



**FACES & VOICES  
OF RECOVERY**

ADVOCATE. ACT. ADVANCE.

# Exploring Pathways of Recovery

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- Open-mindedness
- Respect
- Encouragement
- “Ouch”
- “Stretch”
- Confidentiality
- What else?





# Learning Objectives

This training will teach participants to:

- Develop a definition of recovery.
- Describe the barriers to recovery.
- Recognize the differences between clinical pathways, non-clinical pathways, and self-management pathways.
- Explain diverse ways that individuals can get into and maintain recovery, including self-management, moderation management, and harm reduction.



# How to Define Recovery



# How Recovery Has Been Defined

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“Recovery from substance dependence is a voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship.”

—Betty Ford Center Consensus Panel

<https://www.sciencedirect.com/science/article/pii/S0740547207001857#:~:text=Recovery%20is%20defined%20in%20this,three%20elements%20of%20this%20definition.>



# How Recovery Has Been Defined

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## SAMHSA's Working Definition of Recovery:

"A process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery signals a dramatic shift in the expectation for positive outcomes for individuals who experience mental and substance-use conditions or the co-occurring of the two."



# How Do We Define Recovery?

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- Any positive change
- Change can mean a positive transformation of:
  - Environment
  - Feelings (physical)
  - Outlook (perspective)
  - Needs



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## Small Group Discussion: Defining Recovery

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- How do you define recovery?
- What does recovery mean to you?
- Is there anything you would change about the Betty Ford Center Consensus Panel definition?





## **Public Perceptions of Recovery**

- Short term
- Acute treatment
- Institutional
- Standardized care

## **What Recovery Should Be:**

- Long-term treatment for chronic condition
- Individualized services
- Community based
- Based in self-determination and choice



## **What is a barrier?**

- A barrier is anything that makes it harder to access a resource or material.

## **Examples of barriers:**

- Structural
  - Infrastructure
  - Bus Routes
- Institutional
  - ID Requirement
  - Maintain sobriety to access housing and/or resources
- Personal
  - Biases
  - Your own experience can be your biggest hindrance



The biggest barrier is.....

**STIGMA**





Stigma is an attribute, behavior, or condition that is socially discrediting.

Recovery Research Institute Study participants were asked how they felt about two people actively using drugs or alcohol.

Findings:

- The person referred to as a “Substance Abuser” vs. “having a substance-use disorder” was viewed as:
  - Less likely to benefit from treatment
  - More likely to benefit from punishment
  - More likely to be socially threatening
  - More likely to be blamed for their substance related difficulties and less likely that their problem was the result of an innate dysfunction over which they had no control.
  - They were more able to control their substance without help.



# Pathways to Recovery



# Three Pathways to Recovery

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- Clinical
- Non-Clinical
- Self-Management



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# Clinical Pathways to Recovery



**Level 4: Medically Managed  
Intensive Inpatient Services**

**Level 3: Clinically Managed High to  
Low Residential Inpatient Services**

**Level 2: Intensive Outpatient and  
Partial Hospitalization**

**Level 1: Outpatient**







- Acceptance and Commitment Therapy (ACT)
- Cognitive and Behavioral Therapy (CBT)
- Family Therapy
- Behavioral Couples Therapy
- Motivational Interviewing
- Relapse Prevention
- Contingency Management
- Community Reinforcement





# Medication-Assisted Treatment (MAT): Opioids

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- Only 20% of people with Opioid Use Disorder (OUD) receive any treatment.
- Only 33% of people in treatment receive MAT.
- MAT is the standard of care for OUD.





