

What if the pains of recovery are key to recovery progression

By Dr. David Patton

Bio



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“Ask yourselves what makes you come alive, and then go and do that, because what the world needs is people who have come alive.”

My vision:

To elevate the often marginalised voices of those with lived experiences of crime and drug use to formulate utopian visions of how the structures, systems and institutions of society can be radically transformed to promote human flourishing. So that, in time there will be little need to support those in desistance and drug recovery, as these have become largely relegated to history.



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Recovery capital is

“

the sum total of one's resources that can be brought to bear on the initiation and maintenance of substance misuse cessation

”

Cloud and Granfield, (2008: 1972)

3 Recovery Capital Domains

Best and Laudet (2010) conceptualised recovery capital as consisting of three domains

01

Personal Capital

Encompasses personal skills, resources and qualities

Mental Health
Resilience
Self-esteem
Self efficacy
Communication
Skills
Personal Health

02

Social Capital

Encompasses a range of relationships, supports, and networks

Romantic relationships
Family relationships
Friendships
Work relationships

03

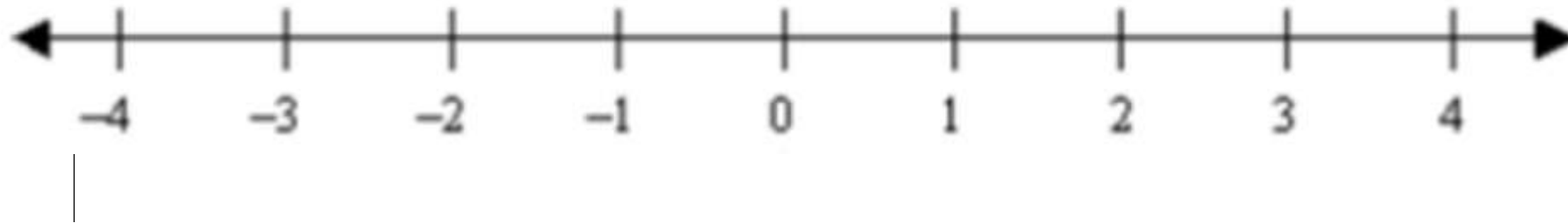
Community Capital

Encompasses resources at the local community level including specialist treatment supports

Education & training opportunities
Safe, secure accommodation
Meaningful employment
Mutual aid groups
Recovery-oriented treatment services

Negative Recovery Capital

Positive Recovery Capital



Stages of Recovery

The Betty Ford Institute Consensus Panel (2007) identified that a person moves through 3 different stages during drug recovery.

01

Early Recovery

Refers to the first
year of recovery.

02

**Sustained
Recovery**

Refers to years 2 -
5 of recovery.

03

Stable Recovery

Refers to five
years plus in
recovery.

European Recovery Pathways

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4 Countries

Mixed Methods

Policy & Practice

Individual and Society

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Push & Pull motivations for change

Negative Recovery Capital

Push motivational factors & forces

(Pains of recovery)

Recovery Capital

Pull motivational Factors & forces

(Strengths, Assets & resources)

