center for Study of Addictions & Recovery

NDRI

Measuring Recovery from a Substance Use Disorders

Alexandre B. Laudet, Ph.D

February 24, 2016

Prepared for Committee on National Statistics
at the National Academies of Sciences, Engineering, and Medicine

How have we measured recovery thus far?

1. Abstinence? [] YES [] NO
   - Typically abstinence from 1 substance
   - For a very short period (30 days self report, 24 hrs UA)

2. Did you once have a problem with drugs or alcohol but no longer do? (Pathways study 2002 & Partnership for DrugFree America 2011 survey)

Partnership for Drug-Free Kids

Item developed for Pathways study in 2003

Home / Newsroom / Survey: Ten Percent of American Adults Report Being in Recovery from Substance Abuse or Addiction

Survey: Ten Percent of American Adults Report Being in Recovery from Substance Abuse or Addiction

NEWS RELEASES / BY JOSIE FELIZ

March 6th, 2012

Data Show More Than 23 Million Adults Living in U.S. Once Had Drug or Alcohol Problems, But No Longer Do

New York, NY, March, 6 2012 – Survey data released today by the Partnership for Drug-Free Kids [http://www.drugfree.org/] and The New York State Office of Alcoholism and Substance Abuse Services [http://www.oasas.ny.gov/] (OASAS) show that 10 percent of all American adults, ages 18 and older, consider themselves to be in recovery from drug or alcohol abuse problems. These nationally representative findings indicate that there are 23.5 million American adults who are overcoming an involvement with drugs or alcohol that they once considered to be problematic.

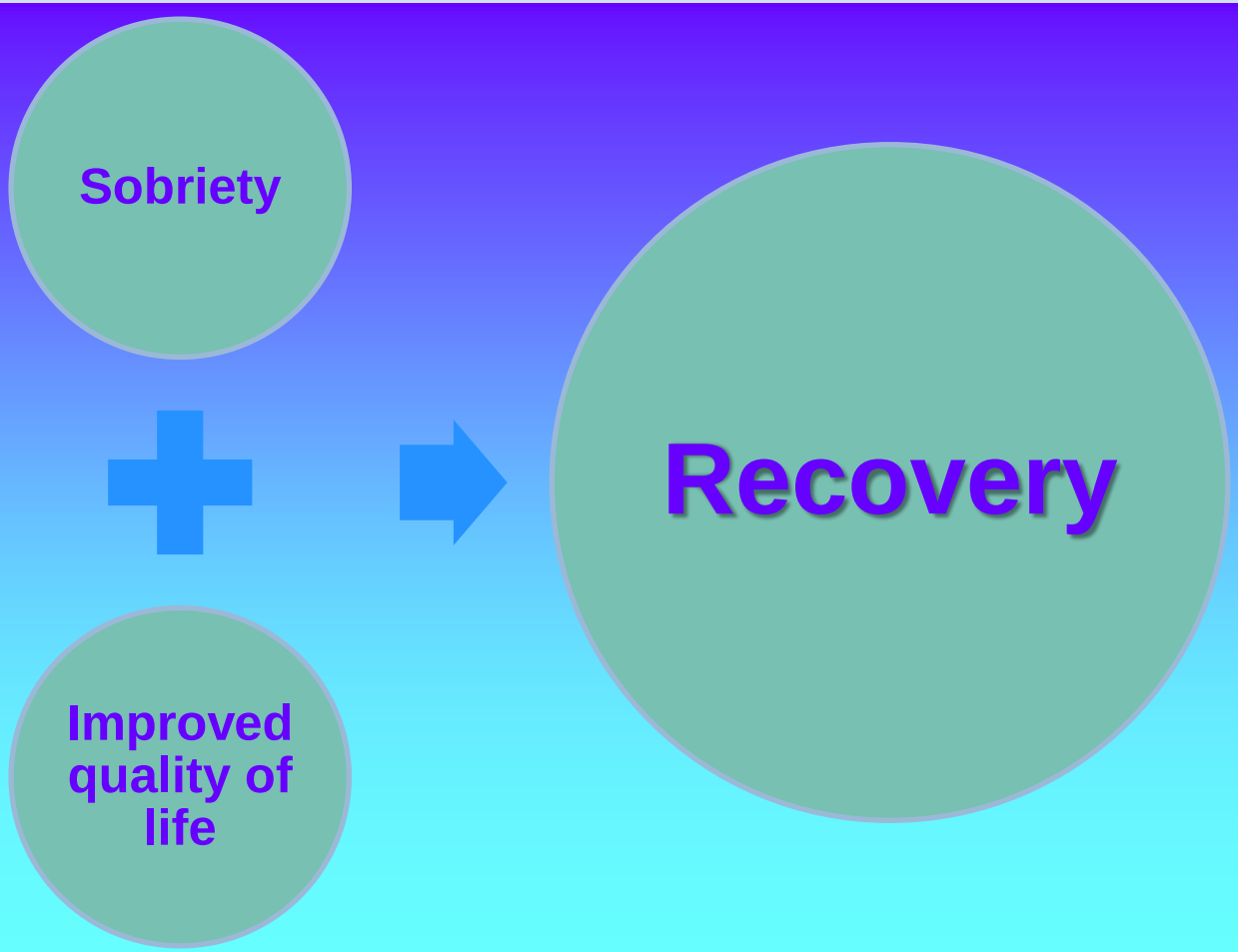
According to the new survey funded by OASAS, 10 percent of adults surveyed said yes to the question, "*Did you once have a problem with drugs or alcohol, but no longer do?*" – one simple way of describing recovery from drug and alcohol abuse or addiction.

