



Recovery Support Services: E-Technologies

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 - Recovery Research Institute
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 - National Foundation for Collegiate Recovery
 - Unity Recovery, a Recovery Community Organization
- **Dr. Bergman does not have any relevant financial relationships with any commercial interests**

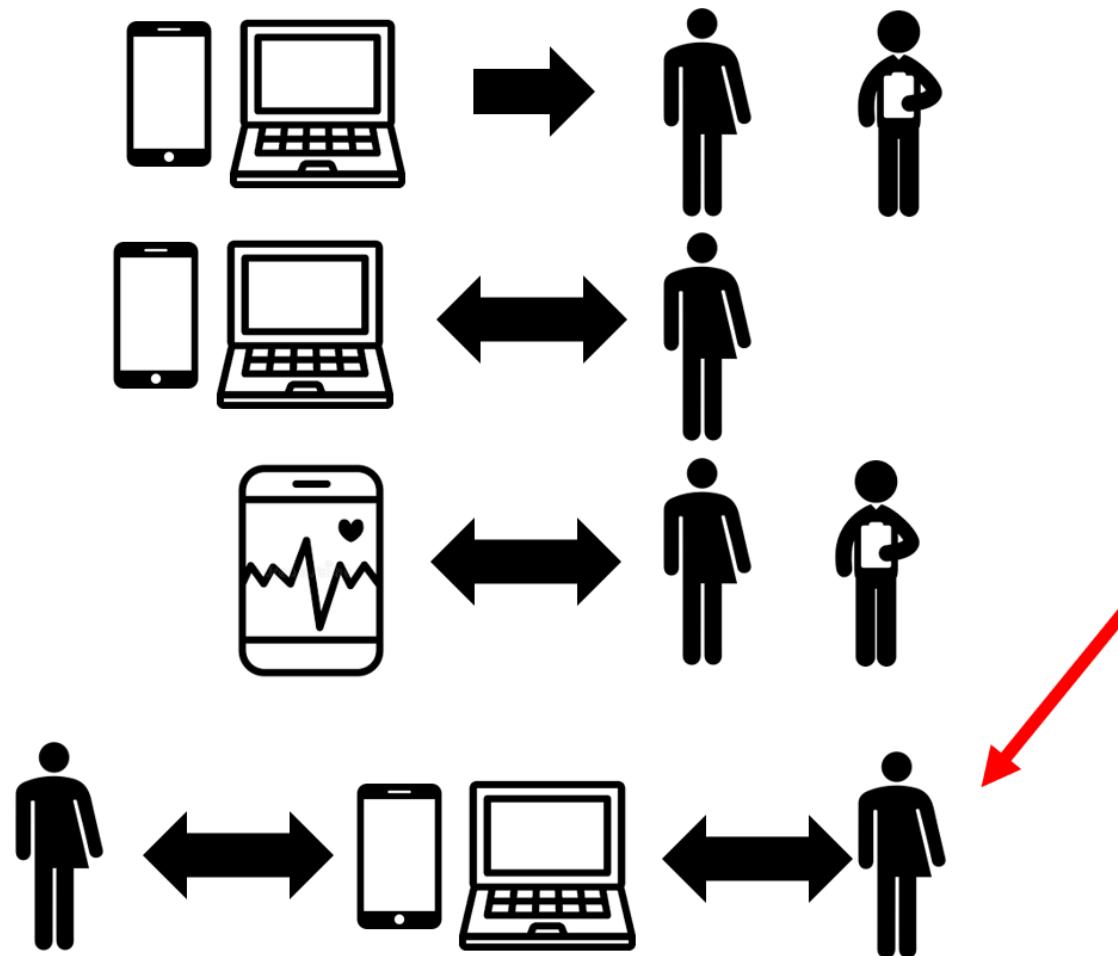
Objectives

- 1) Identify 1+ reasons why online and other digital technologies may be critical tools in addressing substance use disorder (SUD)
- 2) Describe one potential benefit of digital recovery support services
- 3) Describe one potential drawback of digital recovery support services

What are digital recovery support services?