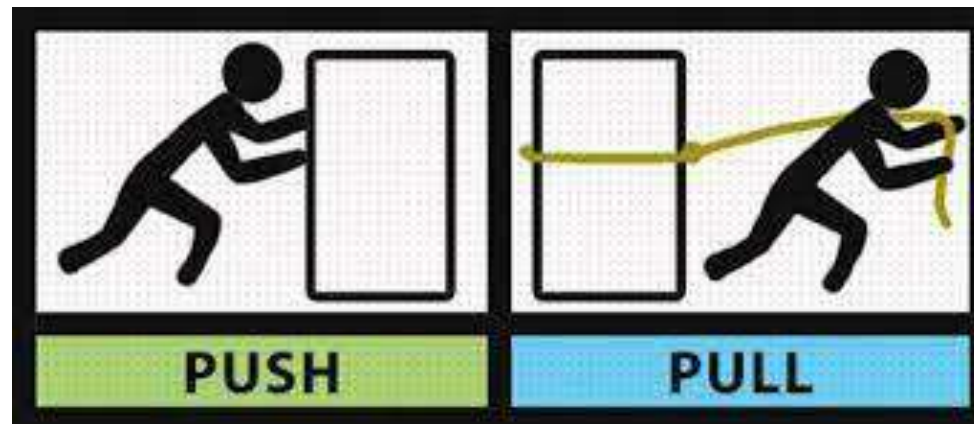
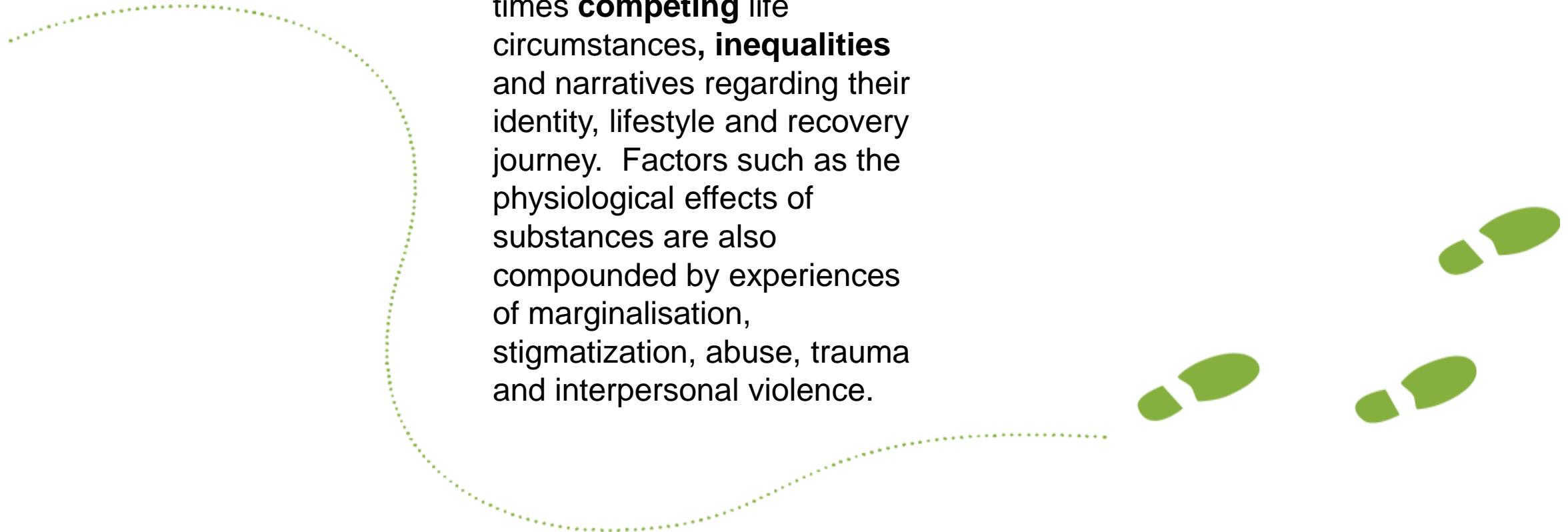


Table 1: Push & Pull Factors in the Getting started phase of recovery

	Getting Started in early recovery: Recovery capital (Pull factors and forces)	Getting Started in early recovery: The Pains of recovery (Potential Push Factors)
Personal	None	<p>Lack of responsibility</p> <p>Childhood Trauma</p> <p>Subcultural identity and paradigms</p> <p>Purposeless and hopelessness</p> <p>Relapse</p>
Social	None	<p>Negative/violent romantic relationships</p> <p>Eliminating 'old' subcultural drug/criminal friendships and networks, loneliness and isolation</p>
Community	None	<p>Unemployment and menial jobs</p> <p>Low school attainment</p> <p>Stigma</p>








Multiple & Complex Inequalities

In the '**getting started**' period of early recovery, the individual is having to grapple with **multiple, complex**, and at times **competing** life circumstances, **inequalities** and narratives regarding their identity, lifestyle and recovery journey. Factors such as the physiological effects of substances are also compounded by experiences of marginalisation, stigmatization, abuse, trauma and interpersonal violence.



