

Toward A Recovery Research Agenda: Promises, Pitfalls and Preliminary Experience

**Alexandre B. Laudet, Ph.D.¹
and William White, M.A.²**

¹National Development and Research Institutes, Inc.

² Chestnut Health Systems

**47th International Conference of the International Council on Alcohol and
Addictions, October 31st -November 5th, 2004 Venice, Italy**

Funded by National Institutes on Drug Abuse Grant R01 DA14409

Correspondence: laudet@ndri.org



Why Study Recovery?

- **Recovery from substance use is a reality for millions** of people worldwide.
- Addiction is a chronic disorder; **addressing addiction and recovery requires** that clinicians and researchers adopt **a long-term approach**.
- We know a great deal about addiction, **but very little about recovery**.
- Recovery is a lifelong process that may involve a succession of “stages” making changing demands on the individual.
- Most research on substance use adopts an ‘acute’ perspective to addiction, typically using short follow-up periods (e.g., 1 to 24 months).
- Therefore, most available data bear only on **recovery initiation**, a period that is short relative to the lifelong challenges of recovery.
- Little is known about temporal patterns of recovery over time or about predictors of long-term recovery (**recovery consolidation and maintenance**).

Why Study Recovery (contnd)

- Understanding the **changing demands of recovery** as well as resources that are perceived as helpful over time can:
 - Inform relapse prevention programs and;
 - Enhance the likelihood of successful outcomes toward stable recovery.
- Most studies use treatment effectiveness and efficacy study samples of participants so that **little is known about the course of recovery** or about recovery-promoting factors among persons who may have not have sought formal treatment services.
- Investigating the **various paths leading to recovery** will extend current knowledge beyond the experience of treatment samples typically used in addiction studies.

Paths to Recovery

There may be as many paths to recovery as there are individuals traveling that road. One way researchers have classified the recovery experience is in terms of whether or not individuals seek help.

Recovery resources include:

SUPPORT GROUPS 12-STEP FELLOWSHIPS: Affiliation with 12-step groups such as Narcotics Anonymous during and after treatment is helpful in maintaining short-term abstinence, especially for those who attend regularly or become involved.

OTHER RECOVERY SUPPORT GROUPS: A growing number of recovery support groups offer an alternative to the 12-step fellowships. Currently, these programs:

- Have shorter histories
- Are smaller
- Are less geographically dispersed
- Thus may offer less support for persons dependent on drugs other than alcohol than do 12-step groups.

In the US, they include: Alcoholics Victorious, Women for Sobriety, Moderation Management, Secular Organization for Sobriety, LifeRing Secular Recovery, SMART Recovery, Free N' One, as well as faith-based recovery ministries.

Paths to Recovery (contnd)

PROFESSIONAL TREATMENT: Participation in treatment consistently associated with better short-term outcome.

NOTE: **Formal treatment and participation in support groups are not mutually exclusive.** There is growing evidence that many substance users use both treatment and 12-step groups and that doing so enhances the likelihood of successful outcomes.

NATURAL RECOVERY: A small number of studies has documented **recovery without the help of formal treatment or participation in support groups.**

- Most studies have been conducted among alcohol-dependent persons.
- Quantitative estimates of natural recovery have been inconsistent.
- Natural recovery may be more prevalent among persons with less severe problems.

Investigating Recovery: How? (contnd)

CORROBORATING SELF-REPORT: **Addiction History**

- While treatment clients can be assumed to have a history of substance use, persons answering an advertisement cannot.
- **Self-reported history of substance use must be corroborated** through external sources.
- This is typically accomplished by asking participants to provide the name of one or two individuals (collaterals) who can speak to participants' history.
- **Collaterals** are contacted for a brief telephone interview by a researcher who is blind to (unaware of) the individual participant's self-reported historical data.
- **Possible difficulty:** Persons who are in early stage of the recovery process may not have an intact social network-they may have severed ties with their former drug-using acquaintances and may not have yet established a stable network of drug-free persons and/or they may not have shared their past history with their new social network so that identifying knowledgeable collaterals can be difficult.