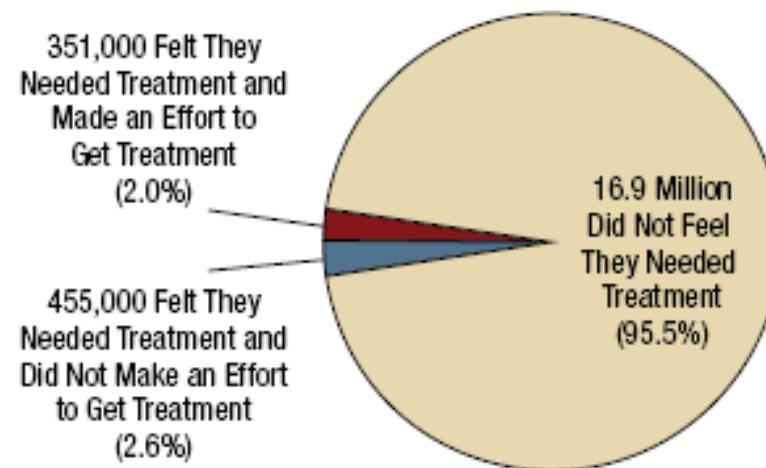
- Recovery defined (White & Kurtz, 2006)
 - Process: Resolution of problems + Development of health and well-being
- Recovery support services defined
 - Non-clinical services that help initiate and sustain recovery over the long-term
- Digital technology in lieu of, or as adjunct to, in-person recovery support services
 - Web-based, mobile/smartphone app, text/SMS, social network sites, video conferencing software (e.g., Zoom), wearables (i.e., for assessment)
- Note: digital vs. virtual

Ways to leverage technology for SUD



Why digital recovery support services?

- Impact = Reach x Effectiveness
- 89% with SUD don't seek any services (including mutual-help)



Source: SAMHSA NSDUH

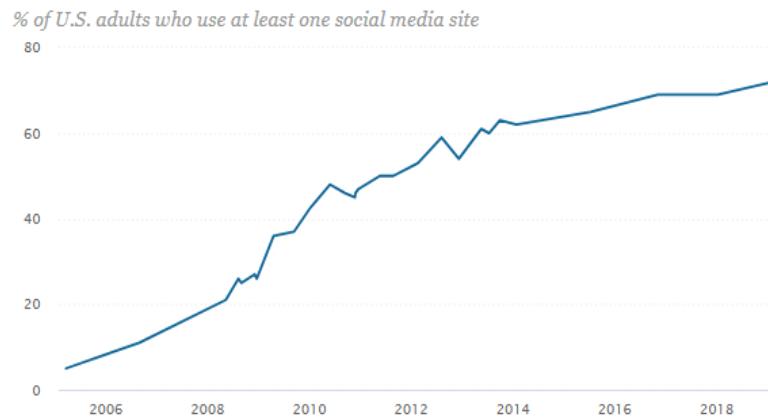
Why digital recovery support services?

- Social identity theories of health behavior change



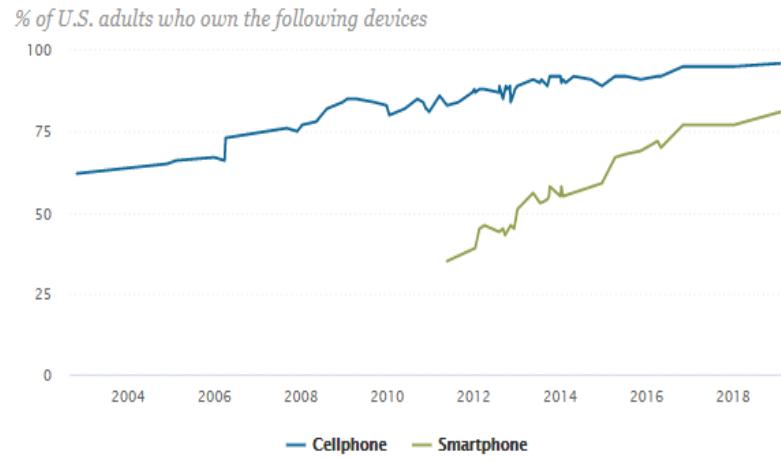
- In-person services are limited (e.g., bupe providers may not prescribe due to perceived limits of surrounding services; Hutchinson et al. 2014)

Why digital recovery support services?



