





RECOVERY FROM ALCOHOL AND DRUG PROBLEMS IN A NATIONALLY-REPRESENTATIVE SAMPLE OF U.S. ADULTS: PREVALENCE, PATHWAYS, AND PREDICTORS

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Outline

- Why long-term remission/recovery important?
- National Recovery Study
- What is the prevalence of alcohol or other drug problem resolution?
- What proportion self-identify as being "in recovery"?
- What are the pathways followed?
- How many serious attempts does it take to resolve AOD problems?
- What is quality of life and functioning like in recovery?

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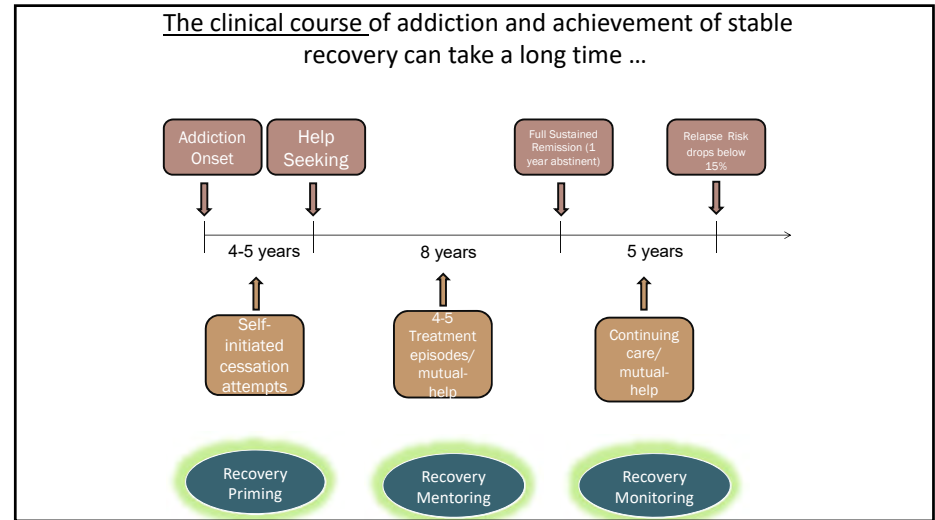
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Focus on Recovery

- Bill White for decades has talked about understanding more about recovery from the tens of millions already in recovery-untapped resource.
- Whole libraries/volumes written about etiology, epidemiology, and treatment, but little about recovery...
- A lot might be learned from the millions of people already successfully in long-term recovery; how they did it; what helped, made the difference.



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MULTIPLE PATHWAYS TO RECOVERY

Acknowledges myriad ways in which individuals can recover:

- Clinical pathways (provided by a clinician or other medical professional – both medication and psychosocial interventions)
- Non-clinical pathways (services not involving clinicians like AA)
- Self-management pathways (recovery change processes that involve no formal services, sometimes referred to as “natural recovery”).



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National Recovery Study (NRS)

- Designed to:
 - Estimate national “recovery” prevalence using nationally-representative, probability-based, sample of individuals who self-report once having a problem with AODs but no longer do...
 - Uncover and discover more about chosen recovery pathways and their correlates
 - Estimate number of serious quit attempts prior to problem resolution
 - Investigate relationships between duration of recovery and changes in other health behaviors (e.g. smoking cessation) indices of functioning and quality of life

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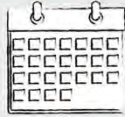
METHODS

NRS




Using the National Recovery Survey (NRS), a cross sectional, random, nationally representative sampling frame of 39,809 was identified. Out of the 25,229 that then responded, 2,002 individuals self-identified as resolving a significant alcohol or other drug problem.

