Characteristics of individuals entering Therapeutic Communities for methamphetamine problems versus other drug and alcohol problems: Baseline findings from the Social Networks And Recovery study (SONAR)

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Introduction

Alcohol and Other Drug (AOD) Therapeutic Communities (TCs) have experienced a **Chart 1** – Hypothesised recovery capital mediation model to be tested in the SONAR study (9)

Results

The majority of participants (91.6%) reported either primary methamphetamines (38.0%),

substantial increase in individuals presenting with primary methamphetamines problems in recent years (1). Despite concerns about the impact of these changes on AOD treatment (2), recent research has in fact shown that individuals with methamphetamines problems may have better outcomes following AOD treatment when compared to people with other primary problems, including in residential rehabilitation settings (3, 4). Yet the reasons for this are not well understood.

A range of factors external to treatment have been shown to predict TC retention and long term outcomes including:

- substance use prior to treatment (5)
- personal characteristics (e.g. age, gender)
 (6)
- social and psychosocial factors (eg. social identity, group membership)(7)

These highlight that the personal and social resources that individuals may draw upon prior to and during treatment (known collectively as recovery capital) (8) may play an important role in treatment outcomes. Yet, it is not clear the extent to which these factors explain the particularly positive AOD treatment outcomes of people with methamphetamines problems as compared to people with other primary drugs of concern (PDOC).



 Table 1 – Demographics, AOD use, recovery capital

 and social connectedness by primary drug of concern

	Meth	Alcohol	Opioids	Pairwise
	(n=117)	(n=102)	(n=63)	comparison ^{c,}
	Mdn / %	Mdn / %	Mdn / %	Effect Size ^e
Demographics				
Age (years)	31.3##	38.1	40.0	$r =30^{***}$
Male (%)	70.9	67.6	63.5	ns
AOD use history				
Age of first use	20.0##	14.0	17.0	<i>r</i> =46 ^{***}
Years problem use	8.0##	23.7	15.0	$r =42^{***}$
Recent AOD use				
Daily PDOC use (%) ^b	25.7###	72.5	78.6	<i>V</i> =51 ^{***}
PDOC days used ^a	20.0#	28.0	24.0	<i>r</i> =21 ^{***}
No. substances used ^b	5.0#	3.0	6.0	<i>r</i> =19 ^{**}
Total substance use days ^a	49.0	29.0	63.0	Ns
Recovery Capital (RC)				
Personal RC (ARC; 0-25)	19#	16	18	<i>r</i> =14 [*]
Social RC (ARC; 0-25)	18#	16	17	<i>r</i> =17 ^{**}
Social Connectedness				
Social network size (IPDA)	50.0#	34.5	37.5	$r =12^{*}$
Multiple groups / identities (EXITS; 1-7)	3.5#	2.5	2.75	<i>r</i> =18 ^{**}

alcohol (33.1%) or opioids (20.5%) problems, with 5.2% reporting primary cannabis problems and 3.2% reporting problems with other substances.

Across the sample, personal recovery capital, social recovery capital and multiple group membership were negatively associated with length of problem use (r = -.16, p<.05; r = -.14, p<.05; r = -.20, p<.05) and positively associated with quality of life (r = .41, p<.01; r = .43, p<.01; r = .21, p<.01).

Individuals with primary methamphetamines problems were younger than individuals with other AOD problems and reported more intact social connections as indicated by a larger social network size and multiple group memberships as well as higher social recovery capital and shorter history of problem use. (see table 1)

Conclusions

Differences in the AOD use trajectories of individuals with methamphetamine problems as compared to people with other AOD problems (older at first use, shorter length of problem use, less chronic AOD use) and the greater social and other recovery resources available to them prior to and during treatment, may point to an explanation regarding their better outcomes following AOD treatment.

Aims

This paper aims to examine demographic characteristics and substance use profile according to primary problem at TC entry and the extent to which this relates to social connectedness and recovery capital.

Methods

Data were gathered as part of the Social Networks and Recovery study (SONAR), a multi-site prospective cohort study of 308 individuals entering five TCs in Eastern Australia during the period 2014-2015 (9).

*p<.05; **p<.01; ***p<.001

^a past month, ^b past 6 months

^c Effect size (ES) of pairwise tests relative to Alcohol and Opioids PDOC indicated by: #ES>.1; ##ES>.3 ###ES>.5

^d 91.6% of individuals indicated PDOC as Methamphetamines, Alcohol or Opioids. Those with other primary problems were excluded from analysis owing to the small cell sizes.

^e Given skewed data, continuous variables tested using Mann-Whitney U-tests, categorical variables using chi-square .

Chart 2: Substance use & group membership mapping example [Social Identity Mapping (SIM)]



The association between social connectedness and recovery capital and both length of problem use and wellbeing at admission suggest that personal and social resources at admission may play a role in shaping outcomes. Further research is required to explore the extent to which recovery capital mediates the relationship between AOD treatment and positive outcomes (see chart 1).

While methamphetamines have dominated media and policy makers' interest of late, these data highlight that it is important that this does not overshadow the needs of clients with other presenting concerns, who may have less recovery capital and resources to draw on. These findings underscore that AOD treatment should not simply target the individual in isolation, but take into account their social circumstances. Treatment providers are well positioned to help clients map their social resources and to facilitate social inclusion and build recovery capital (see chart 2).

Participants completed a structured interview 2 to 4 weeks following admission to the TC (Mdn = 22 days), covering a range of domains.

Refer to handout for list of measures.

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Refer to handout for list of references.



