0%	0	0.0%	18	0.7%	5	1.0%
25-34	11	2.3%	246	5.4%	688	25.5%	48	9.8%
35-44	74	15.2%	951	20.8%	694	25.7%	84	17.1%
45-54	103	21.2%	941	20.6%	587	21.8%	99	20.2%
55-64	129	26.5%	990	21.7%	453	16.8%	152	31.0%
65+	169	34.8%	1441	31.5%	257	9.5%	102	20.8%
TOTAL	486		4,569		2,697		490	
Median Age	58.8		55.6		45.3		53.1	
Average Age	60		56		44		55	

Or is it an access and treatment availability issue?
Most individuals with substance use disorder do not want to stop using and/or do not have access to treatments that fit with their goals

Contents lists available at ScienceDirect

Drug and Alcohol Dependence Reports

journal homepage: www.elsevier.com/locate/dadr

ELSEVIER

Gaps and barriers in drug and alcohol treatment following implementation of the affordable care act

Catherine Tomko [a,*], Mark Olfson [b,c], Ramin Mojtabai [a,d]

[a] Department of Mental Health, Bloomberg School of Public Health, Johns Hopkins University, 624 N. Broadway, Hampton House 161, Baltimore, MD 21205, USA
[b] Department of Psychiatry, Vagelos College of Physicians and Surgeons, Columbia University, 630 West 168th Street, New York, NY 10032, USA
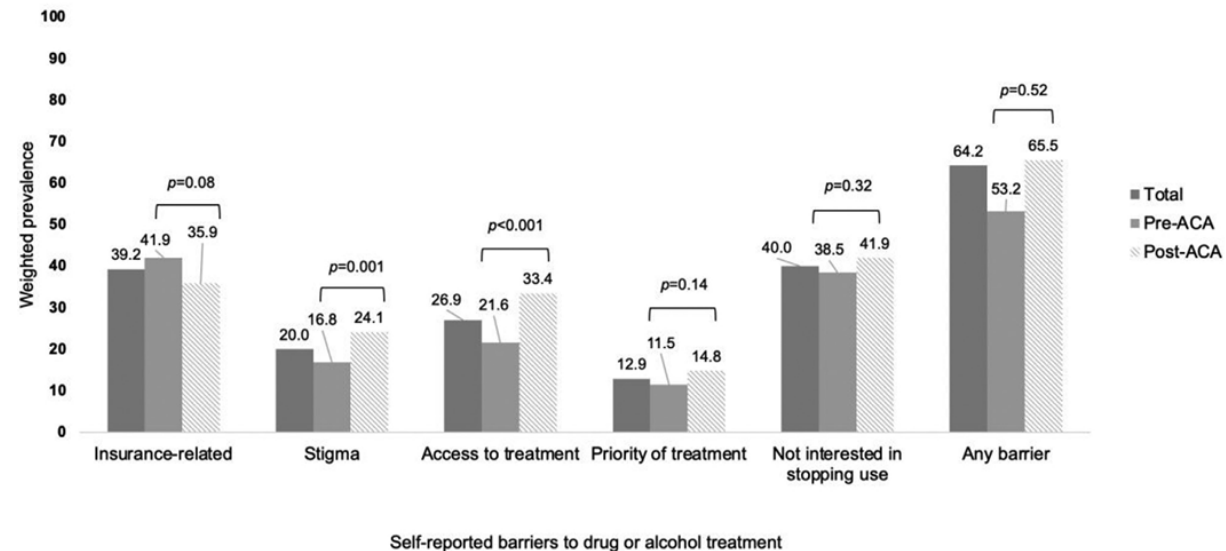[c] Mailman School of Public Health, Columbia University, 722 W 168th St., New York, NY 10032, USA
[d] Department of Psychiatry and Behavioral Sciences, Johns Hopkins University, 600 N. Wolfe St., Baltimore, MD 21205, USA
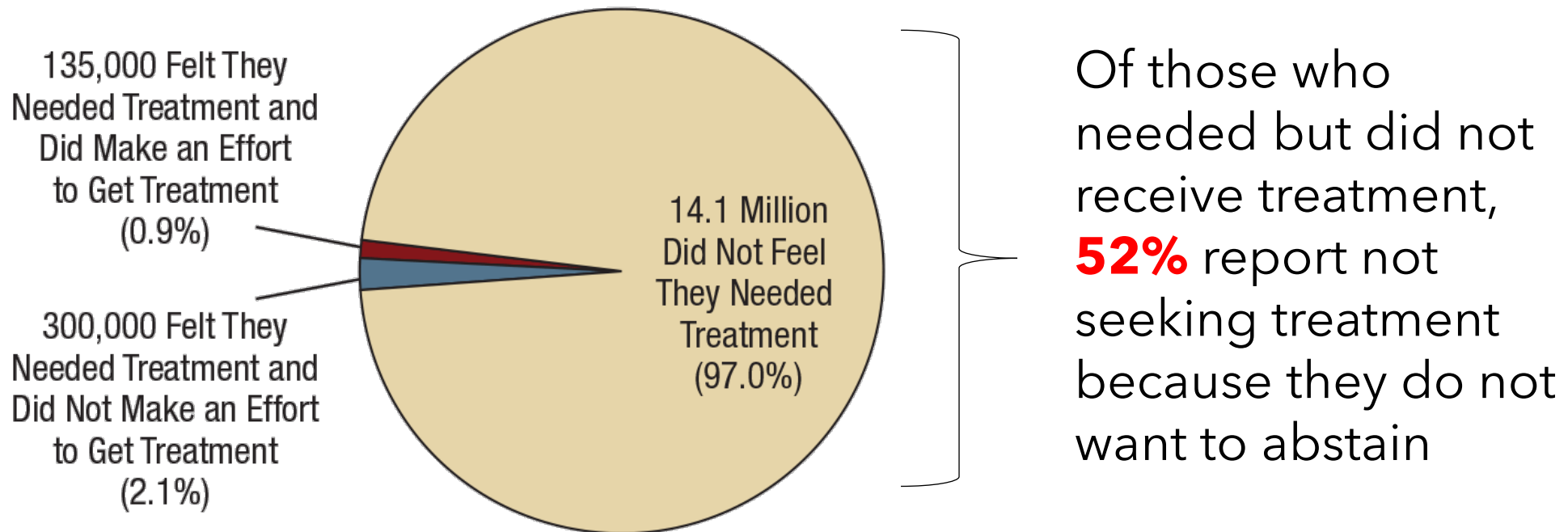
ARTICLE INFO   ABSTRACT

Self-reported barriers to drug or alcohol treatment

"**93%** of respondents reported a drug or alcohol treatment gap… There was no significant change in the prevalence of SUD treatment gap after ACA implementation."

Most people with alcohol use disorder (approximately 80%) do not receive treatment

135,000 Felt They Needed Treatment and Did Make an Effort to Get Treatment (0.9%)

300,000 Felt They Needed Treatment and Did Not Make an Effort to Get Treatment (2.1%)

14.1 Million Did Not Feel They Needed Treatment (97.0%)

Of those who needed but did not receive treatment, **52%** report not seeking treatment because they do not want to abstain

