

# Quality of life and addiction recovery: Patterns and determinants

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In collaboration with.....

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# Background

- ◆ Many recovering substance users report quitting drugs because they are “*sick and tired of being sick and tired*”
- ◆ Recovery is perceived as the path to a better life
- ◆ It is a challenging and stressful path for most – cravings, temptations to use, “dealing with wreckage of the past,” establishing a drug-free life (friends, employment), facing stigma and discrimination, self-esteem issues etc.

# Quality of life research in the addiction field

- ◆ Quality of life (QOL) remains the *missing measurement* in the addiction field
- ◆ Thus far, clinical interventions and evaluations have adopted a pathology-based model and focused largely on addressing the symptom only – substance use
- ◆ We lag behind other biomedical fields in embracing QOL as a bona fide outcome domain

# Limitations of existing Quality of life research in the addiction field

- ◆ Fewer than 50 studies ever been conducted on QOL in the addictions
- ◆ Mostly conducted among alcohol-dependent persons; **virtually no work on QOL among illicit-drug dependent persons**
- ◆ Most studies use cross-sectional or short-term follow-ups design (e.g., 6 months)
- ◆ All use health-related QOL (HRQOL) measures of illness-related limitations in functioning

# Quality of life research in the addiction field: *What do we know?*

- ◆ HRQOL among active substance users and treatment seekers is poor - as low or lower as that of patients with other serious chronic disorders and health conditions –e.g., lung disease and diabetes
- ◆ HRQOL improves to some extent as a function of reduced use and
- ◆ Decreases in HRQOL with return to substance use

# Quality of life research in the addiction field: *What do we need to know?*

- ◆ Levels of overall global QOL (life satisfaction) as a function of recovery
- ◆ Especially among drug-dependent persons
- ◆ ‘Staying power’ of QOL improvements resulting from reduced use (pattern of QOL change)
- ◆ Predictors of QOL at various ‘recovery stages’

# Addiction and recovery

- ◆ **Addiction is conceptualized as a chronic disorder**
- ◆ **Remission (recovery) is experienced as a process that unfolds over time**
- ◆ **Factors associated with recovery initiation may differ from those implicated in recovery maintenance**

