

# Recovery Support Services Along the Continuum of Substance Use and HIV Treatment

## How do you define recovery in substance use and HIV care?

Currently, there are approximately 20 million Americans in recovery from an alcohol or drug problem.<sup>1</sup> Recovery is highly individualized both as a process and in definition. It is possible for recovery to occur naturally though it is important to recognize the way in which formal treatment and community supports can aid recovery. When considering recovery, be careful not to presume that an individual's recovery pathway must include abstinence or treatment, especially at any specific point within the recovery process. Recovery can be defined in a number of different ways. One definition of recovery comes from the Substance Abuse and Mental Health Services Administration, stating that, *"Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential."*<sup>2</sup> It is not sufficient to solely define recovery based on clinical progress as developing supports within a community outside of formal treatment to enhance functioning is an important consideration in defining recovery. The Betty Ford Institute sets timelines for recovery, viewing early resilience development as occurring in the 1-12 month period, sustained resilience between 1 and 5 years, and stable resilience to relapse as happening 5+ years following discontinuation of use.

The 10 Guiding Principles of Recovery focus on key components of engagement and conceptualizing recovery as a provider's relationship develops with a client. A provider should attempt to incorporate aspects of these 10 items in all discussions and recovery plans. Recovery has to have a component of hope that is held by the provider and the individual. The definition of recovery and moving towards recovery is highly person-driven and individualized to the client. There is no one "right way" for recovery to occur. When considering developing a plan for recovery, ensure that options involving holistic approaches, peer support, community support, and family support are incorporated. Understanding an individual's cultural values, beliefs, and traditions will further enhance how a provider can show respect for a client while protecting rights and reducing discrimination in treatment. Four categories of Recovery Capital describe supports in domains such as Social, Physical, Human, and Cultural that assist in organizing a recovery plan.<sup>3</sup> Focusing on enhancing recovery capital enhances health outcomes. Not only does the individual's health improve, but there is an added benefit of a "ripple effect" benefitting friends, family and proximal social connections.<sup>4</sup> This type of gain benefits communities. Understanding this social transmission can assist in the development and maintenance of recovery communities and social supports that are effective with direct treatment approaches.

The HIV Care Continuum is another way of conceptualizing a progression toward improved health. Similar to the Recovery Support process, building upon strengths and supports in a step-wise fashion allows for consolidation of existing skills while continuing to focus on healthier functioning. The steps in the HIV Care Continuum follow and individual from an initial diagnosis to being linked to care, receiving medical care, being retained in care and achieving viral suppression.<sup>5</sup> While the HIV Care Continuum can function as a roadmap for essential steps along the way to viral suppression, there are a number of places within the Continuum that individuals "fall through the cracks" or fail to be successfully linked to necessary medical supports. Considering each of the stages, 86% of all individuals with HIV receive a medical diagnosis of HIV from a healthcare provider. This indicates that even before considering the Continuum beyond diagnosis, 14% of individuals will not be engaged in care. Of all the individuals with HIV, 78% end up being linked to care successfully. Being linked to care was defined as having at least one CD4 or viral load test within the past 30 days of diagnosis. Only 64% of individuals with HIV received medical care for HIV. Receiving medical care was defined as having at least one CD4 or viral load test within the year period of the survey referenced on this slide. Being retained in medical care was defined as having at least two CD4 or viral load tests at least three months apart within a one year period. Viral suppression was defined as less than 200 copies of HIV per milliliter of blood. Rates of being retained in care and achieving viral suppression are around 50% of all individuals with HIV. The intersection of HIV and substance use disorders presents additional challenges in treatment. The most common co-occurrences with HIV are depression and substance use, which can impact medication adherence and increase risk behaviors. Substance use can contribute to HIV risk through riskier sexual behaviors such as condomless sex or sharing needles. Factors such as stigma are structural and individual considerations that may be a barrier to treatment initiation or adherence.<sup>6</sup>

## The Recovery Process

The recovery process can be considered in four stages. While it's noted that there is a benefit to organizing the types of supports into distinct stages, it is important to also remember that recovery is different for every individual and the stages are not always completely linear.

**Pre-Recovery Engagement** involves focusing on important components of orienting a potential client to the concept of recovery. Engagement and navigating potential resources are starting points to orient the client to the intent and potential benefit of services. These services could include harm reduction, resource navigation, and ad-hoc engagement. Focusing on a community-based approach means reducing barriers to communication and engagement. This may come in the form of specific case management efforts or messaging that aims to reduce stigma related to substance use disorder and HIV assessment and treatment. Promoting the use of pre-exposure prophylaxis (PrEP) among clients as well as greater understanding among providers can substantially reduce HIV among people who inject drugs.<sup>7</sup> While considering community outreach activities, the way in which a provider engages a potential client is critical. Using nonjudgmental language and strategies to enhance engagement and retention in treatment can increase the possibility of success in treatment.

**Recovery Initiation and Stabilization** revolves around connecting an individual to formal treatment services while also building community and social supports. More frequent engagement to stabilize functioning and build resilience and recovery capital occurs during this stage. Substance-using people with HIV have less access to antiretroviral treatments and tend to initiate treatment at more advanced stages of disease progression.<sup>8</sup> This indicates a need to target this specific vulnerable subgroup in order to provide the relevant services in a timely manner. Using treatment extenders such as text message reminders, peer support, and orientation materials that review risks and effective treatments for both substance use and HIV can enhance initiation of recovery activities.

**Recovery Maintenance** builds on previously identified relationships and strengthens those relationships to support ongoing recovery efforts. Using antiretroviral treatments (ART) have significant health implications and are noted in multiple CDC studies. The CDC recommends that all HIV-positive individuals should initiate ART independent of CD4 count disease progression or any co-occurring alcohol or drug use. The use of ART increases viral suppression, reduces morbidity and mortality and significantly reduces the change of transmission. While ART has been shown to be effective, challenges in linkage to care and retention that would maintain viral suppression impact the percentage of individuals who achieve viral suppression.<sup>9</sup> Maintaining viral suppression is dependent upon establishing and progressing through steps of the recovery continuum rather than success in one singular category. The same progression in recovery skill development can be considered when addressing substance use disorder recovery and engaging in relapse prevention planning.

**Long-Term Recovery** is as important as the other components of recovery support. While it occurs once an individual has gained skills in managing stressors related to ongoing health and substance use issues, it is critical for maintaining functioning in the individual's community and with fewer structured, formal support. Emphasis at this stage should focus on reinforcing Recovery Capital in the four categories previously identified and build opportunities within an individual's community to seek supports that are aligned with the individual's recovery. Formal services such as medication adherence strategies can significantly enhance the development of Recovery Capital. Informal support such as support groups or community involvement strategies can be tailored to individual needs and maintain a continuum of care beyond the end of a specific treatment episode.

## REFERENCES

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