

## Taking the Measure of Addiction Recovery: A Brief History of Recovery Capital

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In 2020, the United States closed out its deadliest year in the history of addiction in America, topping 94,000 drug overdose deaths and even more deaths due to excessive alcohol use.<sup>1</sup> Addiction costs the U.S. over \$600 billion annually, to say nothing of the emotional costs to individuals, families, and communities. Despite the billions of dollars spent annually on drug and alcohol treatment, drug overdose and alcohol-related death rates continue to rise. However, recent trends offer hope. There is increasing awareness and facilitation of community-based recovery services and peer-recovery support, and recovery community spaces are increasingly available to anyone seeking such support.<sup>3</sup>

Increasing the number of non-profit organizations that are free and accessible to anyone seeking recovery is the way forward. Recovery has always been localized and community driven. Along with recent increases in non-profits, we have seen expansions in treatment services, access to medication, and harm reduction services. However, these expansions also require central organizing theories, operational principles, and measurements of service delivery. *Recovery capital* is quickly emerging as a leading idea that can fulfill this role. Since first conceived by Granfield and Cloud at the turn of the century,<sup>4,5</sup> our understanding of recovery capital has improved. Yet, the concept of recovery capital can be confusing and difficult to measure.

This issue brief will provide an overview of the concept of recovery capital, the measurement of recovery, and recent developments in the use of recovery capital to measure individual capacity for healing from substance use disorders. The intended audience is treatment and service providers, those who work with individuals with substance use disorders, and friends and family members of individuals with substance use disorders.

### KEY TAKEAWAYS

- Drug overdose and alcohol-related death rates continue to rise in the U.S., signaling our country's failure to properly deal with addiction.
- Recovery capital is one of the most important theoretical advancements in the field of addiction treatment.
- Recovery capital is the sum of personal and social resources that can be marshaled to overcome substance use problems.
- Despite some shortcomings, recovery capital measures should be integrated into most services aimed at reducing harmful substance use and promoting recovery.
- Health policies should promote personal, social, community, and cultural recovery capital.

## What is Recovery Capital?

Recovery capital comprises physical, social, human, and cultural forms of capital that constitute the total capacity one can draw on to overcome addiction.<sup>6</sup> The idea is derived from a simple fact: many people overcome problematic substance issues without formal treatment or community-based mutual-aid organizations. This phenomenon, called “natural recovery” or “self-change,”<sup>6,7,8</sup> varies across degrees of severity, substance type, gender, and other individual characteristics.<sup>9</sup>

Grainfield and Cloud noticed in their initial research<sup>4</sup> that natural recovery populations had certain positive commonalities, such as religious engagement, social support networks, gainful employment, good health, supportive peers, and family support.<sup>9</sup> Ultimately, these findings prompted scientists to ask: What does it take for a person to recover on their own, and can these factors be implemented into treatment and support for those who need additional help? Recovery capital can best be thought of as a potential healing capacity across multiple life domains (physical, social, personal, and socioecological) that increases a person's likelihood of recovery when fostered through the proper supportive social mechanisms.

Recovery capital is related to problem severity in a matrix rather than linearly.<sup>17</sup> The general action is that recovery capital reduces impacts of problem severity, and vice versa, but this relationship is complex. Chronic substance issues persist over time, and there is a general degrading of tangible forms of support. Money is spent, jobs may be lost, access to professional care may disappear, and relationships are strained, all while physical and mental health decline. Rebuilding and capitalizing on supportive relationships are key to the recovery process.

Severity may also vary by drug type and life areas that are negatively affected. For example, alcohol may take years to become a problem, with major negative impacts to personal relationships, employment, and physical health. Alternatively, a drug like cocaine may have an immediate negative impact, particularly on financial stability due to the cost of the drug itself. It is quite common for people recently introduced to cocaine to burn through their cash and savings. Other substance initiation may start as medical use, but then progress to street drugs when prescriptions run out, putting one at risk of arrest or overdose. Therefore, an initial step in assessing the severity and impact of substance use involves an accurate accounting of recovery capital resources so that treatment interventions can target specific deficiencies and areas of the person's life that have been harmed.

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## Recovery is a Relational Process

Recovery does not occur in a vacuum. It involves other people and institutions. This social component makes sense when we consider how people are affected by addiction. When a person suffers from chronic conditions like addiction, family members, employers, and friends, are negatively impacted in various ways. Therefore, it makes sense that the recovery process would rely heavily on the healing and growth of socially supportive bonds.

