

What does ‘Recovery’ from substance use mean to people in recovery ?

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at the National Academies of Sciences, Engineering, and Medicine**

Acknowledgments

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- The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute on Drug Abuse or the National Institutes of Health

Summary of datasets used in today's presentation

NIDA funded studies conducted in New York City 2002 to 2009.



Summary of datasets used in presentation

	Pathways: Community based recovery sample	12-step as aftercare: Outpatient cohort
Aims (NIDA)	Elucidate patterns & psychosocial predictors of stable abstinence	Identify predictors, patterns & outcomes of 12 step participation after outpatient
Recruiting	Media recruited sample (ads/flyers in NYC)	Consecutive admissions @ 2 publicly funded OPT in NYC
Design	Yearly assessment: intake, 1-,2-, and 3-year follow-up	Intake + Follow-up interviews 3-, 6- and 12-months post discharge
Sample size	N = 354 (83% retention @ F3)	N = 250 (87% retention @ 12 mo.)
Method	Mixed methods (semi structured qx) Biol. Corroboration of Self-reported D&A	Mixed methods. Biol. Corroboration
Demos	53% males, M age = 43, 18% Hispanic, 63% African-American	56% males, M age = 39, 34% Hispanic, 63% African-American
Clinical	<ul style="list-style-type: none"> •Long & severe history of (primarily) crack and/or heroin use; polysubstance use •30% HepC+ and 22% HIV+ •Abstinence ranges 1 month-10+ yrs @ BL 	<p>Long & severe history of (primarily) crack and/or heroin use</p> <p>Polysubstance</p>

Life in Recovery survey

WHY...

- ✦ Little is known of the changes occurring in key life areas (e.g., health, work, finances) as a function of entering and sustaining recovery, about whether change continues to occur over time, and in which domains
- ✦ This is especially true of persons in long-term recovery (>3years) and/or who have not sought treatment.
- ✦ Documenting experiences at successive stages of recovery can help identify service needs for a recovery-oriented system of care, inform funding and policy decisions.
- ✦ Documenting the **benefits of sustained recovery** to individuals and to the nation is also critical to disseminating the message that **recovery is attainable** and desirable, and to **reducing the stigma** of active addiction hindering recovery for many

HOW...

- ✦ Online survey conducted November 1 and December 31, 2012
- ✦ Sponsored by Faces & Voices of Recovery
- ✦ Survey domains drawn from data on priority areas in recovery
- ✦ **3,208 surveys completed nationwide**

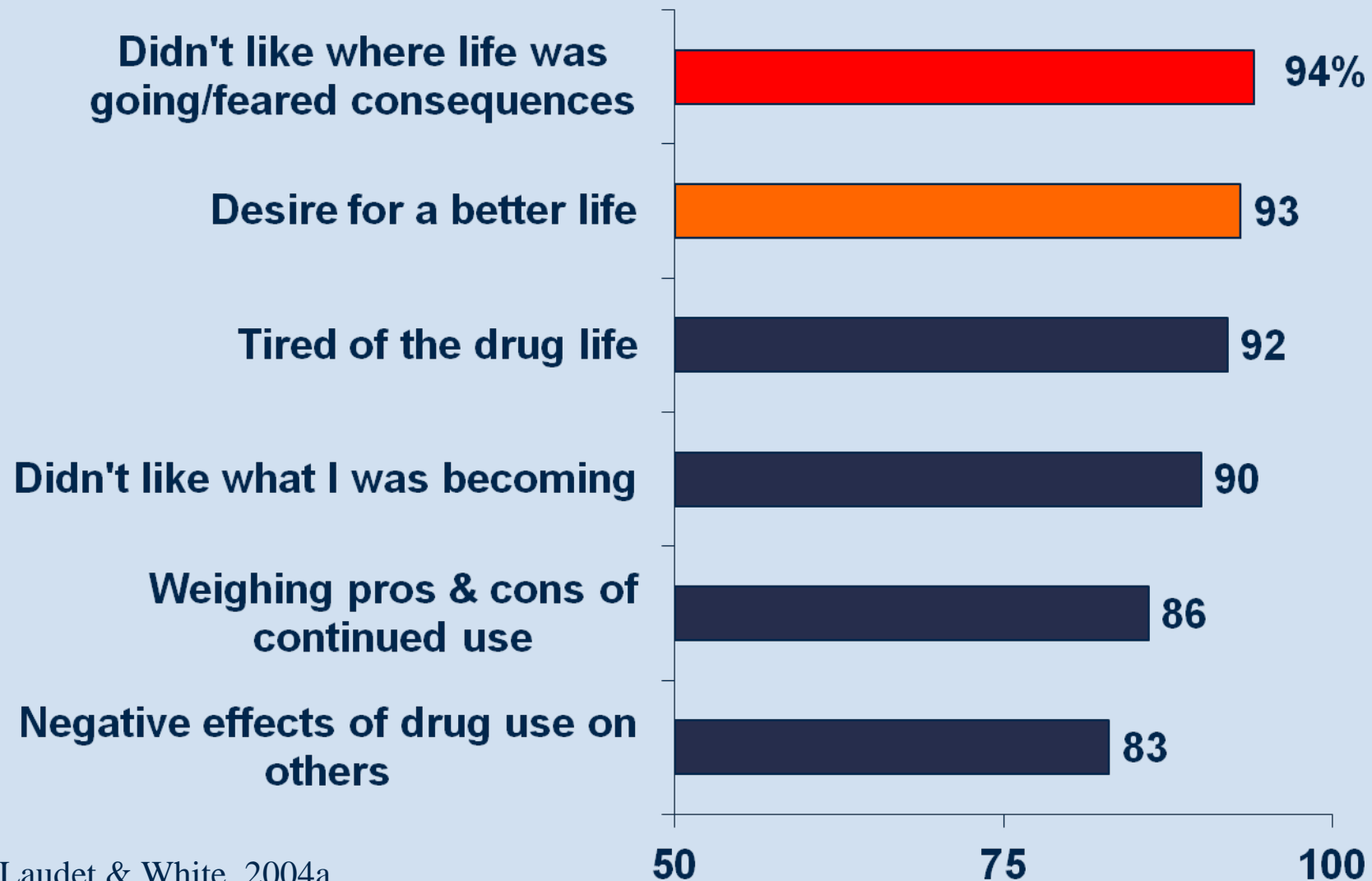
I.