63% survey response rate, similar to other national epidemiological surveys

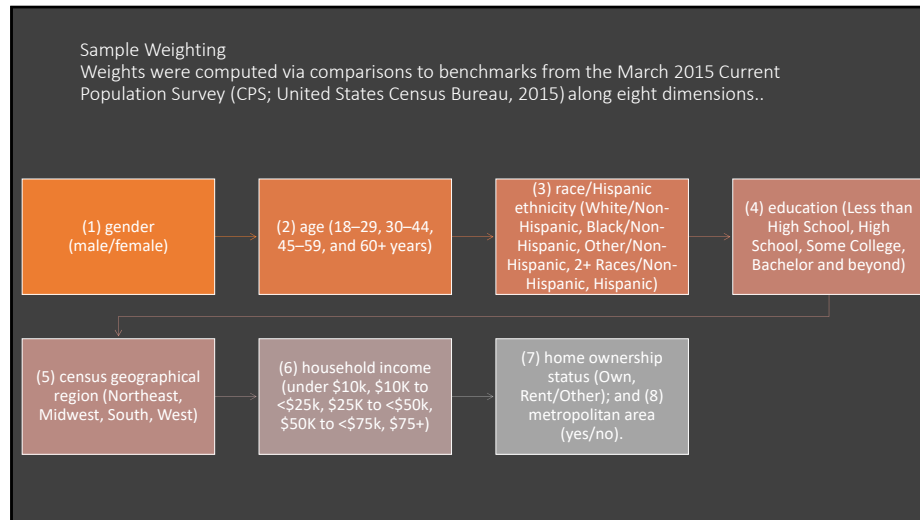


Data was collected in July & August of 2016



The data was weighted to accurately reflect the US population using iterative proportional fitting (raking), which produced weights based on eight geo-demographic benchmarks identified by the U.S. Census Bureau (CPS) in the 2015 Current Population Survey.

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Response rate similar to other national epidemiological surveys

- This response rate is comparable to most other current nationally representative surveys
- NESARC-III; 60.1% (Grant et al., 2015)
- 2015 National Survey on Drug Use and Health (NSDUH); 58.3%; Center for Behavioral Health Statistics and Quality, 2016)
- 2013-2014 National Health and Nutrition Examination Survey (NHANES); 68.5%; Centers for Disease Control and Prevention [CDC], 2013)
- Data were weighted to accurately represent the civilian population using the method of iterative proportional fitting, which is commonly referred to as “raking” (Battaglia, Hoaglin, & Frankel, 2013).

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MEASURES

- Demographic characteristics
- Substance Use History
- Medical History
- Criminal Justice History
- Treatment and Other Recovery Support Services
- Problem Resolution/Recovery History
- Recovery Capital
- Psychological Distress
- Quality of Life
- Happiness
- Self-Esteem

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The image shows the cover of the journal 'Drug and Alcohol Dependence' and a snippet of an article. The article title is 'Prevalence and pathways of recovery from drug and alcohol problems in the United States population: Implications for practice, research, and policy' by John F. Kelly, Brandon Bergman, Bettina B. Hoepner, Corrie Vilsaint, and William L. White. The snippet includes an abstract discussing the prevalence of AOD problems and recovery pathways.

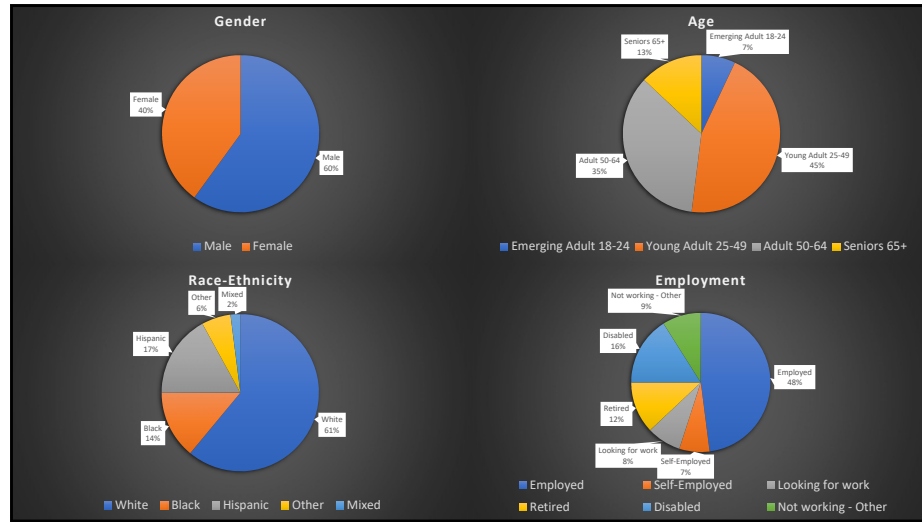
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RESULTS

