

RECOVERY ANNE ARUNDEL (ROSC)

ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH
SYSTEM TRAINING, EDUCATION, AND PREVENTION SERVICES (STEPS)

Life in Recovery Follow-Up Survey

Data Analysis Report

Prepared by Caitlin Hall, STEPS Prevention Supervisor
Corine McCrary, STEPS Intern
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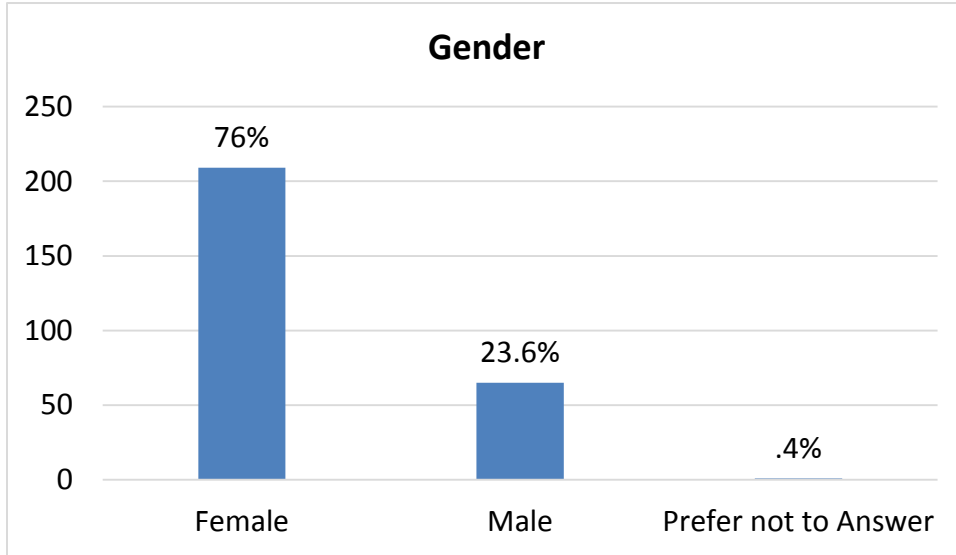
This survey was designed to document key aspects in the lives of people who have Substance Use Disorders or those who are in recovery from Substance Use Disorders in Anne Arundel County. While much is known about the costs of substance use, little is known about what happens in a person's life in recovery. The analysis of the survey responses has been discussed in this report and will be used to inform the public, policymakers, service planners, providers and the recovery community about the barriers and milestones that people experience in recovery. The information will contribute to educating the public about recovery and will address discriminatory barriers facing people who are in or seeking recovery from a Substance Use Disorder. This survey was administered through Recovery Anne Arundel via Facebook and email and was open for six weeks from February 2019 to April 2019. 275 people responded to the survey.

Study Limitations: The survey respondents self-selected to take the survey. 76% of the respondents were female and 92.7% were White. This is not representative of the Anne Arundel County population. The data collected in this survey is also self-reported data and participant were asked to recall past events.