# Medication-Assisted Treatment: OUD

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MEDICATIONS	BRAND NAMES	TYPE	EFFECTS	ROUTE OF ADMINISTRATION	FOR WHOM	SIDE EFFECTS
Injectable Naltrexone	Vivitrol	Antagonist	Blocks the pleasurable effects of opiates to reduce the likelihood of relapse & opiate overdose	Intramuscular injection once monthly	For patients that may struggle to remember to take a daily medication	Nausea, headache, weakness, injection site reactions
Buprenorphine	Buprenex, Belbuca, Butrans, Probuphine, Subutex	Mixed Agonist-Antagonist	Prevents opiate withdrawal & cravings with its agonistic effects, also blocking against opiate overdose through its antagonist action	Orally - take daily or transdermally (skin patch) - worn daily	For patients with low likelihood of misuse potential	Headache, dizziness, trouble sleeping, tingling sensation
Buprenorphine + Naloxone	Suboxone, Zubsolv, Bunavil	Mixed Agonist-Antagonist	Prevents opiate withdrawal & cravings with its agonistic effects, also blocking against opiate overdose through its antagonist action. The added naloxone decreases the misuse potential	Orally - sublingual tablets or films taken daily	For patients with opioid use disorder with access to an office-based licensed prescriber. Misuse potential	Constipation, dizziness, drowsiness, headache
Methadone	Dolophine, Methadose	Agonist	Prevents opiate withdrawal and cravings, but at prescribed doses, does not create opiate-like effects	Orally - taken daily, administered by a SAMSHA certified treatment program or clinic	For patients with the proximity & availability to attend a clinic daily. Misuse potential	Sleep problems, anxiety, restlessness, dry mouth, nausea, decreased sex drive
Naloxone	Narcan	Antagonist	Counters the effects of an opiate overdose	Injection or oral spray - administered only during an overdose emergency	For opiate users during an overdose	Chest pain, shortness of breath, nausea, headache, anxiety, confusion



## How To Access MAT Programs for OUD

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- Where to receive MAT for Opioid Use Disorder?
  - OBOT = Office-Based Opioid Treatment
  - OTP = Opioid Treatment Program





# Medication-Assisted Treatment: Alcohol

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MEDICATIONS	BRAND NAMES	TYPE	EFFECTS	ROUTE OF ADMINISTRATION	FOR WHOM	SIDE EFFECTS
Naltrexone	Revia, Vivitrol	Antagonist	Blocks the pleasurable effects of drinking	Orally - taken daily, or as an intramuscular injection once monthly. In Finland, Naltrexone is only taken directly before drinking. Abstinence required before starting	For patients engaged in binge drinking & reward seeking	Nausea, headache, weakness, injection site reactions
Acamprosate	Campral	Other, Unknown	Stabilizes areas in the brain that are disrupted by alcohol misuse & withdrawal, normalizing those areas	Orally - delayed release tablets taken daily. Only known to work in combination with behavioral therapy or peer support. Abstinence required before starting	For patients with liver cirrhosis	Diarrhea, upset Gastrointestinal system (GI)
Disulfiram	Antabuse	Other	Prevents alcohol use by causing extremely unpleasant side effects when alcohol is ingested (e.g., vomiting, headaches, sweating, etc.)	Orally - taken daily or as a subdermal implant	Only for very motivated patients	Drowsiness, headache, metallic taste
Topiramate (Not FDA Approved)	Topamax, Trokendi, Qudexy	Anti-convulsant	Anti-seizure medication sometimes used to treat alcohol use disorder. May encourage moderation & help with mood, anxiety & weight loss	Orally - taken while drinking	For patients that want to cut down on their drinking, but not stop altogether. May help with pain & anxiety	Cognitive dulling, word finding difficulty, ataxia, paresthesia
Gabapentin (Not FDA Approved)	Gralise, Horizant, Neurontin	Anti-convulsant	Anti-seizure medication to decrease number of drinks & number of heavy drinking days.	Orally - tablet or liquid form - taken daily	For patients that want to cut down on their drinking, but not stop altogether. May help with pain & anxiety	Sedation, dizziness, weight gain



