



Selected Papers of William L. White

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Prevalence, Pathways, and Predictors of Recovery from Drug and Alcohol Problems in the United States Population: Implications for Practice, Research, and Policy

Abstract

Background: Alcohol and other drug (AOD) problems confer a global, prodigious burden of disease, disability, and premature mortality. Even so, little is known regarding how, and by what means, individuals successfully resolve AOD problems. Greater knowledge would inform policy and guide service provision.

Method: Probability-based survey of US adult population estimating: 1) AOD problem resolution prevalence; 2) lifetime use of “assisted” (i.e., treatment/medication, recovery services/mutual help) vs. “unassisted” resolution pathways; 3) correlates of assisted pathway use. Participants (response = 63.4% of 39,809) responding “yes” to, “Did you use to have a problem with alcohol or drugs but no longer do?” assessed on substance use, clinical histories, problem resolution.

Results: Weighted prevalence of problem resolution was 9.1%, with 46% self-identifying as “in recovery”; 53.9% reported “assisted” pathway use. Most utilized support was mutual-help (45.1%, SE = 1.6),

followed by treatment (27.6%, SE = 1.4), and emerging recovery support services (21.8%, SE = 1.4), including recovery community centers (6.2%, SE = 0.9). Strongest correlates of “assisted” pathway use were lifetime AOD diagnosis (AOR = 10.8[7.42–15.74], model R² = 0.13), drug court involvement (AOR = 8.1[5.2–12.6], model R² = 0.10), and, inversely, absence of lifetime psychiatric diagnosis (AOR = 0.3[0.2–0.3], model R² = 0.10). Compared to those with primary alcohol problems, those with primary cannabis problems were less likely (AOR = 0.7[0.5–0.9]) and those with opioid problems were more likely (AOR = 2.2[1.4–3.4]) to use assisted pathways. Indices related to severity were related to assisted pathways (R² < 0.03).

Conclusions: Tens of millions of Americans have successfully resolved an AOD problem using a variety of traditional and non-traditional means. Findings suggest a need for a broadening of the menu of self-change and community-based options that can facilitate and support long-term AOD problem resolution.