Turning Points	Turning Points
Recovery capital (Pull factors and forces)	The Pains of recovery (Potential Push Factors)
<div>Discovering purpose, strengths & signature skills</div> <div>Healing trauma and the emergence of new identities</div>	<div>Becoming pregnant/Being a parent</div>
<div>Pathways to social capital and new social networks</div>	<div>Leaving negative/violent romantic relationships</div>
<div>Fulfilling employment and promotions</div> <div>Returning to education: gaining qualifications</div> <div>Mutual aid: hope and a new lens and tools for living</div>	

Table 2: Turning Points as the antidotes to the pains of getting started in early recovery

Recovery Capital domain for turning points	The pains of recovery in the getting started phase of early recovery:		Turning Points Recovery capital (Pull factors and forces)	Turning Points The Pains of recovery (Potential Push Factors)
Personal	Childhood Trauma		Healing trauma and the emergence of new identities	
Personal	Lack of responsibility Purposeless and hopelessness Unemployment and menial jobs		Discovering purpose, strengths & signature skills	
Personal	Lack of responsibility		Becoming pregnant/Being a parent	Becoming pregnant/Being a parent
Social	Negative/violent romantic relationships			Leaving negative/violent romantic relationships
Social	Eliminating 'old' subcultural drug/criminal friendships and networks, loneliness and isolation		Pathways to social capital and new social networks	
Community	Subcultural identities and paradigms Relapse		Mutual aid: hope and a new lens and tools for empowered living	
Community	Low school attainment Stigma		Returning to education: gaining qualifications Fulfilling employment and promotions	








“

Societies eventually develop antibodies to addictive new things.

”

(Graham, 2010)

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Personal	Lack of responsibility		Becoming pregnant/Being a parent	Becoming pregnant/Being a parent
Social	Negative/violent romantic relationships			Leaving negative/violent romantic relationships
Social	Eliminating 'old' subcultural drug/criminal friendships and networks, loneliness and isolation		Pathways to social capital and new social networks	
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**HITTING
ROCK BOTTOM**



We need to dispel the myth of pains as a dominant or positive force for change

The pains of recovery are key in that they point towards an individualised mix of antidotes in the form of potent pull factors which can accelerate and stabilise recovery.

A life course perspective is needed to map out which pull factors and pains have been experienced when creating a recovery care plan.

Gendered push and pull dynamics in the recovery journey

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Recovery Pathways



There is a lack of research exploring female recovery pathways (Thom, 2010).

