



# Answering the Why: What Does the Research Say About the Importance of Employment to Recovery?

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## Continuing education credits/hours are approved for:

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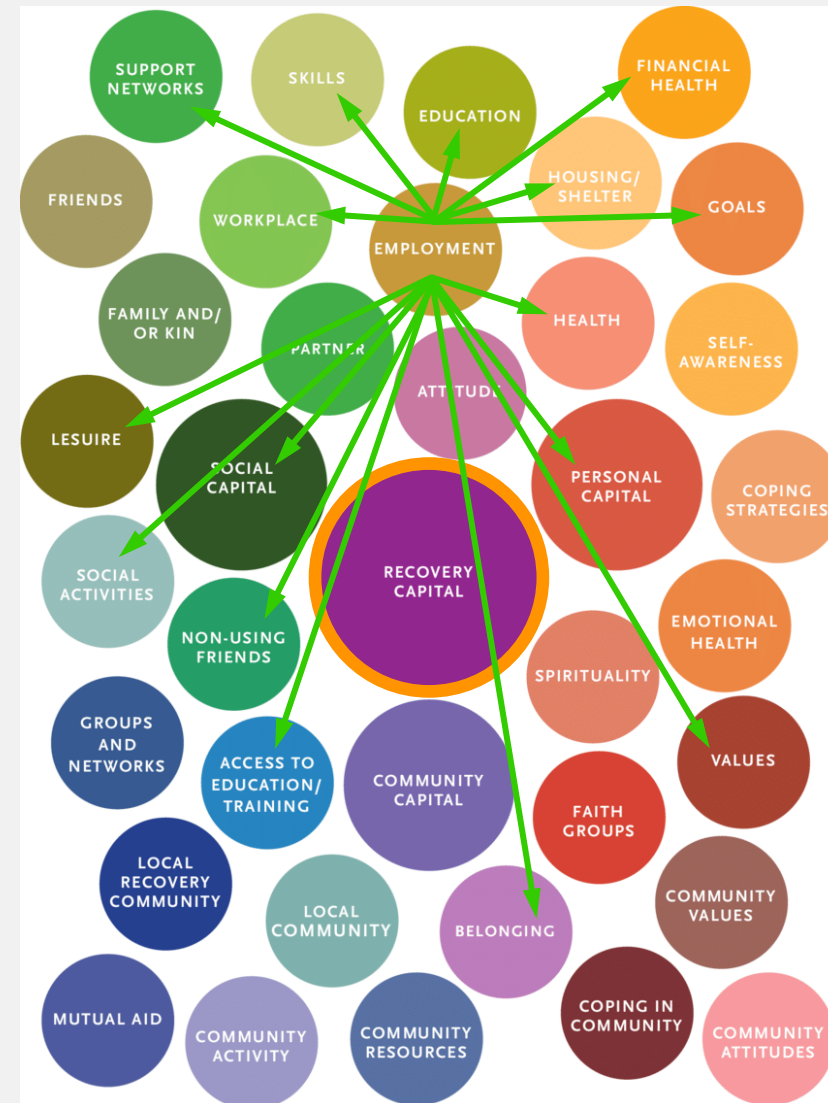
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Accumulating recovery capital is key to sustaining addiction remission.



*\* Image courtesy of Nurture Development*

Employment is an axle  
of recovery capital.



*\* Image courtesy of Nurture Development*

## Employment is associated with better addiction recovery outcomes.

- People employed have higher rates of abstinence and lower rates of relapse.

(Aklin et al., 2014; Duffy & Baldwin, 2013; Griep et al., 2015; Sahker et al., 2019)

- Employment is associated with less criminal activity and improved ability to transition from residential to community treatment.

(Dong et al., 2018; Laudet, 2012; Laudet et al., 2002; Laudet & White, 2010; Petry et al., 2014; Wang et al., 2012; White et al., 2012)

Many barriers to employment exist for those in addiction remission.



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From working on recovery to working in recovery: Employment status among a nationally representative U.S. sample of individuals who have resolved a significant alcohol or other drug problem

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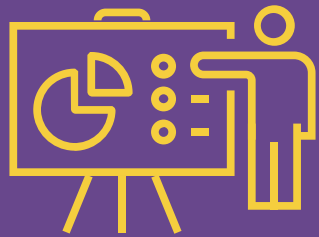
- Employment
- Unemployment
- Under employment
- Alcohol and other drugs
- Substance use disorder
- Addiction recovery
- Disparities

ABSTRACT

Alcohol and other drug (AOD) use disorders exact a prodigious annual economic toll in the United States (U.S.), driven largely by lost productivity due to illness-related absenteeism, underemployment, and unemployment. While recovery from AOD disorders is associated with improved health and functioning, little is known specifically about increases in productivity due to new or resumed employment and who may continue to struggle. Also, because employment can buffer relapse risk by providing structure, meaning, purpose, and income, greater knowledge in this regard would inform relapse prevention efforts as well as employment-related policy. We conducted a cross-sectional, nationally representative survey of the U.S. adult population assessing persons who reported having resolved an AOD problem ( $n = 2002$ ). Weighted employment, unemployment, retirement, and disability statistics were compared to the general U.S. population. Logistic and linear regression models tested for differences in employment and unemployment among demographic categories and measures of well-being. Compared to the general U.S. population, individuals who had resolved an AOD problem were less likely to be employed or retired, and more likely to be unemployed and disabled. Certain recovering subgroups, including those identifying as black and those with histories of multiple arrests, were further disadvantaged. Conversely, certain factors, such as a higher level of education and less prior criminal justice involvement were associated with lower unemployment risk. Despite being in recovery from an AOD problem, individuals continue to struggle with obtaining employment, particularly black Americans and those with prior criminal histories. Given the importance of employment in addiction recovery and relapse prevention, more research is needed to identify employment barriers so that they can be effectively addressed.