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.

In other words…



Multidimensional AND measures CHANGE

Challenges to measuring recovery

1. **Recovery is a process of change but an end point**

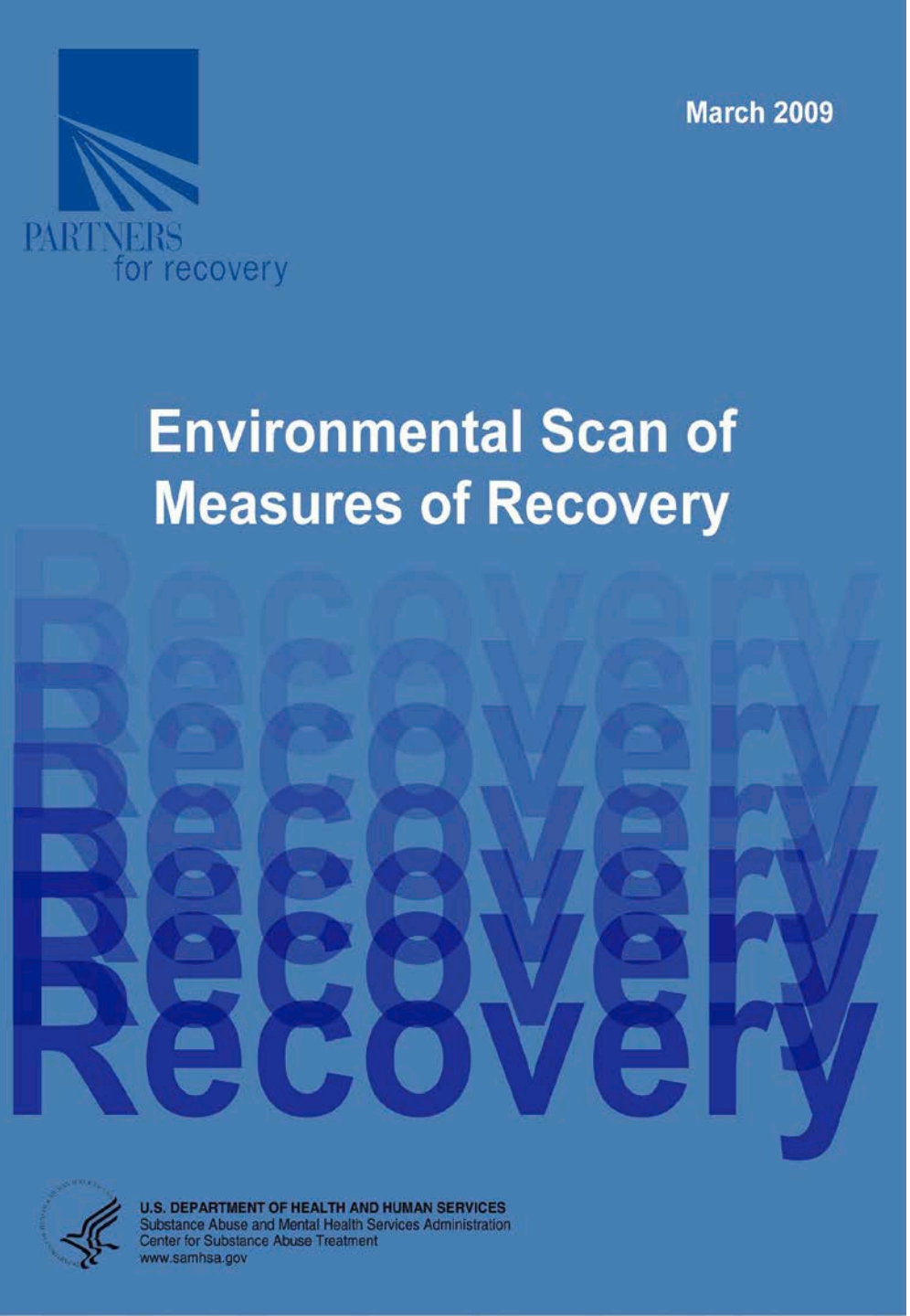
2. **Recovery is a multidimensional construct**