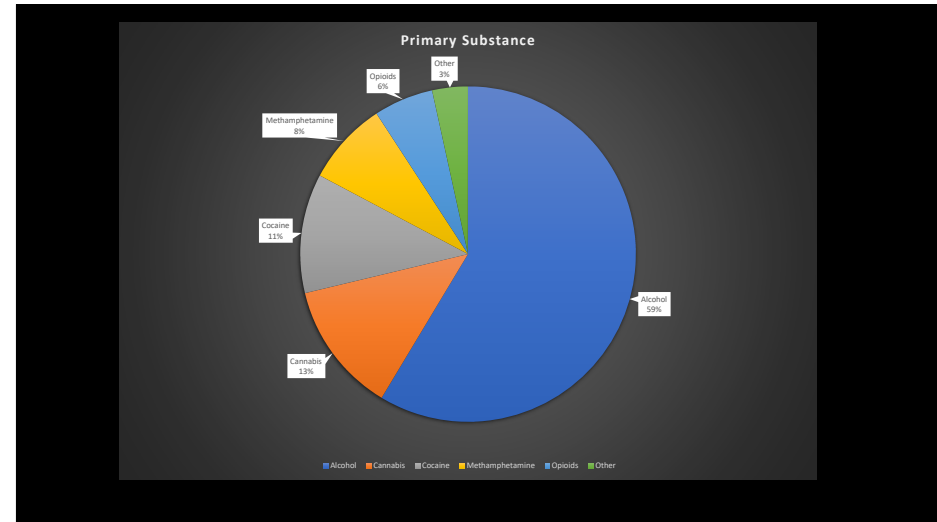
9.1% or 22.35 million Americans have resolved an alcohol or other drug problem

NRS

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Psychology of Addictive Behaviors
Volume 73, Part 2 February 2018


On Being "In Recovery": A National Study of Prevalence and Correlates of Adopting or Not Adopting a Recovery Identity Among Individuals Resolving Drug and Alcohol Problems

John F. Kelly, Alexandra W. Arey, Connor M. Milligan, Brandon G. Bergman, and Bettina B. Hoepfner
Massachusetts General Hospital, Boston, Massachusetts

Abstract: The concept of recovery has become an organizing paradigm in the addiction field globally. Although a consistent label to describe the broad phenomenon of change when individuals resolve significant alcohol or other drug (AOD) problems, little is known regarding the prevalence and correlates of adopting such an identity. Greater knowledge would inform clinical, public health, and policy communication efforts. We conducted a cross-sectional nationally representative survey (N = 39,000) of individuals resolving a significant AOD problem (n = 1,945). Weighted analyses estimated prevalence and binned correlates of label adoption. Qualitative analyses summarized reasons for prior recovery identity adoption/renunciation. The proportion of individuals currently identifying as being in recovery was 45.1%, lower in recovery 39.3%, and no longer in recovery 13.4%. Predictors of identifying as being in recovery included formal treatment and mental health participation, and history of being diagnosed with AOD or other psychiatric disorders. Qualitative analyses regarding reasons for adopting/recovery identity found themes related to low AOD problem severity, viewing the problem as resolved, or having little difficulty of stopping. Despite increasing use of the recovery label and concept, many resolving AOD problems do not identify in this manner. These appear to be individuals who have not engaged with the formal or informal treatment systems. To attract, engage, and accommodate this large number of individuals who add considerably to the AOD-related global burden of disease, AOD public health communication efforts may need to consider additional concepts and terminology beyond recovery (e.g., "problem resolution") to meet a broader range of preferences, perspectives and experiences.