## We sought to:

1. Compare employment status between a nationally representative sample of U.S. adults who have resolved an AOD problem and the general U.S. population
2. Explore demographic differences in employment status within this nationally representative sample
3. Characterize employment's associations with quality of life, self-esteem, and happiness, with consideration given to age, sex, race/ethnicity, level of education, and time since resolving a problem with AOD.



# APPROACH

# Approach



**We asked 44,000 U.S. adults  $\geq 18$  years:**

**//**

Did you use to have a problem with drugs or alcohol, but no longer do?"

# Approach



**25,229** individuals responded to the screening question (63.4%).

**2,002** endorsed having resolved a problem with alcohol or other drugs.

# APPROACH



**We collected demographic and employment information.**

**Also assessed:**

- Quality of life (EUROHIS-QOL)
- Self-esteem (“I have high self-esteem;”  
1=not very true to 10=very true)
- Happiness (“Rate your happiness;”  
1=completely unhappy to 5=completely happy)



# ANALYSES

# ANALYSES

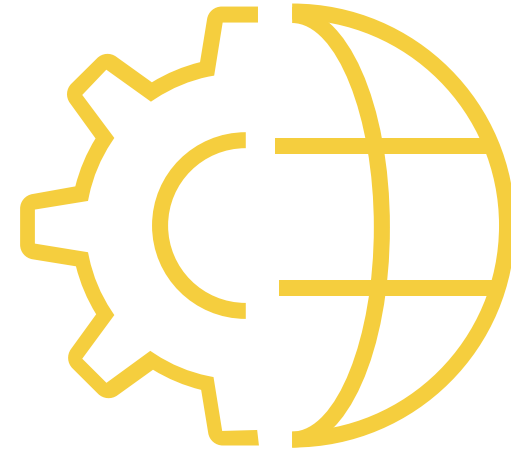
## Comparisons between National Recovery Study sample and U.S. population on employment:

- One-way chi-square tests



## Exploration of associations between demographic factors and employment within National Recovery Study sample:

- Eight separate logistic regression models
  - DVs = Employment status (i.e., employed, unemployed and needing work, unemployed and not requiring work)
  - IVs = Demographic factor (i.e., age group, sex, race, education level, time since AOD problem resolution, primary substance used, history of arrest, and number of arrests)





## Testing of associations between employment status and well-being within National Recovery Study sample:

- Three distinct multivariate logistic regression models
  - DVs = Quality of life, self-esteem, and happiness
  - IV = Employment status (i.e., employed, unemployed and needing work, unemployed and not requiring work)
  - Covariates = Age, sex, race/ethnicity, level of education, & time since resolving a problem with AOD
- All analyses were conducted using survey weights.
- Omnibus test alpha was set at  $p < .01$  to control for alpha inflation.



# RESULTS

# RESULTS



## RESULTS



### PRIMARY SUBSTANCE

- 51% alcohol
- 11% cannabis
- 10% cocaine
- 7% methamphetamine
- 5% opioid



### SAMPLE

60% male, 45% aged 25-49 years of age,  
61% non-Hispanic White, 14% Black, 17% Hispanic  
48% employed, 46% living with family or relatives



## Participant employment contrasted with US population.

	National Recovery Study (% of sample)	United States (% of population)	$\chi^2$ (df= 1)	<i>p</i>
Working - as a paid employee	47.7	56.9	33.24	<.0001
Working—self-employed	7.0	6.3	0.97	ns
Not working—on temporary layoff from a job <sup>^</sup>	1.5	0.4	19.66	<.0001
Not working—looking for work <sup>^</sup>	7.7	2.8	67.51	<.0001
Not working—retired <sup>#</sup>	12.0	15.4	14.98	<.0001
Not working—disabled	15.6	5.6	194.42	<.0001
Not working—other <sup>†</sup>	8.6	—	—	—

**Notes.** <sup>^</sup> Data reported for United States population 16 years of age or greater based on available statistics from the Current Population Survey, U.S. Bureau of Labor Statistics;

<sup>#</sup> based on 2014 annual population statistics; <sup>†</sup> The Bureau of Labor Statistics does not have an employment category commensurate with 'Not working – other'