14.4 Million Adults Needed but Did Not Receive Alcohol Use Treatment

Park-Lee et al (2016). Retrieved from http://www.samhsa.gov/data/

Prevalence of alcohol use and alcohol use disorder in the United States

National Survey on Drug Use and Health (NSDUH)
2015
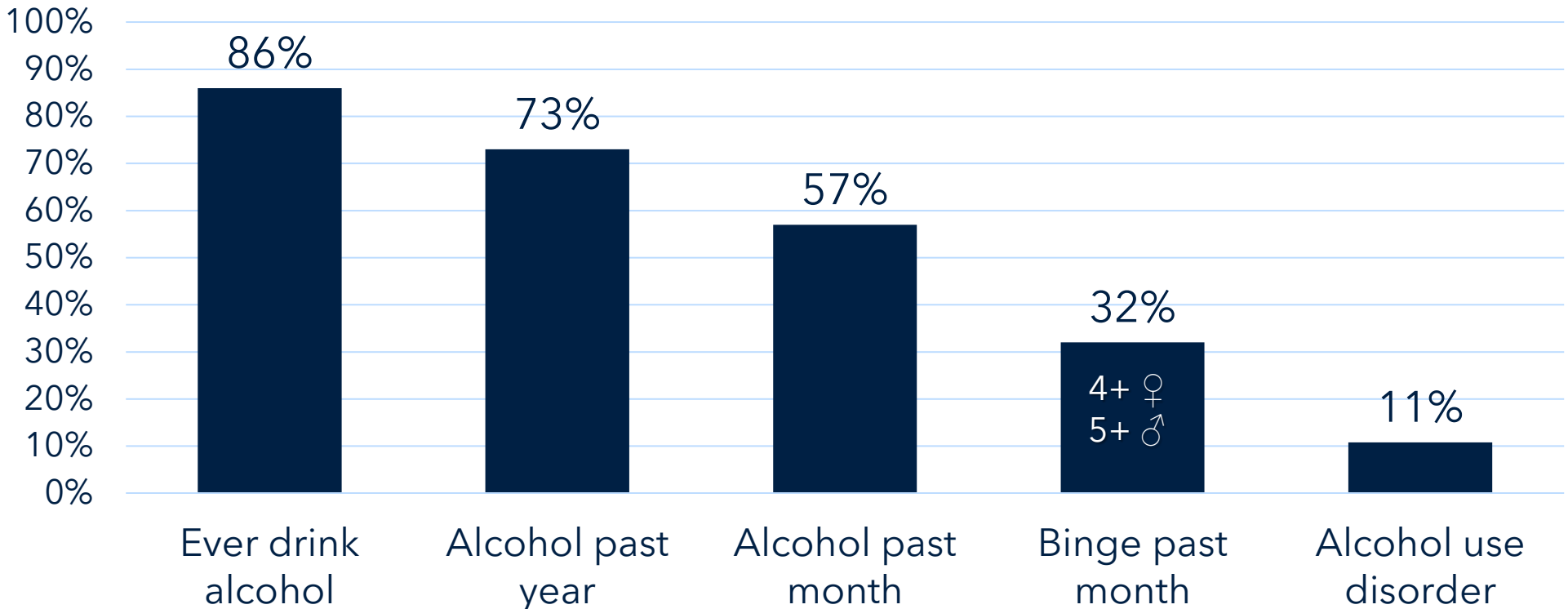
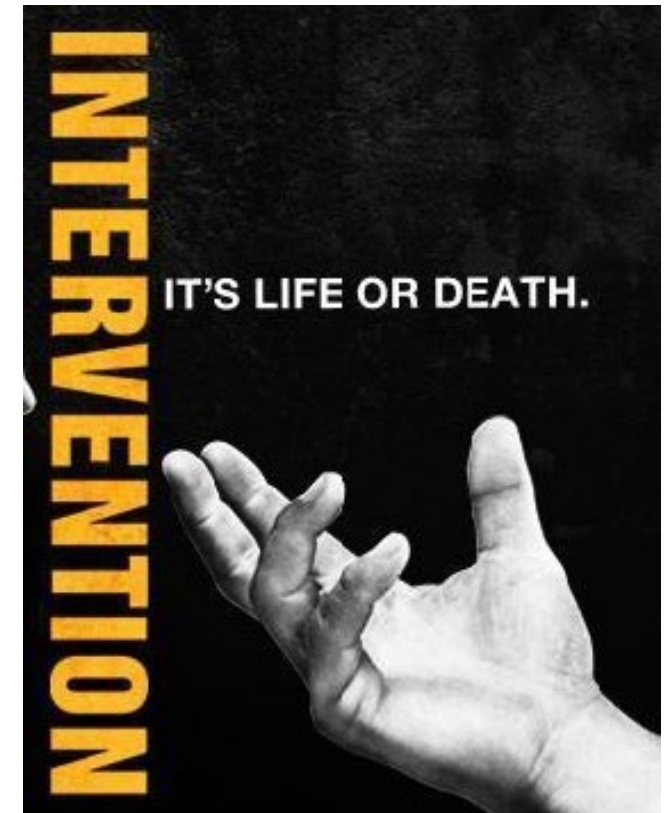# A deeper dive into United States alcohol use disorder (AUD)
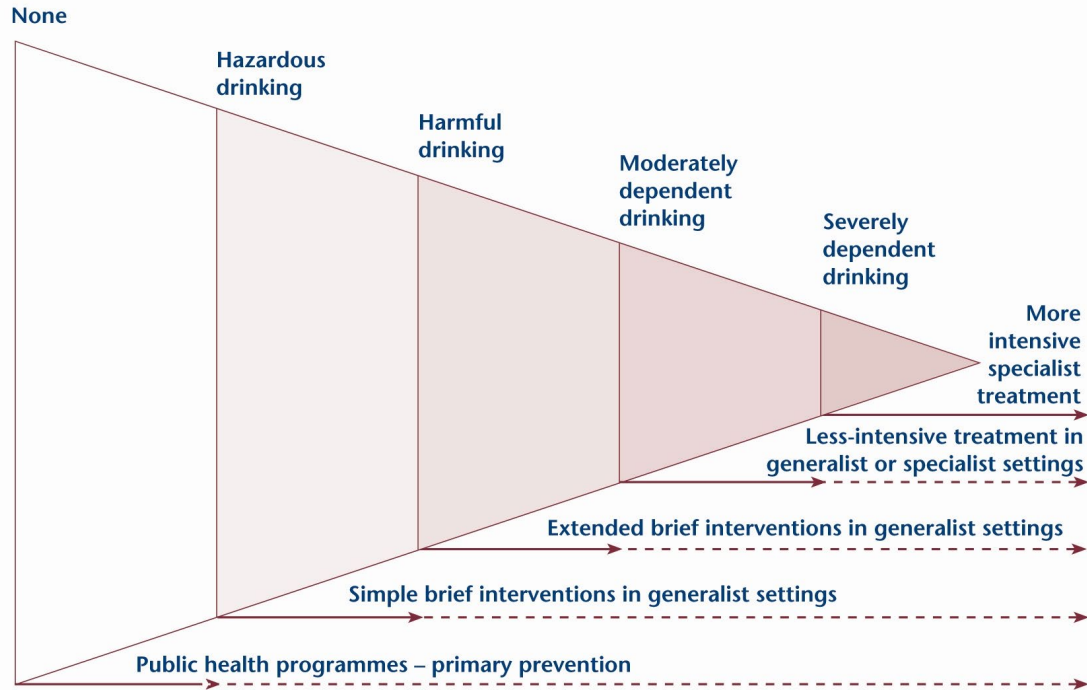
Past Year AUD in NSDUH 2015 (N=5124)

67% mild   19% moderate   14% severe

45% 22% 11% 8% 5% 3% 3% 2% 2% 1%

# of alcohol use disorder symptoms endorsed
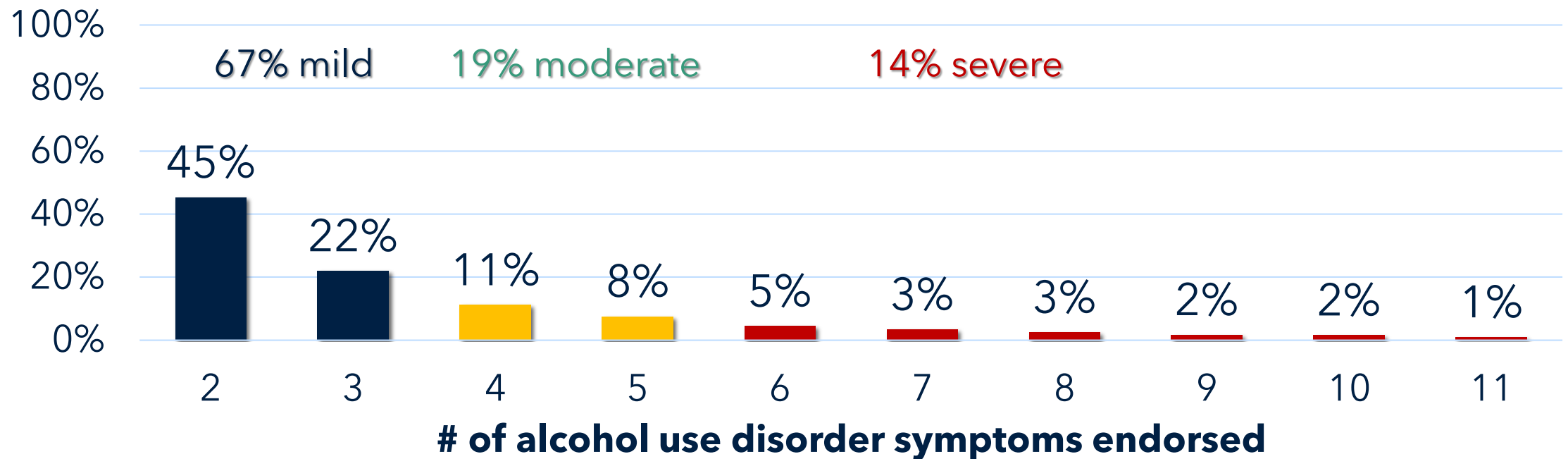
What comes to mind when we think about treatments for alcohol use disorder?

STOP
NO ALCOHOL
PAST THIS
POINT

WELCOME TO
ALCOHOLICS ANONYMOUS

INTERVENTION
IT'S LIFE OR DEATH.

A variety of ways of defining "success"

- Abstinence has long been considered the optimal outcome
  - Few individuals achieve continuous abstinence

- No heavy drinking (4/5 drinks for women/men) commonly used, but fails to consider initial drinking and large reductions in drinking

- **Drinking reduction as a dynamic process of health behavior change, taking a person-centered and public health approach**

Treatment options for drinking reductions

None

Hazardous drinking

Harmful drinking

Moderately dependent drinking

Severely dependent drinking

More intensive specialist treatment

Less-intensive treatment in generalist or specialist settings

Extended brief interventions in generalist settings

Simple brief interventions in generalist settings

Public health programmes – primary prevention

Figure 1   A spectrum of responses to alcohol problems

Source: *Rastrick et al. (2006),[1] adapted from Institute of Medicine (1990).[2]*

- Most severe AUD = **approximately 15%** intensive outpatient in specialist settings
- Less severe AUD = **approximately 85%**
  - Medications in primary care
  - Outpatient psychotherapy
  - Mutual help
  - Guided self-change
  - Internet-based programs