Keywords: recovery, addiction, identity, social, remission

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Proportion self-identify as being "in recovery"

46%

- Odds of self-identifying in this manner associated with greater indices of greater severity (earlier age of onset, psychiatric comorbidities, greater treatment and recovery support services use)

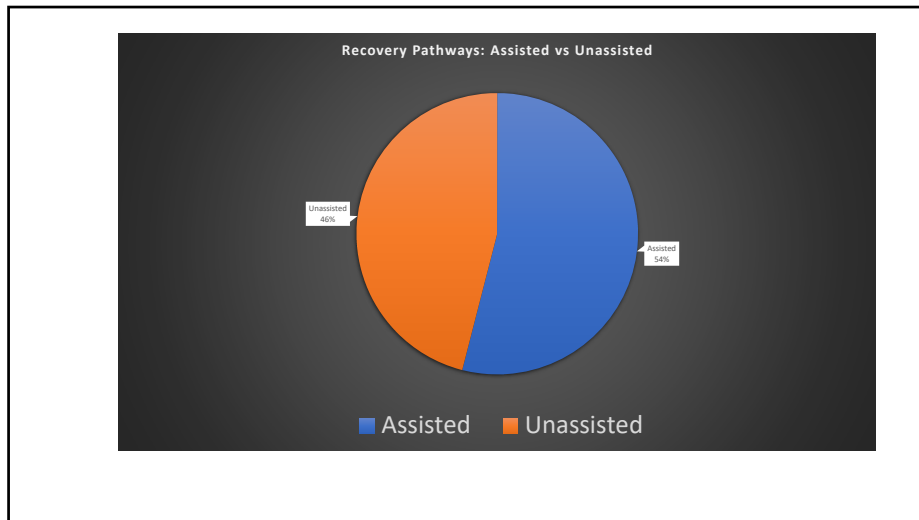
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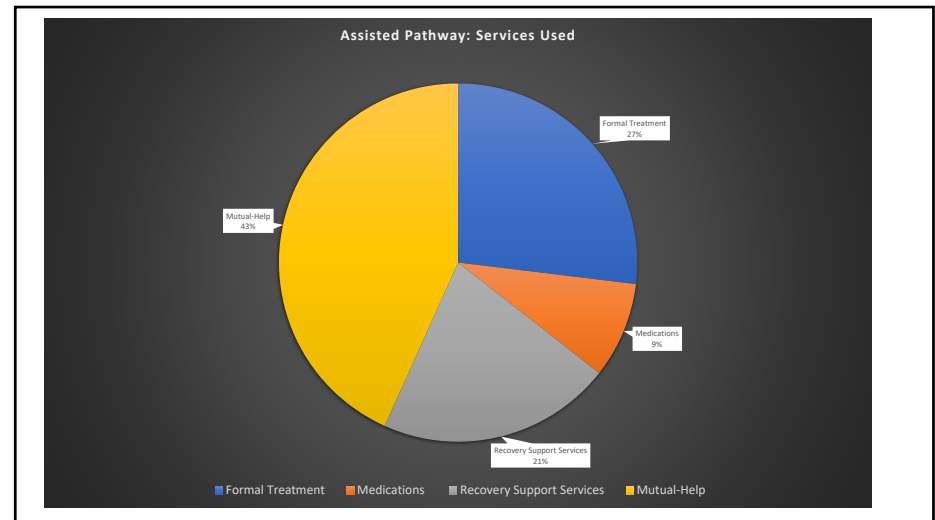
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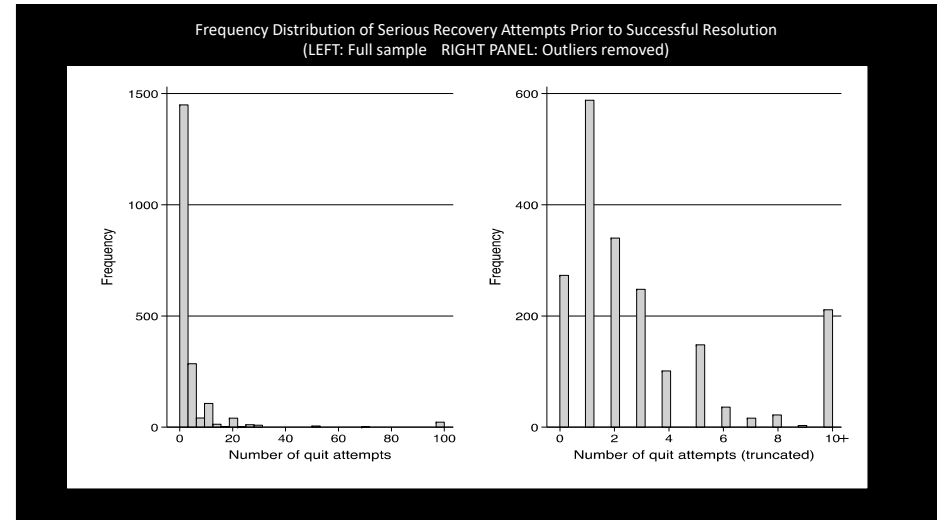