Why do people seek recovery?

Substance users try to quit because **they want a better life**

To what extent was [item] a factor in your decision to stop using drugs this time?

“Not at all, a little, moderately, **very much, extremely**” (N = 354)



Regular article

What are your priorities right now? Identifying service needs across recovery stages to inform service development

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Abstract

Substance use disorders (SUD) are, for many, chronic conditions that are typically associated with severe impairments in multiple areas of functioning. “Recovery” from SUD is, for most, a lengthy process; improvements in other areas of functioning do not necessarily follow the attainment of abstinence. The current SUD service model providing intense, short-term, symptom-focused services is ill-suited to address these issues. A recovery-oriented model of care is emerging, which provides coordinated recovery-support services using a chronic-care model of sustained recovery management. Information is needed about substance users’ priorities, particularly persons in recovery who are not currently enrolled in treatment, to guide the development of recovery-oriented systems. As a first step in filling this gap, we present qualitative data on current life priorities among a sample of individuals that collectively represent successive recovery stages ($N = 356$). Findings suggest that many areas of functioning remain challenging long after abstinence is attained, most notably employment and education, family/social relations, and housing. Although the ranking of priorities changes somewhat across recovery stages, employment is consistently the second most important priority, behind working on one’s recovery. Study limitations are noted, and the implications of findings for the development and evaluation of recovery-oriented services are discussed. © 2010 Elsevier Inc. All rights reserved.

Keywords: Recovery; Recovery-oriented systems; Recovery management; Addiction treatment services; Addiction; Chronic-care model; Qualitative methods

1. Introduction

1.1. Paradigmatic shift in substance abuse services: recovery as a guiding vision

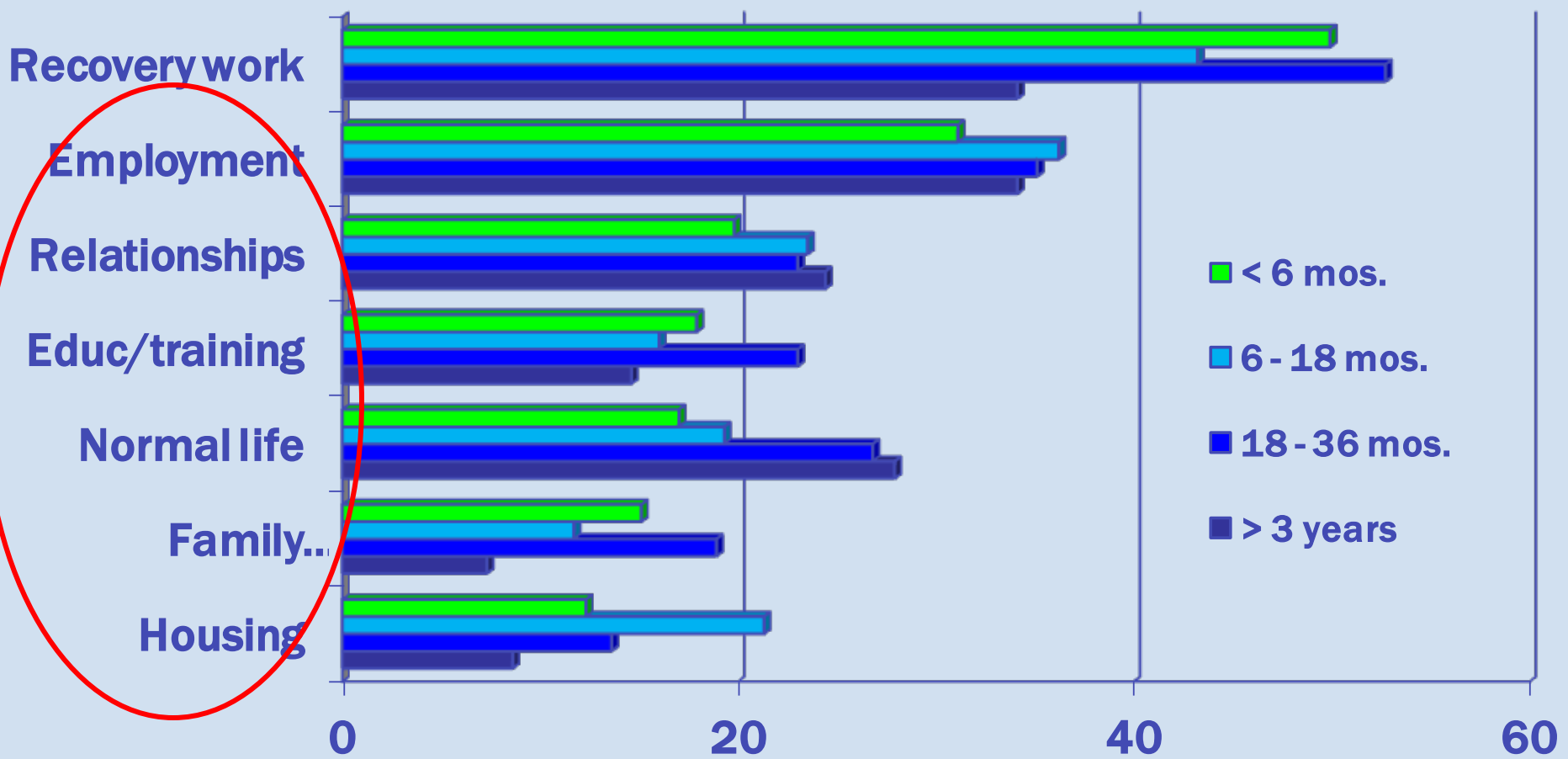
Although addiction is best conceptualized as a chronic disorder for many affected individuals (McLellan, Lewis, O’Brien, & Kleber, 2000; National Institute on Drug Abuse, 2007), treatment for substance use disorders (SUD) has historically been delivered using an acute-care model: intense episodes of professionally directed care, during which a person seeking treatment is screened, assessed,