# Study objectives

**This exploratory study addresses three primary questions:**

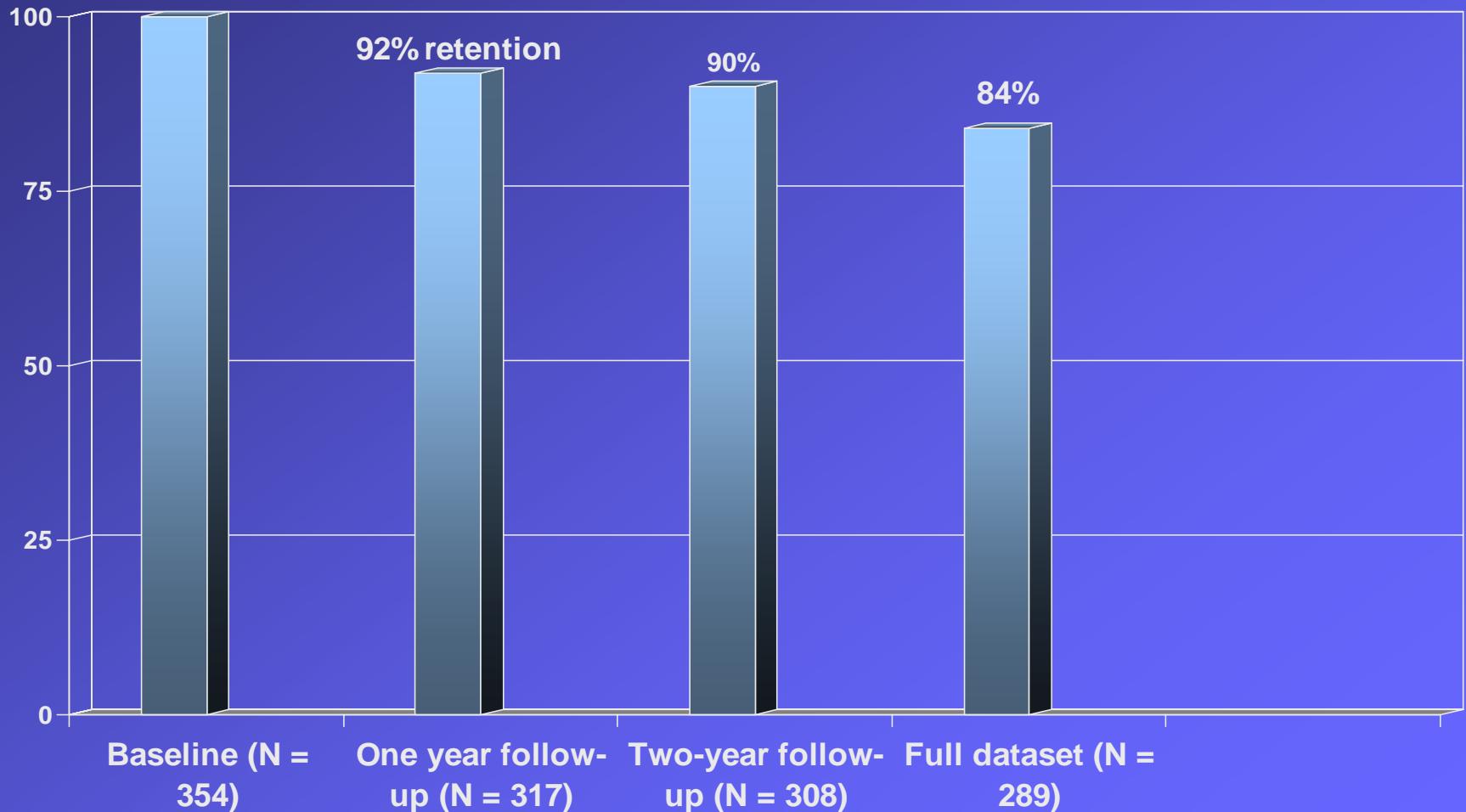
- 1. Levels of satisfaction with QOL at different stage of remission**
- 2. Patterns of overall QOL satisfaction as a function of remission from illicit drugs**
- 3. Predictors of QOL patterns over time**

# The Pathways Project: METHODS

- ◆ NIH-funded investigation of factors associated with stable recovery over time conducted in New York City
- ◆ Naturalistic prospective design: Data collected 3 times at yearly intervals (baseline, one- and two-year follow-ups)
- ◆ Eligibility criteria : (1) self-reported abstinence of one month or longer; and (2) not currently in residential treatment @ recruitment
- ◆ Voluntary participation based on informed consent
- ◆ Participation incentive: BL = \$30, F1 = \$40, F2 = \$50

# Pathways dataset: SUMMARY

A cohort of 354 media-recruited men and women in recovery from one month to 10+ years



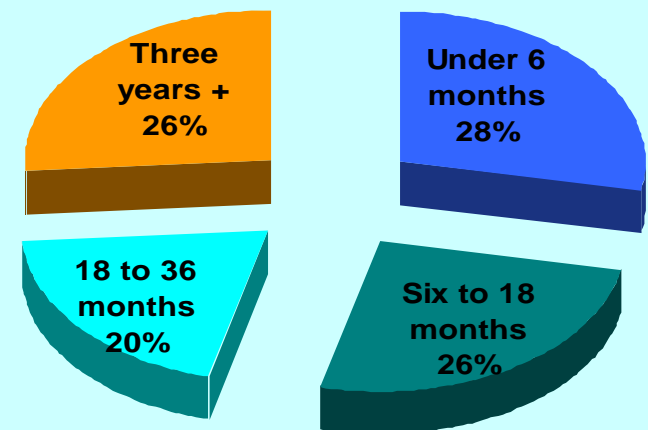
# Pathways Sample: SUMMARY

- ◆ Primarily members of inner-city ethnic, underserved minorities
- ◆ Long & severe history of (primarily) crack and/or heroin use
- ◆ Almost all are polysubstance users
- ◆ Almost all have used formal addiction treatment services and 12-step fellowships
- ◆ Self-identified as 'in recovery' from one month to 10+ years
- ◆ 31% HepC+ and 24% HIV+

