

RECOVERY

*The official newsletter of the
Fletcher Group Rural Center Of Excellence*



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RECOVERY IS REAL

by Founder and Chief Medical Officer Dr. Ernie Fletcher

Hope, action, and learning go hand-in-hand. That's why it's so important to stress, as *Recovery Allies* author Alison Webb did at our most recent webinar, that most people with a substance use disorder *do* get better.

You know that to be true because, as a recovery professional, you've seen it happen. But potential recovery allies who haven't may need to be reminded.

And, boy, do we need them! Treatment rather than punishment is not always as easy to sell as we'd like. Without hope it's even harder.

So, as we celebrate Recovery Month, let's salute the nearly 60 million Americans who identify as being in recovery from substance use and mental health conditions and the hope they embody for those yet to begin their journey.

Recovery is real and possible for everyone.



The Fletcher Group Rural Center of Excellence

WHAT IS RECOVERY CAPITAL?

What makes or breaks recovery? The answer, of course, is unique to each person. But if there's anything close to a universal answer, says author Alison Webb, it's the concept of recovery capital. She defines it as "the sum total of one's resources that can be brought to bear on the initiation and maintenance of substance misuse cessation" and says it has three components.

1. Personal Recovery Capital includes basic needs such as clothing, food, safe housing, and transportation plus the resources to address physical and mental health, employment, education, self-esteem, cultural identity and the problem-solving skills involved in things like managing finances and sustaining relationships.

2. Social Recovery Capital includes all the benefits that come from relationships with family, friends, peers and partners as well as the community one lives in. "Research confirms that family and friends are the bedrock of positive regard," says Webb.

3. Community Recovery Capital includes treatment and support services such as housing, peer groups, harm reduction, diversion, the assistance of non-profit and faith-based organizations as well as the attitudes, trust, and common purpose that underpin one's sense of belonging.

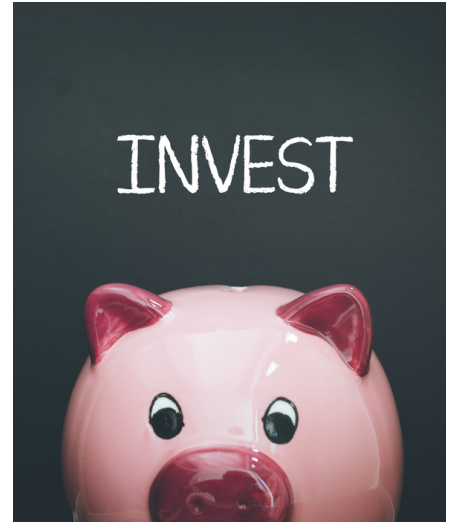
Recovery Capital Depreciation

Webb notes that recovery capital is not just about starting recovery or living in a recovery residence for a month or two. "It's really about the ongoing process of maintaining recovery over time." Stretching as long as five years, that time can have its ups and downs, too, including what Webb calls Recovery Capital Depreciation.

"In any journey to recovery there are high-risk times," says Webb, as when leaving incarceration or treatment or losing a job or key relationship. "When people feel alone and isolated, their recovery capital can evaporate."

Rural Challenges

Webb argues against the assumption that recovery capital is harder to find in rural areas. "I know there are people thinking 'She hasn't been to my community; we've got nothing to work with'." But Webb sees opportunity even in what appear to be recovery deserts.



The Power of Community

"No matter where you are, if you look hard enough you'll find an underlying sense of community and an eagerness to work together," says Webb.

Webb seems to think the old saying, 'Where there's a will there's a way,' applies even more powerfully to communities than to individuals, as when a sports team exceeds expectations when the players believe in something greater than themselves.

"I've seen amazing things happen," says Webb.

"That's why I say every community has an abundance of recovery capital. It just has to be harnessed."

BUILDING RECOVERY ECOSYSTEMS

"Recovery allies are at our best when we help build recovery capital," says Alison Webb. But where to start?

"The first thing to understand is your recovery ecosystem," says Webb. She defines that as "all the things people in recovery need to get better—from peers, recovery centers, and diversion programs to education, training, employment, transportation, recreation, child care, housing, and healthcare, including harm reduction and mental health services." (A great aid in this regard is the new *Recovery Ecosystem Mapping Tool*, the nation's first interactive data visualization of its kind. Check it out by clicking on the link to the right.)