treated, discharged, and presumed to no longer require professional care—all in a relatively short time (Dennis & Scott, 2007). Growing evidence for long addiction and treatment “careers” consisting of multiple cycles of intensive and costly treatment episodes (Dennis, Scott, Funk, & Foss, 2005) followed by return to active addiction (Scott, Foss, & Dennis, 2005) for a significant subgroup of substance users has led to the conclusion that the acute-care model is ill-suited to address SUD as a chronic condition (Hser, Anglin, Grella, Longshore, & Prendergast, 1997; McLellan, 2002; McLellan, McKay, Forman, Cacciola, & Kemp, 2005). Noting the disappointing outcomes of the current system for severely dependent persons and the many similarities between SUD and other chronic illnesses, the Institute of Medicine and leading addiction researchers have called for SUD treatment shift to the acute-care model to one of recovery management akin to the chronic-care model used in

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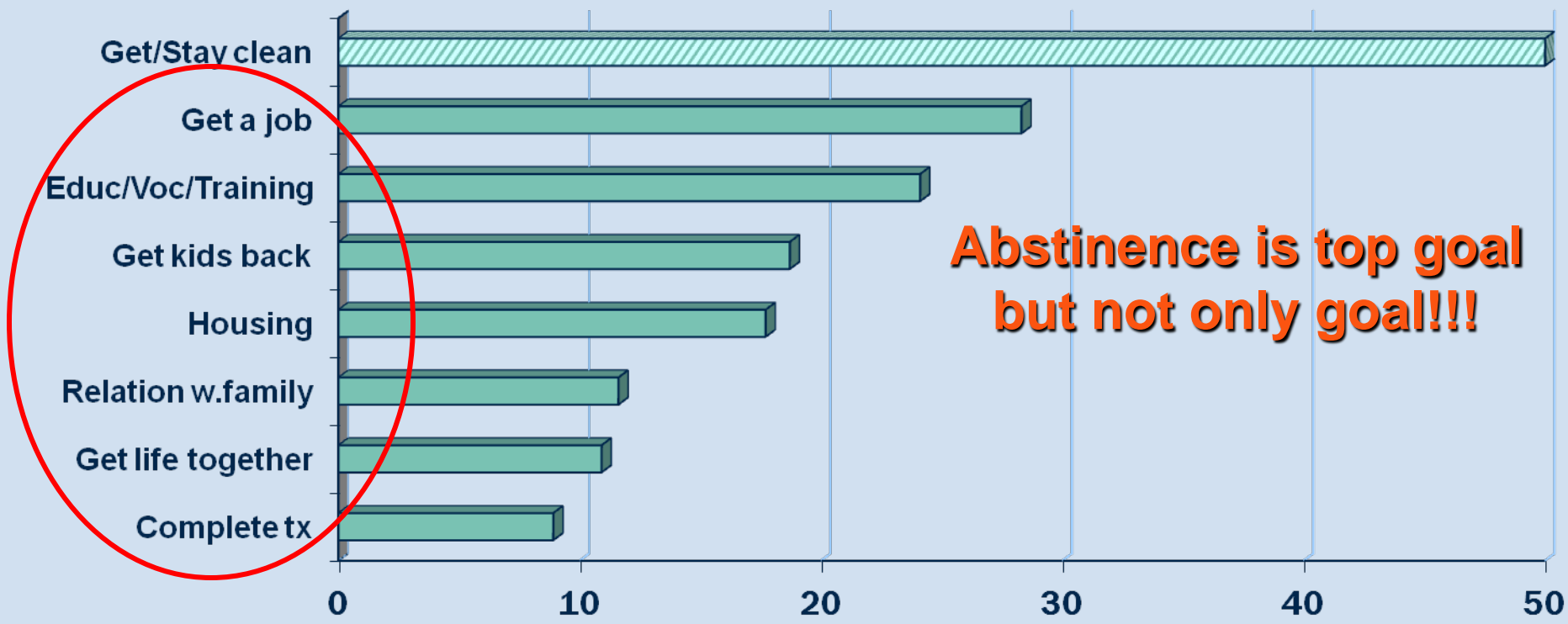
Life priorities in recovery by abstinence duration

“What are the priorities your life right now?” (N = 354)



Priorities at outpatient admission

What are the priorities in your life right now? (N = 314)