Investigating Recovery: How? (contnd)

CORROBORATING SELF-REPORT: **Recovery and Abstinence**

- Treatment evaluation studies typically collect **biological samples** (urine, blood, saliva or hair) to verify self-reported substance use at follow-up.
- This method has not been used in studies of recovery but it is feasible and **should be made standard practice for future studies.**
- **Possible difficulty:** Recovering individuals, particularly those who have never attended treatment, may be offended at researchers' request for a biological sample. It is incumbent upon researchers to explain the importance of collecting objective data that will lend validity and credibility to study findings.

Investigating Recovery: What? Pathways to Long-term Abstinence

Overview of Method and Procedures

- Pathways to Long-term Abstinence is a 5 year NIDA-funded study that is being conducted in New York City.
- **A longitudinal investigation of factors associated with stable recovery over time.**
- **Naturalistic prospective design: Data collected 4 times at yearly intervals.**
- Eligibility criteria are: (1) self-reported abstinence of one month or longer; and (2) not currently in residential treatment.
- Voluntary participation based on informed consent.
- Semi-structured interviews lasting approximately 2 hours.
- Participants receive \$30 for baseline interview.
- This presentation bears on the baseline cohort of 354 completed interviews.

Pathways to Long-Term Abstinence

Summary of Sample Recruitment

RECRUITING through media advertisement in free newspapers and flyers placed in the community (e.g., supermarkets, YMCAs) in New York City.

HAVE YOU RECENTLY OVERCOME A DRUG PROBLEM?



Telephone SCREENING (about 12 min). Information gathered:

- Brief substance use history
- Drug History Screening Test (DAST- severity measure)
- History of professional treatment and 12-step participation
- Contact information



DATA COLLECTION

- Semi-structured in person interview
- Hair sample
- Collateral interview

Pathways to Long-Term Abstinence

Men	56%
Age (median)	43 (range: 19 to 65 years old)
Race/ethny	
African American	62%
Caucasian	16%
Mixed/Other	22%
Education (median years)	12 (range: 5 to 19)
Employed full/part-time	40%
Primary income	
Job on/off the books	34%
Govt. assistance	59%
Other legitimate income	7%
HIV+	22%
Psychiatric disorder (ever)	39%
No legal involvement	82%

Pathways to Long-Term Abstinence

Drug and Alcohol Use History

	Ever <u>(%)</u>	Primary Problem <u>(%)</u>	Other Problems ^a <u>(%)</u>
Crack	86	58.3	14.2
Heroin	64	18.6	12.4
Cocaine	92	10.1	22.7
Alcohol	99	8.1	28.3
Marijuana	97	2.3	5.6
Hallucinogens	60	2.1	3.1
Nothing else	NA	NA	36.0

^a Adds to over 100 because of multiple responses

Pathways to Long-Term Abstinence

Substance Use: Length, Severity and Current Status

GENERALLY LONG AND SEVERE HISTORY OF POLYSUBSTANCE USE

Years regular use of alcohol	Mean = 17.4	St. Dev = 10.6
Years regular use of drugs	Mean = 18.7	St. Dev = 12.0
Dependence Severity ^b	Mean = 11.6	St. Dev = 2.4
Time since last used (median)		
Alcohol (median)	14 months (range = .1 to 528)	
Illicit drugs (median)	14 months (range = 1 to 231)	

^bSheehan DV & Lecrubier Y (2002) Mini International Neuropsychiatric Interview. University of South Florida – Tampa. Possible Score range: 0 to 14. Primary substance only

Pathways to Long-Term Abstinence

Utilization of Treatment and 12-step

	<u>Ever</u> (%)	<u>Current</u> <u>(past month)</u> (%)
Any <u>formal treatment</u> (drug OR alcohol)	87	34
Detox	77	0
Methadone maintenance	27	5
Therapeutic Community	53	0
Inpatient rehab	59	0
Outpatient treatment	72	29
Treatment in jail or prison	29	0
<u>Any 12-step Attendance</u>	90	60
Narcotics Anonymous	88	56
Alcoholics Anonymous	72	47

Exploring the Recovery Experience

- Open-ended items were used to explore qualitatively the recovery experience.
- Inventory was developed based on literature searches, pilot study, focus groups and the authors' clinical and research experience.
- Answer codes were developed on the first 30 completed interviews; based on a subsample of 25 instruments coded by two independent researchers, inter-rater reliability was $r = .92$.