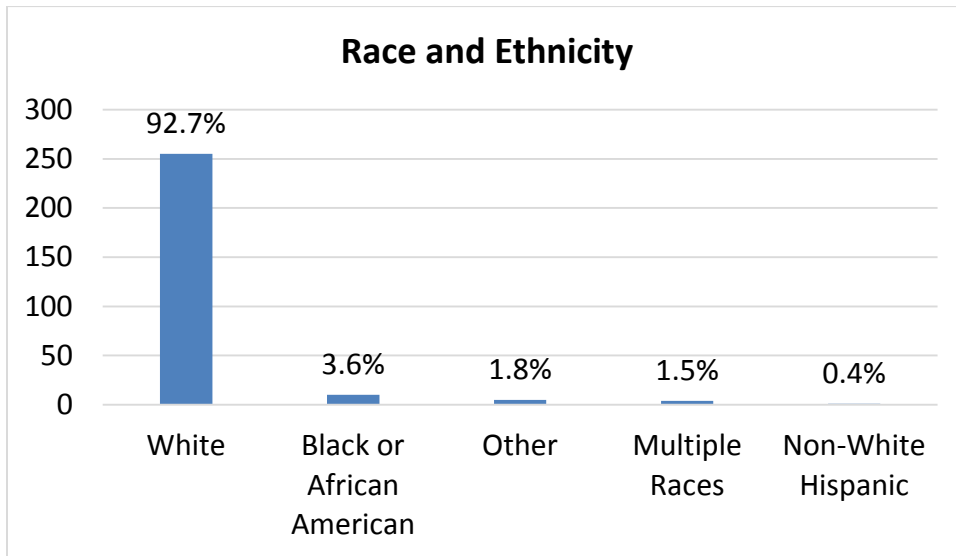


Demographic Questions

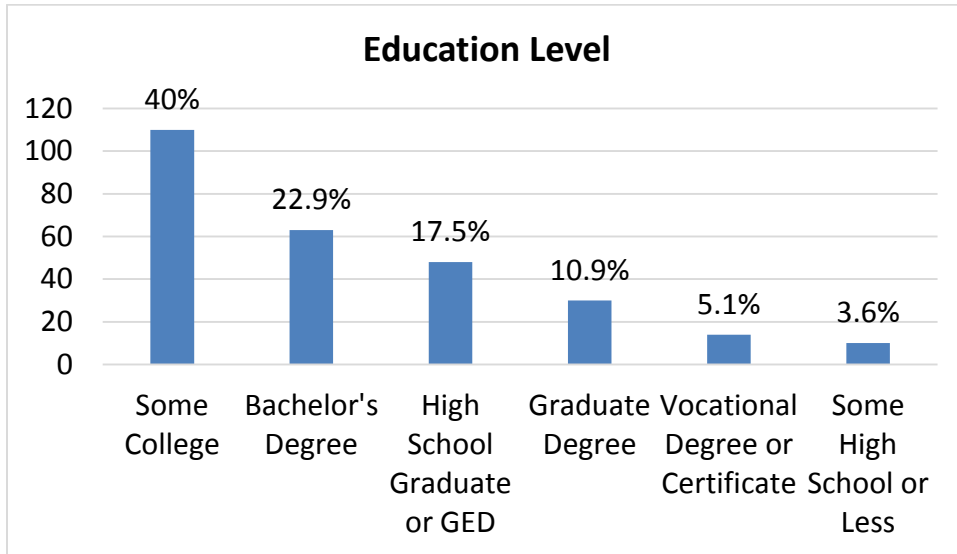
The majority of survey participants identified as female. Of the 275 responses, 209 (76%) identified as female, 65 (23.6%) identified as male, and 1 (0.4%) selected “prefer not to answer.”



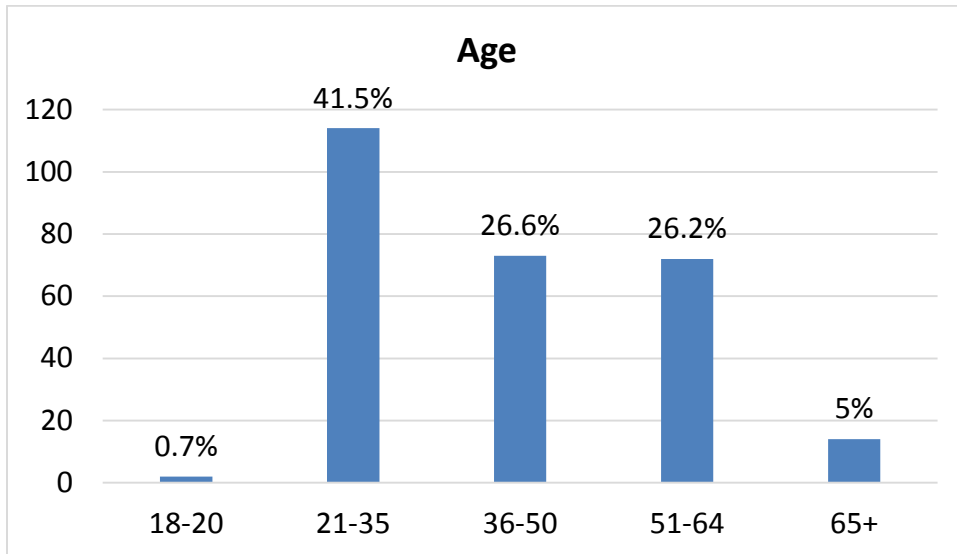
The majority of participants identified as White. Of the 275 responses, 255 (92.7%) identified as White, 10 (3.6%) identified as Black or African American, 5 (1.8%) identified as other, 4 identified as multiple races (1.5%), and 1 (0.4%) identified as non-White Hispanic.