Public health approach to drinking reduction
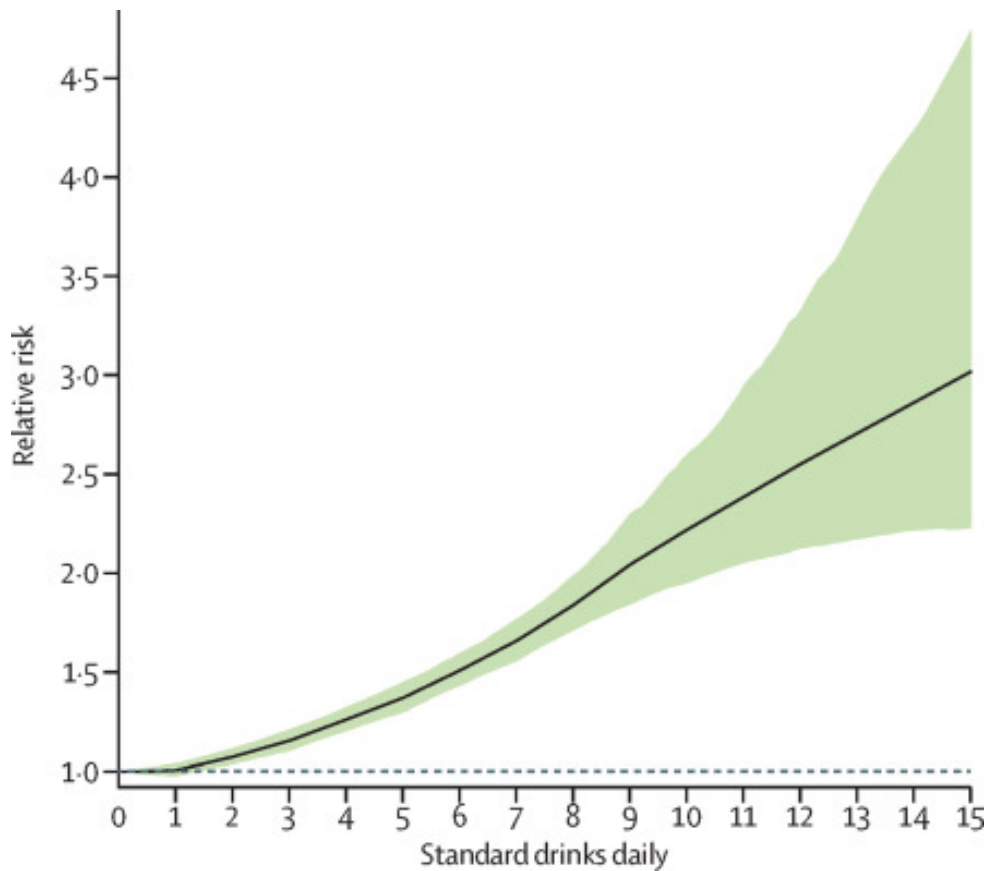
- Need to change the conversation
- Amount of use is monotonically associated with increased risk
  - Drink-drink-drink culture at odds with abstinence only model
  - Reductions in use = reductions in risk (Hasin et al., 2017; Knox et al., 2018, 2019, 2020; Witkiewitz et al., 2017, 2018, 2019, 2020)
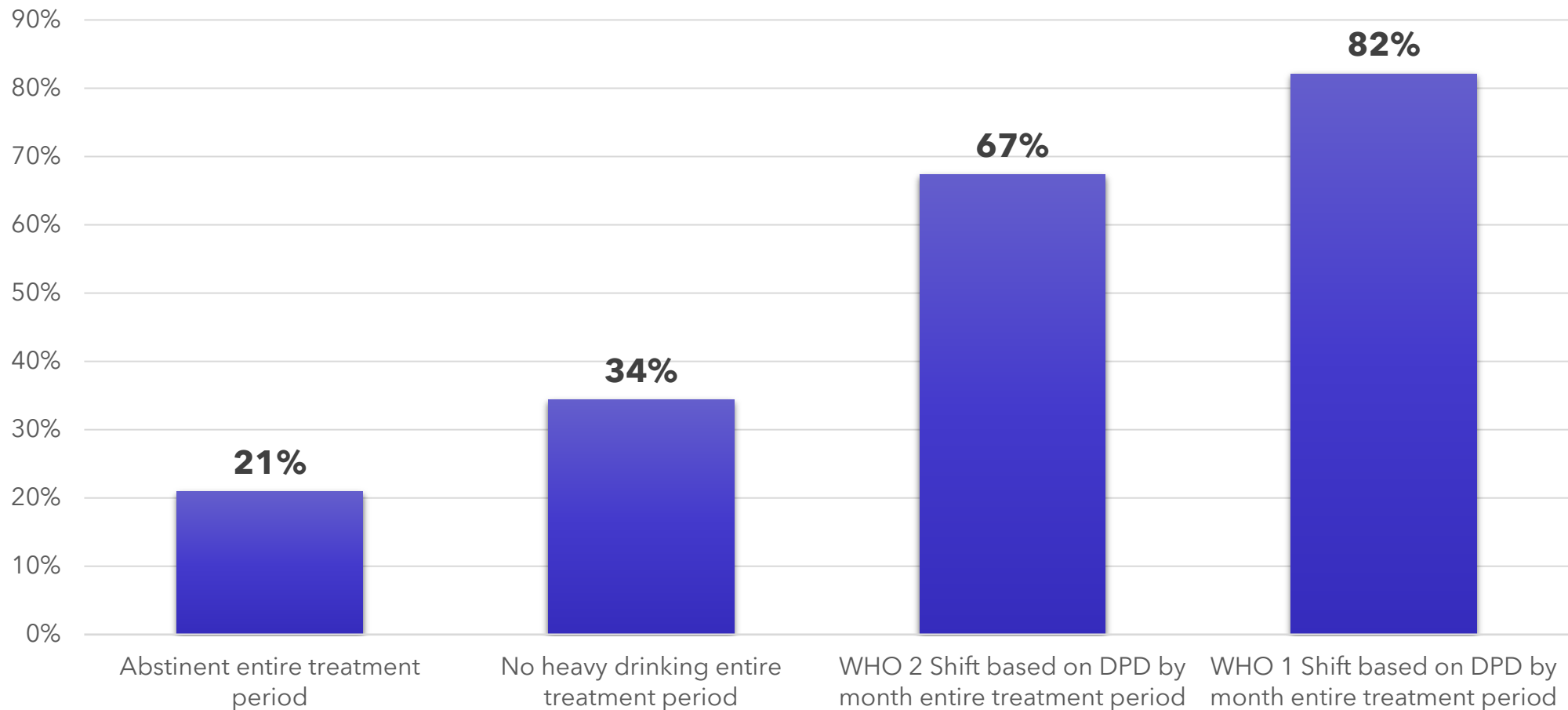
Global Burden of Disease Risk Factors Collaborators. 2018. Lancet.

What level of reduction do we target? World Health Organization Risk Levels

	World Health Organization Drinking Risk Levels			
	Low Risk	**Medium Risk**	**High Risk**	**Very High Risk**
Males Drinks per day (grams)	1 to 40 g	41 to 60 g	61 to 100 g	101+ g
Drinks per day	0 to 3 drinks	3 to <4 drinks	4 to 7 drinks	7+ drinks
Drinks per week	0 to 20 drinks	21 to 30 drinks	31 to 50 drinks	51+ drinks
Females Drinks per day (grams)	1 to 20 g	21 to 40 g	41 to 60 g	61+ g
Drinks per day	0 to 1 drinks	2 to <3 drinks	3 to <4 drinks	4+ drinks
Drinks per week	0 to <10 drinks	10 to <20 drinks	20 to 30 drinks	31+ drinks

Reductions in WHO risk levels, short of total abstinence, are associated with improvements in:

Drinking Consequences

sleep

Liver function

Mental health

Quality of life

100-130

60-80

Systolic blood pressure

Witkiewitz et al., 2017, 2018, 2019, 2020

Drinking reduction may be more desirable and are more likely to be achieved by patients

% Achieving Outcome

Bar chart showing percentage achieving outcome:
- Abstinent entire treatment period: 21%
- No heavy drinking entire treatment period: 34%
- WHO 2 Shift based on DPD by month entire treatment period: 67%
- WHO 1 Shift based on DPD by month entire treatment period: 82%

Summary of findings from the WHO risk levels evaluation by the Alcohol Clinical Trials Initiative

Reductions in WHO risk levels are:

- associated with…
    - reduced risk of alcohol dependence (Hasin et al 2017, Lancet Psychiatry)
    - decreases in consequences and improvements in mental health (Witkiewitz et al 2017, ACER)
    - improvements in quality of life, blood pressure, and liver function (Witkiewitz et al 2018, ACER)
    - reduced risk of liver disease, depression, and anxiety disorders (Knox et al, 2018, 2019)
    - medication treatment effects (Falk et al 2019, JAMA Psychiatry)
    - reductions in health care costs (Aldridge et al in press, J Addiction Medicine)
- stable over time (Witkiewitz et al 2019, ACER; Witkiewitz et al 2021, J Internal Medicine)
- not moderated by alcohol dependence severity (Witkiewitz et al 2020, Addiction)

There may also be recovery of brain volume among those who achieve low risk drinking level (2+ risk level reduction)

frontal gray matter volume [% of ICV] vs WHO-risk drinking level (WHO-RDL)

$R^2 = 0.1492$
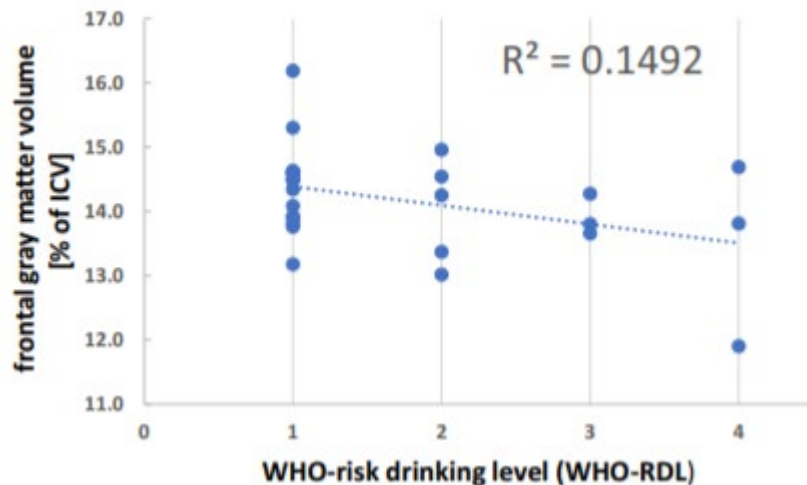
ALCOHOLISM: CLINICAL AND EXPERIMENTAL RESEARCH

Vol. 44, No. 7
July 2020

Not All Is Lost for Relapsers: Relapsers With Low WHO Risk Drinking Levels and Complete Abstainers Have Comparable Regional Gray Matter Volumes

Dieter J. Meyerhoff [iD], and Timothy C. Durazzo [iD]

Meyerhoff & Durazzo (2020). *ACER*. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7383772

What about reductions in other drug use?