Pathways to Long-Term Abstinence

*Factors Associated with **Decision to Quit***

“To what extent was [item] a factor in your decision to stop using drugs?” Not at all, a little, moderately, very much, extremely.

Top Five of 24 Ratings “Extremely” + “Very much” % in descending order

- | | | |
|----|---|-----------|
| 1. | Didn't like where life was going/feared consequences | 94 |
| 2. | Desire for a better life | 93 |
| 3. | Tired of the drug life | 92 |
| 4. | Didn't like what I was becoming | 90 |
| 5. | Weighing pros and cons of continued use | 86 |

Pathways to Long-Term Abstinence

Current Sources of *Recovery Support*

“To what extent is [item] helpful to you in your recovery now”
Not at all, a little, moderately, very much, extremely.

Top Five of 25 Ratings “Extremely”+“Very much” % in descending order

- | | |
|--|----|
| 1. Enjoying life without drugs | 97 |
| 2. Belief/ hope that I will get better | 96 |
| 2. Remembering consequences of past drug use | 96 |
| 3. Starting to feel better about myself | 94 |
| 3. Engaging in drug-free hobbies/activities | 94 |
| 3. Striving to be honest with self & others | 94 |
| 4. Taking it one day at a time | 93 |
| 5. Starting to feel better physically | 92 |

Pathways to Long-Term Abstinence

Substitute Activities

“Some people find that when they cut down or stop drinking/using drugs, they increase other activities. To what extent has [item] become more or less important in your life since you stopped using?^d”

Top Ten of 18 Ratings “% has become much more important”

A new sense of identity, self esteem	79
Family	73
The recovery community	63
Spiritual activities and pursuits	63
Leisure & recreational activities	60
Work	60
Giving back/volunteering	57
Social activities	54
Religion	46
Physical activities	40

^d Scale = Much less important, slightly less important, has not changed, slightly more important, much more important

Pathways to Long-Term Abstinence

Summary of Findings

- Media recruitment yields sample of participants that is diverse in terms of gender, race, age, history of substance use and recovery paths.
- Participants had extensive histories of polysubstance use.
- Most participants reported using some form of help to stop using drugs; most used both formal treatment and 12-step groups.
- Utilization of recovery resources significantly associated with severity/length of drug use: participants with more severe/longer history significantly more likely to report using both formal treatment and 12-step groups.
- Fear of the negative effect/consequences of drug use and the desire for a better life and the were cited most frequently as determinant factors in the decision to stop using drugs.

Toward a Recovery-Oriented Research Agenda

People in recovery, their families, service professionals and researchers need to have realistic expectations for recovery outcomes, knowledge of the timeframes within which such outcomes are likely to be achieved, and of the strategies and processes through which they are facilitated. To that end, future search needs to:

- Adopt a **long-term perspective** to the study of addiction and recovery.
- Apply **strict 'best practice' research methods** to the empirical study of recovery.
- Investigate the **chronological development of recovery over time** (stages).
- Achieve consensus on **how to define and measure recovery**.

Toward a Recovery-Oriented Research Agenda (contnd)

- Conceptualize recovery **beyond abstinence to such** critical domains as quality of life, social, economic and psychological functioning.
- **Identify the multiplicity of paths to recovery** – beyond professional treatment and participation in 12-step groups.
- **Investigate the broad spectrum of recovery patterns and experiences** – e.g., gender- and culture-specific patterns.
- Integrate empirical findings about the recovery process into existing knowledge about addiction to promote the **integration of recovery management into therapeutic approaches to substance use.**

Questions

Thank You.