3. **To further complicate matters, the different 'components' of recovery change/improve at different rates and stages of the process** (e.g., Dennis, Foss& Scott, 2007)

4. **THEREFORE getting a single score for a prevalence estimate cannot possibly capture the construct adequately.**

5. **HOWEVER the field needs to be able to obtain prevalence estimates of recovery…**

How do we measure Recovery as a Multidimensional Process of Change?



- Nearly thirty measures identified and considered in extensive literature search
  - Recovery from SUD
  - Recovery from MH
  - Recovery from other chronic conditions

This report was prepared by Dr. Alexandre Laudet and Abt Associates under the auspices of the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) for the Partners for Recovery (PFR) initiative under CSAT Contract No. 270-2003-00009, Task Order No., 270-20003-00009-0002

Findings (measures of SUD recovery)

1. **Modular Survey** (the Forum on Performance Measurement and the Washington Circle)
   - **Purpose:** To identify and develop common indicators and measures of *consumer perception of care*, a National Outcomes Measure (NOMS) domain, across the SUD and mental health field from public domain psychometrically sound measures with existing datasets that assessed service system quality and client outcome in behavioral health care (applies to adults & to youths**.**
   - **4 domains:** Quality of services, perceived outcome improvement, connectedness, commitment to change (21 items **)**

2. **Recovery capital measure** (Sterling, Slusher, & Weinstein, 2008)
   - **Purpose:** To develop a psychometrically sound method for assessing the quality and quantity of *recovery capital*.
   - **8 domains:** Reliance on God and faith; Spirituality; Recent sobriety; Stable income; Alcohol/drug-free environment; % lifetime spent free from the effects of substance use; Satisfaction with living situation; Amount of education/training (23 items)

3. **The Client Assessment Inventory (CAI -** Kressel, De Leon, Palij, & Rubin, 2000)
   - **Purpose:** Measure client self-report and staff evaluation of client progress in the Therapeutic Community (TC) environment
   - 4 broad **dimensions**, 14 domains Dimensions : Developmental, socialization, psychological. Community membership **(**14 items)

Measure review: Conclusions and next steps

CONCLUSIONS

- **All measures are multidimensional**
- **Broad consensus in terms of the dimensions that ought to be included in a recovery measure (whether for SUD, MH or chronic illness). These dimensions are consistent with those included in experts' recovery definition and that of persons in SUD recovery**
- **BUT…none are measures of recovery thus t*he addiction field currently lacks a dedicated measure of recovery (true in 2009, true today)***

CRITERIA FOR RECOVERY MEASURE

- **Multidimensionality**
- **Able to quantify change**
- **Sound psychometric properties**
- **Brevity to be feasible for repeated administration, especially in the context of 'concurrent recovery monitoring' - CRM - (McLellan et al., 2005); and**
- **Applicability across populations in terms of gender, age, cultural background, recovery 'path' and recovery stage.**

What other measures could assess recovery ?

1. **CSAT GPRA Client Outcome Measures for Discretionary Programs**
   - **Purpose:** Assess client & track progress for external accountability to funder
   - **Domains:** Substance use, family and living conditions, education/employment & income, crime and CJ involvement, mental/physical health treatment & recovery, social connectedness
   - Treatment entry, discharge and 6-month post discharge

2. **Addiction Severity Index (ASI-** McLellan, Kushner, Metzger, Peters, Smith, et al.,1992).
   - **Purpose:** Assess & measure change in addiction severity
   - **Domains:** Employment, medical, psychiatric, family/social, alcohol & drug use, legal status

3. **World Health organization Quality of Life instrument (WHO-QOL BREF –** WHOQOL Group, 1994 & 1998**)**

What do experts recommend?

