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BACKGROUND

- Substance use disorders (SUD) present a critical threat to public health worldwide.
- There are effective treatments but gains are often short-lived.
- Millions of individuals worldwide have successfully remitted from SUD and live productive lives.
- The recovery community has been largely neglected by addiction researchers.
- Examining the experiences of recovering persons can contribute to the resolution of SUD globally by elucidating how recovery is attained and lived, challenges faced over time, helpful resources, and services/resources that are needed but not available.
- Addiction and recovery unfold within the individual's local socio-cultural context
- Findings obtained in one country (most often, the U.S.) may not apply where different socio-political views of addiction prevail.
- Thus there is a need to identify 'universal' as well as culture specific recovery processes.



AIMS AND METHODS

- We compare the recovery experience in Australia and in the United States.
- Broadly stated, the Australia's approach to addressing SUD is through harm minimization whereas the US's response is primarily abstinence-based.
- Community-based individuals in SUD remission for a year or longer as per DSMIV-R criteria recruited through media advertising in New York City (USA, N = 158) and in Melbourne (Vic., Australia, N = 113).
- Data collected through in-person interviews lasting about 2 hours and consisting of standardized scales to assess sociodemographics, SUD history, utilization of formal and informal recovery resources (treatment, recovery support groups), functioning, recovery goals and experiences, social supports, personal beliefs, and overall satisfaction with life.





SAMPLE CHARACTERISTICS

	 New York (n=158)	 Melbourne (N = 113)
Male	50.3%	57.4%
Age (years)	44.14 (SD=7.89)	43.16 (SD=10.84)
African American	69.4%	0
Caucasian	12.7%	72.2%***
Mixed/Other	16.6%	25.0%
Hispanic Origin	13.4%	2.8%
Education (years)	12.1	10.3***
Ever tested for HIV	94.9*	87.6%*
HIV+ (among tested)	26.7%	1.0%***
Ever tested for HepC	83.6%	85.8%
Hep C+ (among tested)	31.2%	41.3%*
Ever Diagnosed with MH dx	38.5%	63.2%***
Ever arrested	77.2%	72.6%
No current legal involvement	83.3%	94.4%



SUBSTANCE USE HISTORY

	 New York	 Melbourne		
Lifetime Addiction Severity: Mean, SD ^a	11.94 (2.05)	13.53 (.66)***		
Age first regular use (in years)	14.7	15.0		
Ever injected	31%	66.4%***		
	<u>Ever</u>	<u>Primary</u>	<u>Ever</u>	<u>Primary</u>
Alcohol	98.1%	9%	100%	26.6%***
cannabis	98.1%	--	91.7%	14.2%***
Crack	88.5%	59.2%	9.3%	9%***
Cocaine	91.7%	8.9%	59.3%	2.7%***
Heroin/other opiates	63.1%	21.8%	68.5%	41.6%***
Methamphetamines	34.8%	.6%	87.6%	11.5%***
Other	1.9%	.5%	29.6%	2.5%



UTILIZATION OF RECOVERY RESOURCES

	 Ever	 Current	 Ever	 Current
Age 1 st Treatment (years)		31.61 (SD=9.62)		28.28 (SD=8.79)
Ever – any treatment	87.9%		77%*	
Methadone Maint.	23.6%	8.1%	33.3%	19.4%
TC	51.0%	N/A	54.6%	N/A
Inpatient Rehab	51.0%	N/A	56.5%	N/A
Outpatient	64.3%	34.7%	7.4%***	12.5%***
Participation in non 12-step recovery support group	N/A	17%	N/A	21%
Any 12-step (AA or NA)	89.3%	79.7%	81.4%***	69.3%
Alcoholics Anonymous (AA)	77.8%	59.9%***	70.8%	71%
Narcotics Anonymous (NA)	92.4%	79.8%***	69.0%***	76%

RECOVERY

	 USA	 AU
Duration of abstinence (months)		72**
Recovery definition: No drug or alcohol at all	93.8%	73.5%*
Most effective way to seek recovery		
Quit cold turkey	56.8%	61.1%
Gradual cut down to complete stop	11.6	32.7%**
Other	32.6%	6.2
Perceived harm from future substance use ^b	9.75	9.47*
Commitment to total abstinence ^c	3.23	3.19

FUNCTIONING AND WELL-BEING

	 USA	 AU
Employed full/part-time	48.4	58.3%**
Current attending school	21.7%	31.9%
Overall Health Rating (Mean, SD) ^d	3.12 (.96)	3.58 (.92)***
Overall Mental Health Rating ^d	3.50 (.93)	3.89 (.82)***
SCL (clinical measure) ^e	.60	.62
Spirituality ^f	3.08 (.38)	3.42 (.48)***
Existential well being (life meaning) ^f	3.32 (.48)	3.09 (.79)**
Religious involvement ^g	5.52 (1.46)	3.80 (1.73)***
Regular participation in non-recovery Social group/club (current)	13.7%	40.7%**
Overall Stress Past Year	5.45 (2.50)	5.42 (2.31)
Overall life satisfaction	8.20 (1.56)	7.72 (1.62)*

Summary of Findings and Implications

- The two samples are comparable in gender and age with more non-Caucasian in NYC.
- The NY sample averaged 4 years in remission, the AU sample 6 years.
- All had been polysubstance users; crack and cocaine had been the primary substances in NY; opiates, alcohol, cannabis and methamphetamines were more prevalent problems in AU.
- Lifetime SUD severity and injection history are higher in AU, yet the HIV+ rate is significantly lower; the HepC+ rate is higher.
- Fewer AU participants sought treatment but those who did sought treatment at a younger age than did NY participants and were significantly less likely to have received outpatient treatment.
- Although somewhat lower in AU, overall utilization of 12-step fellowships is very high in both countries; Narcotics Anonymous is used less in AU, reflecting its much smaller presence in Australia.
- While significantly fewer AU participants endorse total abstinence as their goals and definition of remission than do NY, the two groups do not significantly differ in their commitment to total abstinence in remission.
- The AU cohort scores higher on several indices of psychosocial functioning: employment and school attendance, self-rated physical and mental health (in spite of higher incidence of lifetime mental health diagnosis), and participation in non-recovery social organization/activities.
- Yet, life meaning/purpose and overall life satisfaction are lower in AU sample than in N
- Higher functioning among AU participants only partially due to longer remission (analyses not shown), suggesting that factors associated with functioning among long-term remitted persons in the two countries need to be investigated further.
- The extremely high difference in HIV+ rates in NY and AU (26.7% vs. 1%) in spite of higher injection rates in AU speaks to the value of the harm minimization model for maintaining health status during active addiction, while not compromising significantly long-term commitment to total abstinence once remission is sought and attained.