May add to > 100% because up to 3 answers were coded

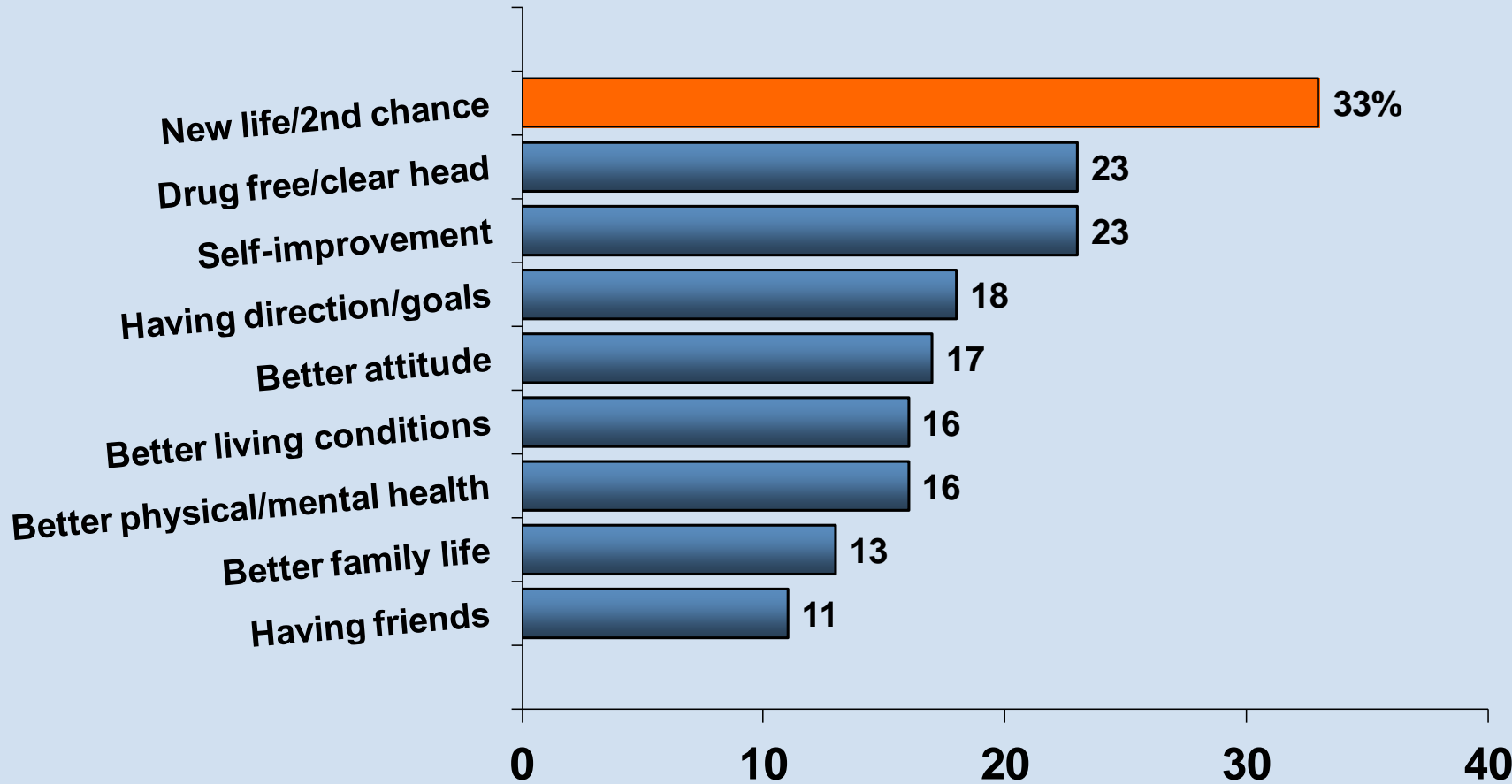
II.

**Does quitting 'lead' to a better
life???**

Benefits of recovery^a

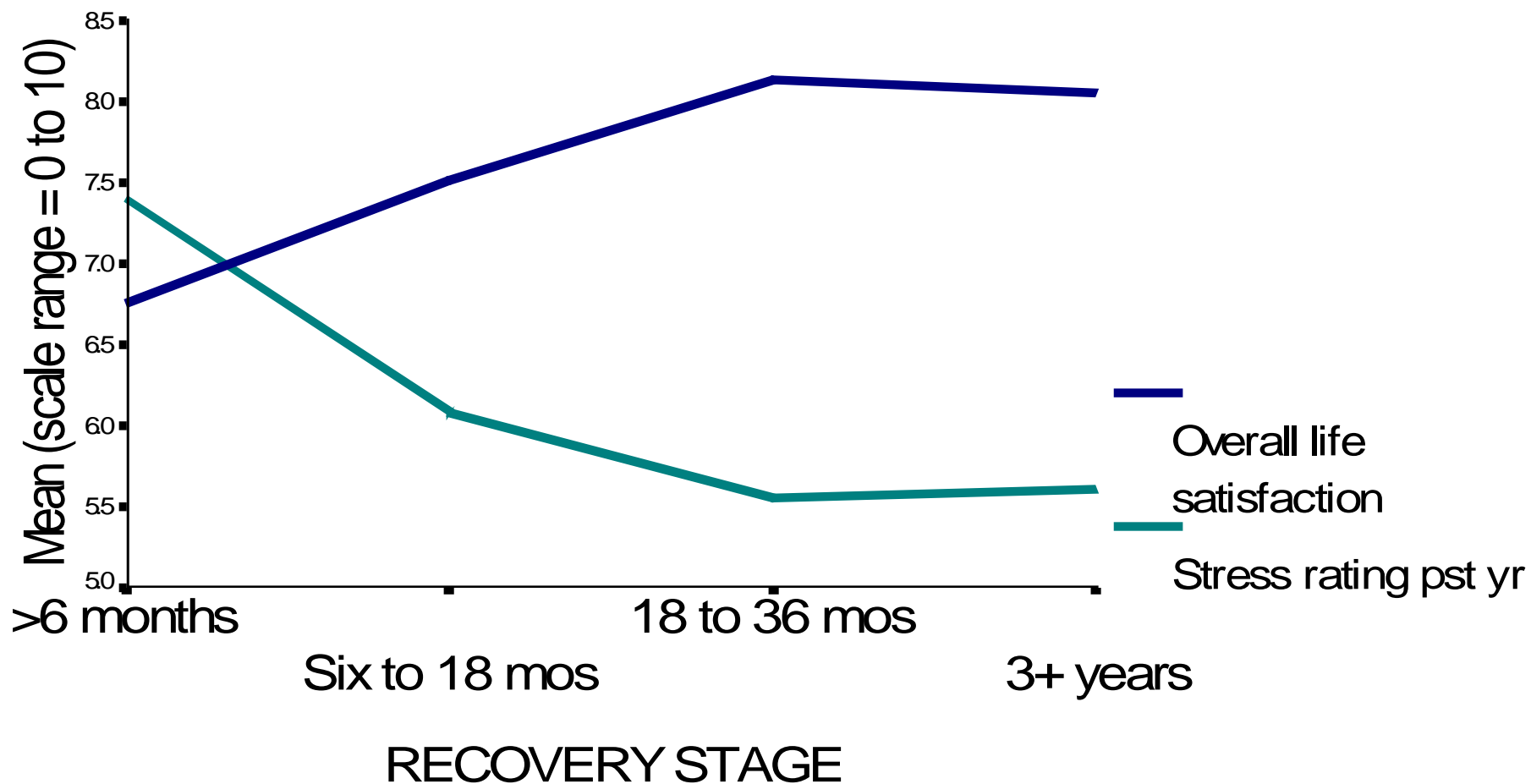
What, if anything, is good about being in recovery?