# RESULTS

## Demographic/Employment Associations Within NRS Sample



# RESULTS

## Sex & Employment

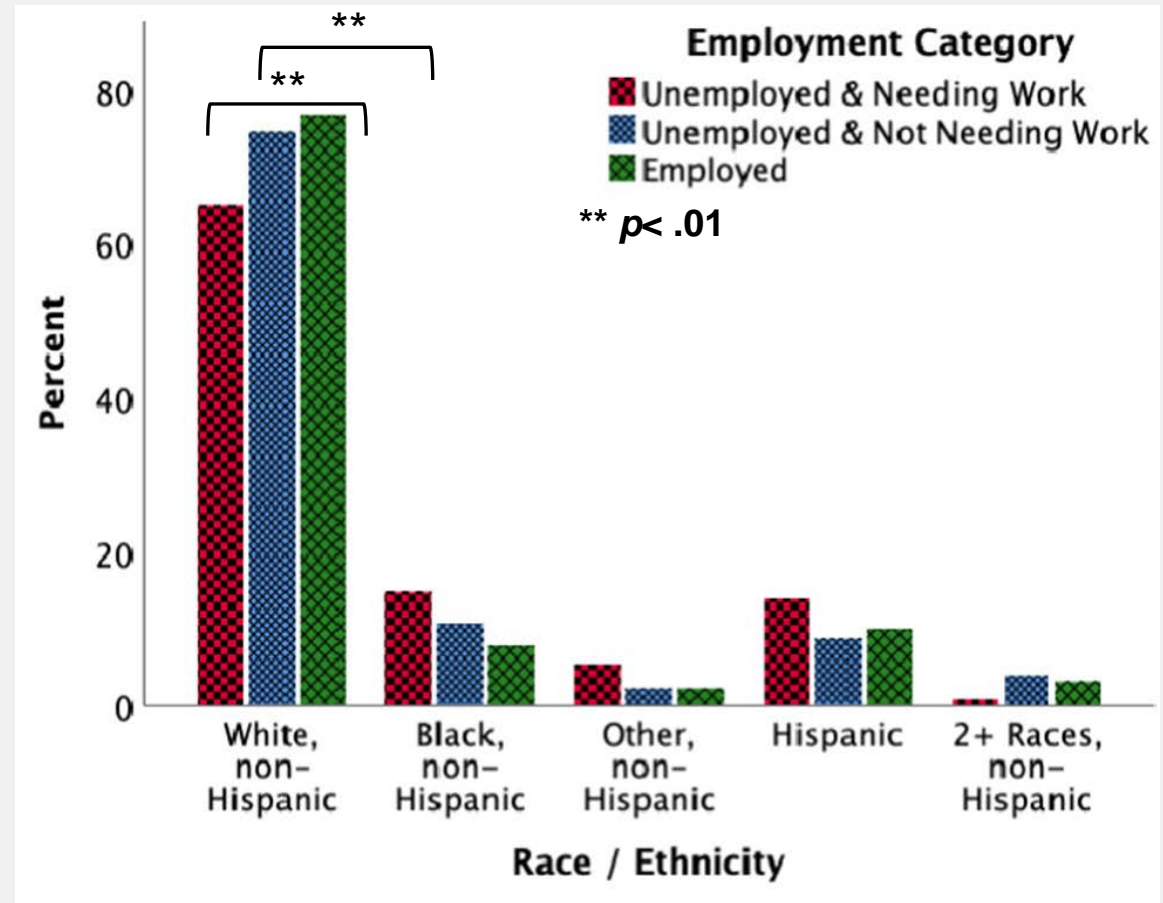
- No effect of sex ( $p > .05$ )



## RESULTS

### Race/Ethnicity & Employment

- Those identifying as Black/non-Hispanic **50%** less likely to be employed than White/non-Hispanics.