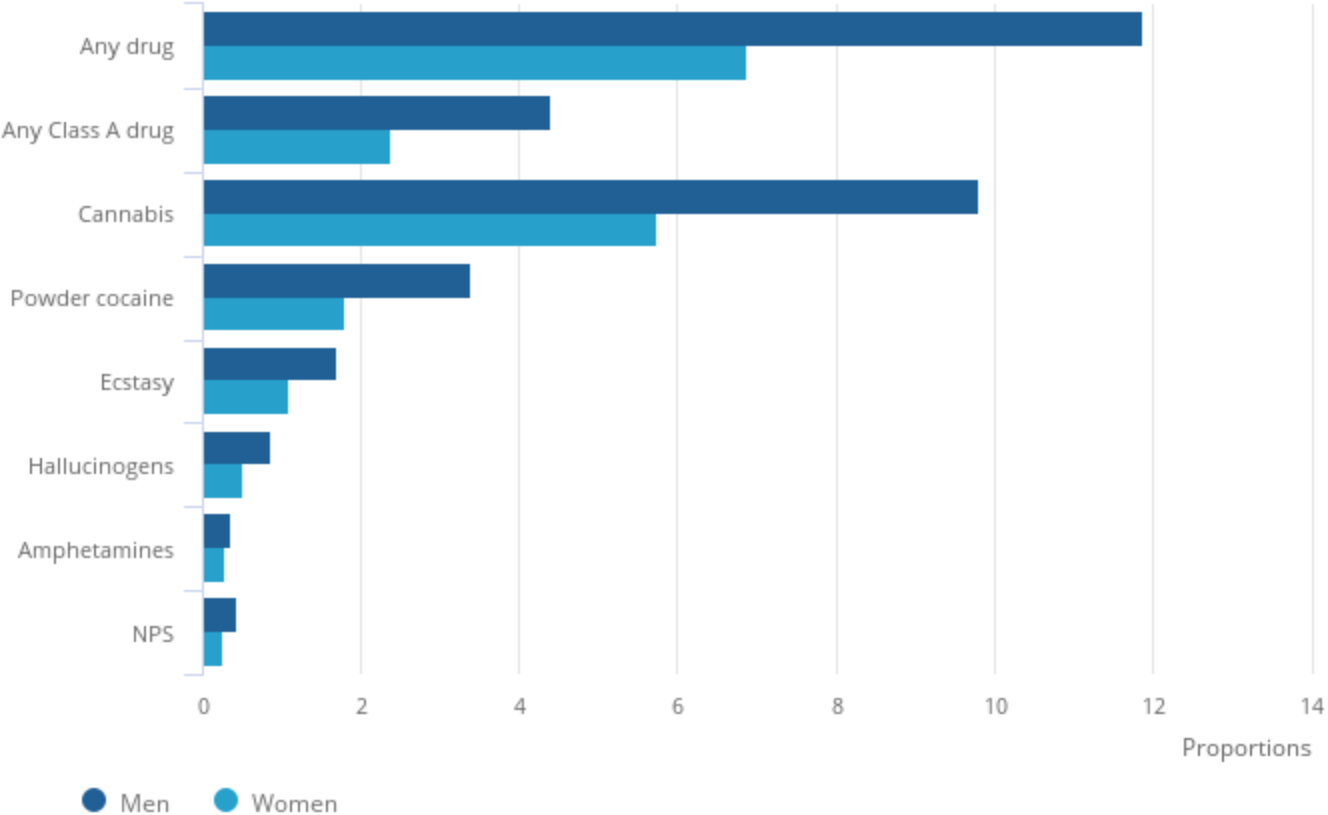
Further there is a lack of consideration of gender in both the conceptualisation and measurement of recovery capital (Hennessey, 2016)

Policy and strategic thinking around recovery in the UK is largely silent on gender. (Wincup, 2016)



Figure 8: Men were nearly twice as likely as women to have taken any drug

Proportion of adults aged 16 to 59 years who reported using a drug in the last year by sex, England and Wales, year ending March 2020



Source: Office for National Statistics - Crime Survey for England and Wales

Drug Use Pathways



Research on women's drug use indicates higher rates of mental health problems, experiences of physical and sexual abuse within childhood and adulthood, and involvement in sex work (Becker & Duffy 2002; Neale et al, 2014).

Table 1: people in treatment by sex and substance group

Substance group	Female	Male	Total
Opiate	38,904 (28%)	101,959 (72%)	140,863
Non-opiate only	8,915 (32%)	18,690 (68%)	27,605
Non-opiate and alcohol	9,220 (30%)	21,468 (70%)	30,688
Alcohol only	32,486 (42%)	44,254 (58%)	76,740
Total	89,525 (32%)	186,371 (68%)	275,896

Source: Gov.uk Adult substance misuse treatment statistics 2020 to 2021 report

Recovery Pathways



Being female was associated with greater positive recovery capital (Dennis et al., 2014).

