

Opiod use recovery requires persistence, range of services

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Successful recovery from opiod use disorder appears to be even more challenging than recovery from alcohol use disorder, and individuals with opiod use problems may require more intensive medical,

psychological and social support services over a longer period of time, results of the first national study of opioid problem resolution suggest.

An investigation of a nationally representative sample of U.S. adults who reported resolving an opioid problem found that, among those who achieved longer-term recovery (between 1 and 5 years since resolving a problem), individuals who had resolved an opioid problem were more likely than individuals who resolved an [alcohol](#) problem to have used formal addiction treatment, pharmacotherapy (that is, drugs to prevent cravings or relapse such as methadone, buprenorphine or naltrexone), recovery support services, and mutual help (such as Narcotics Anonymous and other 12-step programs), found Lauren A. Hoffman, Ph.D., Corrie Vilsaint, Ph.D., and John F. Kelly, Ph.D., from the Recovery Research Institute at Massachusetts General Hospital (MGH) and Harvard Medical School (HMS).

Providing the first national prevalence estimate of opioid recovery, their study suggests that 1.18 million American adults have resolved a primary opioid use problem.

Their findings are published in the *Journal of Addiction Medicine*.

Although the extent of the opioid crisis in the United States makes headlines daily, there is sparse scientific or clinical information on recovery from opioid use disorders, prompting the MGH investigators to conduct a nationwide study of what appears to work, using recovery from alcohol as a reference point. Alcohol use disorder is the most common type of substance use disorder.

They used data from the 2017 National Recovery Survey that consisted of a sample of adults 18 and older who answered yes to the question "Did you used to have a problem with drugs or alcohol, but no longer do?" They analyzed the estimated prevalence of both opioid and alcohol

problem recovery, differences in treatment and recovery services use, and psychological well-being both within the first year of recovery (early recovery period) and from 1 to 5 years (mid-recovery).

"Essentially, those who resolved an opioid problem in mid-recovery were four times as likely to have ever used pharmacotherapies, two-and-a-half times more likely to have used formal treatment, and about two times more likely to use recovery support services and mutual help organizations compared with individuals who reported resolving an alcohol problem and were in mid-recovery," Hoffman says.

"We didn't find those differences in the first year, and this is important because taken together it suggests that individuals with an opioid problem might require additional treatment or additional resources to achieve longer and more stable recovery duration," she added.

The investigators also looked at various measures of psychological well-being and found that whereas levels of self-esteem were higher in the opioid group than the alcohol group in early-recovery, self-esteem levels among the opioid group were lower than the alcohol group in the mid-recovery period. Lower self-esteem in mid-recovery may be related to the extra challenges of opioid recovery, including longer duration or greater use of treatment and recovery services relative to alcohol recovery, more frequent relapses and societal attitudes about opioids, Hoffman says.

Compared with individuals with [alcohol use disorder](#), people with [opioid](#) problems tend to be more socially stigmatized, have fewer resources available, and may be less likely to disclose their [recovery](#) status to others, which could make them feel more lonely or isolated, the investigators say.

More information: Lauren A. Hoffman et al, Recovery From Opioid

Problems in the US Population, *Journal of Addiction Medicine* (2019).
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