# RESULTS

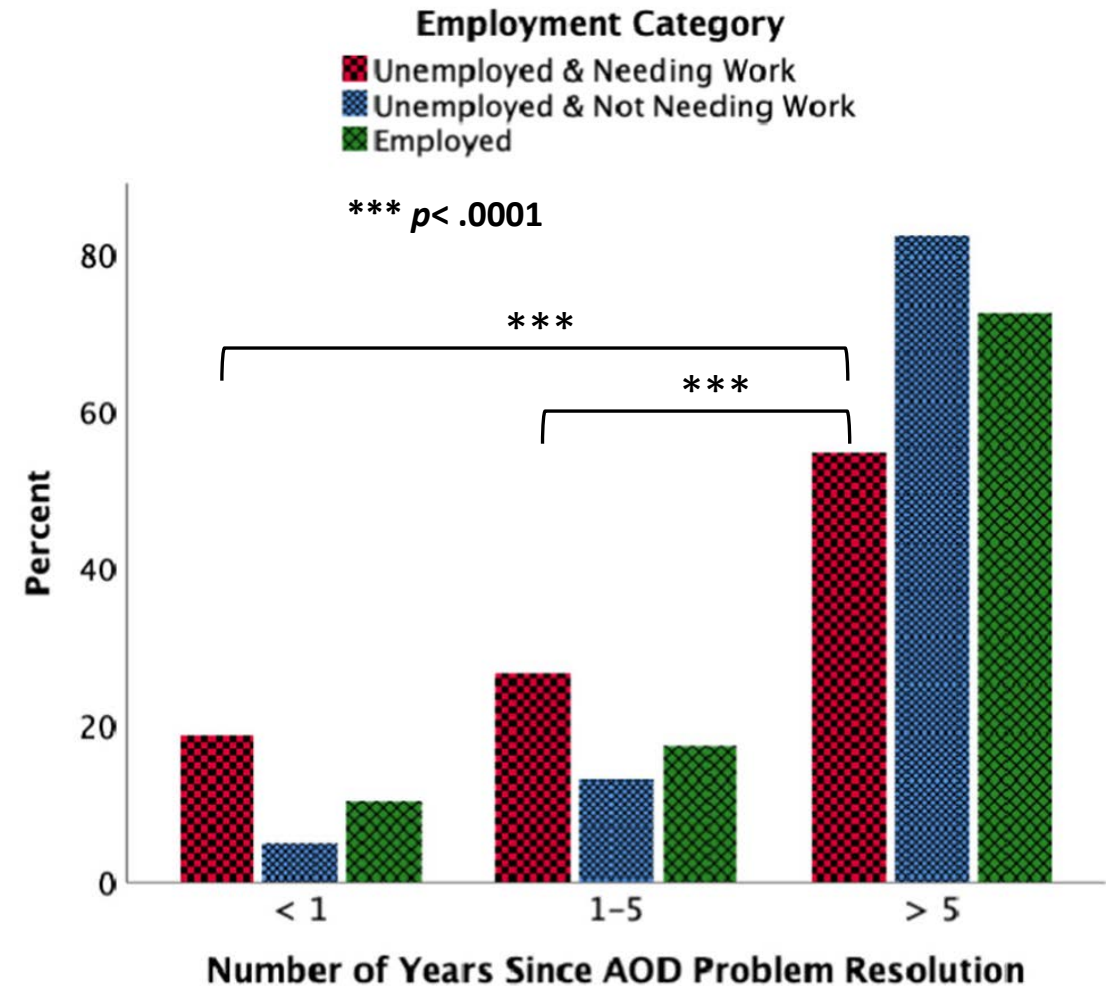
## Arrest History & Employment

- Compared to those with no previous arrests, those with  $\geq 2$  arrests were **43%** less likely to be employed vs. unemployed and needing work.



## Time Since Resolving AOD Problem & Employment

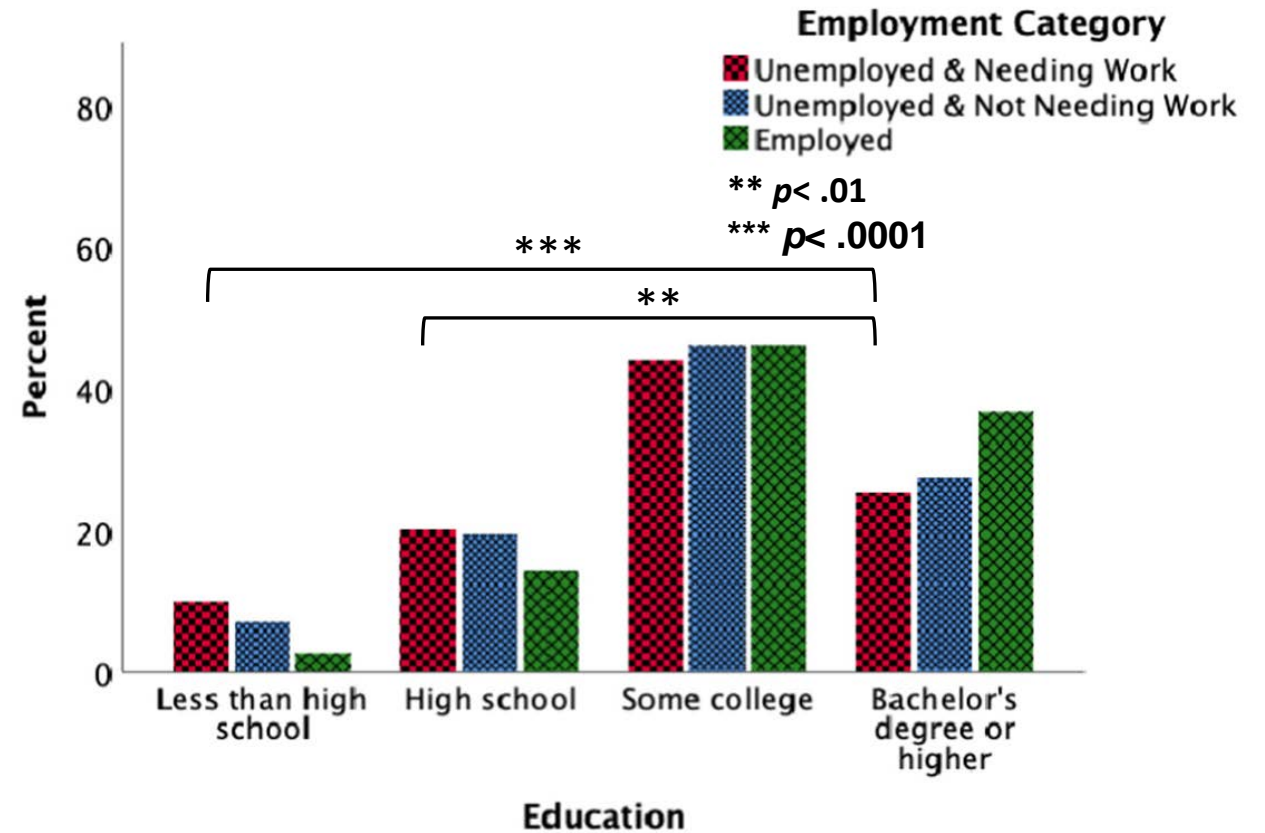
- Those with less time since resolving a problem with AOD were more likely to be unemployed.
- It's not until >5 years that things look better.





## Education & Employment

- Those with higher education less likely to be unemployed.





## RESULTS

### Well-Being & Employment

- Employment vs. being unemployed and needing work associated with:
  - Greater quality of life,  $p < .0001$
  - Greater self-esteem,  $p = .03$
  - Greater happiness,  $p = .0006$

- Study design was cross-sectional.
- Survey methodology relied on participants' retrospective recall, which could be prone to bias.
- Participants self-identified as having resolved an AOD problem and did not necessarily have a substance use disorder diagnosis.