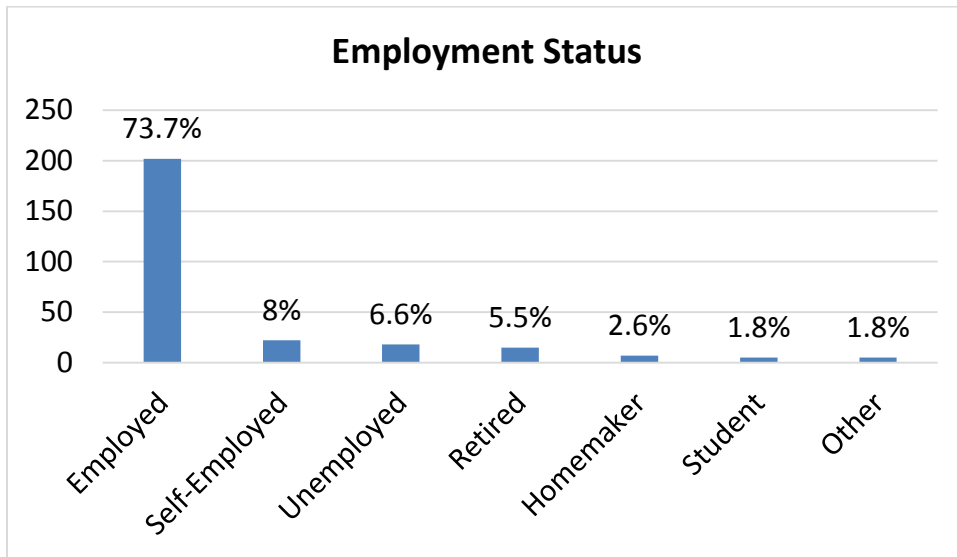
The majority of participants received some college education. Of the 275 responses, 110 (40%) received some college, 63 (22.9%) received a bachelor’s degree, 48 (17.5%) graduated high school or received their GED, 30 (10.9%) received a graduate degree, 14 (5.1%) received a vocational degree or certificate, and 10 (3.6%) received some high school education or less.



The majority of participants were in the age range of 21-35. Of the 275 responses, 2 (0.7%) were between the ages of 18 and 20; 114 (41.5%) were between the ages of 21 and 35; 73 (26.6%) were between the age of 36 and 50; 72 (26.2%) were between the age of 51-64; and 14 (5%) were over 65.

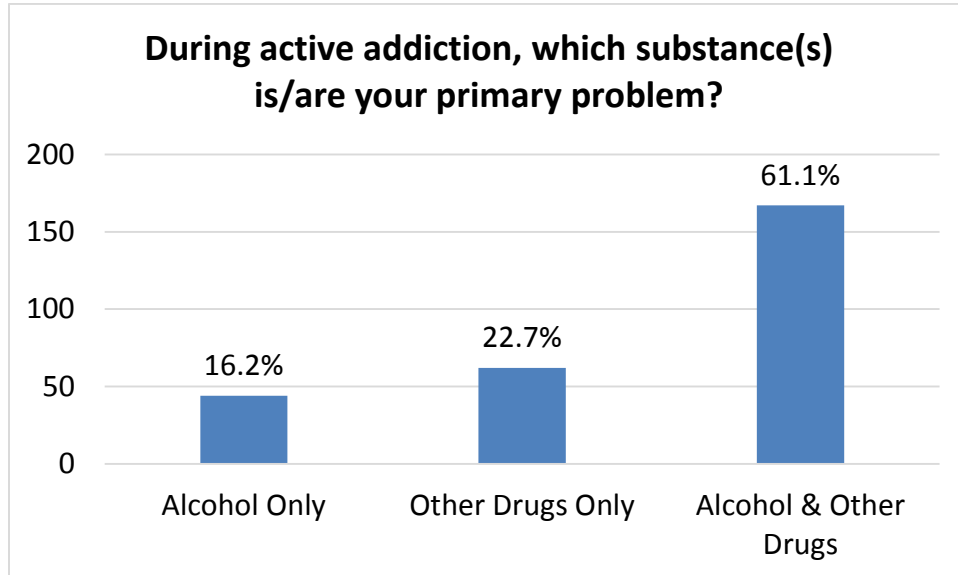


The majority of participants were currently employed. Of the 274 responses, 202 (73.7%) selected employed, 22 (8%) selected self-employed, 18 (6.6%) selected unemployed, 15 (5.5%) selected retired, 7 (2.6%) selected homemaker, 5 (1.8%) selected student, and 5 (1.8%) selected other.