RECOVERY = A BETTER LIFE



^a Add to > 100% because up to 3 answers were coded

Stress and Quality of Life Satisfaction as a Function of abstinence duration (N = 354)



"LIFE IN RECOVERY"

Report on the Survey Findings

Prepared by Alexandre Laudet, Ph.D.
for **Faces & Voices of Recovery**



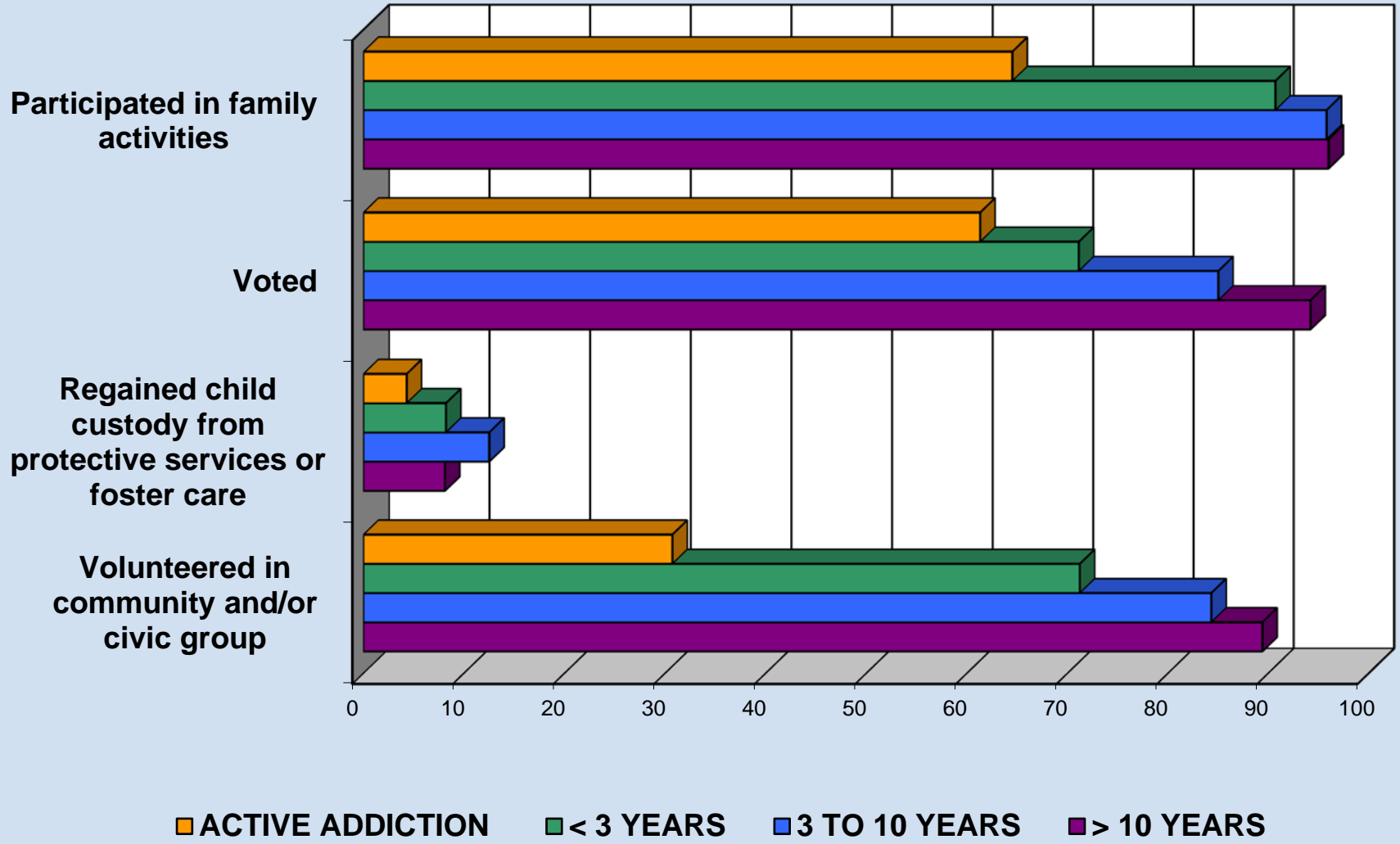
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Life in recovery survey: Family & Social life