# CONCLUSIONS

- Compared to the U.S. population, individuals who have resolved an AOD problem are less likely to be employed or retired, and more likely to be unemployed and disabled.
- Unemployment rates are larger among already marginalized populations, such as those identifying as Black and those with history of multiple arrests.
- Higher levels of education and longer time since problem resolution buffer employment vulnerability.

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NIAAA



National Institute  
on Drug Abuse

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## Recovery Capital and the Role of Meaningful Activities



## Recovery statistics

- 58% recovery rate (SAMHSA, 2009).
- Relapse reduces to 14% in year 5 (Dennis et al., 2007).
- Addiction careers average 28 years with 4-5 episodes of treatment over 8 years.
- Reasons for stopping and reasons for staying stopped not the same (Best et al, 2008).

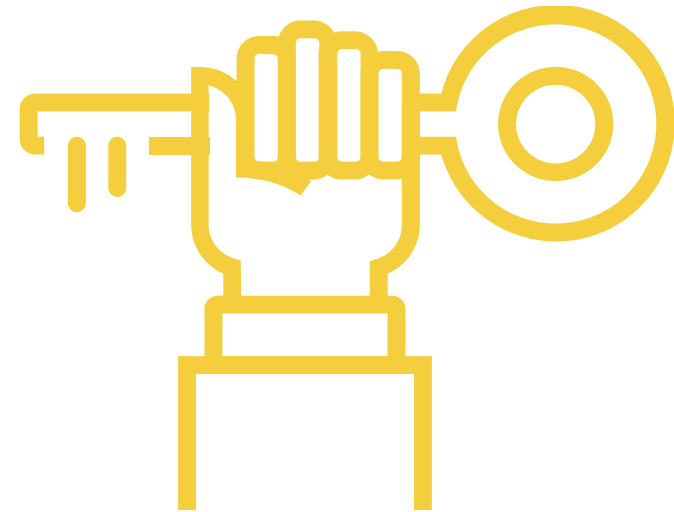


## What enables recovery change?

- Leamy et al. (2011), British Journal of Psychiatry
- CHIME
  - Connectedness
  - Hope
  - Identity
  - Meaning
  - Empowerment

## UK study of recovery wellbeing—better recovery wellbeing predicted by:

1. More time spent with other people in recovery
2. More time in the last week spent:
  - Childcare
  - Engaging in community groups
  - Volunteering
  - Education or training
  - Employment



# The Role of Abstinence and Activity

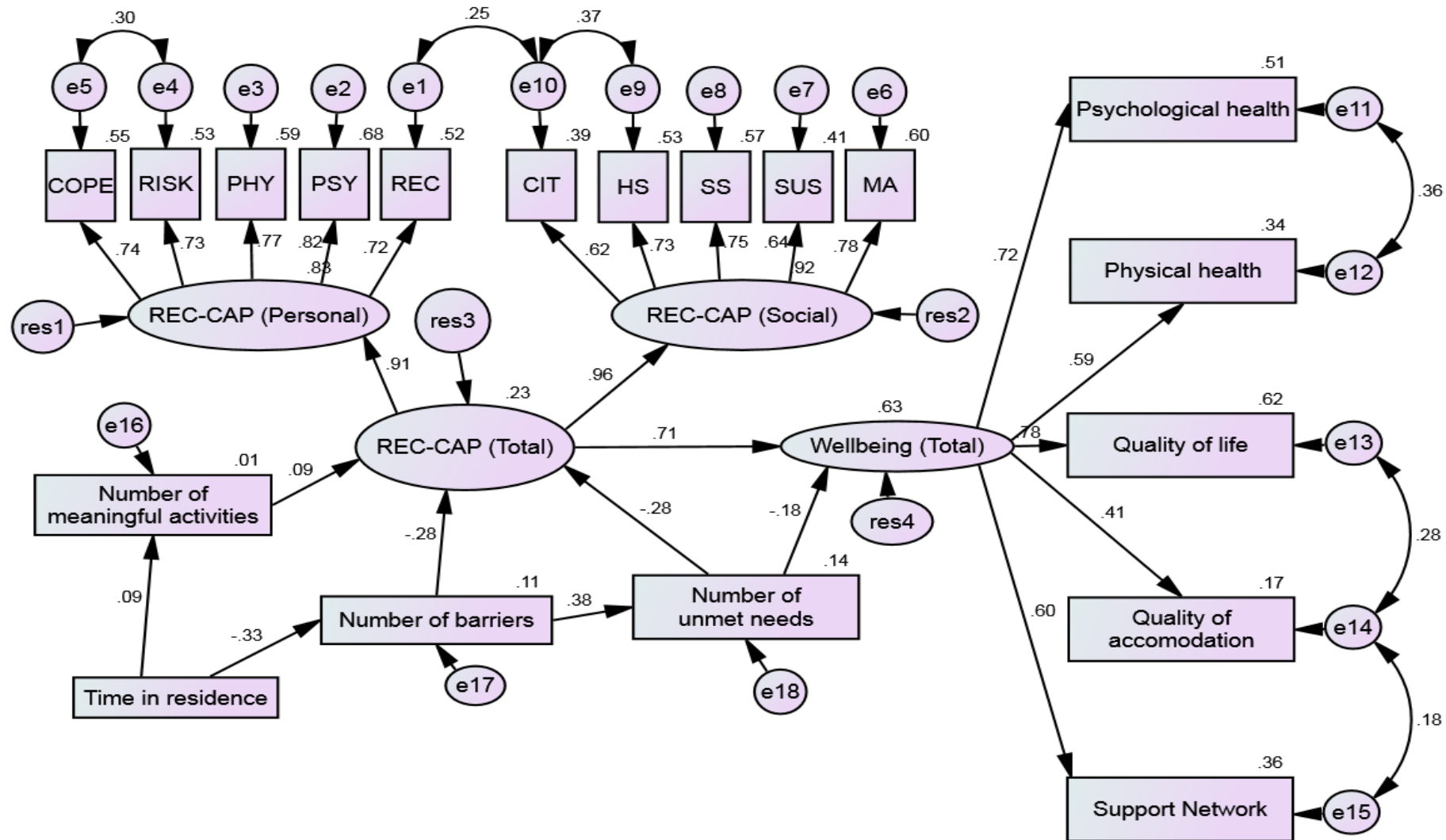
Best et al. (2013). The role of abstinence and activity in promoting wellbeing among drug users engaged in treatment. *Journal of Substance Abuse Treatment*, 30(4), 397-406.

