



Correlates of Long-Term Recovery After Treatment

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Introduction

Clients often relapse and require multiple episodes of care before sustaining recovery. While there are many studies of treatment outcomes, much less is known about the impact of long-term recovery. This poster focuses on the impact of recovery duration starting two years post treatment. It examines the correlates of early and sustained recovery relative to reduced or continued use in terms of other psychological problems, other health, legal, and vocational outcomes, positive outcomes, as well as recovery protective factors at year 7.

Data Source

Data came from a longitudinal study of 1326 people recruited between 1996 and 1998 from sequential admissions to a central intake and 12 treatment units on the west side of Chicago who were then interviewed annually for 7 years after intake (94% or more follow-up per wave) as part of the Pathways to Recovery study (PI: Christy K Scott). This poster focuses on a subsample of 836 people who (a) were interviewed at the 2- and 7-year waves, and (b) were living in the community at the time of the 7-year interview (vs. incarcerated, residential/hospital, or other controlled environment). The experiment was conducted with people interviewed in our research offices using a modified Addiction Severity Index (ASI; McLellan et al., 1992; Scott, Dennis, Godley, & Foss, 1995) supplemented with selected scales from the Global Appraisal of Individual Needs (GAIN; Dennis et al., 2003), the Coping Response Inventory (CRI; Moos, 1993) and urine was tested by a SAMHSA NLCP certified laboratory (MedTox, www.medtox.com) using kinetic interaction of microparticles in solution (KIMS) methodology at the SAMHSA standard cut-off levels for cocaine, opiates, and cannabinoids.

Recovery Status Classification

At year 7, participants were classified into four groups using self report and urine tests:

- (a) **Still using:** any use of alcohol or other drugs in the past month (n=379; 46%)
- (b) **Using less frequently:** the days of use goes down by 5+ of 30 days or 15+ of 180 days between years 2 and 7 (n=158; 19%)
- (c) **Early recovery:** no use of alcohol or other drugs in the past 1-11 months (n=127; 15%)
- (d) **Sustained recovery:** no use of alcohol or other drugs for 1 or more years (n=168; 20%)

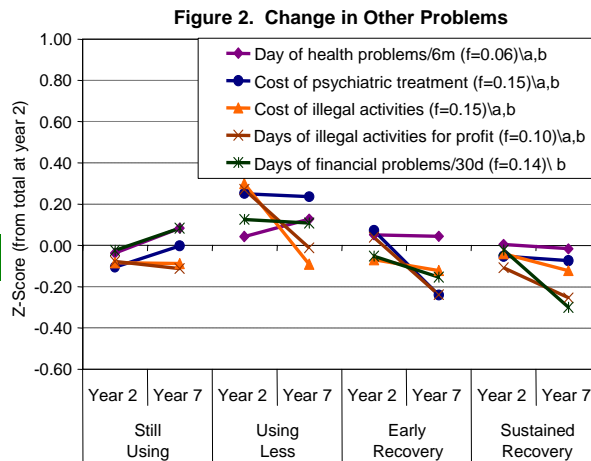
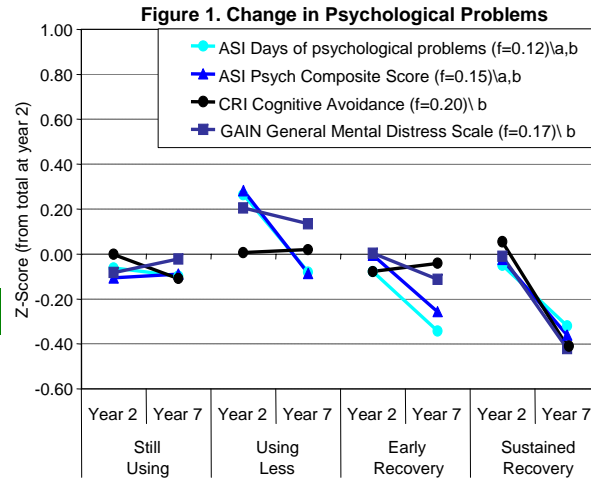
Sample Characteristics

Participants were predominantly female (62%), African American (90%), and between 30-49 (68%). The average person had used 14 years at intake, been in treatment 1.6 times before, used 18 of the past 30 days and had a mean of .21 on the ASI alcohol and drug composite scores. The most common drugs used 5 or more times in the 30 days prior to intake were cocaine (34%), alcohol (33%), heroin (26%), and cannabis (8%). Other common problems at intake included anxiety/depression (50%), victimization (41%), history of convictions (47%), current probation/parole (28%), homelessness (30%), and living with another substance user (19%). The four recovery status groups that are the focus of this paper were not significantly different on any of these variables at the original study intake (7 years earlier). There were some differences that emerged in response to treatment at year 2 (which is the baseline for this analysis).