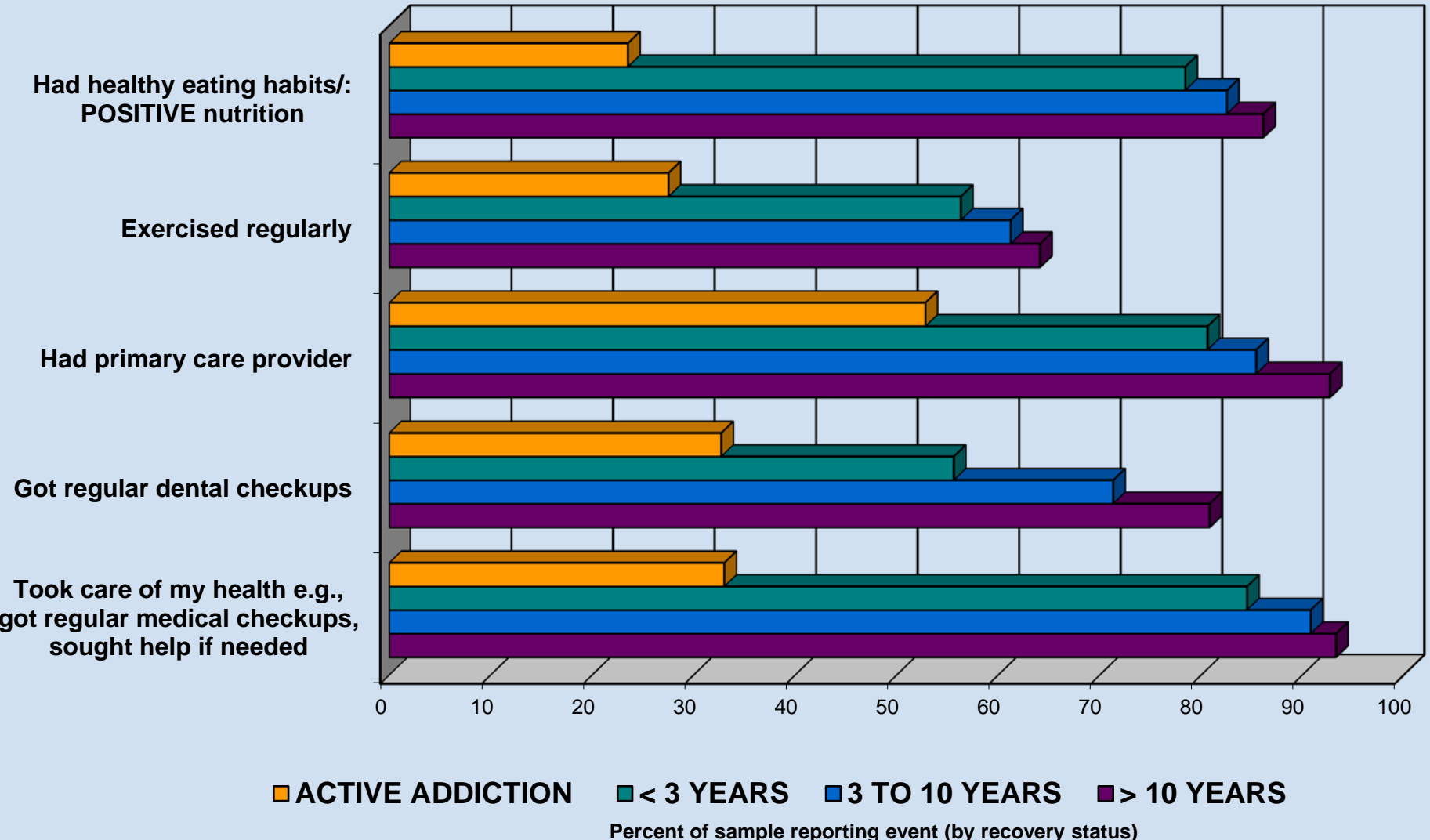
Rate of positive experiences increases as recovery progresses, & negatives decrease



Percent of sample reporting event (by recovery status)

Life in recovery survey: Health

Rate of positive experiences increases as recovery progresses, & negatives decrease



III.

Recovery definitions

Recovery definitions (Historical perspective)

- Recovery from alcohol & drug problems is a process of change through which an individual achieves **abstinence and improved health, wellness, and quality of life.** (CSAT 2006 National Recovery Summit)
- Recovery from substance dependence is a voluntarily maintained lifestyle characterized by **sobriety, personal health, and citizenship.** (Betty Ford Institute, 2007)
- **CURRENT SAMHSA definition** “Recovery is a process of change through which individuals improve their health and wellbeing, live a self-directed life, and strive to reach their full potential.”
 - i) **Health:** overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.
 - ii) **Home:** a stable and safe place to live;
 - iii) **Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
 - iv) **Community:** relationships and social networks that provide support, friendship, love, and hope.

RECOVERY DEFINITION:
Let's ask the REAL experts...
People in recovery!



Special article

What does recovery mean to you? Lessons from the recovery experience for research and practice

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Abstract

Recovery is a ubiquitous concept but remains poorly understood and ill defined, hindering the development of assessment tools necessary to evaluate treatment effectiveness. This study examines recovery definitions and experiences among persons who self-identify as “in recovery.” Two questions are addressed: (a) Does recovery require total abstinence from all drugs and alcohol? (b) Is recovery defined solely in terms of substance use or does it extend to other areas of functioning as well? Inner-city residents with resolved dependence to crack or heroin were interviewed yearly three times ($N = 289$). Most defined recovery as total abstinence. However, recovery goes well beyond abstinence; it is experienced as a bountiful “new life,” an ongoing process of growth, self-change, and reclaiming the self. Implications for clinical and assessment practice are discussed, including the need to effect paradigmatic shifts from pathology to wellness and from acute to continuing models. © 2007 Elsevier Inc. All rights reserved.