Psychology of Addictive Behaviors

Evaluating Cannabis Use Risk Reduction as an Alternative Clinical Outcome for Cannabis Use Disorder

Brian J. Sherman[1], Michael J. Sofis[2], Jacob T. Borodovsky[3], Kevin M. Gray[1],
Aimee L. McRae-Clark[1, 4], and Alan J. Budney[5]

[1] Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina
[2] Department of Research & Evaluation, Advocates for Human Potential, Sudbury, Massachusetts, United States
[3] Department of Biomedical Data Science, Geisel School of Medicine, Dartmouth College
[4] Ralph H. Johnson VA Medical Center, Charleston, South Carolina, United States
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Treating Opioid Addiction pp 169-180 | Cite as

Harm Reduction Approaches for Opioid Use Disorder

Authors   Authors and affiliations

Sarah E. Wakeman ✉

Chapter
First Online: 16 July 2019

922
Downloads

Part of the Current Clinical Psychiatry book series (CCPSY)

Full length article

Clinical validation of reduction in cocaine frequency level as an endpoint in clinical trials for cocaine use disorder

Corey R. Roos[a,*], Charla Nich[a], Chung Jung Mun[b], Theresa A. Babuscio[a], Justin Mendonca[a], André Q.C. Miguel[c,d], Elise E. DeVito[a], Sarah W. Yip[a], Katie Witkiewitz[e], Kathleen M. Carroll[a], Brian D. Kiluk[a]

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[b] John Hopkins University School of Medicine, Baltimore, MD, United States
[c] Washington State University Elson S. Floyd College of Medicine, Washington, United States
[d] Department of Psychiatry, Federal University of Sao Paulo, Sao Paulo, Brazil
[e] Department of Psychology, University of New Mexico, Albuquerque, NM, United States

Drug and Alcohol Dependence

Volume 226, 1 September 2021, 108904

Patterns of reduced use and abstinence in multi-site randomized controlled trials of pharmacotherapies for cocaine and methamphetamine use disorders

Masoumeh Amin-Esmaeili [a, b] 👤 ✉, Ryoko Susukida [a] ✉, Renee M. Johnson [a, c] ✉, Mehdi Farokhnia [a, d] ✉, Rosa M. Crum [a, c, e] ✉, Johannes Thrul [a] ✉, Ramin Mojtabai [a, e] ✉
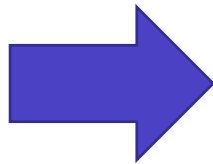
The public health impact of an abstinence-only model

Approx. 12% of US adults with current alcohol use disorder (AUD) ~ 30 million people with AUD

Approx. 20% of those with current AUD seek an abstinence-based treatment ~ 6 million people with AUD

Approx. 20% of those achieve "success" with continuous abstinence
~ 1.2 million people (4% AUD)

NSDUH (2015)

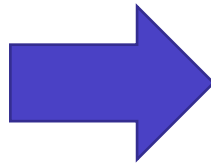Park-Lee et al (2016)

Witkiewitz et al (2017)

The public health impact of a drinking reduction model

Approx. 12% of US adults with current alcohol use disorder (AUD) ~ 30 million people with AUD

Assume 50% of the 80% of those with current AUD seek drinking reduction treatment
~ 12 million people with AUD

Approx. 82% of those achieve "success" with drinking reductions
~ 9.84 million people (33% AUD)

NSDUH (2015)

Park-Lee et al (2016)

Witkiewitz et al (2017)

Achieving recovery through abstinence is commendable and is rightly celebrated as a successful pathway, and could we also widen the focus to include other pathways?

Can individuals who enroll in alcohol clinical trials achieve and maintain a non-abstinent "recovery"?

Project MATCH (n=1726; Project MATCH Research Group, 1997)
- All met criteria for DSM-III-R Alcohol Abuse (10%) or Dependence (90%)
- Recruited from inpatient and community treatment programs for 12 weeks of treatment
  - Cognitive behavioral treatment, motivation enhancement treatment, twelve-step facilitation
- Outpatient sample (n=952) with three-year data **(n=806; 85% of outpatient sample)**
- **10 year follow-up (n=146; 65% of those consented)**

COMBINE Study (n=1383; Anton et al 2006)
- All met criteria for DSM-IV Alcohol Dependence
- Recruited from community treatment programs for 16 weeks of treatment
  - Medications (acamprosate, naltrexone, or matched placebo) and combined behavioral intervention
- COMBINE Economic Study (n=1144) with three-year data **(n=694; 79% of those consented)**
- **7-9 year follow-up (n=127; 64% of those consented)**

Analyses: Recovery Profiles

- Latent profile analysis of three-year post-treatment drinking and functioning to examine multidimensional definition of "recovery" at three years following treatment
  - Project MATCH **(n=806; 85% of outpatient sample)**
    - Psychosocial functioning and life satisfaction (measured by the Psychosocial Functioning Inventory)
    - unemployment and psychiatric symptoms (measured by the Addiction Severity Index)
    - alcohol and other drug use (measured by the Form 90)
    - alcohol related consequences (measured by the Drinker Inventory of Consequences)
  - COMBINE **(n=694; 79% of those consented)**
    - Psychosocial functioning and quality of life (QoL) (measured by the SF-12, WHOQOL-BREF)
    - unemployment (measured by the Form 90)
    - alcohol and other drug use (measured by the Form 90)

Latent profile analysis at 3 years indicated four profiles distinguished by consumption and function in MATCH
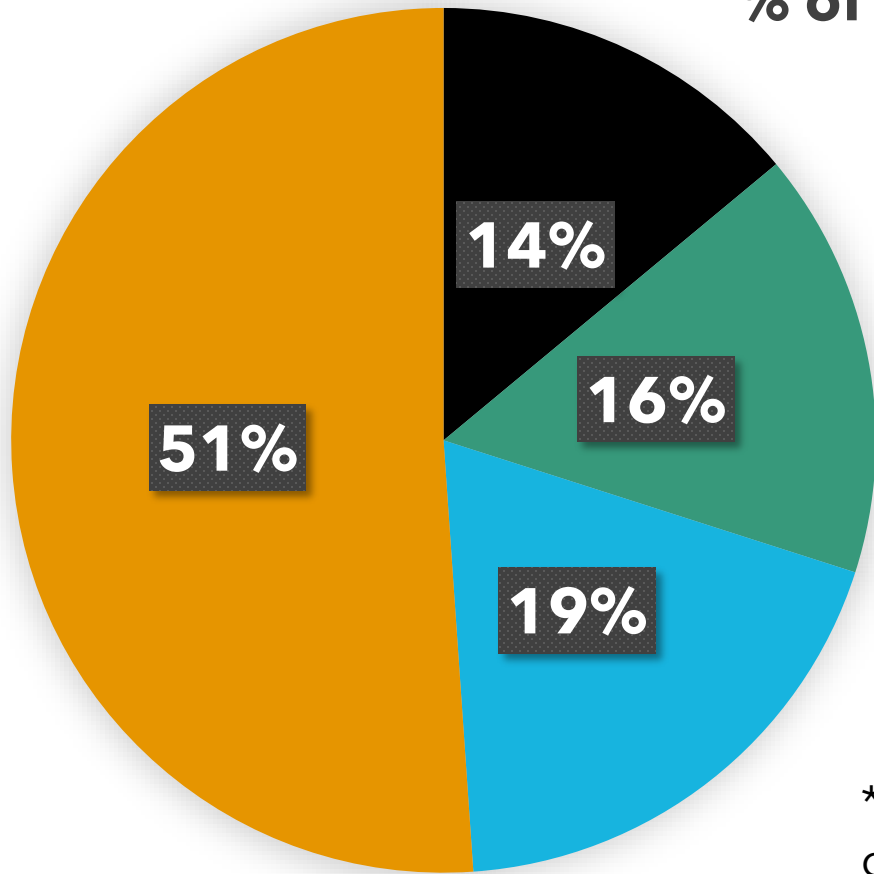
% of sample in each profile
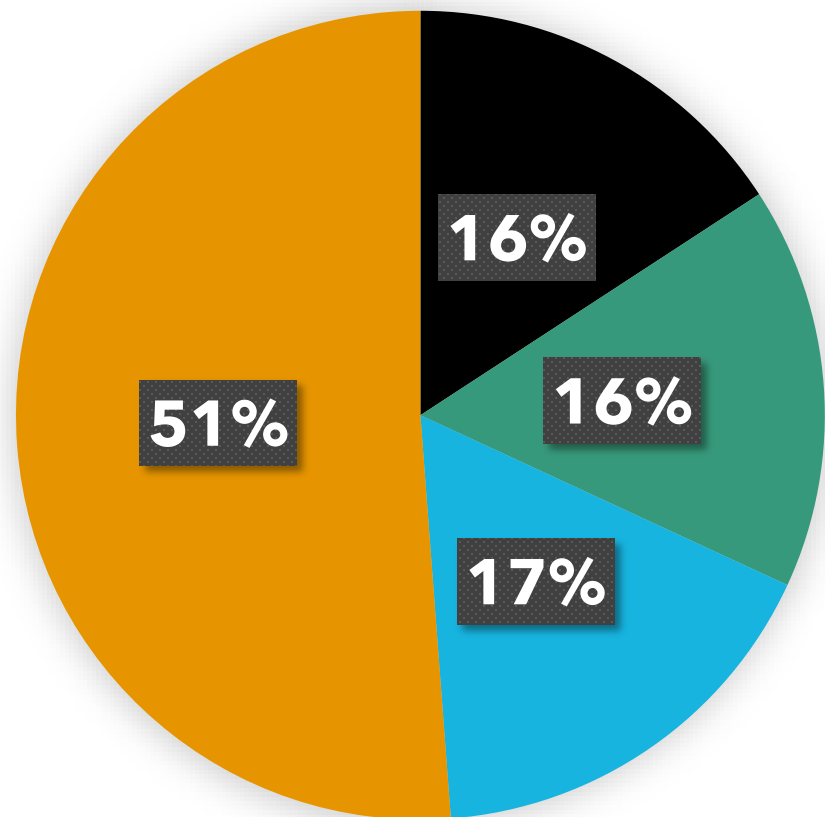
- **Profile 1 Low functioning frequent heavy drinking (0% abstainers)**
- **Profile 2 Low functioning infrequent heavy drinking* (27% abstainers)**
- **Profile 3 High functioning occasional heavy drinking* (0% abstainers)**
- **Profile 4 High functioning infrequent drinking* (49% abstainers)**

*Those with expected classification in Profiles 2, 3, and 4 had large, clinically significant reductions in drinking from baseline

Witkiewitz et al (2019) *Addiction*. 114, 69–80.