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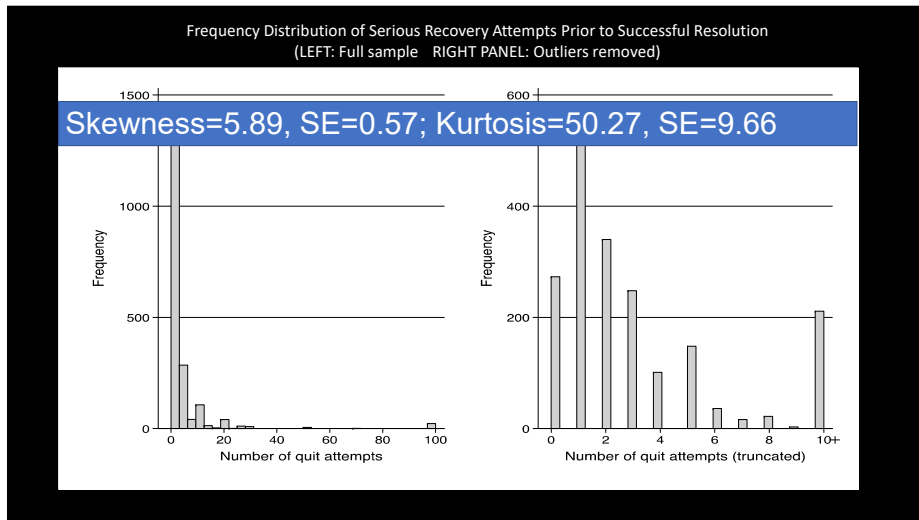
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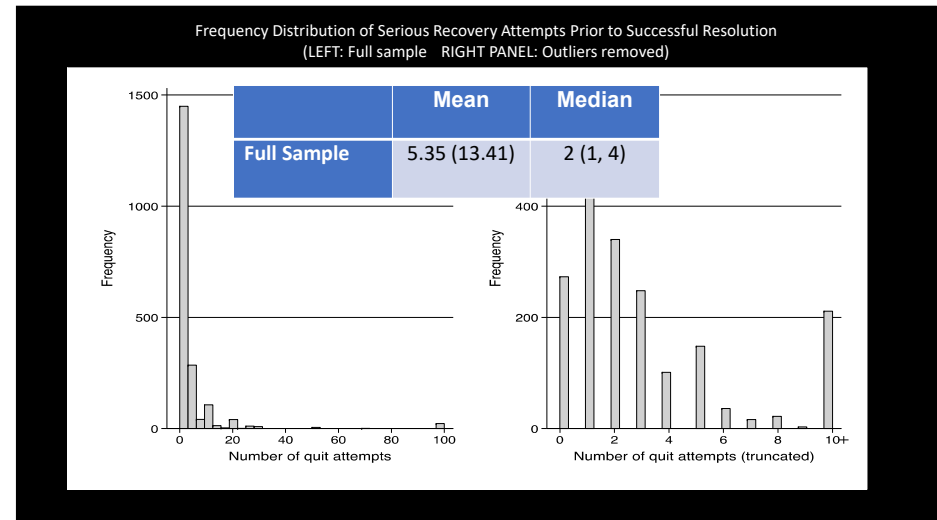
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