

Remission from substance dependence: Differences between individuals in a general population longitudinal survey who do and do not seek help[☆]



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ABSTRACT

Background: Only a minority of individuals who have substance use disorders receives treatment, and those who do typically have more severe disorders. The current study examines the relationship of help-seeking with remission from alcohol and/or drug dependence and other outcomes.

Methods: Data from the Wave 1 (2001–2002) and Wave 2 (2004–2005) National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) were used to examine remission at Wave 2 among respondents who had past-year substance dependence disorders at Wave 1 ($N = 1262$). Multi-group structural equation modeling was used to compare individuals with ($n = 356$) and without ($n = 906$) prior help-seeking at Wave 1 on subsequent help-seeking and other factors that influence outcomes.

Results: Baseline help-seekers sought help at higher levels over the follow-up period (31% vs. 8%) and had lower rates of remission (50% vs. 68%), as compared with those without prior help-seeking, respectively. Among baseline help-seekers, there were stronger relationships between baseline stress and mental disorders and having sought help since baseline; age and past-year level of stress at follow-up; level of stress and health status at follow-up; and social support and mental disorders at follow-up. Among baseline non-help-seekers, there were stronger relationships between being female and past-year stress at follow-up, and between having sought help since baseline and physical health status at follow-up.

Conclusions: Findings extend our understanding of the factors associated with recovery from substance dependence, including “natural recovery”, use of services outside of addiction treatment, and gender differences in help-seeking and remission.

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1. Introduction

Studies of individuals who are in remission from substance use disorders typically have been conducted with samples recruited from treatment settings, with the goal of understanding short- or long-term treatment outcomes. Yet only a minority of individuals with substance use disorders ever receives some form of treatment/services (Kessler et al., 1996; Wang et al., 2005). About one quarter of individuals with alcohol dependence receive treatment over their lifetime, whereas the rate is about 38% for those with drug dependence (Compton et al., 2007; Hasin et al., 2007). Rates

of treatment use are even lower when examined for the past year. Findings from the National Survey on Drug Use and Health (NSDUH) show that among the general population, 10.8% of individuals with a past-year alcohol or drug use disorder received treatment from a “specialty” addiction treatment program (Substance Abuse and Mental Health Services Administration [SAMHSA], 2012). However, NSDUH and other cross-sectional surveys are unable to examine longitudinal patterns of help-seeking and remission over time.

Related to remission, which is determined by diagnostic criteria for a substance use disorder (Lopez-Quintero et al., 2011), is “recovery”, the components of which have been examined from the perspective of individuals who identify with this status. Using media-based recruitment, Laudet (2007) found that the predominant definition of “recovery” among a sample of 289 individuals, most of whom had participated in both formal drug treatment and 12-step groups, was strict abstinence from alcohol and drugs. In addition, most individuals in this sample described recovery as a process that results in an improved quality of life. Thus, although abstinence may be one component of recovery, a broader range of

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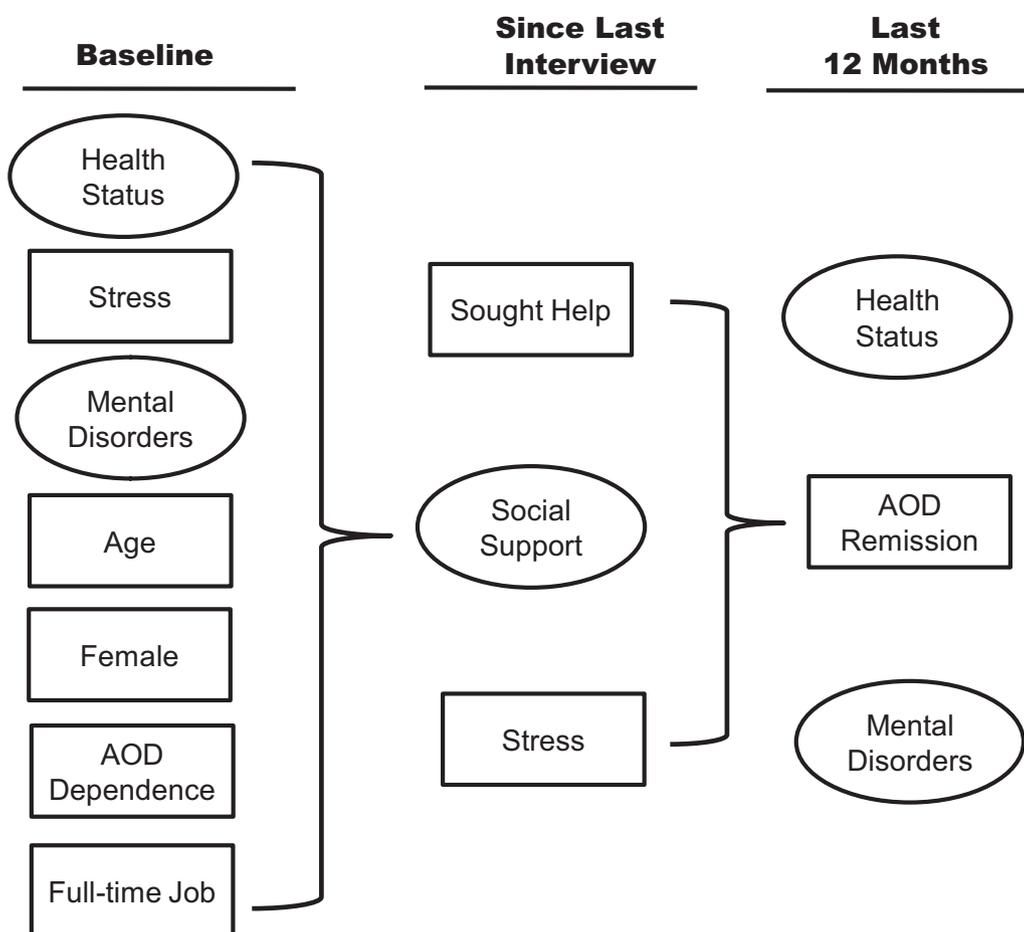