Best et al (2020) found women had fewer strengths in active addiction but showed the greatest levels of growth in strengths from addiction to recovery. Whilst men reported slightly more barriers both in addiction and in recovery.

Recovery Pathways



Taking care of children has been identified as a major barrier to seeking treatment for women (because of concerns of involvement of social services and the perceived threat of child removal), as well as an important factor promoting treatment retention and recovery in mother-child programs (Neale et al., 2018; Andersson et al., 2020; Schamp et al., 2020), where reunification with children or retaining custody of children can be a strong motivation to strive for recovery

European Recovery Pathways

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4 Countries

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Three Gendered Effects

Recovery Capital domain for turning points	The pains of recovery in the getting started phase of early recovery:		Turning Points Recovery capital (Pull factors and forces)	Turning Points The Pains of recovery (Potential Push Factors)
Personal	Lack of responsibility Purposeless and hopelessness Unemployment and menial jobs	➡	Discovering purpose, strengths & signature skills	
Personal	Lack of responsibility	➡	Becoming pregnant/Being a parent	Becoming pregnant/Being a parent
Social	Negative/violent romantic relationships	➡		Leaving negative/violent romantic relationships

Leaving a Violent relationship

A **push** factor for change

A rock bottom moment



Envisioning Motherhood

A pull factor for
change



The pains of losing the child relationship

A push factor for change

A rock bottom moment

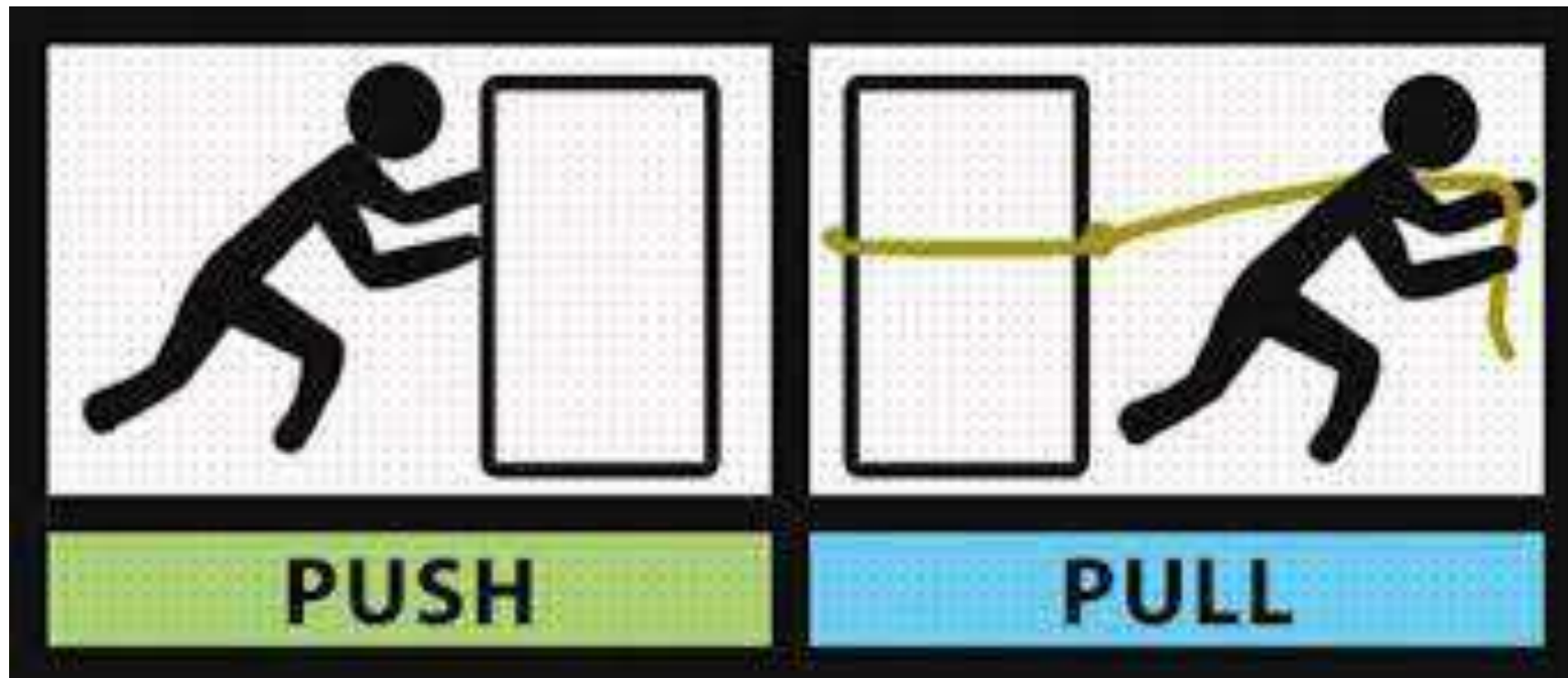




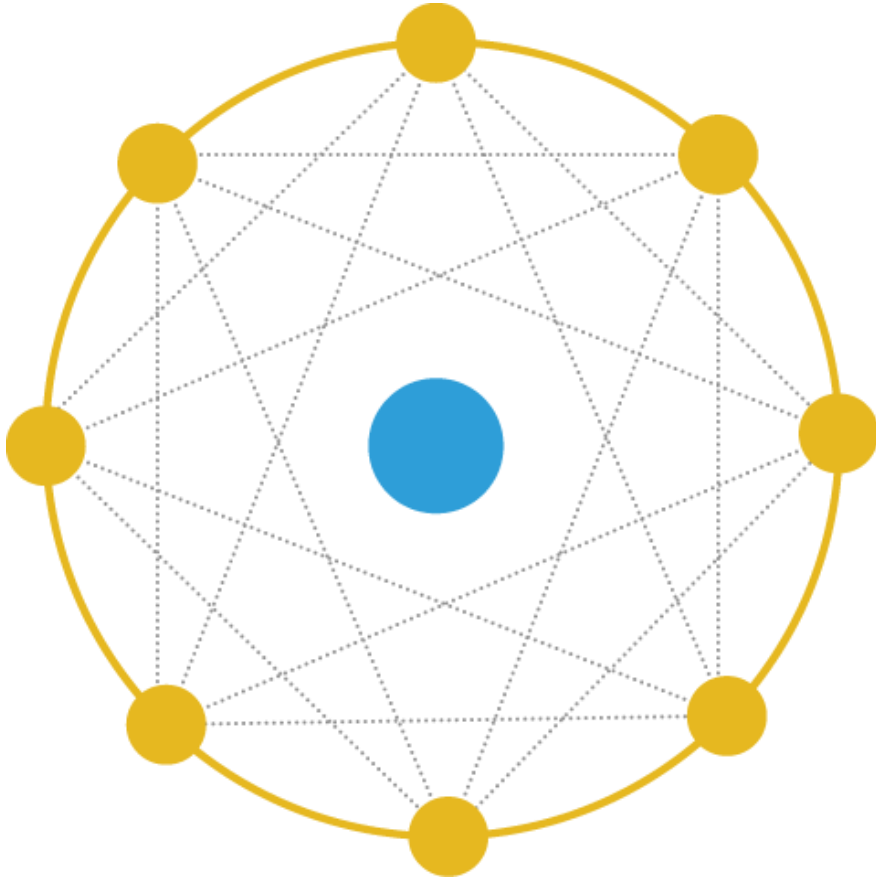
A pull factor
for change

Push & Pull Factors: Motherhood

What is a push factor for one person can be a pull factor for another



Gendered Turning Points



What appears to be a **single turning point** is actually part of a much **larger, longer and more complex, nuanced and dynamic process and interplay of push and pull factors** interlaced with differential levels of individual agency, situated choices, recovery capital, hope, and structural location within society.

Potential impact of patriarchy and capitalism on gendered turning points?