# Medication-Assisted Treatment: Nicotine and Smoking Cessation

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MEDICATIONS	BRAND NAMES	TYPE	EFFECTS	ROUTE OF ADMINISTRATION	FOR WHOM	SIDE EFFECTS
Nicotine Replacement Therapies (NRT)	Polacrilex, Transdermal Nicotine Systems,	Agonist	Aids in smoking cessation by providing similar effects of tobacco use to decrease cravings, tapering or decreasing dose overtime.	Patches, gum, lozenges, for nasal spray & Inhalers	For patients seeking to quit smoking by means of satisfying nicotine cravings over time	Racing heartbeat, headache, nausea, throat/skin irritation, nervousness
Varenicline	Chantix	Mixed Agonist-Antagonist	Gives mild nicotine-like effects & eases symptoms of withdrawal. Neutralizes the effects of nicotine if patient smokes while taking this medication	Orally - taken daily for 12 weeks	For patients seeking to quit smoking by means of a 12 week medication program	Trouble sleeping, vivid dreams, headache, nausea, gas, behavioral changes
Bupropion	Wellbutrin, Zyban, Buproban, Forlivo	Other	Aids in smoking cessation by reducing the severity of nicotine cravings & withdrawal symptoms. Also functions as an unrelated anti-depressant.	Orally - variety of doses & release patterns	For patients who smoke 10 or more cigarettes a day. May be used in combination with NRT	Increase in risk for dry mouth, nausea, vomiting, weight gain/loss, stomach pain



# Non-Clinical Pathways to Recovery



- Alternative Therapies
- Creative Therapies
- Animal-Assisted Therapies
- Wilderness Therapies



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## Mutual Aid Supports

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- Oxford House, Inc.
- National Alliance of Recovery Residences (NARR)





## Collegiate Recovery Programs

- Access to recovery services on campus
- Social and educational support
- Supports include sober housing, mutual aid meetings, counseling and social events

## Recovery High Schools

- Instructional focus with normal high school curriculum
- Integrates academic instruction with social-emotional skills acquisition and recovery support
- Forty-two high schools in the United States with additional five schools in development



- Community based support
- Typically, nonprofit organizations
- Provides connection to local recovery supports
- Generally, peer operated
- Intended to help improve access to recovery resources and navigate day-to-day challenges to build individuals' recovery capital
- Services may include recovery meetings, peer recovery coaching, connection to local social services, job training and other recovery resources



<https://facesandvoicesofrecovery.org/programs/arco/>

<https://www.recoveryanswers.org/research-post/study-recovery-community-organization-participants-peer-based-recovery-support-modest-improvement-recovery-capital/>



# Employment-Based Recovery Services

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- Employment and workforce development training
- Employee assistance programs
- Recovery-friendly hiring policies
- Organizations started by people in recovery to employ others in recovery



<https://www.recoveryanswers.org/resource/employment-based-recovery-services/#:~:text=EMPLOYMENT%2DBASED%20RECOVERY%20SERVICES%20CAN,treatment%20for%20substance%20use%20disorder>

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# Self-Management Pathways to Recovery





Of the **9.1%** of individuals in the United States who describe their alcohol or other drug usage as a problem.....

Only **50%** seek external assistance.





- **Harm Reduction** is a broad pathway, or group of various pathways, that prioritize managing continued usage or cessation of usage altogether by educating and empowering people and communities to manage the risks associated with substance usage

## **Examples of Harm Reduction:**

- Naloxone/Narcan
- Needles/Syringes
- Cookers
- Tourniquets/Ties
- Cottons
- Citric Acid
- Safer Use Strategies
- Wound Care
- Treatment Assistance
- Linkage to care

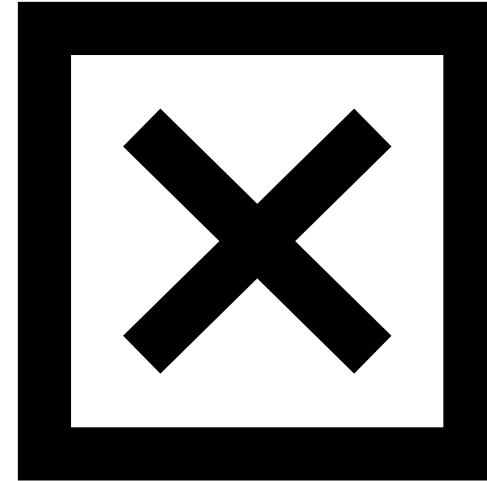
- <https://harmreduction.org/about-us/principles-of-harm-reduction>



# What Harm Reduction Is NOT

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- Anything goes.
- Helping a person to return to use.
- Condoning, endorsing, or encouraging drug use or other risky behaviors.
- Removing professional or personal boundaries.