Latent profile analysis at 3 years indicated four profiles distinguished by consumption and function in COMBINE
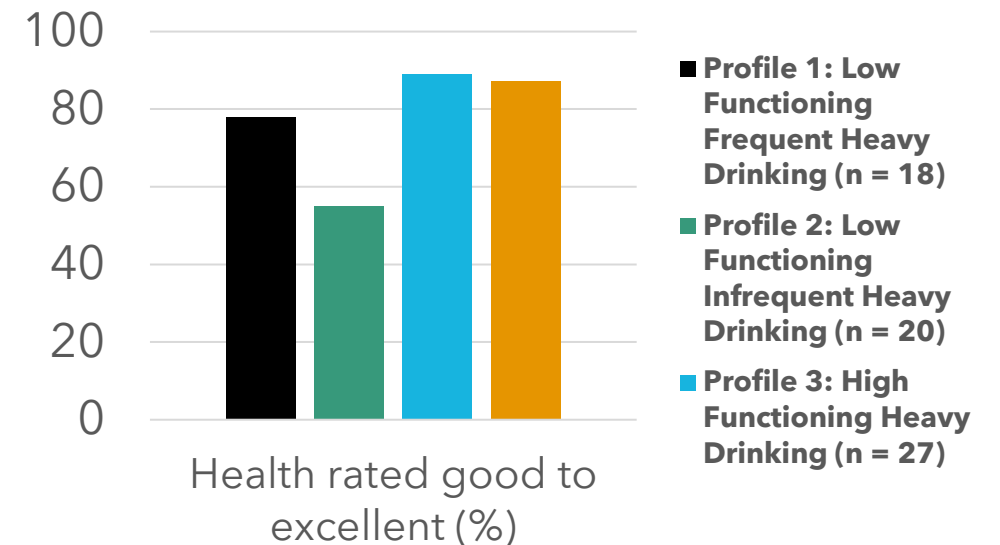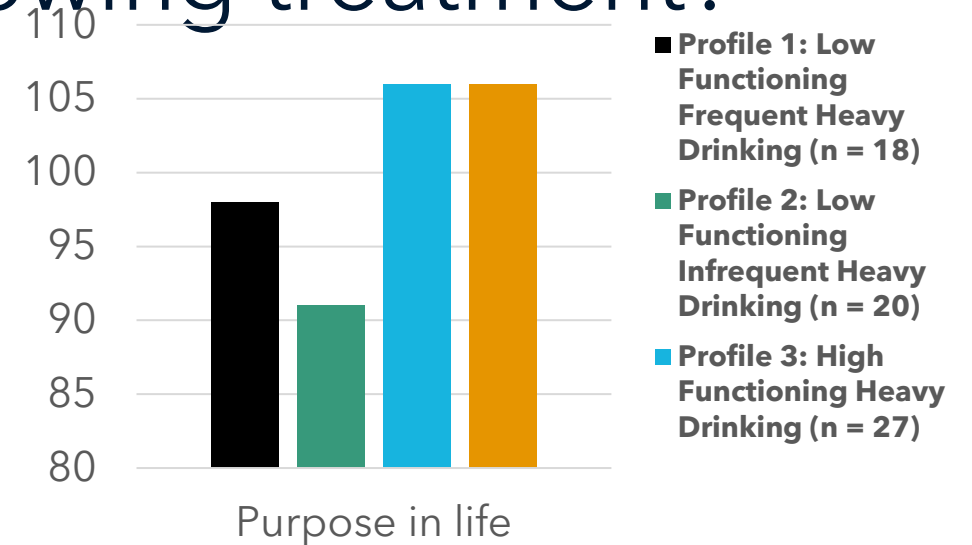
% of sample in each profile

■ **Profile 1 Low functioning frequent heavy drinking (0% abstainers)**

■ **Profile 2 Low functioning infrequent heavy drinking* (33% abstainers)**

■ **Profile 3 High functioning occasional heavy drinking* (0% abstainers)**

■ **Profile 4 High functioning infrequent drinking* (61% abstainers)**

*Those with expected classification in Profiles 2, 3, and 4 had large, clinically significant reductions in drinking from baseline

Witkiewitz et al (2020) *ACER, 44*, 1862-1874. https://doi.org/10.1111/acer.14413

Do high functioning profiles (3 and 4) maintain better functioning up to a decade following treatment?

- **Project MATCH 10 Year (n=146; 65% of those consented)**
  - High functioning profiles had significantly greater purpose in life, less depression, and lower anger (Witkiewitz et al., 2021, Journal of Addiction Medicine, https://osf.io/tmfsu/)

- **COMBINE 7-9 Year (n=127; 64% of those consented)**
  - High functioning profiles had higher self-reported health and fewer hospital stays (Witkiewitz et al., 2020, ACER, https://doi.org/10.1111/acer.14413)

Purpose in life

- Profile 1: Low Functioning Frequent Heavy Drinking (n = 18)
- Profile 2: Low Functioning Infrequent Heavy Drinking (n = 20)
- Profile 3: High Functioning Heavy Drinking (n = 27)

Health rated good to excellent (%)

- Profile 1: Low Functioning Frequent Heavy Drinking (n = 18)
- Profile 2: Low Functioning Infrequent Heavy Drinking (n = 20)
- Profile 3: High Functioning Heavy Drinking (n = 27)

Critical clinical questions

Can people achieve reductions in drinking?

Should treatment content differ, depending on the patient's expressed goal of abstinence vs. reduced consumption?

Should treatment content differ, depending on the patient's expressed goal of abstinence vs. reduced consumption?

Abstinence goal

Reduced drinking goal

Targeting abstinence goals

- Focus on skills to prevent any drinking
  - **Identify high risk situations for drinking**
  - **Avoid people, places, things**
- Prepare for abstinence violation effect
- Functional analysis and relapse prevention following lapses (shame reduction, re-commitment)
- Increase alcohol-free activities

Targeting reduced drinking goals

- Focus on setting goals and plans for drinking reductions
  - # of days/week and/or drinks per day
  - Train **protective behavioral strategies**
- Prepare for moderation violation effect
- Functional analysis and prevention of drinking events that exceed limits (shame reduction, re-commitment)
- Increase alcohol-free or reduced alcohol activities

Future directions for thinking about recovery

- Recovery of functioning, well-being, and quality of life is possible among those with alcohol use disorder, and abstinence **may not be required to achieve these recovery outcomes**

- People with AUD often have drinking reduction goals

- Shift attention from targeting individual alcohol use to examining and targeting **the causes and conditions, contextual factors**
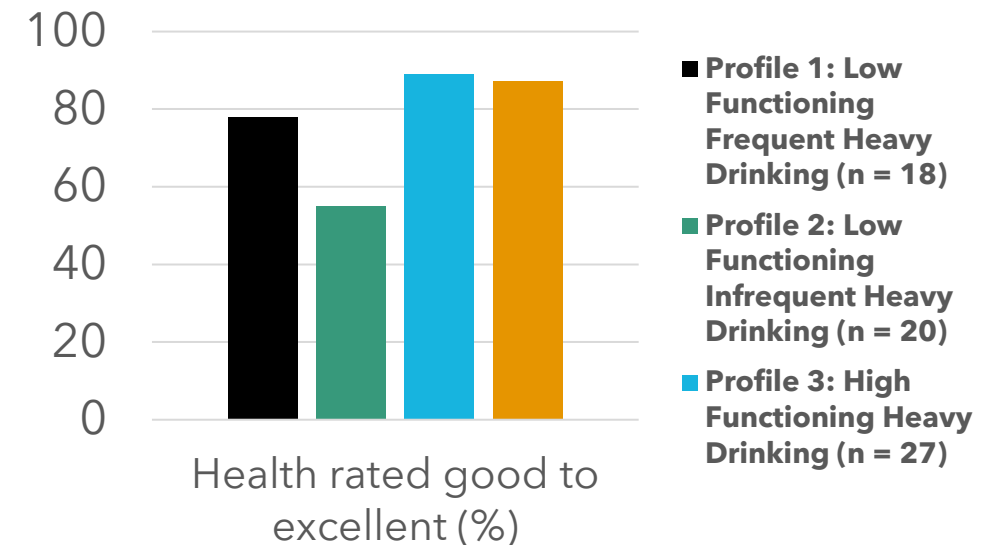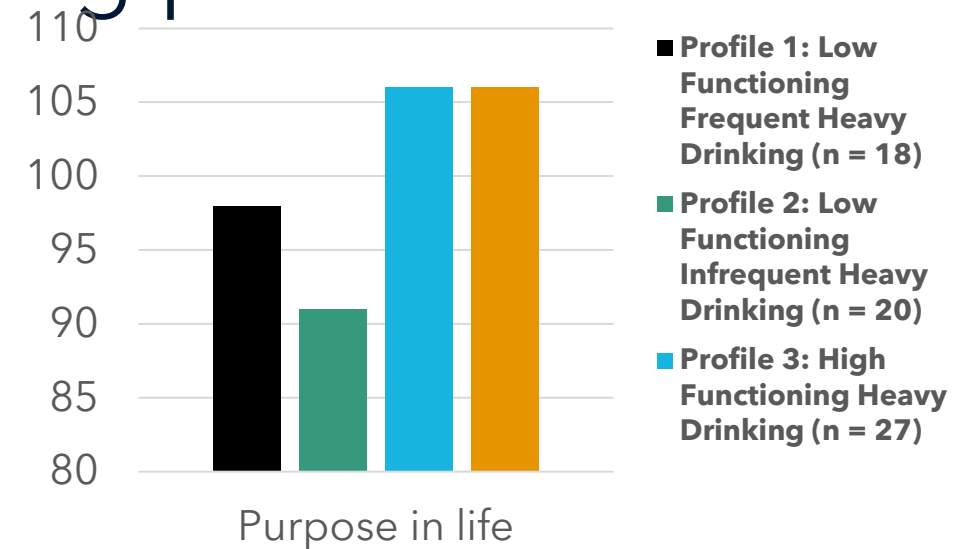
What sociodemographic factors may be important for functioning in the high functioning profiles?