Fig. 1. Conceptual model. Note: AOD stands for alcohol or other drug.

outcomes that addresses overall psychosocial functioning needs to be examined (Betty Ford Institute Consensus Panel, 2007; Laudet et al., 2009; White, 2007).

The aim of the current study was to examine the relationship of help-seeking with remission from substance dependence and other indicators of functioning among a longitudinal general population sample. We build upon a prior study that examined help-seeking among participants with alcohol and/or drug dependence disorders at Wave 1 in the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC; Grella et al., 2009). Individuals ($N = 1602$) were classified into one of three groups: (1) received any help in the past year (14.7%); (2) perceived a need for help, but did not receive it (8.5%); or (3) had no perceived need for help and no help was received (76.8%). Factors that increased the receipt of help (retrospectively) included: older age, drug dependence (vs. alcohol only), longer time since the onset of dependence, co-occurring mood disorder, and more problems associated with use. Similarly, more problems associated with substance use increased the odds of perceiving a need for help, but not receiving it.

Using the same initial sample, the current study examines the longitudinal relationship of help-seeking with remission and other outcomes. The study is guided by a conceptual model developed by Moos (2007) on the personal and social resources that foster the process of remission from substance use disorders. Moos and Moos (2007) tested this conceptual model in a study of individuals ($N = 346$) who initiated help-seeking for alcohol-related problems and were subsequently followed-up over 16 years. They found that protective factors associated with social learning (self-efficacy), stress and coping theories (coping skills), behavioral economics (health and financial resources, 12-step resources), and

social control theory (bonds with family, friends, coworkers) predicted better alcohol-related and psychosocial outcomes. Similarly, Laudet and White (2008) refer to the construct of “recovery capital” as assets or resources that may help an individual cope with stressors and sustain recovery, which may underlie “natural recovery” in the absence of treatment among some individuals (Granfield and Cloud, 2001).

We used the longitudinal NESARC (Waves 1 and 2) study to test this conceptual model (shown in Fig. 1). We incorporated variables that have prior empirical support (e.g., employment, stress, social support) to test their association with remission and other outcomes over the follow-up period using multi-group structural equation modeling. Consistent with prior research, we hypothesized that higher levels of social support and stress would be associated (in different directions) with remission and other health outcomes, although the effects of help-seeking, which is typically associated with higher levels of severity, would be indicative of lower likelihood of remission and poorer overall functioning.

2. Methods

2.1. NESARC study design

NESARC is an in-depth longitudinal epidemiological survey of a representative sample of the United States. The study methodology has been described in detail elsewhere (Grant et al., 2003, 2004). The target population of the NESARC was the civilian, non-institutional adult population of the United States residing in households as well as in group quarters (e.g., group homes, halfway houses). At Wave 1, face-to-face interviews were conducted with 43,093 respondents in 2001–2002 (response rate = 81%). African Americans, Hispanics, and young adults (ages 18–24 years) were over-sampled, with data adjusted for over-sampling and household- and person-level non-response. The weighted data were then adjusted to represent

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