-72% use social network sites
*90% 18-29
*82% 30-49
*69% 50-64
*40% 65+

Source: Pew Research Center

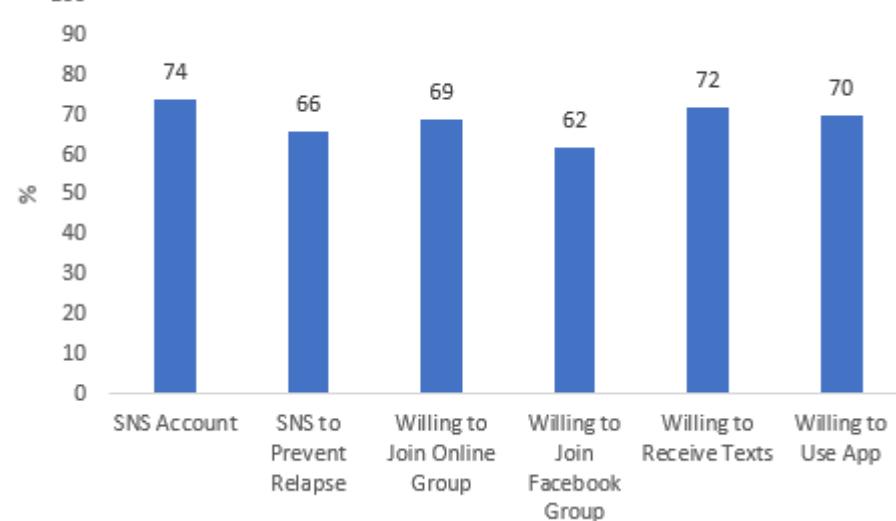


-81% have a smartphone
*96% 18-29
*92% 30-49
*79% 50-64
*53% 65+

Technology Access for those with SUD

Technology use

	Yes	No	
Prior to treatment			
Own a mobile phone (n = 251)	86.90%	13.10%	
SMS capability (n = 218)	95.90%	4.10%	100
Use text messages (n = 218)	83.00%	17.00%	90
Own a smartphone (n = 216)	68.50%	31.50%	
Download mobile apps (n = 217)	61.30%	38.70%	80
Use the phone to access the Internet (n = 217)	61.30%	38.70%	70
Contract type (n = 209)			
Pay-as-you-go	50.70%		74
Annual contract	24.40%		66
Government issued/Safelink	23.90%		69
Other	1.00%		62
Post treatment			
Own a mobile phone (n = 243)	92.60%	7.40%	72
SMS capability (n = 223)	96.40%	3.60%	70
Use text messages (n = 222)	84.70%	15.30%	
Own a smartphone (n = 221)	72.40%	27.60%	
Download mobile apps (n = 221)	64.30%	35.70%	
Use the phone to access the Internet (n = 223)	65.90%	34.10%	
Contract type (n = 213)			
Pay-as-you-go	51.60%		
Annual contract	25.40%		
Government issued/Safelink	21.60%		
Other	1.40%		



(Dahne & Lejuez, 2015)

(Ashford, Lynch, & Curtis, 2018)

A note about physical distancing during COVID pandemic

- COVID *highlights* and *exacerbates* – rather than *creates*
 - context for enhanced SUD consequences
- Limitations to service access
- High stress
 - Disruptions to basic human needs: employment/purpose, housing, financial stability
- Isolation; reduced social connection

How might digital services make a difference?