- **Project MATCH**
  - Younger age predicted a significantly greater probability of membership in profile 4 compared to profile 1
  - **Individuals who were non-Hispanic and White had greater odds of membership in profile 3 compared to profile 4**

- **COMBINE**
  - Males had greater odds of expected membership in profiles 2 and profile 4 compared to profile 3
  - Older individuals had greater odds of expected membership in profile 3 compared to profile 4
  - Marriage predicted a greater probability of membership in profile 4 compared to profile 2
  - **Individuals who were non-Hispanic and White had greater odds of membership in profile 3 compared to all other profiles**


Purpose in life

- Profile 1: Low Functioning Frequent Heavy Drinking (n = 18)
- Profile 2: Low Functioning Infrequent Heavy Drinking (n = 20)
- Profile 3: High Functioning Heavy Drinking (n = 27)

Health rated good to excellent (%)

- Profile 1: Low Functioning Frequent Heavy Drinking (n = 18)
- Profile 2: Low Functioning Infrequent Heavy Drinking (n = 20)
- Profile 3: High Functioning Heavy Drinking (n = 27)

> **Importantly, race and ethnicity are a proxy for social factors**

High and low functioning heavy drinking profiles are differentiated by community-level factors
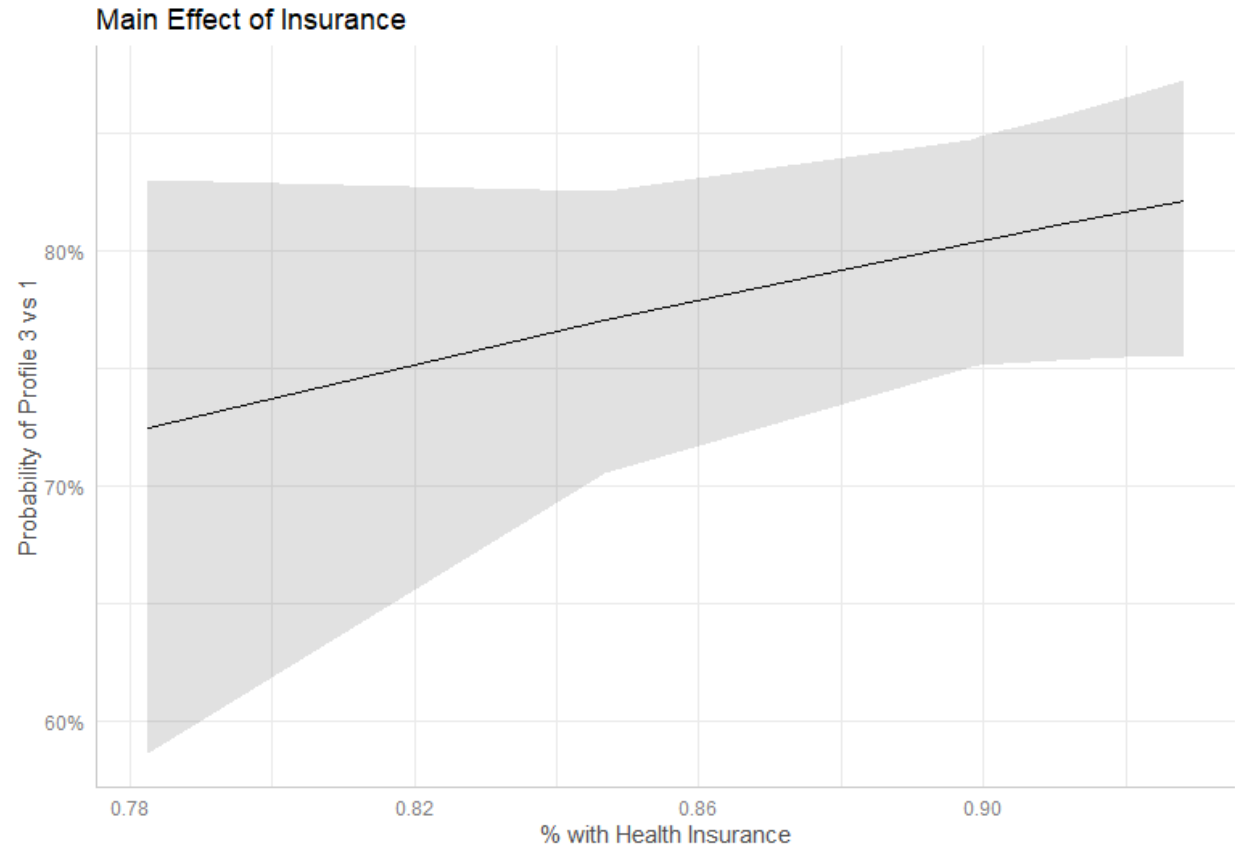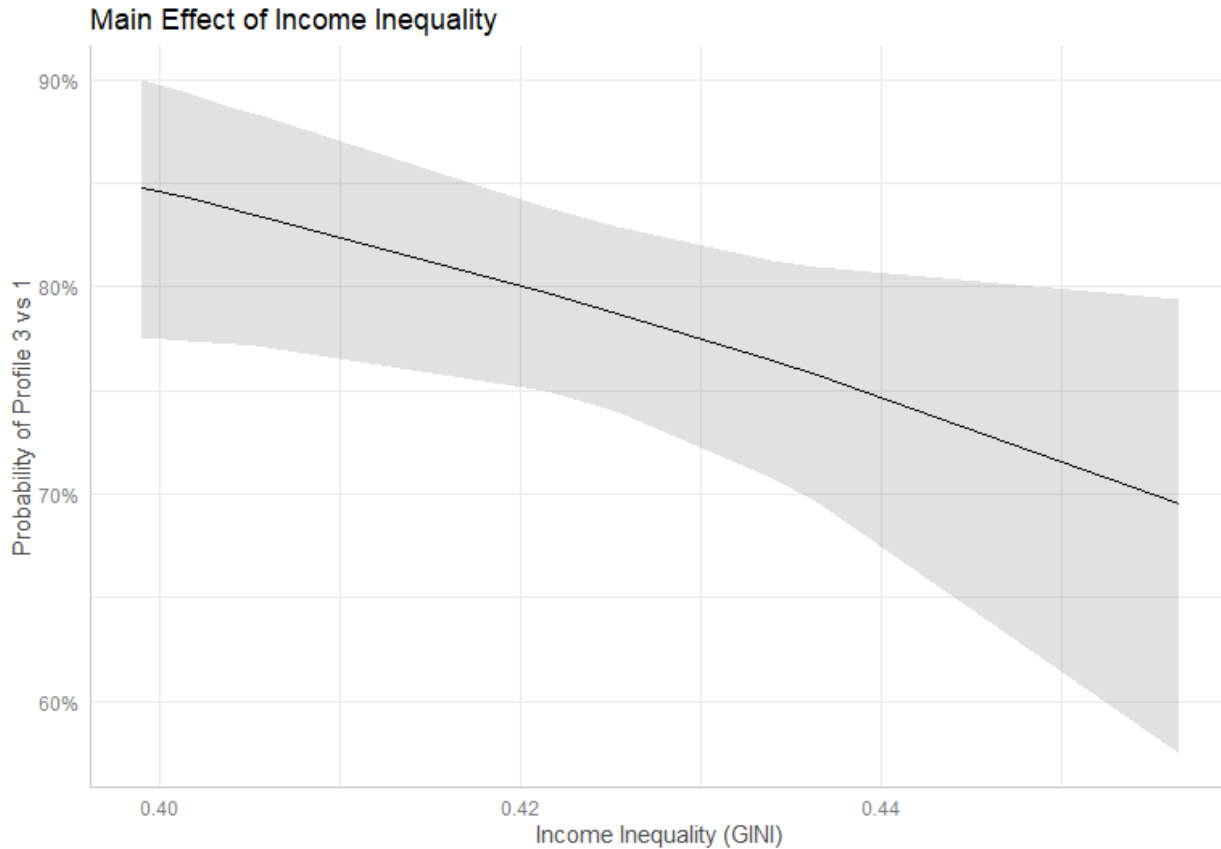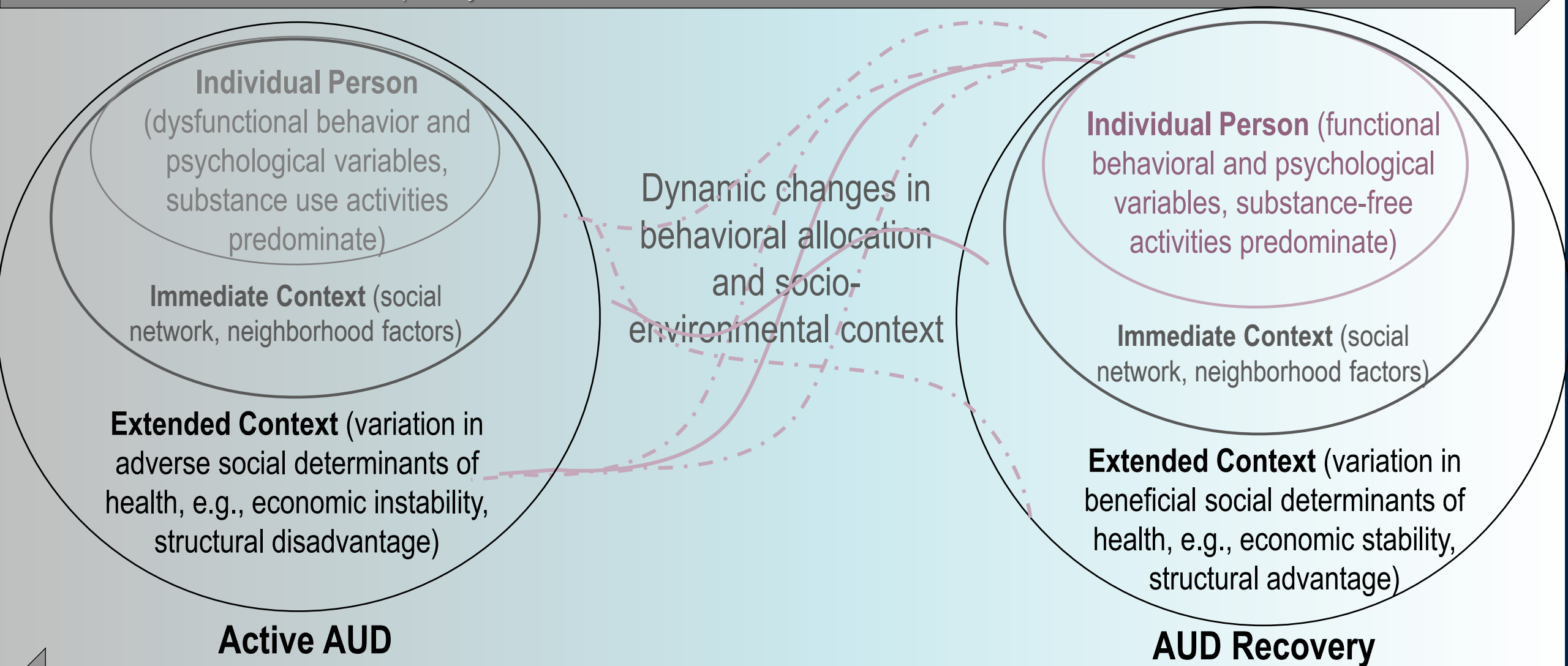