The study assessed changes in meaningful activities in three English Drug Action Team areas over the course of 1 year. Drug treatment participants split into four categories:

- Initiated meaningful activities
- Maintained meaningful activities
- Stopped meaningful activities
- No meaningful activities

Quality of life and wellbeing higher (and more abstinence) in those who started or maintained meaningful activities. Stopping associated with decreases in all three wellbeing measures.

# Time in Residence + Meaningful Activities to Positive Outcomes (FARR)



Best & Laudet (2010)





**EXECUTIVE OFFICE OF THE  
PRESIDENT  
OFFICE OF NATIONAL  
DRUG CONTROL POLICY**  
Washington, DC 20503

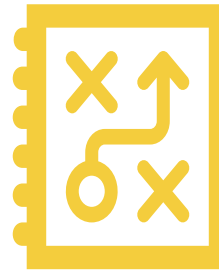
As we expand the continuum of care to address the chronic nature of substance use disorders, recovery support services help people build recovery capital to manage and sustain long-term recovery. Offered in a variety of institutional- and community-based settings, recovery support services include peer support services and engagement, recovery housing, recovery community centers, and recovery programs in high schools and colleges. Scaling up the capacity and infrastructure of these programs will create strong resource networks to equip communities to support recovery for everyone.

*“Recovery capital is the breadth and depth of **internal** and **external** resources that can be drawn upon to initiate and sustain recovery from severe AOD problems” —Granfield & Cloud, 1999; Cloud & Granfield, 2004*



## REC-CAP

Measures seven (7) domains of Recovery Capital at 90-day intervals, reporting longitudinal growth over time



## RECOVERY PLANNING

Utilizes REC-CAP Results to suggest a Recovery Plan that focuses on resolving Barriers & Unmet Service Needs and building Recovery Strengths

