

# The relative importance of abstinence in clients' and clinicians' perspectives of recovery from drug and alcohol abuse

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## Abstinence as "Recovery"

- There are questions about abstinence as the dominant definition of recovery from drug and alcohol problems.
- Abstinence based definitions of recovery are limited because large proportions of people receiving treatment for substance use continue to drink or use drugs, or may have relapses along their recovery journey, but experience significant improvements in other life domains.
- To what extent should people who remain abstinent, but do not have concomitant improvements in life satisfaction, health or emotional wellbeing meet criteria for "recovery"?
- There are also questions about whether medication-assisted treatments such as the use of methadone could be considered 'recovery' (White, 2007; Belleau et al., 2007).

## Reconceptualising Recovery

- A survey of 289 people in substance abuse treatment indicated that 89.5% viewed abstinence as an important component of their definition of recovery when provided with forced choice items (Laudet, 2007).
- However, in open-ended descriptions only 44.3% mentioned substance use in their definition of recovery (Laudet, 2007)
- More recent conceptualisations of recovery recognise the importance of a wide range of quality of life indicators. For example:
  - employment, relationships, education and training, an improved and productive life, family reunification, emotional health, housing, physical health, spirituality, financial concerns, and giving back to others and the community
  - Reforming social relationships (Kleinig, 2008; McLellan, McKay, Forman, Cacciola & Kemp, 2005).
  - Citizenship and becoming a productive member of the social community, participating in community activities and trying to improve conditions for residents of the community (Belleau et al., 2007; Coyhis & Simonelli, 2008; McLellan et al., 2005).
  - Finding a role in life (Laudet & White, 2010).
  - Spiritual connections (Coyhis & Simonelli, 2008)

## Components of recovery viewed as important may vary over time

- Clients at varying stages of recovery (2 to 16 years) reported that in the early stages they were mostly focussed on abstinence but as they progressed over time other components of recovery such as education, became more important (Margolis, Kilpatrick & Mooney, 2000).
- Laudet and White (2010) found those who had been abstinent for longer periods tended to view physical health as more as important than those who had been abstinent for a shorter periods of time.
- Housing was viewed as more important by those who had been abstinent for between 6 and 18 months compared to those who had been abstinent for less than 6 months.

## Why is the meaning of Recovery important?

- Research into the effectiveness of treatments has been dominated by abstinence from drugs and alcohol as the primary outcome variable.
- Only recently, has there been acceptance that people may continue to use but experience fewer problems associated with their use of drugs and alcohol and may experience significant improvements in other quality of life domains.
- When people enter treatment programs they come with expectations about what treatment will involve and what effects it will likely have on their lives (Goldstein, Cohen, Lewis & Struening, 1988)
- There is an extensive research indicating that when expectations are not met there is risk for dissatisfaction with services and premature termination of treatment.
- In addition, discrepancy between expectations of clients and staff can negatively affect the therapeutic relationship and lead to early termination.

## Aims and Hypothesis

- To describe the relative importance of abstinence and other components recovery from the perspective of both clients and staff of residential drug and alcohol treatment services.
- It is hypothesised that clients who indicate they have been in recovery for shorter time periods will rate abstinence as significantly more important than those in recovery for longer.

## Method

### Settings/Services

- Participants were recruited from four residential drug and alcohol treatment services run by The Salvation Army in NSW, Australian Commonwealth Territory and Queensland, Australia. The services are predominantly based on 12-Step models and are faith-based programs. However, therapeutic work programs, CBT and both group and individual treatment programs that deal with diverse problems such as anger management, drug refusal skills, and assertiveness are also offered. The program length is up to 10 months duration.

### Participants

**Staff.** N = 55 staff agreed to participate

- 65% were male, mean age was 46 years (SD = 10) and ranged between 25 and 65 years of age.
- 62% held a certificate or diploma degree, 17% undergraduate degree, 15% postgraduate degree
- 73% were employed as case or support workers, 22% supervisors and 5% specialists
- Mean of 5 years working in the drug or alcohol (range from 6 months to 19 years, SD = 3.9).
- 55% of staff had undergone drug and alcohol treatment themselves.

**Clients.** N = 139 clients agreed to participate

- 82% were male, mean age was 38 years (SD = 10.4) and ranged between 18 & 62 years of age.
- 77% of the sample identified themselves as Caucasian/Australian, 7% other European, 5% Indigenous Australian, 11% Other.
- Time in the service ranged from 1 to 52 weeks with a mean of 18.2 weeks (SD = 12.9).
- The primary drug for which treatment was being sought was: Alcohol 58%, Marijuana 12%, Ecstasy 12%, Heroin 7%, Other 11%
- Time with D&A problems ranged from <1 year to 50 years (M = 19)
- Most had received prior treatments, 53% residential, 30% 12-step, 3% outpatient services

## Procedure and Measures

- Staff and clients completed the questionnaires in different locations during separate team or group meetings at each site. All questionnaires were anonymous and returned in sealed envelopes.