Swan et al (2022, J of Psychoactive Drugs)

Future directions for thinking about recovery

- Recovery of functioning, well-being, and quality of life is possible among those with alcohol use disorder, and abstinence may not be required to achieve these recovery outcomes

- Community-level factors may also be critically important to achieve recovery

- Only a small proportion of people with substance use disorder receive treatment, and most do not seek treatment because they do not want to stop drinking/using substances

- Need to consider broader socioecological context and extended patterns of behavior over time

Socioecological behavioral model of recovery

Temporally Extended Patterns of Behavioral and Environmental Events →

Individual Person (dysfunctional behavior and psychological variables, substance use activities predominate)

Immediate Context (social network, neighborhood factors)

Extended Context (variation in adverse social determinants of health, e.g., economic instability, structural disadvantage)

Dynamic changes in behavioral allocation and socio-environmental context

Individual Person (functional behavioral and psychological variables, substance-free activities predominate)

Immediate Context (social network, neighborhood factors)

Extended Context (variation in beneficial social determinants of health, e.g., economic stability, structural advantage)
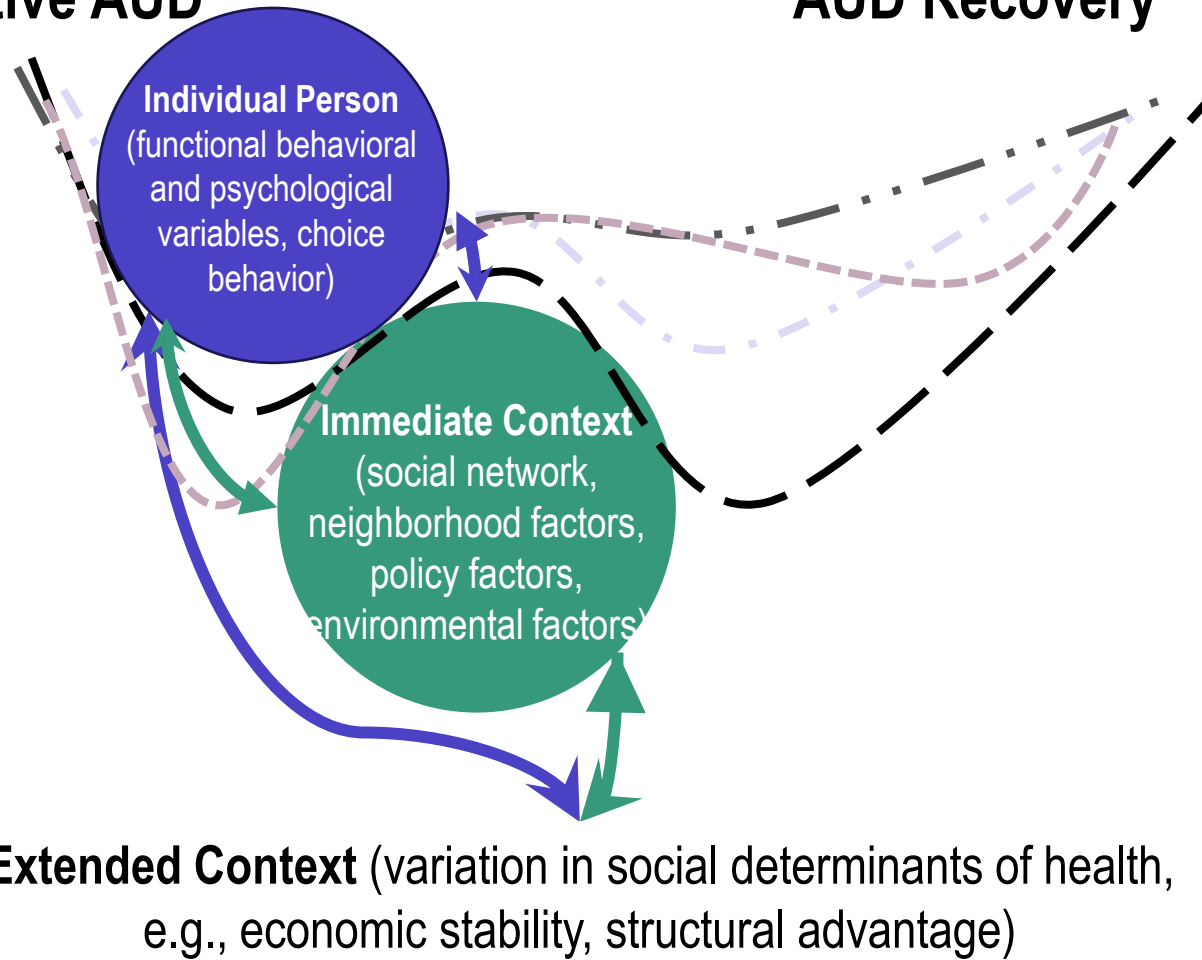
Active AUD

AUD Recovery

← Temporally Extended Patterns of Behavioral and Environmental Events

Socioecological behavior model of recovery

Active AUD

AUD Recovery

Individual Person (functional behavioral and psychological variables, choice behavior)

Immediate Context (social network, neighborhood factors, policy factors, environmental factors)

Extended Context (variation in social determinants of health, e.g., economic stability, structural advantage)

Two stable states: Active AUD and AUD Recovery

- Many different **mutable** paths between active AUD and AUD recovery based on person, context, and environment
- Covariation (correlation) over time between patterns of environmental events and patterns of behavior, which consist of individual responses of varying frequency, intensity, and duration
- Individual person and contextual factors may shift to determine an unstable/dynamical state whereby changes in person or context interact over time to predict path to recovery and where nonlinear change may unfold rapidly (e.g., "sudden gains" toward recovery or "relapse" to active AUD) or more slowly