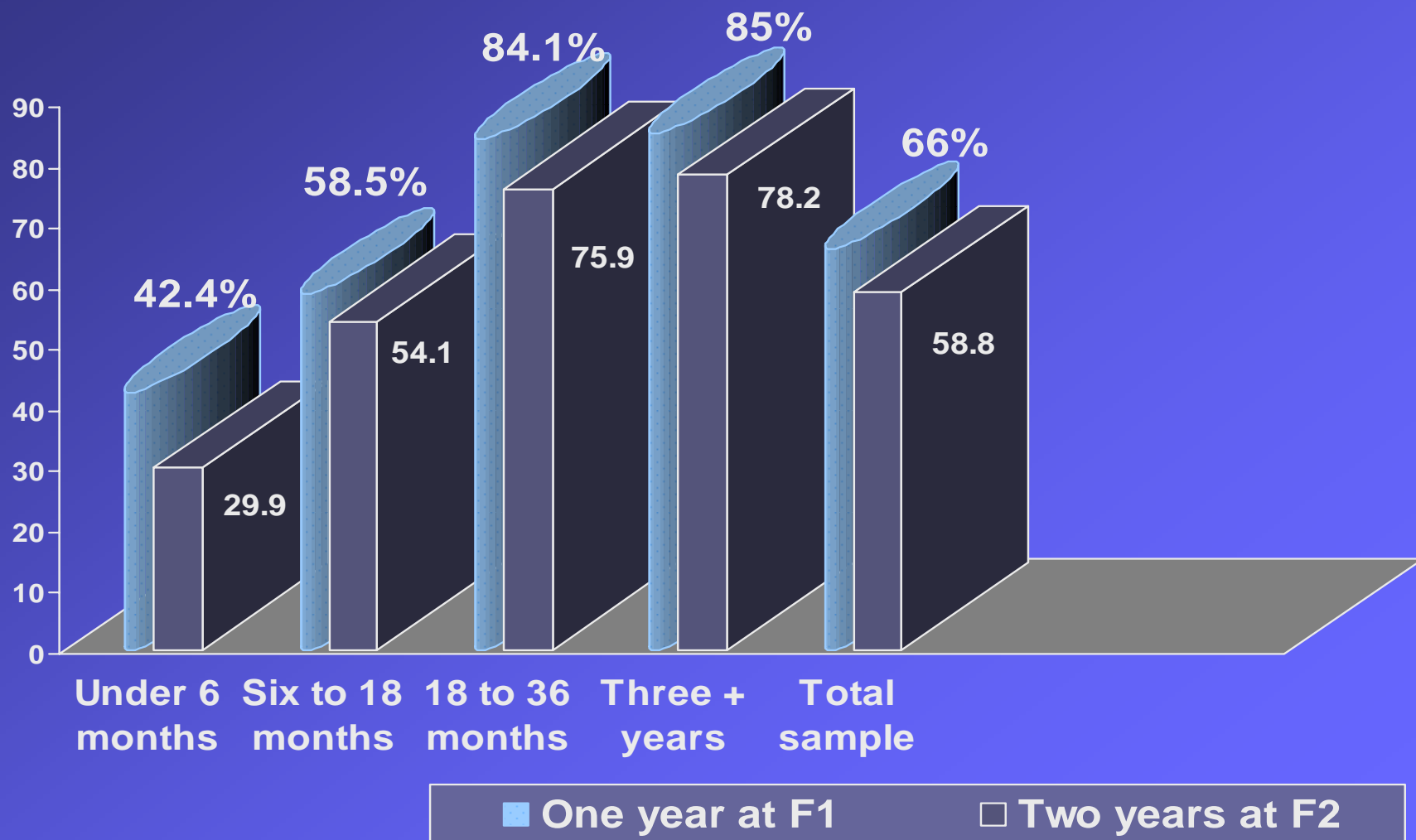
# Key study domains

Assessed at each data collection point:

