Rock Bottom Is Not a Motivator:

From Opioid Addiction to Human Flourishing

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BACKGROUND

- Understanding lived experiences of people with opioid use disorder (OUD) & developing effective treatment strategies are critically important as opioid-related deaths continue to rise.
- Rock bottom, the lowest point in one's addiction, remains a prevailing idea in addiction & recovery.
- Recovery programs often imply "hitting bottom" is necessary for recovery. This assumption may be dangerous as it can delay seeking addiction treatment.
- The extent to which "rock bottoms" motivate recovery & what characterizes "rock bottom" is unknown.

STUDY OBJECTIVES

- 1) Explore individuals' decisions to seek recovery from OUD
- 2) Characterize "rock bottom"
- 3) Identify motivators critical to seeking & sustaining recovery

METHODS

Study Design: Semi-structured interviews of individuals self-reporting to be in recovery from OUD. Interviews focused on rock bottom & decision to seek recovery. Setting: Participants recruited from & interviewed in-person at Charm City Care Connection, a harm reduction clinic in

Analysis: Interview transcripts independently coded by 2 researchers (SA & DM), using standard thematic analysis.

Table 1: Demographics

Baltimore, MD.

Characteristic	N = 20
Age range	32 – 66 yrs
Recovery duration	< 1 mo – 15 yrs
range	
Race	
Black	13 (65%)
White	7 (35%)
Gender	
Male	18 (90%)
Female	2 (10%)

AUTHORS & DISCLOSURES

No disclosures for any authors

RESULTS

Perspectives on Rock Bottom

- 14/20 (70%) participants reported experiencing rock bottom
- 2/14 (14% of the above; 10% of all participants) identify rock bottom as specific motivation for recovery
- For 17/20 (85%) participants, motivation towards recovery was a turning point an event distinct from rock bottom
- Perspectives on rock bottom's utility as a concept were mixed. Some participants [12/20 (60%)] described how rock bottom could potentially serve as a "wake-up call," although it often did not serve this purpose in their own experiences.
- Only 4/20 (20%) participants reported rock bottom as necessary to experience before seeking recovery

Figure 1: Rock Bottom Themes

P4: Rock bottom is nothing. You are nothing. You don't care about nothing, ... you burned your bridges... nobody, not even your own family, cares ... rock bottom is a tough place to be.

Loss of Character Social Erosion Connection Rock Bottom No Will Loss of Resources to Live

P7: People think rock bottom is just not having stuff. Rock bottom is when **you're at the** lowest point in your integrity and your morals. When you're at the lowest point in your character.

> P4: And when death presented itself, you know what I found out? I didn't want to f***ing die ... I'm gonna call it divine intervention. It gave me enough of a nuclear blast to have an "a-ha" moment.

Figure 2: Turning Points Themes

P4: I want to see my little grandbabies grow up and go to school and go to college and become successful. Young folk. They do some great things out here. It's a beautiful world...I don't want to leave it just yet.

Having a Child

Surviving an Overdose

Incarceration

Turning Points

Theme of Recovery Impactful Resources

Rebuilding Social Connections

Character Growth /

"True Self"

Resources that foster social community: volunteering, harm reduction clinics, recovery support groups (e.g. Narcotics Anonymous).

Resources that foster introspection / provide avenues to explore and live aligned with one's "true nature": faith-based/spiritual practices, and therapy

P12: That's why I like working here [Charm City Care Connection] because I feel like I matter, you know? ... it's a wonderful feeling. I make the clients here feel like they matter 'cause I know the feeling of feeling like you don't matter, you know what I mean?

CONCLUSIONS

- Rock bottom was not key motivator to recovery for most participants, although many had experienced rock bottom.
- Rock bottom experiences were characterized by loss of social connection, character erosion, loss of resources, & no will to live.
- Turning points having a child, surviving overdose, & incarceration - were key motivators to recovery. These were distinct from rock bottom
- Social connections & character growth emerged as a critical for lasting recovery.
- Implications: OUD treatment should not assume "hitting rock bottom" is necessary to motivate positive change.

DISCUSSION

- These findings can be situated within VanderWeele's model of human flourishing, which explores the pathways to and domains of a state in which all areas of one's life are going well.
- The loss of flourishing pathways (family, work, education & religious community) & domains (physical & mental health, happiness & life satisfaction, meaning & purpose, character & virtue and close social relationships) were critical to participants' descriptions of rock bottom: primarily the domains of 'close social relations' and 'character & virtue'.
- Through this lens, turning points included:
 - Having a child: gain of 'family' pathway
- 2) Surviving an overdose: gain of 'meaning & purpose' domain, as participants often attributed immense meaning to their survival
- Incarceration: an extreme loss of 'close social relations' domain.
- Social connection & character growth underpin several pathways and domains of flourishing during recovery
- Implications:
 - Promoting human flourishing in OUD recovery involves promoting social connectedness & avenues for character growth & introspection.
 - Flourishing has been linked to lasting recovery. Clinical care must promote true human flourishing after addiction, beyond solely achieving recovery

LIMITATIONS

Study participants represent a narrow range of gender & race

REFERENCES

VanderWeele, T. J. (2017). On the promotion of human flourishing. Proceedings of the National Academy of Sciences, 114(31), 8148–8156. https://doi.org/10.1073/pnas.1702996114

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