Socioecological behavioral model of recovery

Temporally Extended Patterns of Behavioral and Environmental Events
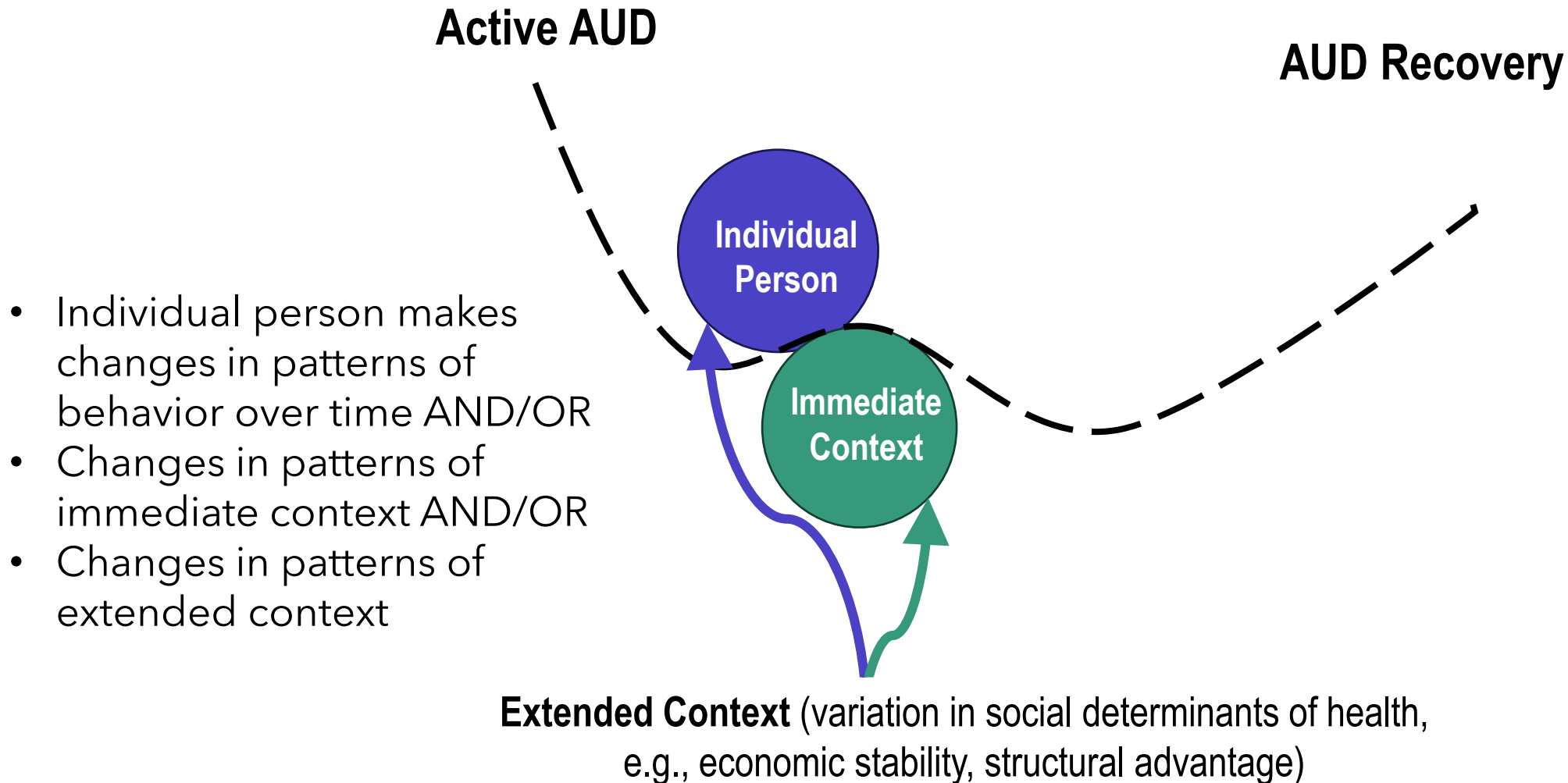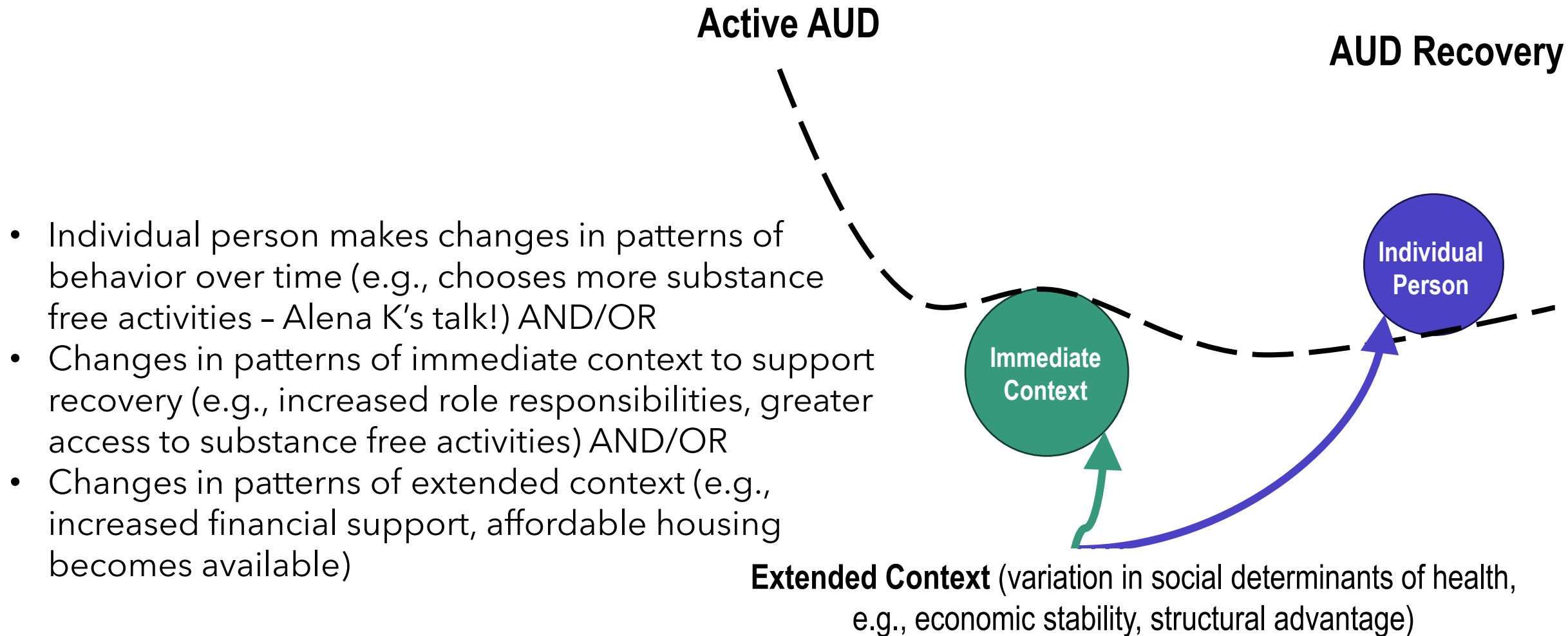
Active AUD

AUD Recovery

Individual Person (functional behavioral and psychological variables, choice behavior)

Immediate Context (social network, neighborhood factors, policy factors, environmental factors)

Extended Context (variation in social determinants of health, e.g., economic stability, structural advantage)

Socioecological behavioral model of recovery

Temporally Extended Patterns of Behavioral and Environmental Events

Active AUD

AUD Recovery

Individual Person

Immediate Context

- Individual person makes changes in patterns of behavior over time AND/OR
- Changes in patterns of immediate context AND/OR
- Changes in patterns of extended context

Extended Context (variation in social determinants of health, e.g., economic stability, structural advantage)

Socioecological behavioral model of recovery

Temporally Extended Patterns of Behavioral and Environmental Events

Active AUD

AUD Recovery

- Individual person makes changes in patterns of behavior over time (e.g., chooses more substance free activities – Alena K's talk!) AND/OR
- Changes in patterns of immediate context to support recovery (e.g., increased role responsibilities, greater access to substance free activities) AND/OR
- Changes in patterns of extended context (e.g., increased financial support, affordable housing becomes available)

Individual Person

Immediate Context

Extended Context (variation in social determinants of health, e.g., economic stability, structural advantage)

Re-defining recovery from alcohol use disorder: A public health perspective

- De-pathologize and de-stigmatize (and de-criminalize)

- Requiring abstinence in definitions of recovery perpetuates stigma of alcohol use disorder

- More people may be interested in reductions in use

- Eliminating substance use may not address the **causes and conditions** that led to disorder – focusing on a broader definition of recovery requires us to target whole person health and address inequities

Tucker et al (2020) *Alcohol Research: Current Reviews*
Witkiewitz et al (2020) *Alcohol Research: Current Reviews*

Dynamic Pathways to Recovery from Alcohol Use Disorder
Meaning and Methods

Edited by Jalie A. Tucker and Katie Witkiewitz
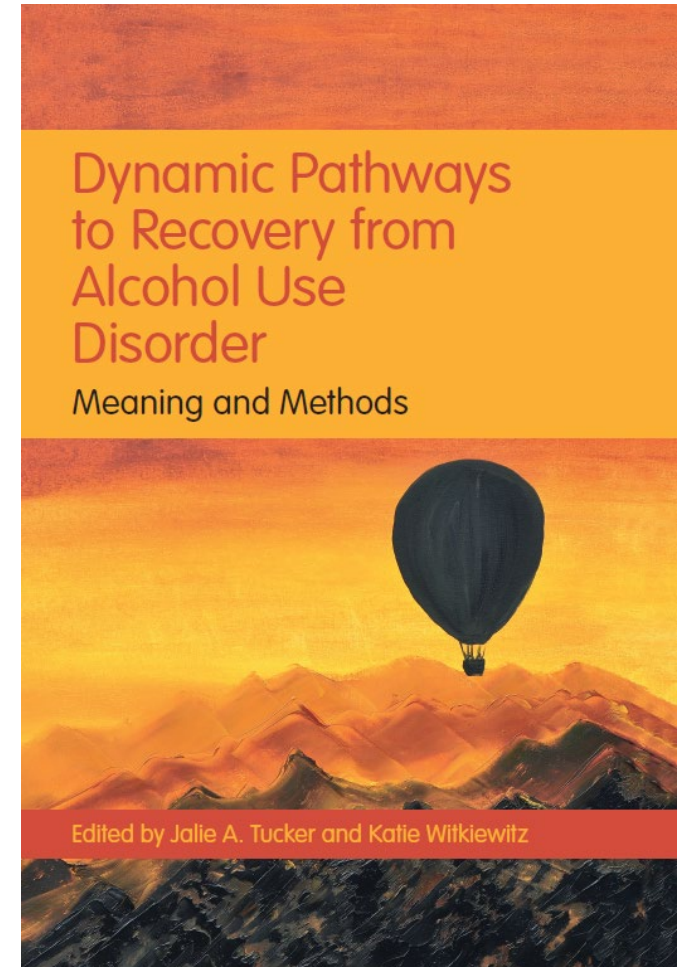
Future directions for research and practice: Training in harm reduction approaches

- Examine utility of drinking reduction message in broader public health campaigns

- Embrace continuum models of alcohol and other substance use disorder

- Develop, disseminate, and implement more treatment options for reductions in use

  - Broader dissemination and implementation of harm reduction programs
  - Internet-based and mobile health interventions

Future Directions for Client Referrals

THRIVE

Program to Reduce or
Stop Drinking and
Support Recovery

Coming soon!

admin@thrivestudy.net

thrive@unm.edu

Being in the community is a priority

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Thank you

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