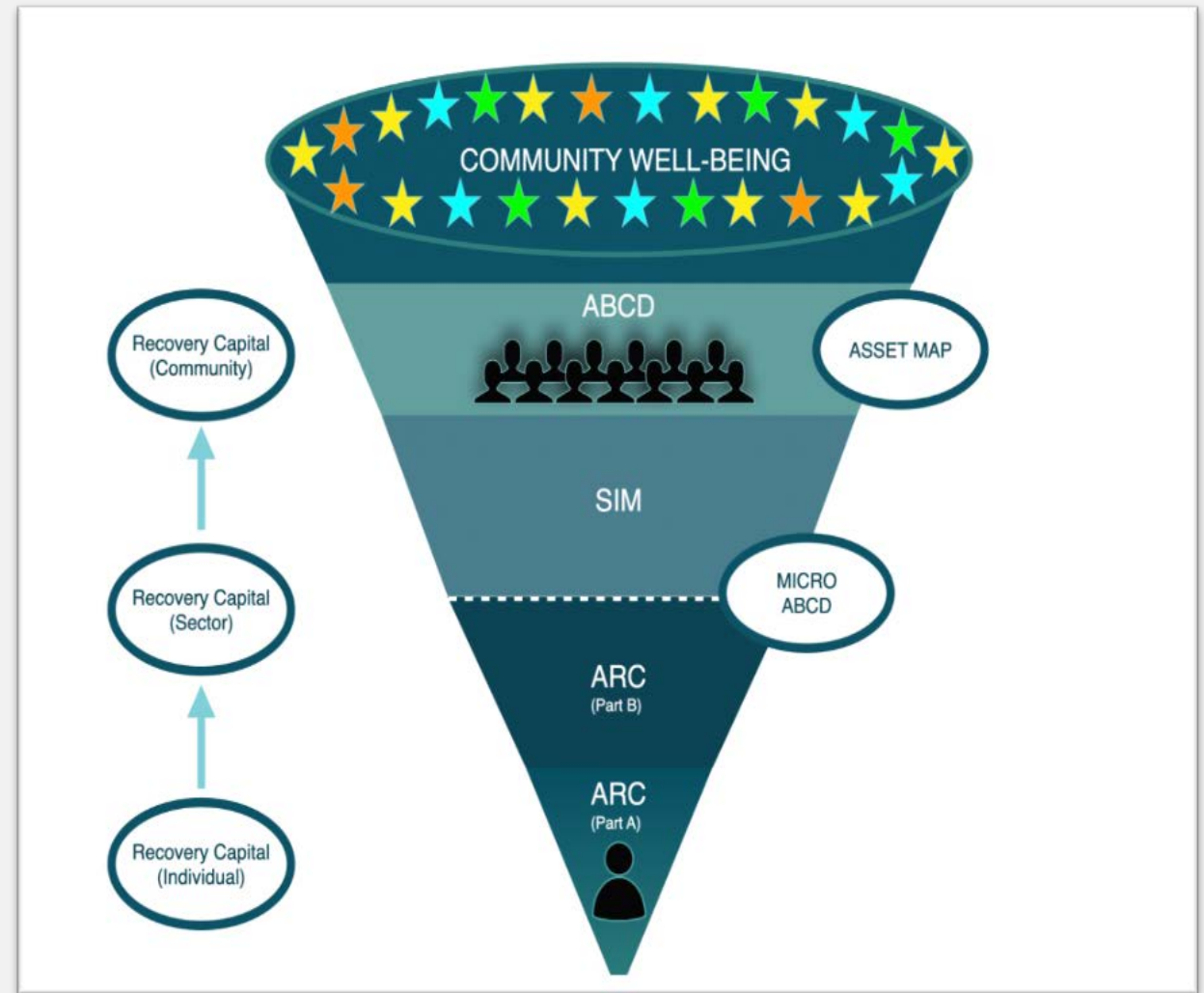


## NAVIGATIONAL SUPPORT

Delivers a structured RSS wherein the Navigator mentors, monitors, and measures Client engagement in their Recovery Plan

# The Ice Cream Cone Model of Recovery

Recovery is an intrinsically social process and one that needs not only personal commitment and determination, but also the **support** and **engagement** of the **social network** and **support system**.



(Best, Irving, Collinson, Edwards & Anderson, 2017; Best and Ivers, submitted)