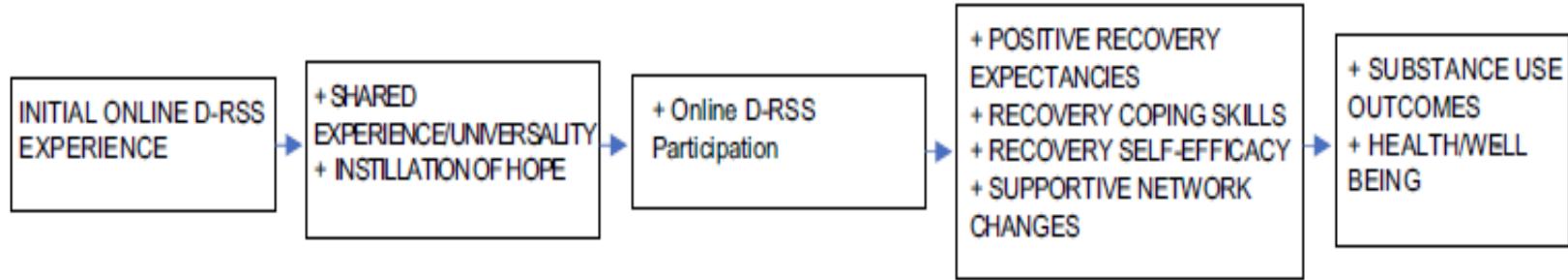


Fig. 1. Conceptual model theorizing how social-online D-RSS enhance initial engagement and confer benefits. The “+” symbolizes a theorized increase or enhancement of the construct (e.g., + online D-RSS participation = increased engagement with online D-RSS).

Source: Bergman & Kelly, 2020, Journal of Substance Abuse Treatment

Focus on the behaviors: How to classify digital services

Table 1

Proposed typology to describe and classify social-online D-RSS.

a) Type of service	The recovery support service or activity with which someone engages (e.g., online recovery support meeting). Can be synchronous – real-time interaction – or asynchronous – interaction without time constraints
b) Type of platform	How the recovery support service is delivered (e.g., remote video conferencing, discussion boards, recovery-specific social network sites, etc.)
c) Points of access	Communication technology through which individuals access the online D-RSS platform (e.g., website, smartphone application, telephone, etc.)
d) Organization/Individuals responsible	Organization and/or individuals that developed, maintains, monitors, and oversees the D-RSS (e.g., mutual-help organization, private company, peer volunteer monitors, etc.)

Note: D-RSS = digital recovery support service.

Source: Bergman & Kelly, 2020, Journal of Substance Abuse Treatment

Examples

InTheRooms Video Meeting Clubhouse

Footprints in the Sand 12:00 PM - 1:00 PM

Current Time: 12:19 PM

Big Room 1: 12 and 12:1: AA homepage
Meeting Topic: BB p. 28 from 'There is a solution'

AA Presenting How It Works 12. Traditions The Presenters 201.7% 11th Step Prayer A Vision For You

Participants

Chairperson

Participants Requesting To Share

Turn Cam On **Fit My Feed** **Request All Feeds** **Force Feeds**

Securely & privately invite your Facebook friends to join this meeting **Request To Share**

Request To Share Instructions: Click on "Turn Cam On" button and then "Allow" and make sure your Webcast is showing your face, and then click "Request To Share".

Audience 55 People

CLICK HERE FOR TECH SUPPORT

Send IM **Send IM**

Send IM **Send IM** **Send IM** **Send IM** **Send IM** **Send IM** **Send IM** **Send IM** **Send IM** **Send IM**

Send IM **Send IM** **Send IM** **Send IM** **Send IM** **Send IM** **Send IM** **Send IM** **Send IM** **Send IM**

Examples (con'd)