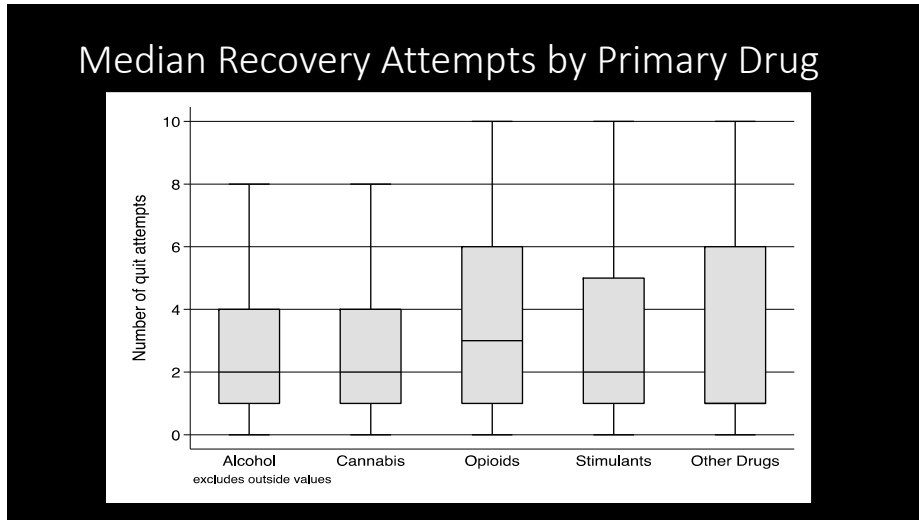
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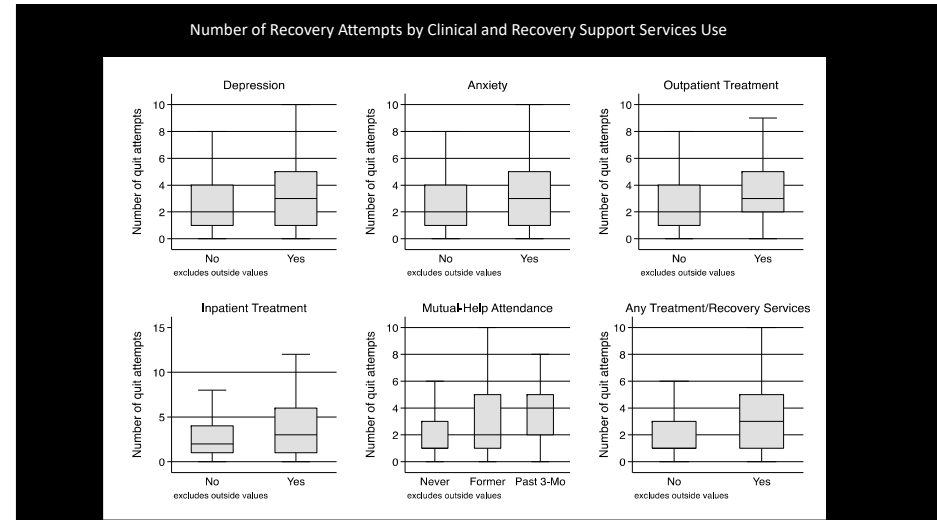
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ALCOHOLISM: CLINICAL & EXPERIMENTAL RESEARCH