### Drug use in recovery

- An item aimed at assessing the acceptability of drug use in recovery was developed based on Laudet (2007). Participants were asked,
- "What is your personal attitude to drug use in recovery? Please choose ONE of the following options. To be considered in recovery you:
  1. Can use drugs and alcohol except the problem drug.
  2. Can have controlled use of drugs and alcohol through recovery as long as it has no serious negative consequences for health and well being.
  3. Can have periods of drug and alcohol use as long as the majority of the time in recovery is drug and alcohol free.
  4. Must abstain from all alcohol and drug use.
  5. Other (please supply your own definition)."

### Importance of different recovery components

- 22 items that were considered components of recovery definitions were provided (see Table 1).
- Participants were instructed,
- "Here is a list of achievements that people can experience as part of recovery. Please rate how important you believe each of these outcomes are to the idea of recovery".
- Each item was rated from 1 = Not at all important to 7 = "Of critical importance".

## Results

- For the forced choice "Drug use in recovery" question 94.9% of consumers agreed with the statement that full abstinence was required to be considered in recovery whereas only 72.7% of staff selected this option.
- 18.6% of staff selected the "other" option which usually took into account relapses
- A significantly higher proportion of clients selected abstinence compared to staff.

**Table 1. Clients and staff mean importance ratings of recovery components**

Item number and component	Clients (n = 129)			Staff (n = 52)		
	Rank	Mean	SD	Rank	Mean	SD
22 <i>Overcoming obsessions with drugs and alcohol</i>	1	6.47	1.02	4	6.42	.96
2 <i>Abstinence from drug and alcohol use</i>	2	6.35	1.09	3	6.54	0.78
21 <i>Having loving relationships with family and friends*</i>	3	6.34	0.98	14	5.71	1.24
20 <i>Gaining a second chance at life*</i>	4	6.25	1.02	13	5.72	1.15
16 <i>Having good physical and emotional wellbeing</i>	5	6.02	1.03	10	5.83	1.12
1 <i>Taking on increased responsibility for your own recovery*</i>	6	5.96	1.25	1	6.62	.60
8 Pursuing goals that are in line with your personal values	7	5.95	1.11	9	6.00	.86
5 <i>Having greater self acceptance</i>	8	5.95	1.25	5	6.29	.78
13 Having renewed purpose in life	9	5.92	1.16	6	6.17	.88
17 Having a greater understanding of yourself	10	5.90	1.23	7	6.13	.97
4 Feeling closer to others in your life	11	5.89	1.19	16	5.63	1.07
18 Working in a role that is interesting, rewarding and worthwhile	12	5.86	1.14	15	5.63	1.03
14 Feeling you are able to make a contribution to society	13	5.82	1.08	12	5.75	1.03
6 Being able to accept support from others	14	5.78	1.23	8	6.12	0.96
10 Feeling cared for and accepted	15	5.64	1.33	11	5.77	1.08
9 <i>Engaging in spiritual development*</i>	16	5.56	1.64	2	6.56	0.70
12 Redefining who you are as a person	17	5.53	1.32	17	5.58	1.16
19 Participating in hobbies and recreational activities	18	5.52	1.32	18	5.54	1.00
15 Finding a valued role or social niche	19	5.45	1.34	20	5.46	1.18
7 Having more people you care about	20	5.34	1.49	21	5.12	1.17
3 Overcoming stigma	21	4.94	1.79	19	5.52	1.46
11 Use of drugs and alcohol in a controlled way	22	2.50	2.25	22	1.83	1.82

**Note.** Bolded components in italics are five highest rated for staff and five highest rated for consumers in terms of importance to recovery (total of 8 unique components).

Ratings were on a 7-point Likert-type scale from 1 = Not at all important 2 = Slightly important 3 = Some importance 4 = Important 5 = Very important 6 = Extremely important 7 = Of critical importance.

\* Significantly different importance ratings between groups using Bonferroni adjusted  $p < .006$ .

- Eight Mann-Whitney U tests of the top rated recovery components were conducted using a Bonferroni adjusted alpha ( $p = .006$ )
- *Loving Relationships* and *A Second Chance* were rated significantly higher by clients compared to staff.
- *Spiritual Development* and *Increased Responsibility* were rated significantly higher by staff compared to clients

### Importance of components by time in recovery

- Clients who rated themselves as in recovery for less than 6 months, (<6, n = 71) were compared to those in recovery for 6 months or more (6+, n = 57)
- Of the top 8 recovery components only **Spiritual development** held significantly different importance between the two groups with those in the 6+ month group viewing rating its importance significantly higher than those in the <6 month group,  $U = 1355$ ,  $z = -3.343$ ,  $p = .001$ .

## Conclusions

- When forced choice options are provided clients tend to select abstinence over variations of controlled substance use. Surprisingly, the proportion selecting abstinence versus other options was higher for clients than for staff
- When expanded options regarding components of recovery are offered, several are of equivalent importance to abstinence.
- Clients view loving relationships with family and friends as important as abstinence and more important than did staff
- Staff view spiritual development as significantly more important than clients, and clients who view themselves as being in recovery for over 6 months tend to view spiritual development as more important
- There may be a need to reconcile differences in the importance of recovery components between clients and staff. At a minimum expanded views of recovery beyond just abstinence should be recognised both in service development and research.