- ◆ **Overall QOL Satisfaction:** *Overall, how satisfied are you with your life right now?* Visual scale: 1 = 'not at all,' and 10 "completely."
- ◆ **Drug-free time ("Remission"):** Shortest time since last used an illicit drug (from 13 among 'ever' used substances assessed in the Addiction severity Index-ASI)
- ◆ **Remission stage:** Four clinically-based time-linked stages based on Baseline drug-free time:



# Sustained remission one- and two-years post baseline as function of baseline remission stage



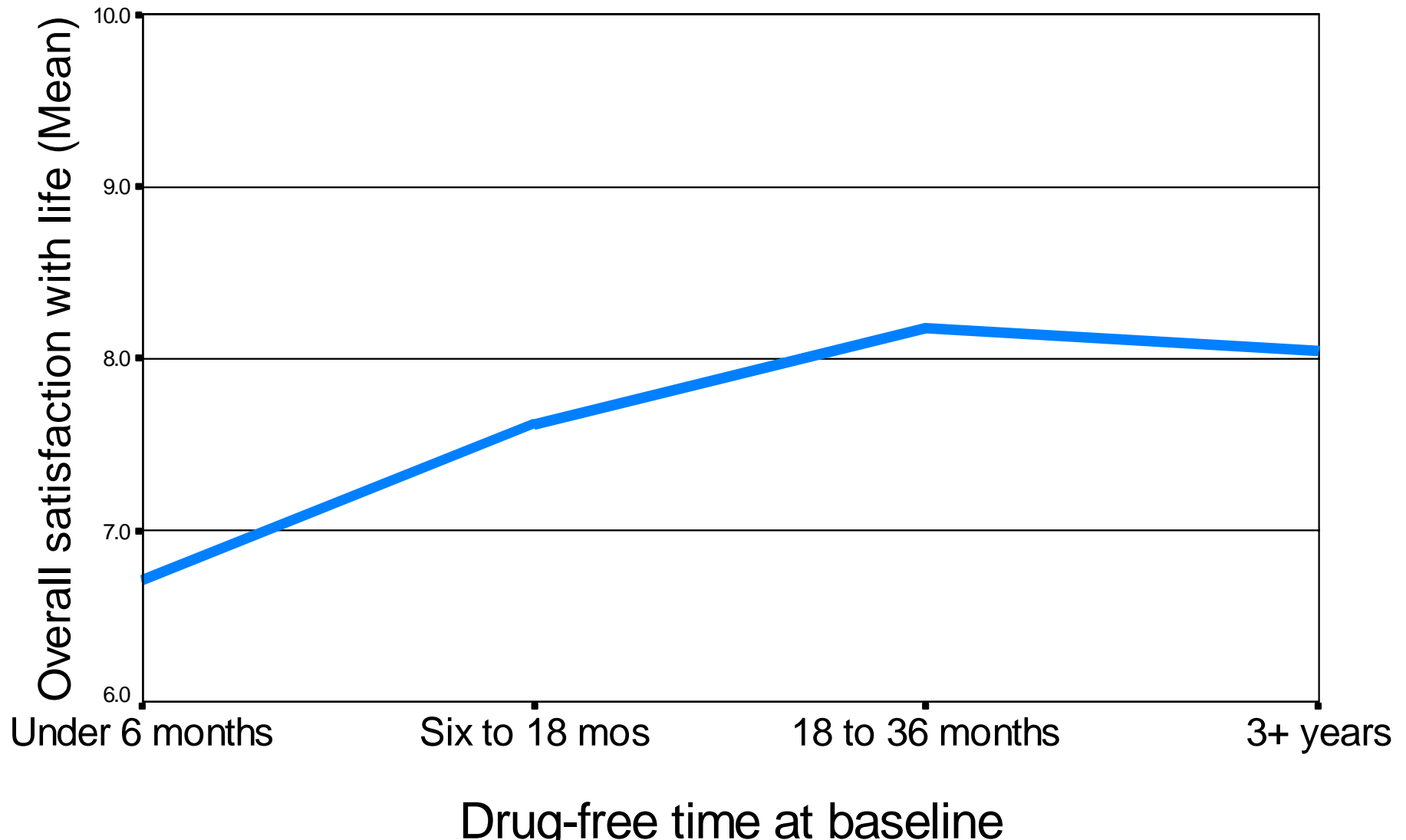
**QOL SATISFACTION**

**as a**

**FUNCTION OF SUBSEQUENT  
REMISSION**

# Cross-sectional analyses

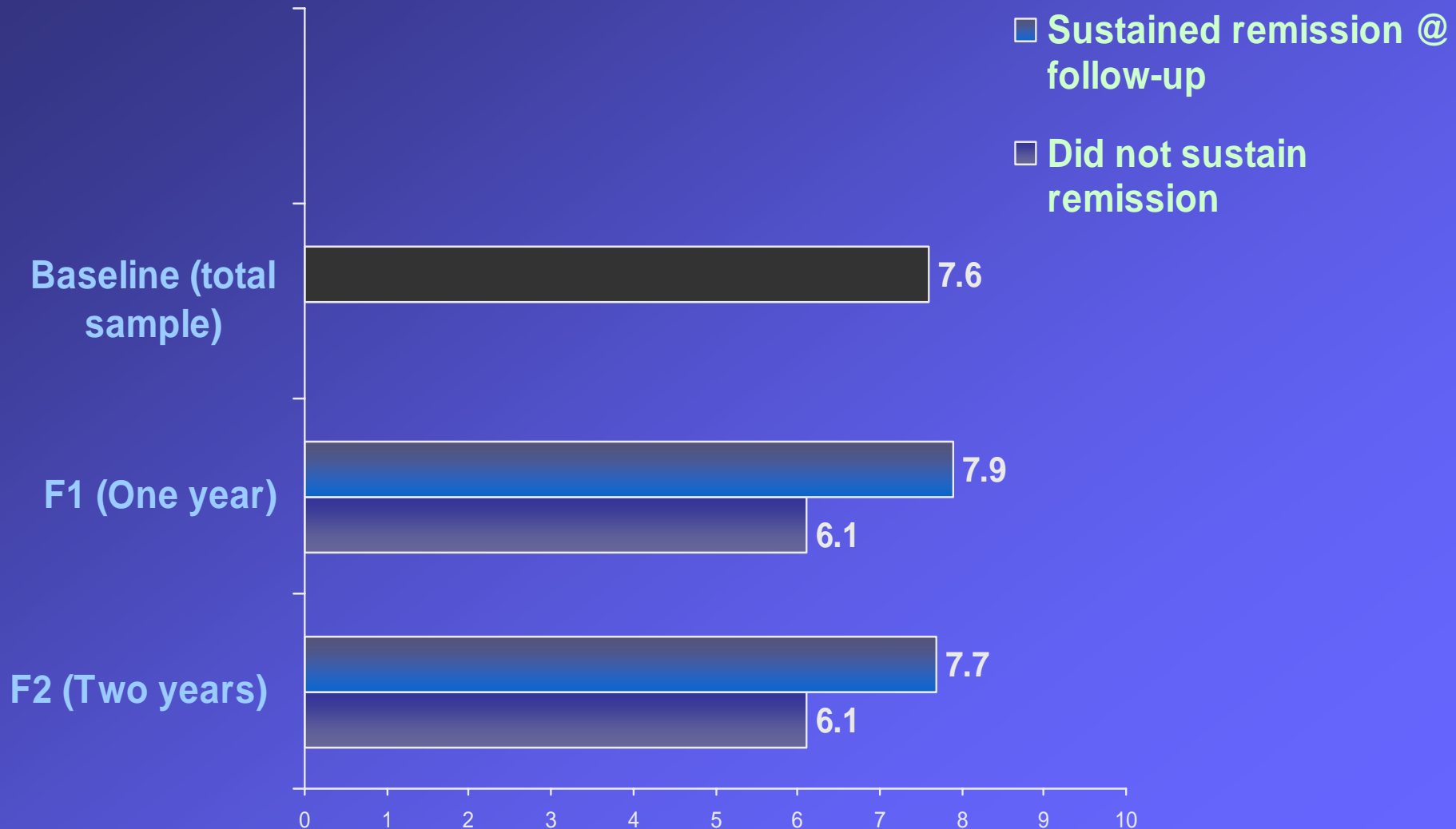
# Quality of life satisfaction as a function of remission duration