Beyond Abstinence: Changes in Indices of Quality of Life with Time in Recovery in a Nationally Representative Sample of U.S. Adults

John F. Kelly, M. Claire Greene, and Brandon G. Bergman

Background: Alcohol and other drug (AOD) treatment and recovery research typically have focused narrowly on changes in abstinence (or, e.g., "serious life changes") with little attention to changes in functioning or well-being. Furthermore, little is known about whether and when such changes may occur, and if so, when, as people progress in recovery. Greater knowledge would improve understanding of recovery outcomes and points of vulnerability and growth.

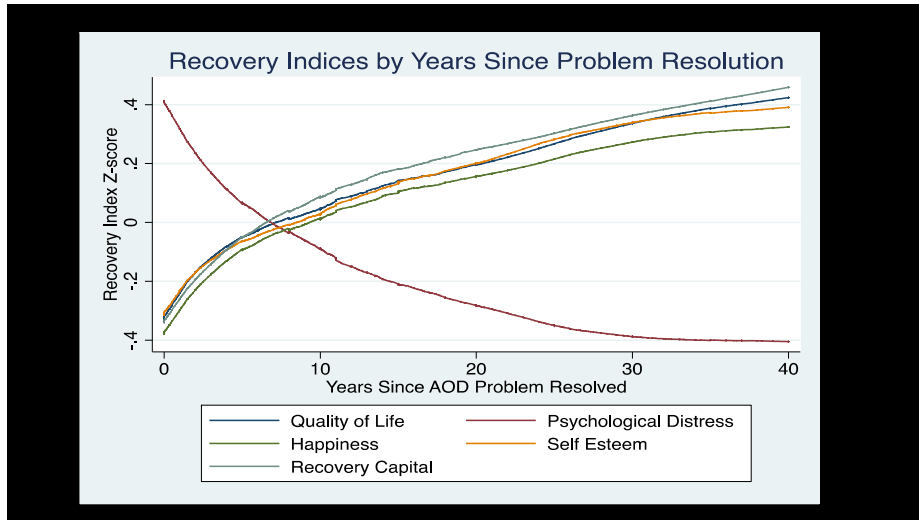
Methods: National, probability-based, cross-sectional sample of U.S. adults who consented to the question, "Do you need to have a problem with alcohol or drugs but no longer do?" (Response = 11.4% from 2009; final weighted sample n = 2,062). Linear, white, and quadratic regression tested relationships between time in recovery and 7 measures of well-being (quality of life, happiness, self-esteem, recovery capital, and psychological distress) over 2 temporal horizons: the first 40 years and the first 5 years after receiving an AOD problem and formal medication (or, vice, primary self-treatment) of effects. Locally Weighted Scatterplot Smoothing regression was used to explore varying points.

Results: In general, in the 40-year horizon there were initially steep increases in indices of well-being (and steep drops in distress) during the first 5 years, followed by declines in rates. In the 5-year horizon, significant drops in self-esteem and happiness were observed initially during the first year followed by increases. Mediation analyses examining primary substance found that responses to alcohol and cannabis, those with opioid or other drug (e.g., stimulants) had substantially lower recovery capital in the early years, initial non-treatment Americans tended to exhibit poorer well-being compared to White people, and women consistently reported lower indices of well-being over time than men.

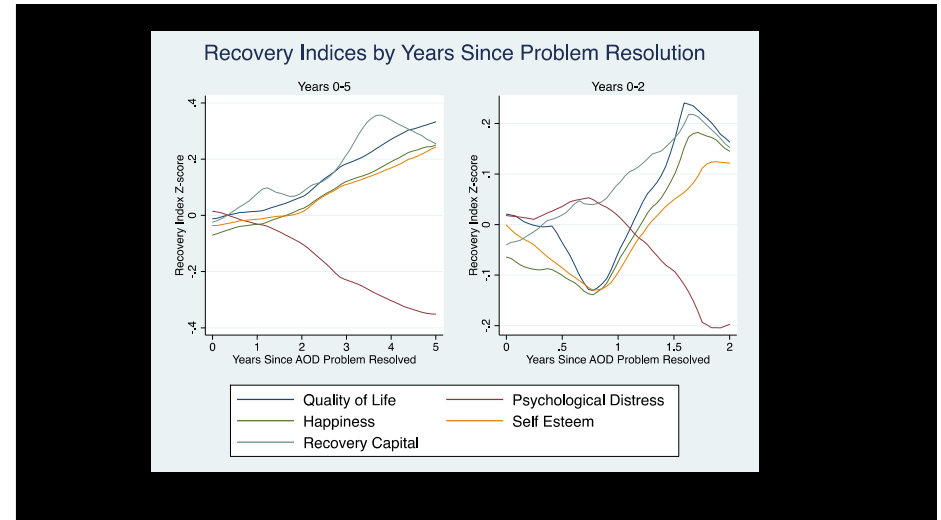
Conclusions: Recovery from AOD problems is associated with dynamic, non-linear improvements in indices of well-being with the resolution of the first year where self-esteem and happiness actually decline. Before improving, in early recovery, women, ethnic/racial/ethnic groups, and those suffering from opioid and stimulant-related problems appear to face ongoing challenges that suggest a need for greater assistance.