- *In the absence of a dedicated measure of addiction recovery, the* **United Nations' Treatnet Group (2008)** recommends *using the ASI and the WHOQOL to assess these key domains*:
  - 1. Maintenance of abstinence or reduction in substance dependence;
  - 2. Improvement in personal and social functioning;
  - 3. Improvement in mental and physical health;
  - 4. Reduction in risky behavior that could affect health, and
  - 5. Overall improvements in increasing access to livelihoods assets and recovery capital.

- **The Betty Ford expert panel (2007):** WHOQOL + measure of sobriety

- **"Experiential" experts:** in CT, the 1st state to adopt a recovery-orientation in 1999, the WHOQOL was selected by persons in recovery from among five measures as most relevant to their experiences and needs, resulting in its inclusion in the state's consumer survey (pers. com. 2008)

Why the WHOQOL-BREF as a promising measure of recovery?

- In the public domain
- Capitalizes on 20+ years of field work
- Cross-culturally validated in 15 centers worldwide
- Strong psychometrics
- Assesses domains that are highly relevant to recovery
- Assesses both positive and negative aspects of life, objective and subjective ratings (unlike the SF-MOS measures)
- Published norms for well and ill persons
- 26 items, 20 min to administer/15 min to self-administer

Why the WHOQOL-BREF as a promising measure of recovery? (contind)

- Developed to be broadly applicable across disease types, varying severity of illness, and diverse socioeconomic and cultural subgroups
- Precedent for and established methods to develop supplemental *population specific/disease* module to best capture *relevant dimensions for that group*. E.g.:
  - HIV +
  - Vision-impaired
  - Persons on hemodialysis
  - Senior citizens
  - Persons living in war-like conditions; and
  - Individuals living with chronic pain

THEREFORE the WHOQOL-BREF + SUD recovery specific module appear to be the most suitable avenue to explore as a psychometrically strong measure of recovery

The WHOQOL-BREF: Development & Field work

The Development of the WHOQOL instruments

Stage	Method	Products	Objectives
Concept clarification	International expert review.	Quality of Life definition. Study protocol.	Establishing an agreed upon definition of quality of life and an approach to international quality of life assessment.
Qualitative pilot	Expert review. Focus groups.	Definitions of domains and facets. Global item pool.	Exploration of the quality of life concept across cultures. Item generation.
Development pilot	Administration of WHOQOL Pilot Form in 15 field centres to 250 patients and 50 "healthy" respondents.	300 item standardised questionnaire.	Refine the WHOQOL structure. Reduce the global question pool.
Field test of the WHOQOL-100	Series of smaller scale studies involving clear and homogenous populations, longitudinal design and parallel use of other national / international QOL measures.	Common 100 item pool. Standardised and cross-nationally equivalent response scales.	To further establish the psychometric properties of the WHOQOL.
Development of the WHOQOL-BREF	Analysis of data from the WHOQOL-100	Abbreviated 26 item assessment	Develop a brief version of the WHOQOL-100 for use in large studies, audit and clinical work, where use of a longer questionnaire is not practicable.

Skevington SM, O'Connell KA. Can we identify the poorest quality of life? Assessing the importance of quality of life using the WHOQOL-100. Qual Life Res. 2004;13:23-34.