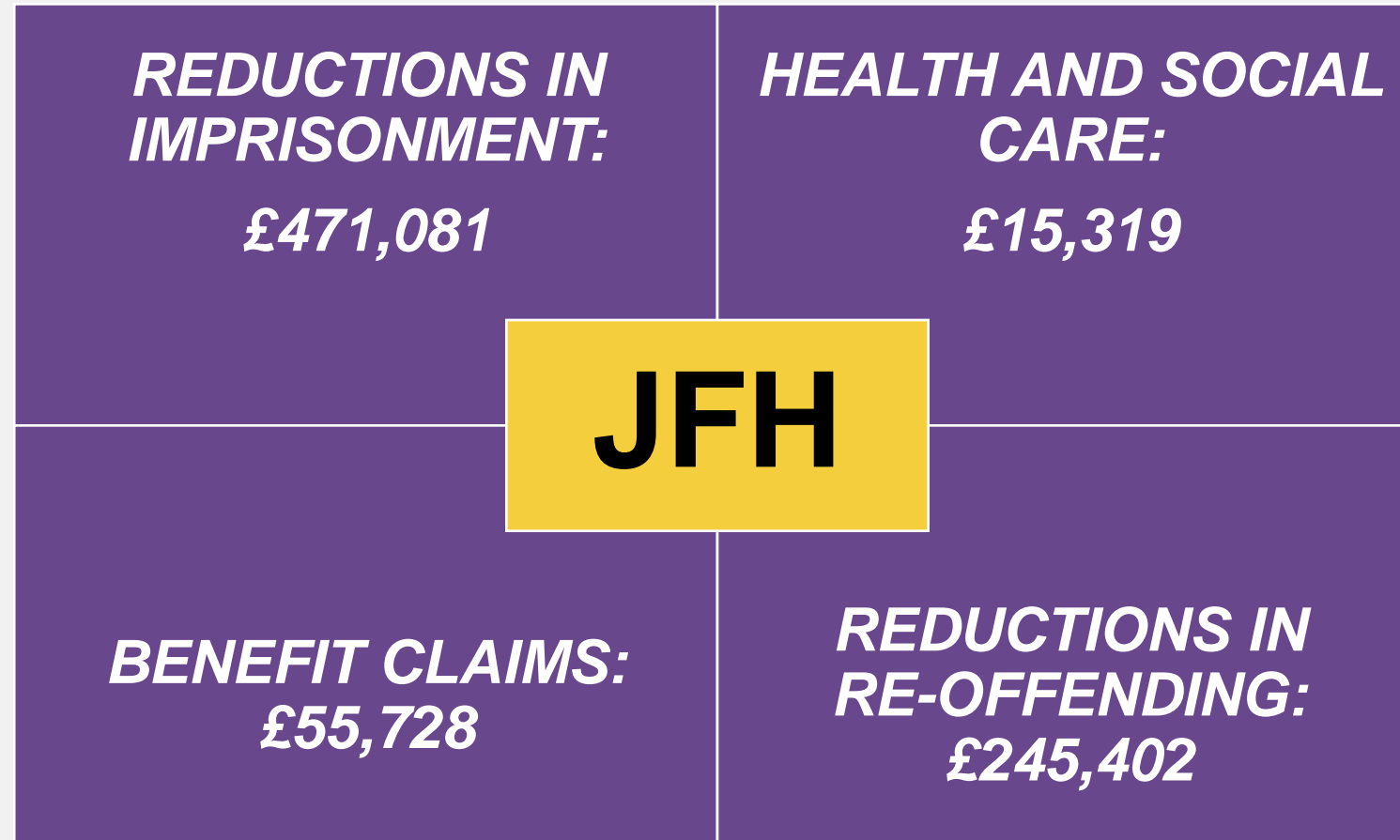
# FINDINGS

## A Final Reflection on the Role of Employment on Well-Being and Offending

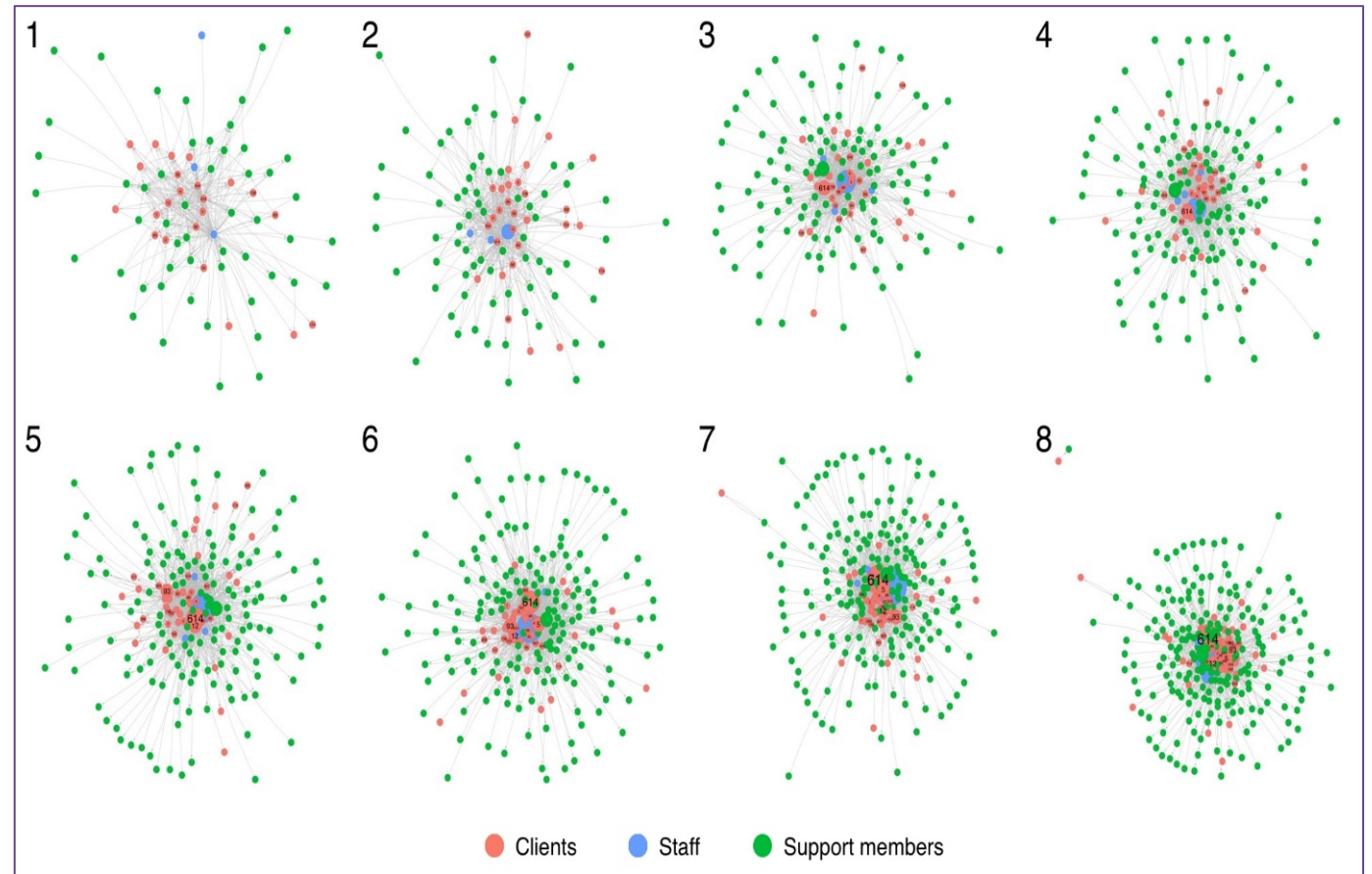
- A social enterprise for **substance using** prisoners
- Building and renovating recovery housing in Blackpool, England
- Half the houses were sold to fund the social enterprise, half provided recovery residences
- Evaluation of the first year of 50 employees
- **94.1% reduction in recorded crime**
- **Only 7 positive drug tests in 1 year**

But the jobs alone are not enough!

# Year 1 Savings to the Public Purse



- Changes in social identity and networks in Jobs, Friends, and Houses
- Configurations of the online social network from months 1 to 8 showing significant movement from periphery to centre for client members (red)



## **We found that retention in the program was determined by**

- a) The number of comment “likes” and “all likes” received on the Facebook page,
- b) Position in the social network (degree of centrality), and
- c) Linguistic content around group identity and achievement.

In conclusion, positive online interactions between members of recovery communities support the recovery process through helping participants to develop recovery capital that binds them to groups supportive of positive change.

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