Keywords: Recovery; Addiction; Substance abuse; Remission; Process

1. Introduction

Recovery, a concept once associated almost exclusively with 12-step fellowships such as Alcoholics Anonymous (AA), has become all but a buzzword in government agencies. This includes the National Institute on Alcohol Abuse and Alcoholism renaming its Division of Treatment to Division of Treatment and Recovery Research, the White House’s 2003 Access to Recovery program, the Center for Substance Abuse Treatment’s Recovery Community Support Program, the Substance Abuse and Mental Health Services Administration’s Recovery Month, and state Offices of Alcoholism and Substance Abuse Services’ inclusion of

Recovery Services on their web sites (e.g., New York State). There is also a growing grassroots movement of organizations such as Faces and Voices of Recovery and virtual communities (e.g., www.werecover.org).

As recovery increases in popularity, there remains no consensus on what “recovery” means. This is a problem for several reasons. First, treatment services are expected to foster recovery and researchers to evaluate treatment’s effectiveness in reaching that goal; the goal must be strictly and explicitly defined, and there must be a consensus among the various stakeholders (policymakers, funding sources, the general public, helping professionals, and clients of services). The lack of a clear definition of recovery hinders both clinical practice and research in our field; it also contributes to the variability in reported outcomes of addiction treatment (Maddux & Desmond, 1986; see later discussion). Second, substance abuse (alcohol and other drugs) is a much publicized and highly stigmatized condition in the United States. Stigma leads to discrimination that may thwart efforts at self-improvement such as securing employment or housing. Recovery is a reality for many, although

An early version of this study conducted on a preliminary sample was presented as a poster at the 133rd Annual Meeting of the American Public Health Association, Philadelphia, December 2005.

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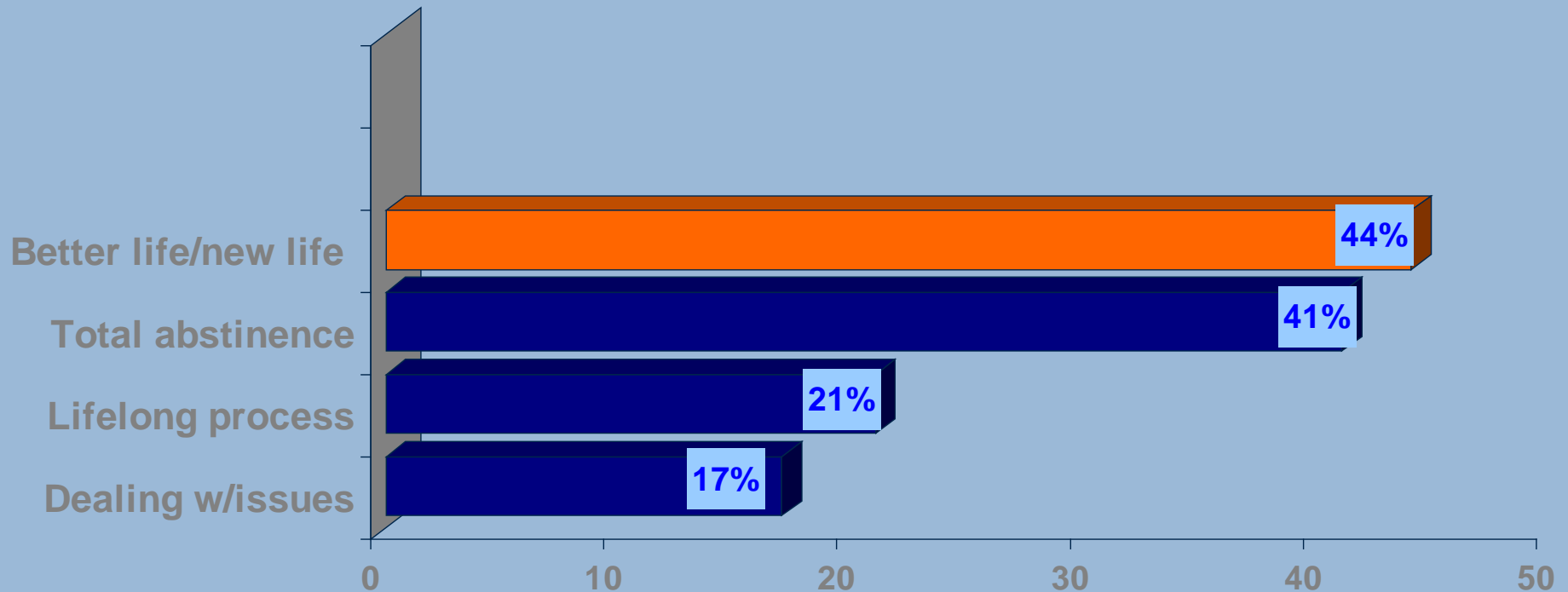
My definition of *recovery is life...* ‘Cause I didn’t have no life before I got into recovery