The Recovery Science Research Collaborative defines recovery as "an individualized, intentional,

dynamic, and relational process involving sustained efforts to improve wellness."<sup>10</sup> This definition implies that while everyone's pathway to recovery is unique, recovery involves an intent to improve personal wellness. This improvement occurs through strengthening relationships with oneself and others. Recovery is a persistent and ongoing social process that buoys the individual through positive interactions with recovery-affirming people and institutions.

Recovery capital relies on bidirectional mutuality between the individual and their social networks. This bidirectionality is facilitated and enhanced through supportive social institutions (such as employment, family, and treatment) and communities (such as mutual-aid groups, religious affiliations, or local associations). Thus, where personal capacities intersect with these social networks, recovery capital can be measured and even enhanced.

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### **How Can We Assess Recovery Capital?**

The development of tools for assessing recovery capital occurs in three stages. First, the clinical application of the Recovery Capital Scale (RCS) outlined by William White<sup>11</sup> is a therapeutic tool for self-assessment, to be filled out between a counselor or peer supporter and the client. White encourages ongoing assessment to gauge problem severity and recovery capital domains. This assessment can help a counselor identify changing needs on an ongoing basis and match degrees of severity to services that improve recovery capital within specific life areas (e.g., personal, social, cultural).<sup>12</sup>

Next is the Assessment of Recovery Capital (ARC), the long form of which was established in 2013.<sup>13</sup> This tool is a 50-question validated survey that has proven to be sensitive enough to detect stages of recovery, predict recovery stability, and assess the progress of an individual's recovery journey.

Finally, in 2017<sup>14</sup> the [Recovery Research Institute](#) created a brief psychometrically validated measure of recovery capital called the Brief Assessment of Recovery Capital (BARC-10). This measure provides a one-dimensional score derived from a ten-question survey that captures individuals' physical, professional, social, and personal resources for recovery.

Together, these measurement tools can quantify recovery potential, predict recovery outcomes, and gauge recovery progress. Each of these measures has uses in specific settings, either as a clinical assessment, a research metric, or as a brief scan of recovery progress for programs or policy evaluation. There are additional instruments, not mentioned in this brief, which have been developed to examine recovery capital of special populations such as adolescents in treatment.<sup>18</sup>

### **Shortcomings in Recovery Capital Measures**

The use of recovery capital measures has had an enormous impact on how recovery researchers, clinicians, and support service professionals conceptualize and track recovery from substance use disorders. A systematic review in 2017<sup>15</sup> noted that much of the past research lacked consideration for community-level and cultural factors, along with inconsistent application of uniform domains. For example, some studies captured physical capital (cash). Others captured family support. Still others moved from the concept of cultural capital (values, beliefs, norms) to the idea of community capital (attitudes, policies, resources). Some of this inconsistency is due to the exploratory and developmental

process of defining and measuring an emerging concept like recovery capital.

The conceptualization of recovery capital still heavily relies on notions of individual self-improvement, absent acknowledgment of structural and community barriers.<sup>16</sup> This is an essential critique when combined with what we know about the structural barriers produced by criminal justice system involvement,<sup>19,20</sup> biased employers,<sup>21</sup> and the multiple systematic and stigma-related inequities that affect this highly marginalized population.<sup>22,23</sup>

With recovery capital, social position plays an enormous role in one's ability to access resources. Stable homes, supportive families, education, and access to clinical and medical services are tightly tied to economic stability and health. Structural forms of social disempowerment may block resources. For example, policy barriers may bar those with felony drug convictions from renting an apartment, gaining employment, or accessing social services. Unlike personal or social recovery capital, systemic barriers are often static and immovable at the individual level and can reduce recovery capital. Measuring structural deficiencies and barriers can offer evidence that helps policymakers design recovery-promoting policies (such as fair housing, and “ban the box”<sup>24</sup> campaigns) that will reduce structural obstacles for people in recovery.<sup>22</sup>

## Promoting and Practicing Recovery Capital

With the evidence we now have about recovery capital, public health professionals, clinicians, medical providers, treatment centers, and recovery community organizations should all seek to incorporate existing knowledge of recovery capital into discussions of substance use disorder policy, outcomes, services, and practices. For scientists, future use of recovery capital concepts and measures should expand in two general directions. One direction involves developing the means to quantify structural and community-level inequities. The second direction, though not discussed here, consists of linking recovery capital to biomarkers or physical evidence of recovery such as brain imaging.<sup>14</sup> It is clear that recovery capital is here to stay, and is one of the most important concepts to understand for those who are concerned with substance use disorders and recovery.

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