reddit r/stopdrinking Search r/stopdrinking brandongbergman 1 karma

r/stopdrinking

Posts

VIEW SORT HOT

Post	Upvotes	Downvotes	Comments	Share	Save	Give Gold	Hide	Report
Non-Zero November - an #SDIRC challenge	152	155	155 Comments	Share	Save	Give Gold	Hide	Report
AoK (Acts of Kindness) Monday: A Time To Give Thanks	16	16	26 Comments	Share	Save	Give Gold	Hide	Report
I dont want to drink anymore	308	308	85 Comments	Share	Save	Give Gold	Hide	Report
Mandatory 1 year post	43	43	23 Comments	Share	Save	Give Gold	Hide	Report
It wasn't worth it.	97	97	19 Comments	Share	Save	Give Gold	Hide	Report
I'm on day 2, and I skipped work to stay in bed.	85	85	28 Comments	Share	Save	Give Gold	Hide	Report
As sure as the sun rises in the morning, for me, drinking leads to bad, sobriety leads to good.	43	43	11 Comments	Share	Save	Give Gold	Hide	Report
Six weeks sober!	52	52	14 Comments	Share	Save	Give Gold	Hide	Report
6 months	36	36	7 Comments	Share	Save	Give Gold	Hide	Report
Today I found an old letter that I wrote to myself about why I should quit drinking.	21	21	0 Comments	Share	Save	Give Gold	Hide	Report

COMMUNITY DETAILS

r/stopdrinking

140k Subscribers 572 Online

This subreddit is a place to motivate each other to control or stop drinking. We welcome anyone who wishes to join in by asking for advice, sharing our experiences and stories, or just encouraging someone who is trying to quit or cut down. Please post only when sober, you're welcome to read in the meanwhile.

SUBSCRIBED

CREATE POST

USER FLAIR PREVIEW

u/brandongbergman

ADD USER FLAIR

DAILY CHECK-IN!

Check-in here!

Be sure to check the "new" tab!

WELCOME TO SD!

This subreddit is a place to motivate each other to control or stop drinking. We welcome anyone who wishes to join in by asking for advice, sharing our

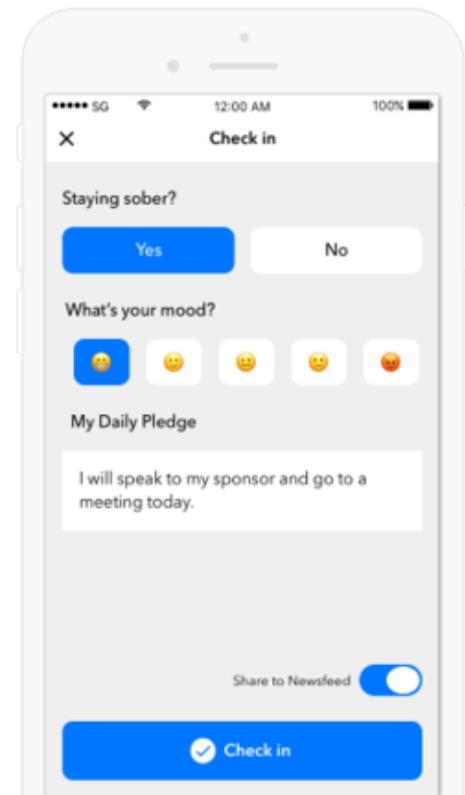
Examples (con'd)



Connections App (A-CHESS;
Addiction Policy Forum)