# Prospective analyses

# QOL satisfaction at F1 and F2 as a function of sustained remission in the past one and two years

*Both F1 and F2 significant ( $p < .001$ )*



**PSYCHOSOCIAL  
PREDICTORS OF QOL  
SATISFACTION**

# Predictor domains: Recovery capital

- ◆ Most QOL research in the addictions has investigated the role of fixed characteristics (age, gender, addiction severity)
- ◆ Elucidating the role of psychosocial factors that can be altered is necessary to inform clinical practice and the recovery community
- ◆ We conducted multiple regressions to examine the combined and individual role of psychosocial factors on QOL over time

# Cross-sectional analyses

# Role of recovery capital in buffering stress and enhancing quality of life @ baseline

**RECOVERY CAPITAL ACCOUNTS FOR 60.6% OF VARIANCE IN QOL**



*All betas  $p < .001$  except 12-step attendance*

*From: Laudet et al., (2006) Alcoholism Treatment Quarterly, 24: 1/2, 33-74.*

# Prospective analyses

# Baseline recovery capital as predictor of QOL at one-year follow-up

	Total N = 312	Baseline Remission Stage			
		> 6 mos N = 87	6 - 18 mo. N = 82	18 - 36 mo. N = 63	3 years + N = 80
<b>STEP ONE</b>					
Baseline life satisfaction	.33***	.25*	.25*	.21	.39***
R <sup>2</sup> (% explained variance)	11%	6.5%	6%	4%	15%
<b>STEP TWO: BASELINE RECOVERY CAPITAL</b>					
Length of remission	.13*	.24*	ns	ns	ns
General Social Support	ns	ns	ns	-ns	ns
Recovery support	ns	ns	ns	ns	ns
12-step attendance	ns	ns	ns	ns	ns
12-step involvement	ns	ns	ns	ns	ns
Stress	-.15**	ns	-.30**	ns	-.24*
Spirituality	.21**	ns	ns	.37**	.26*
Religiosity	ns	ns	ns	ns	ns
Life meaning	ns	ns	ns	ns	ns
R <sup>2</sup> (explained variance)	21%	12%	14%	17%	29%

$p < .05$  \*\*  $p < .01$  \*\*\*  $p < .001$

From: Laudet, A. & White, W.. (in press - 2007) Recovery Capital as Prospective Predictor of Sustained Recovery, Life satisfaction and Stress among former poly-substance users. Substance use and Misuse, Vol. 42

# Integration of Findings

These exploratory findings indicate that:

- ◆ QOL increases significantly as remission stabilizes
- ◆ This can provide hope and a valued asset that can be lost if substance use resume (hence may motivate sustained remission)
- ◆ QOL is significantly poorer among individuals who return to substance use
- ◆ Spirituality, life meaning, social supports, and 12-step involvement
  - Buffer stress, a frequent relapse 'trigger'; and
  - Significantly enhance satisfaction with QOL
- ◆ Different domains appear to be critical to QOL at different stages of the remission process

# Future directions

- ◆ QOL research in the addictions remains in its infancy
- ◆ This is particularly true of research among persons who are/were dependent illicit drugs
- ◆ The addiction field needs to
  - Make a **paradigmatic shift** from pathology-based to wellness-focused
  - Embrace QOL as a bona fide outcome for clinical practice and research
  - Assess QOL and its prospective determinants using standardized measures of overall (positive) QOL
  - Identify additional predictors of QOL as our model accounts, at best, for less than one third of the variance.

# Questions?

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Thank you

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