A closer look at the WHOQOL-BREF

- 26 items
- 4 key life domains

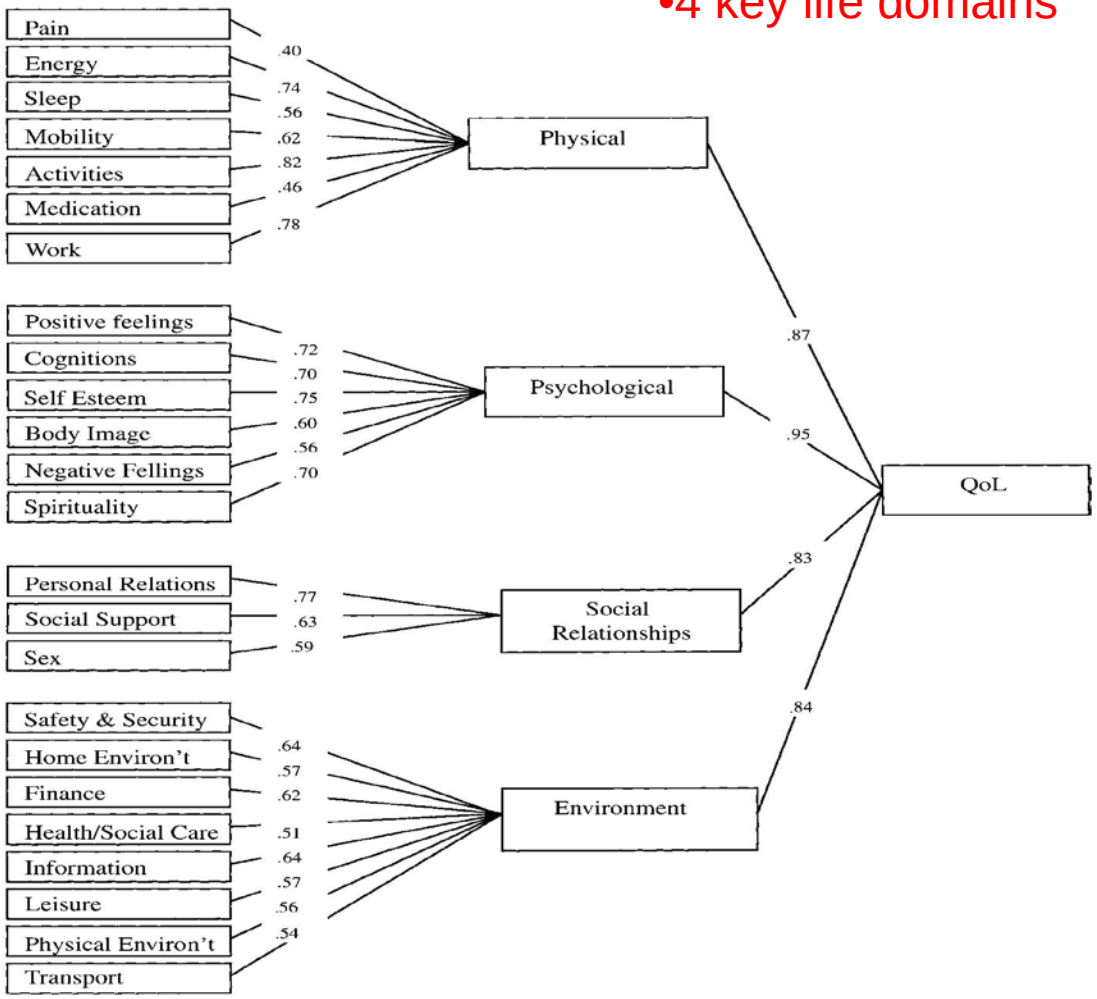


Figure 1. WHOQOL-BREF: 4-domain confirmatory factor model.

Challenges: Operationalizing Recovery from Substance Use – *from DEC 2015 PLANNING*

DSM-5 defines full remission from substance use disorders as a sustained period of time (at least 3 months) during which no criteria for substance use disorders are met (the exception is craving; may be present during remission).

- **Should SAMHSA include remission from symptoms in their working definition of recovery (since it doesn't)?**
- **If so, how would this be operationalized?**
- **What measures of health and improved functioning need to be included in the operationalization recovery?**

Conclusions

- Quantifying the problem is easy: Estimate # of people meeting DMS criteria through national surveys such as NSDUH
- Quantifying the solution is more complex: Recovery as multidimensional process
- It could be done: Add the WHOQOL-BREF to NSDUH or similar
- Dec 2015 planning session included "*We say 'issues' because we may want to include people who meet subthreshold criteria.*"

Considerations

- We know there are +/- 10% of adults in recovery and that likely still stands so
- What is the purpose of the prevalence estimate?
  - Inform funding for services?
  - For which target group? Treatment? Post-treatment recovery supports?
- Other issues arise related to this- (also from the Dec 2015 planning meeting)
  - Who is the target population to quantify the prevalence of recovery?
    - All lifetime users?
    - Past year or past month users?
    - Those identified as having a substance use disorder?
    - Those who self-identify as being in recovery?
- To monitor, develop and fund services, **we need a multidimensional measure of change, not a single score**

Thank you!

Questions and Dialogue

Alexandrelaudet@gmail.com