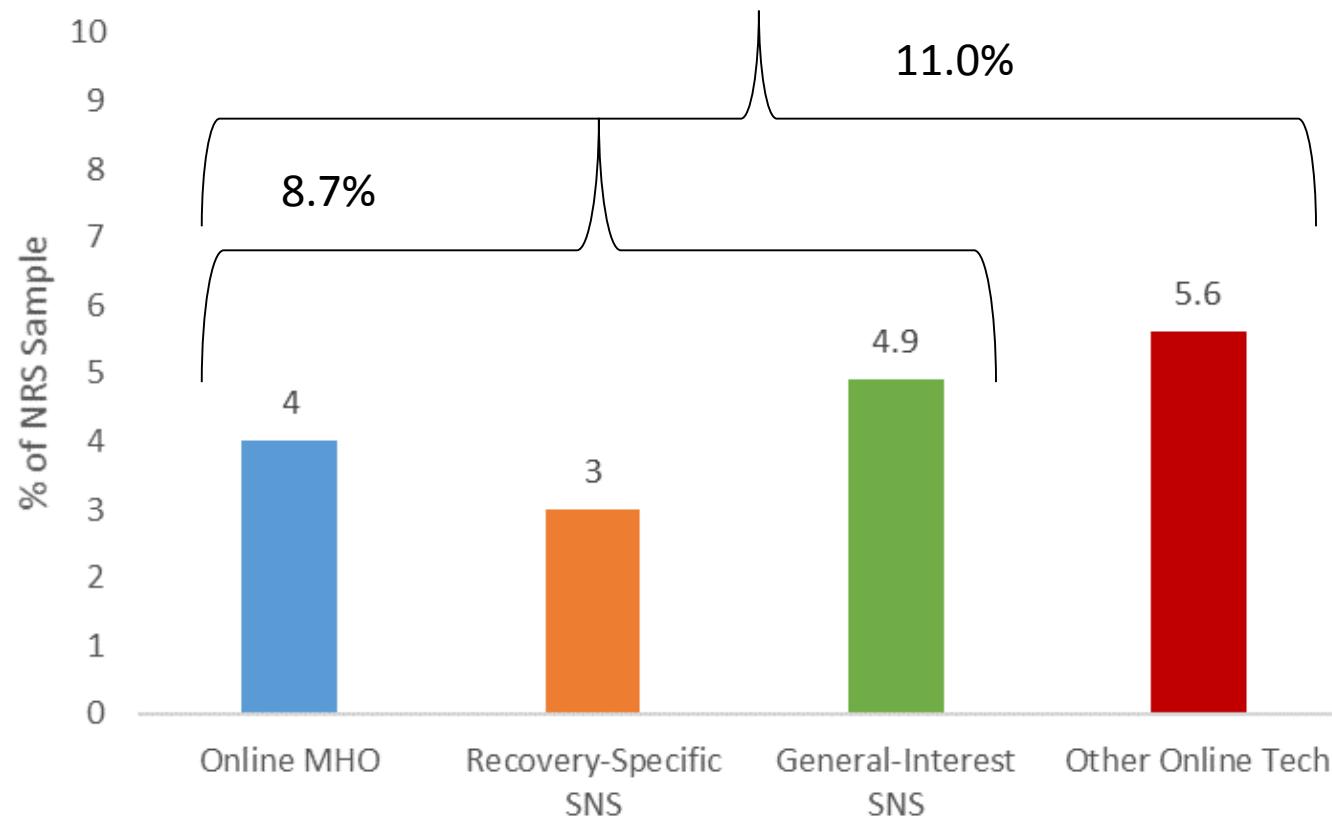


Intherooms.com, a recovery-specific social network site



Sober Grid app

What is known empirically



Bergman et al. 2018, *Addictive Behaviors*

Online Recovery Support Meetings



Contents lists available at [ScienceDirect](#)

Addictive Behaviors

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



Editorial

Online recovery support meetings can help mitigate the public health consequences of COVID-19 for individuals with substance use disorder



ARTICLE INFO

Keywords:

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Covid-19

Digital recovery support services

Telemedicine

ABSTRACT

For people with current and remitted substance use disorder (SUD), the COVID-19 pandemic increases risk for symptom exacerbation and relapse through added stressors and reduced service access. In response, mutual-help groups and recovery community organizations have increased access to online recovery support meetings. However, rigorous studies examining online recovery support meeting participation to inform best practices have not yet been conducted. In the absence of such studies, a review of relevant literature, considered in context of potential barriers and drawbacks, suggests the risk-to-benefit ratio is favorable. Particularly given limited in-person SUD service access resulting from COVID-19 precautions, online recovery support meetings may help mitigate a key public health problem during an ongoing, public health pandemic.

Bergman, Kelly, Fava, Evins, 2021

Online Recovery Support Meetings

- Online SMART attendance associated with alcohol abstinent days over the short-term (Campbell et al. 2016; Hester et al. 2013)
 - RCT unrelated to online meeting attendance
- “Zoom” AA effects unknown
 - Developmental model of recovery?

