

Recovery-Oriented Research



Preventative Strategies

- Prevention approaches that teach social skills and generic personal self-management skills have been found to reduce substance use as much as 44% for up to six years (Botvin et al., 1994, 1995).
- Recovery management check-ups can significantly decrease relapse and re-admission (Dennis, Scott & Funk, 2003).

Early Intervention

- Early and brief interventions were found to be effective, up to four years later, in reducing alcohol use, days of hospitalization, and emergency department visits (Fleming et al., 2002).
- Heavy drinkers were twice as likely to moderate their drinking 6 to 12 months after receiving a brief intervention compared with heavy drinkers who did not receive an intervention (Wilk, Jensen & Havighurst, 1997).

Improving Outcomes and Sustaining Recovery

- Studies have found that chronic care approaches, including self-management, family supports, and integrated services improve recovery outcomes (Lorig et al., 2001; Jason, Davis, Ferrari & Bishop, 2001; Weisner et al., 2001; Friedmann et al., 2001).
- Mutual aid groups have been related to positive outcomes (Fiorentine, 1999; Fiorentine & Hillhouse, 2000; Morgenstern et al., 1997; Alterman, McLellan & Snider, 1994).
- Long-term recovery outcome is enhanced by individual choice and commitment (Laudet & White, 2008).
- Individuals who participated in both treatment and recovery support groups had better long-term recovery outcomes than people who used either service alone (Fiorentine & Hillhouse, 2000).

Improving Outcomes and Sustaining Recovery (cont'd)

- Social support in the recovery process suggests a need for greater linkage to sober housing resources and sober social communities (Jason, Davis, Ferrari & Bishop, 2001; Humphreys, Mankowski, Moos & Finney, 1999)
- Studies support the benefit of recovery coaches, mutual aid societies, and social and community supports in achieving long-term recovery (Scott, Dennis, & Foss, 2005; Laudet, Savage, & Mahmood, 2002).

Cost-effectiveness

- Individuals with co-occurring substance abuse/medical problems randomized to integrated care had significantly lower total medical costs than those in independent care (Parthasarathy, Mertens, Moore & Weisner, 2003).
- Integrated and collaborative care has been shown to optimize recovery outcomes and improve cost-effectiveness (Smith, Meyers & Miller, 2001; Humphrey & Moos, 2001).
- Community-based treatment costs less to operate and results in higher levels of service satisfaction than those provided in acute settings (Hoult, 1986).
- By increasing a person's involvement in self-help groups, treatment programs decrease subsequent health care costs and offer a cost-effective approach to promoting recovery (Humphreys & Moos, 2001).