Once the components of a recovery ecosystem are identified, it's the recovery ally's job to build the bridges between them that make them accessible.

Imagination can help. Webb envisions concentric circles starting in the center with the client's closest relationships. "The parents, children, siblings, spouses, partners, and close friends—they're the ones who have the biggest effect in nurturing the sense of connection and belonging people in recovery so desperately need."

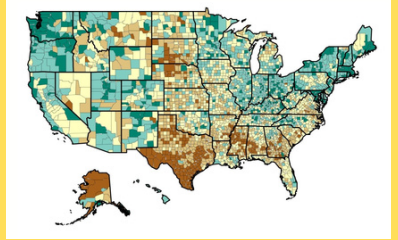
The next circle is comprised of grandparents, extended family, friends, co-workers, and neighbors.

Further out are people whose impact is less personal: landlords, employers, bankers, counselors, healthcare and social service providers, teachers, faith leaders, and criminal justice and law enforcement personnel.

Even further out are business owners, local decision-makers, researchers, universities, recovery high schools, family courts, and public housing.

Last but not least are society's gatekeepers of policy and funding: state and federal decision-makers, public funders, and private foundations.

Those in the latter three groups may have little contact with people in recovery, but their potential impact can be huge. "But nothing happens if they're not aware of the problem and their potential impact," says Webb. That's why recovery allies should seize on every opportunity to awaken awareness, interest, and compassion."



CHECK IT OUT!

A summary of the recovery needs, programs, and supports in every U.S. county is now just a click away, thanks to the new *Recovery Ecosystem Mapping Tool* developed through a Fletcher Group Rural Center Of Excellence partnership with researchers at East Tennessee State University and NORC at the University of Chicago. To see how it works...

[CLICK HERE](#)



How Do People Get Better?

Webb says the answer is as simple as a quote from recovery researcher Dr. David Best: "They change their social networks and they engage in meaningful activities."

But for people to do that, those social networks and meaningful activities first have to exist. The job of the recovery ally is to make sure they do.

ALLIES TAKE ACTION!

What can *you* do to help? As described on page 3, understanding your sphere of influence is essential. But it's also important to make the most of the innate qualities you bring to the table.

According to Webb, social workers are endowed with several admirable qualities: "They're inquisitive, capable of self-reflection, good at listening, and interested in helping others. Those qualities make it easy to connect with people regardless of their cultural background, belief system, or where they are on their journey. They also make it easier to provide the emotional support people in recovery need to regain self-esteem and confidence." Webb believes such natural talent should be vigorously applied and offers the four general guidelines and seven examples below for reference.

Guidelines Within Your Sphere of Influence

- Do your best to move every conversation in the most hopeful, productive direction
- Increase and expand social networks and activities that support abstinence and recovery
- Avail yourself of every resource, including those online (Webb is a fan of the *Recovery Research Institute* at recoveryanswers.org)
- When working with those in recovery, focus on the crucial relationships between partners and children

Example 1—Volunteer at your nearest recovery center, residence, or non-profit, then ask someone within your recovery ecosystem to join you.

Example 2—Become A Recovery Champion by speaking at recovery events and writing letters to the editor of your local newspaper, then ask someone within your recovery ecosystem to do the same. Coaches, restaurant owners, law enforcement, and faith leaders are great candidates.

Example 3—Become a Recovery Advocate by connecting people in recovery with local, state, and federal decision-makers. Fruitful topics include opioid litigation and laws affecting drug sentencing, the distribution of Naloxone, and zoning in recovery residence neighborhoods.

Example 4—Make Yours a Recovery-Friendly Church by creating a welcoming environment for people in recovery.



ALISON WEBB

To watch her presentation at our September Webinar...

[CLICK HERE](#)



Example 5—Make Yours a Recovery-Friendly Workplace by helping staff and employees create a safe space for people in recovery, then invite another employer within your recovery ecosystem to do the same.

Example 6—Keep Learning by developing a clear understanding of the various recovery pathways and monitoring all the latest research.

Example 7—Fight Discrimination by rigorously examining your own attitudes and beliefs. Then help others do the same by distributing inclusive language guidelines.