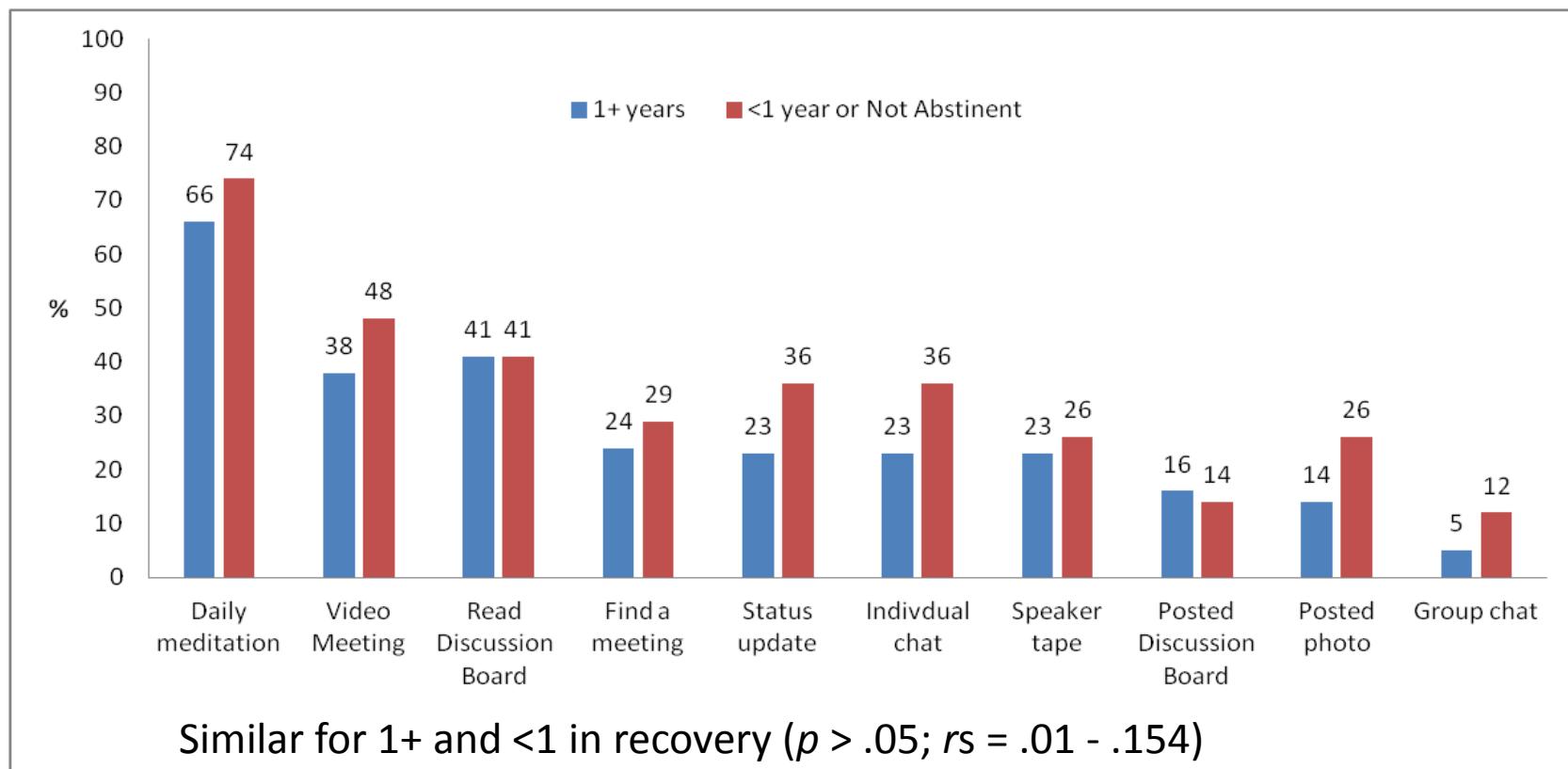
Discussion Boards and Chat Groups

- Reddit (D'Agostino et al. 2017; Sowles et al. 2017; Wombacher et al. 2019)
 - Comments map onto Yalom's curative group therapy factors
 - Helpful advice (e.g., cognitive reframing)
 - Harm reduction
 - Social support
 - Few comments are harmful
- Discussion board data to aid assessment/monitoring (Kornfield et al. 2018)