Key Words: Recovery, Remission, Alcohol Use Disorder, Quality of Life, National, Epidemiology.

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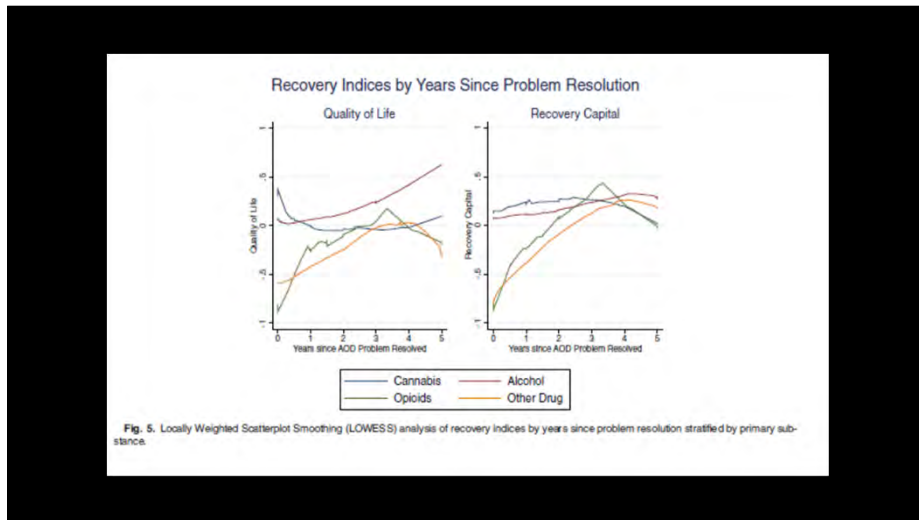


Fig. 5. Locally Weighted Scatterplot Smoothing (LOWESS) analysis of recovery indices by years since problem resolution stratified by primary substance.

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Results Summary

- 9.1% or 22.35 Million Americans resolved sig. AOD prob.
- Only about half self-identify as "in recovery" –those with less severe histories; similar crises but greater ability to stop sans help
- Approximately half resolve these problems without any external assistance- related to less severity/complexity
- Mean problem resolution attempts is around 5.5 but this number heavily skewed; Mdn number = 2; with high variability around estimates
- QOL indices monotonic improvements over time, with steeper increases first 5 years, then ongoing, shallower, improvement; post "pink cloud" drop early; opioid/stimulant tougher time early on

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Implications

- **RESEARCH AND POLITICAL ADVOCACY:** Estimates here similar to prior national/regional, non probability-based estimates suggesting approximately 9.1% (20-25M) of adult Americans "in recovery". (UK?) Could learn more from this large, diverse, group; mobilize for change?
- **PUBLIC HEALTH & POLICY COMMUNICATION:** Although term "recovery" used in past estimates, only about half identify as "in recovery". Label adoption may serve adaptive funx; qualitative analyses suggest many resolving AOD may not relate and/or oppose this term; thus to engage more people public health and policy communication efforts might include "problem resolution" in addition to "recovery".
- **HOW TO REACH MANY NOT SEEKING SERVICES, LESSEN IMPACT:** In keeping with other studies, half resolved problem without help – those with lower severity and higher recovery capital. This large group still cause harm; how to reach/lessen impact.
- **RECOVERY NEEDS DYNAMIC, VARY BY SUBGROUP:** QOL changes suggest "pink cloud" phase end may create early challenge; 1-yr things looking rosier; continue to improve; marginalized opioid/meth groups need recovery capital/support early on
- **REASONS FOR OPTIMISM:** Prior estimates of quit/recovery attempts, may be "mean" averages, thus biased upwards (with skew); while reflective of high variability, medians should be used. These were low in non-clinical (Mdn=1) and higher in clinical (Mdn=3) samples (overall = 2 serious attempts prior to resolution; Mean=5.6; SD=13.41). Hopeful.

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Thank you for your attention!

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