- **Self-guided change** is one of the most common forms of long-term, maintained health behavior change.
- Moderate or “controlled” drinking **is a harm reduction approach that does not prioritize cessation of usage as part of the recovery pathway.**

<https://moderation.org/getting-started-moderation-management//>

Anonymous said

another stranger in the void — i read it and i think maybe i don't have the best relationship with alcohol. i'm not ready to give it up yet but this was nice to read since you aren't being all self righteous about it as people tend to be when they cut out a substance. it's food for thought though and i'll give you some credit in my mind when i do give it up eventually.  
thanks tom <3

No problem! Just to say as well I'm not giving up alcohol 100%, I know I can have a drink or two every now and then, I'm just going to stop putting myself in situations where I can binge drink (parties etc) when things get out of hand. Or if I do, having a very strict 2 or 3 drink maximum. Total abstinence is not for everyone and I think it's important to recognise you can have an issue with drinking and take steps to address it without going completely teetotal!

5 notes





## University of Michigan: Alcohol Management Program (AMP)

- For anyone who wants to eliminate the negative consequences of their drinking and improve their health by drinking less alcohol or none at all.
- **Effectiveness:** AMP has helped people moderate or stop drinking altogether, reducing drinking by approximately 65%.
- **Accessibility:** Sessions can be in person or by phone.

If you have been wondering:

- Do I drink too much?
- Would my life be better if I drank less?
- Is my drinking considered risky drinking?
- Is my drinking affecting my health?
- How much is too much?



- **Alcohol:** Many people may eventually abstain completely, but 50 years of research evidence clearly indicates that most drinkers moderate their drinking behavior.
- **Cocaine:** Data from a study by Lopez-Quintero et al. (2011) indicate that 5 years after becoming dependent on cocaine, 50% of cocaine users have quit. More than two-thirds of the total remissions occur within 10 years after dependence with time to remission varying based on ethnic group.
- **Heroin/opioids:** Many heroin users quit on their own. According to Blanco et al. (2013), 96% of people with a history of misusing prescription medications, including opioids, eventually stopped; 50% had stopped within 4–5 years after becoming dependent.



Used in the treatment of C-PTSD, MDD, GAD, OCD, ED/DE, etc.

- MDMA
- Cannabis
- LSD
- Ibogaine
- Ayahuasca
- Ketamine



We envision a world where psychedelics and marijuana are safely and legally available for beneficial uses, and where research is governed by rigorous scientific evaluation of their risks and benefits.

<https://maps.org/about-maps/mission/>



## Data on Psychedelics:

- "In lower dosages ketamine has been found to temporarily modify consciousness including changes in mood and cognition ([Mion, 2017](#))."
- "Beyond potential novel treatments, psychedelic assisted treatment has important practical and theoretical consequences for the three axes of the crisis. *The combination of psychotherapy with psychedelics can be conceptualized as the induction of an experience with positive long-term mental health consequences*, rather than daily neurochemical corrections in brain dysfunctions." - Frontiers
- MAPS will conduct multi-phase study for MDMA as an adjunct to therapy for anorexia nervosa restricting subtype (AN-R) and binge-eating disorder (BED).
- This study will explore the safety and feasibility of MDMA-assisted therapy and adjunctive caregiver involvement in the treatment of individuals with AN-R and BED. The addition of a supportive caregiver as a treatment ally with every participant reflects this most recent development in science and practice."

<https://maps.org/about-maps/mission/>

<https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2022.917199/full>





Questions?

## **Exploring Multiple Pathways of Recovery**

Thank you for attending!

[www.facesandvoicesofrecovery.org](http://www.facesandvoicesofrecovery.org)



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