Pathways study participant H.W. 42 years old Af-Am male

Recovery definition: Open-ended^a

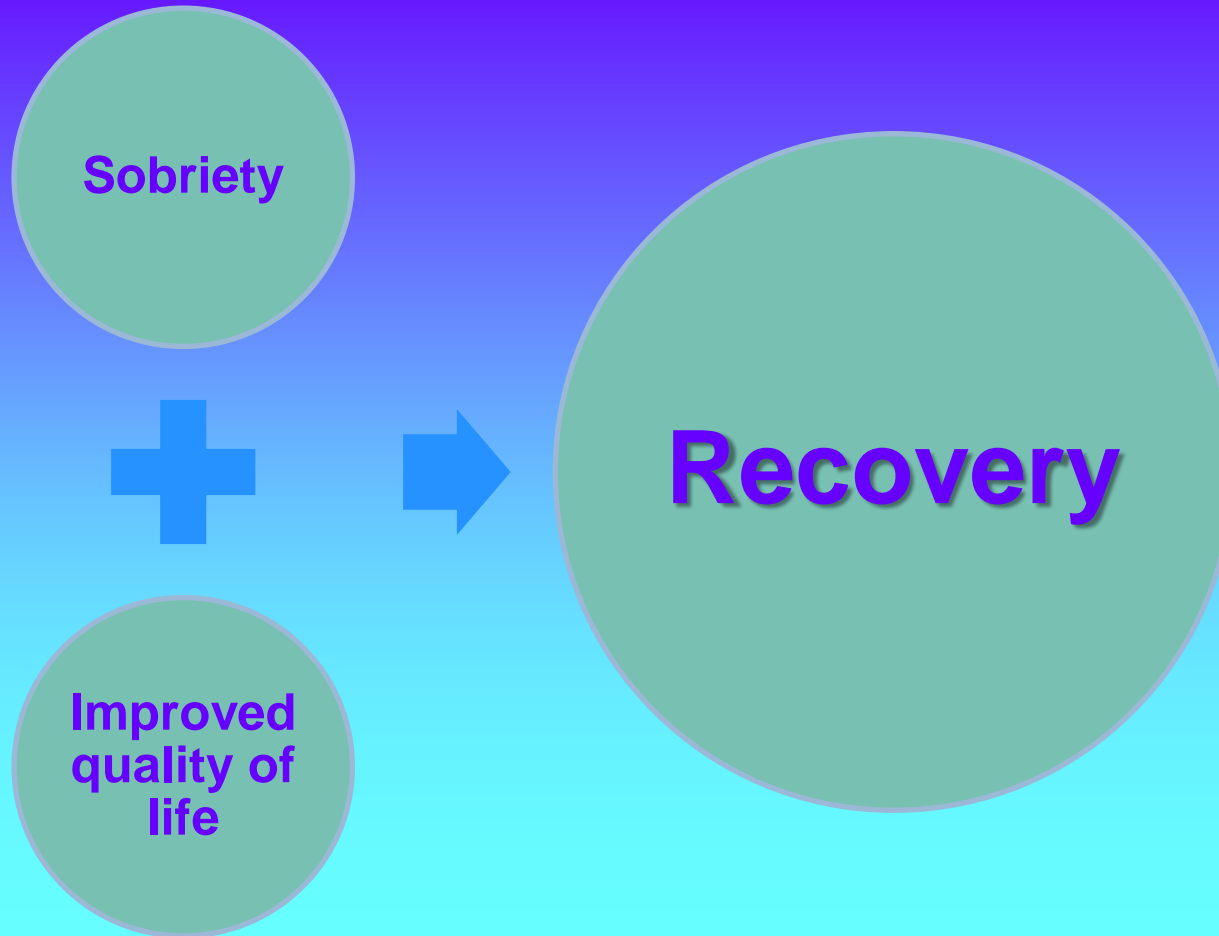
How would you define "recovery from drug and alcohol use"?

RECOVERY GOES BEYOND SUBSTANCE USE



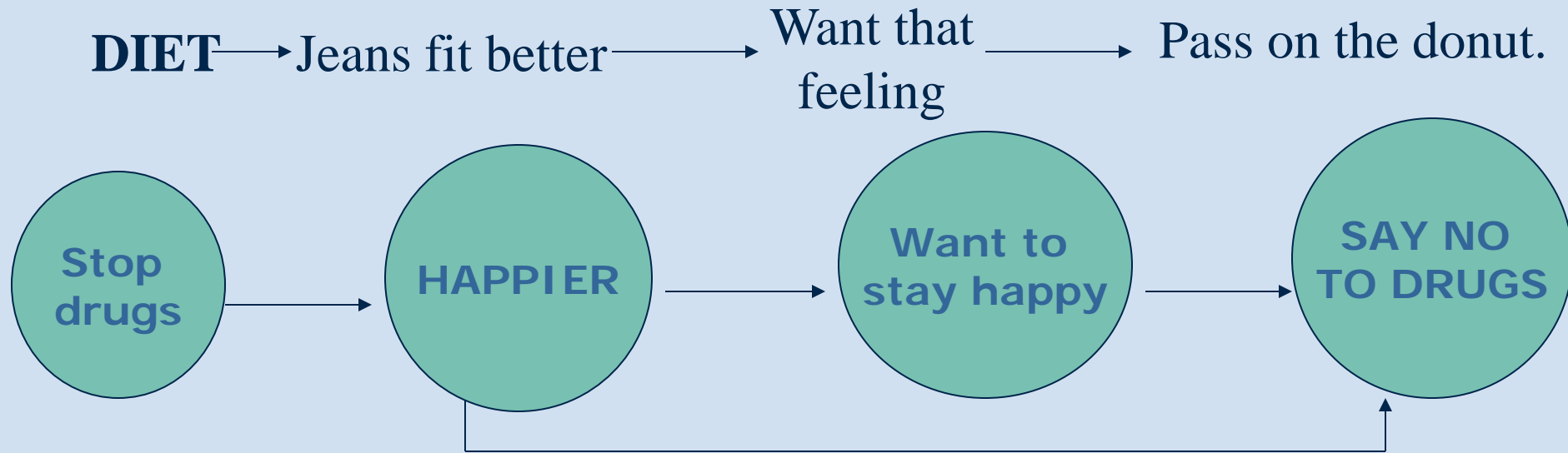
^a Add to > 100% because up to 3 answers were coded; Laudet, JSAT, 2007

Addiction recovery is a multidimensional construct that includes improvement in the many life areas impaired by active substance use



**Quality of life satisfaction sustains
abstinence...**

Quality of life satisfaction predicts sustained abstinence



1) Controlling for other relevant variables, **baseline QOL satisfaction predicts sustained abstinence 1 and 2 years later**. Association is partially mediated by motivation for abstinence.

2) In outpatient clients, QOL satisfaction @ end of treatment significantly predicts level of commitment to abstinence, a known predictor of abstinence in other studies

Thank you!

Questions and Dialogue

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