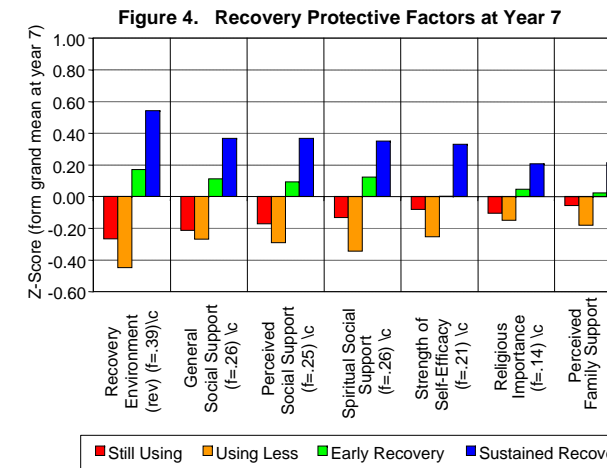
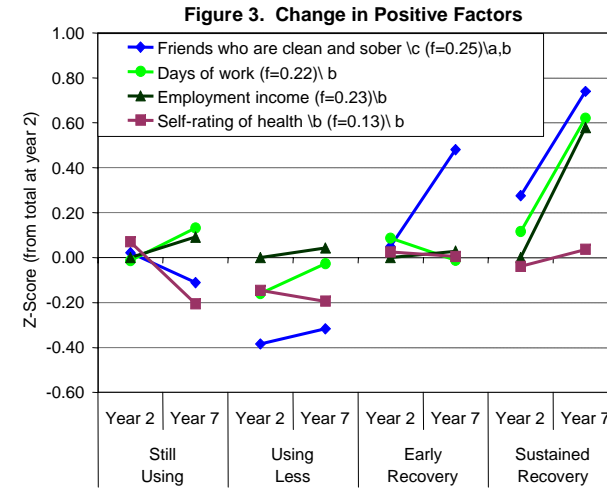
Results

Figure 1 Change in Psychological Problems.

Reductions in use and increasing duration of recovery were associated with reductions in mental health problems whether measured in days, with the ASI or GAIN. Reductions in cognitive avoidance (black line), however, did not happen until there was a more sustained period of abstinence.



^a Significantly different (p<.05) by recovery status at year 2
^b Significantly different (p<.05) by recovery status in the change from year 2 to 7



^c Significantly different (p<.05) by recovery status at year 7

Figure 2 Change in Other Problems. Continued use was associated with increasing health problems, costs for psychiatric treatment, financial problems and illegal activity. People who reduced their use started much higher on each measure and had increased health problems, but did not go up further in terms of the cost of psychiatric treatment, or financial problems and had fewer days of illegal activity and costs to society associated with them. People in early and sustained recovery had significant reductions in every area except days of health problems (which did not change).

Figure 3. Change in Positive Factors. People who continued to use had more days of work and employment income, but had significantly fewer sober friends and rated their health as worse. People who reduced their use started off worse on 3 of these measures, rated their health slightly worse – but otherwise improved slightly on days of work, employment income, and sober friends (though the latter was still very low). Early recovery was primarily associated with a major increase in the number of sober friends. It was only after a period of sustained recovery, however, that days of work, employment income, and even health ratings started to rise.

Figure 4. Change in Recovery Protective Factors. In terms of the recovery protective factors at year 7 (which predicts the future), those who continued to use or who reduced their use had significantly more risky recovery environments (down) while those in early and sustained recovery successively scored higher (up) on protective factors.

Implications

Early and sustained recovery are associated with successively more reductions in mental health problems as well as with other problems associated with substance use and increases in positive and protective factors. While reduced use was associated with more change, this was often related to starting out more severe (higher on negative factors or lower on positive factors). Understanding more about the impact of recovery duration on these factors has implications for setting realistic expectations for clients, practice, research and policy.

Limitations. It was not feasible or ethical to experimentally manipulate due to the duration of recovery, so these findings are observational only. Ideally, it would have been nice to have repeated measures of the Recovery Protective factors, but they were not added until latter in the study. This is a first cut with a single site, predominantly African American sample that ideally should be replicated.

Next Steps. We are continuing this longitudinal study out to 9 years post intake and will be able to look at longer periods of recovery and transitions in future analyses.

References available on request from author.