Recovery-Specific Social Network Sites

- Survey of 123 participants on InTheRooms.com for their "own current or former substance problem" (Bergman et al. 2017)
- M age = 51 years, 94% White, 57% Female
- M abstinence = 7.3 years (but 35% with 1 year or less, or not abstinent, 53% with less than 5 years)
- M participation: Several times per week for 30 minutes

Recovery-Specific Social Network Sites (Con'd)



Recovery-Specific Social Network Sites (Con'd)

“InTheRooms.com participation” (% agreement)

- Enhanced identity as a person in recovery (69.2%)
- Reduced craving for alcohol or other drugs (67.5%)
- Increased abstinence motivation (83.2%)
- Increased abstinence self-efficacy (80.3%)

- “Tell us what you find most helpful about InTheRooms.com in your recovery or efforts to cut back or quit using alcohol and/or other drugs”, up to 5 (Manuscript in Preparation)
 - 346 total benefits (n = 113): $M = 2.8$, $SD = 1.8$

Recovery-Specific Social Network Sites (Con'd)

Common Therapeutic Factors (Yalom, 2005)	InTheRooms.com/Online Factors
	InTheRooms.com Resources (1 st) “Speaker tape library”
	Convenience (2 nd) “I’m far from meetings so it is nice to have an online meeting”
Imparting Information (3 rd) “Meeting locator/finder”	
Cohesiveness (4 th) “Unity worldwide of recovery”	
Universality (5 th) “Knowing I’m not alone”	
Instillation of Hope (6 th) “Help me make up my mind to quit”	

Recovery-Specific Social Network Sites (Con'd)

Common/Online Socialization	InTheRooms.com Specific
	Functional/technical issues (1 st) “Hard to navigate”
Online socialization, general (2 nd) “Some of the snarking back and forth gets old”	
	InTheRooms.com Resources, general (3 rd) “Need more speaker videos”
Online recovery (4 th) “Missing the human connection”	
	Live online video meetings (5 th) “Some folks try to hog the meetings”
	InTheRooms.com as a business (6 th) “Advertisements for treatment facilities”

Smartphone Applications

- Connections (A-CHESS)
 - Reduced heavy drinking and improved abstinent days post-residential treatment (Gustafson et al. 2014)
- ReSET/ReSET-0
 - Therapeutic Education System; Community Reinforcement Approach
 - FDA Approved
 - Outpatient
 - Must be licensed
- On Google Play, 266 apps to address problem drinking (Hoeppner et al. 2017)
 - 2.7 million combined downloads
 - Limited use of tailoring or sophisticated smartphone features (e.g., push notifications)

Drawbacks

PREDATORY BEHAVIOR RUNS RAMPANT IN FACEBOOK'S ADDICTION SUPPORT GROUPS

Huge groups of vulnerable people looking for help are a rehab marketer's dream

By [Cat Ferguson](#) | May 21, 2018, 9:02am EDT

<https://www.theverge.com/2018/5/21/17370066/facebook-addiction-support-groups-rehab-patient-brokering>

Drawbacks (con'd)

- Attendance vs. Active Involvement
- Peer-to-Peer Social Connection on Digital Services
 - Reduced group alliance in tele- vs. in-person therapy
 - Non-verbal cues in communication
 - Increased immediacy → Enhanced Arousal/Negative Affect
 - More effort and resources needed for rapport building?
- Privacy
- Digital Divide

Online recovery support resource lists

Grayken Center for Addiction at the Boston Medical Center

<https://www.bmc.org/addiction/covid-19-recovery-resources>

American Society of Addiction Medicine

<https://www.asam.org/Quality-Science/covid-19-coronavirus/support-group>

National Institute on Drug Abuse

<https://www.drugabuse.gov/related-topics/covid-19-resources>

Google's Recover Together

<https://recovertogether.withgoogle.com/>

Recovery Research Institute

<https://www.recoveryanswers.org/media/digital-recovery-support-online-and-mobile-resources/>



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