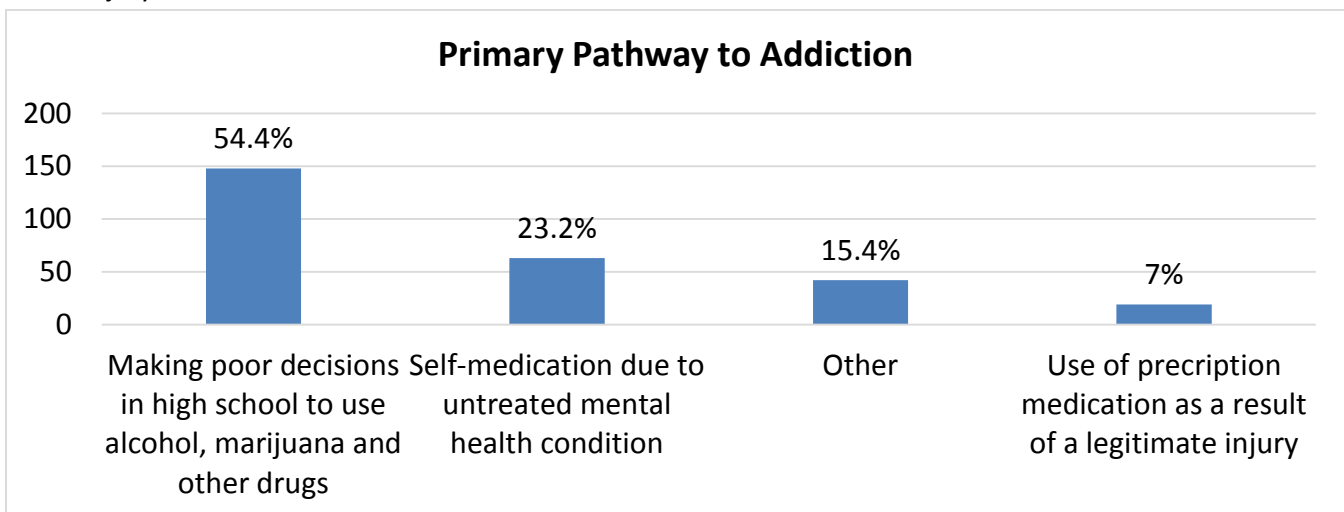


Closed-Ended Questions

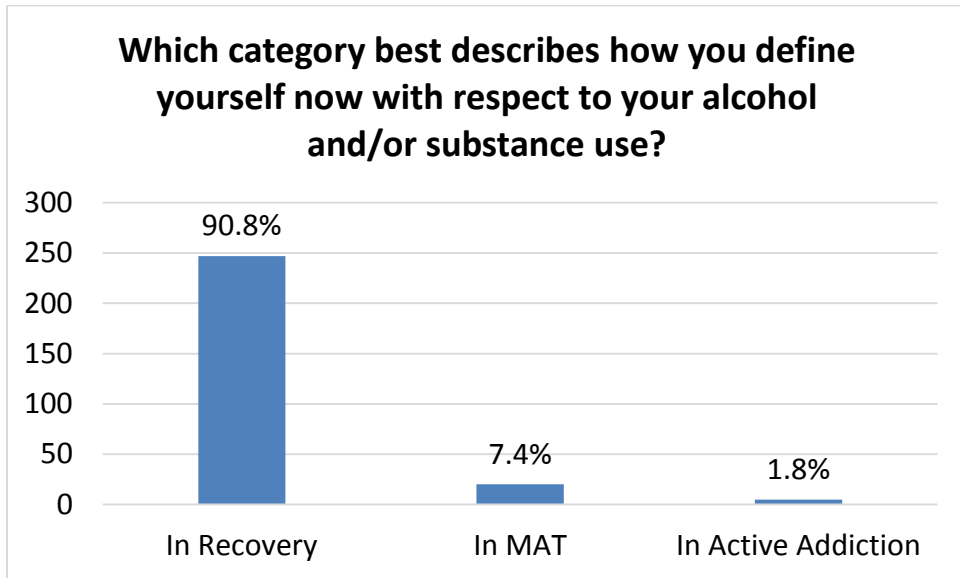
In regard to which substance(s) participants primarily use or used during active addiction, the majority selected alcohol and other drugs. Of the 273 responses, 167 (61.2%) selected alcohol and other drugs, 62 (22.7%) selected other drugs only, and 44 (16.1%) selected alcohol only.



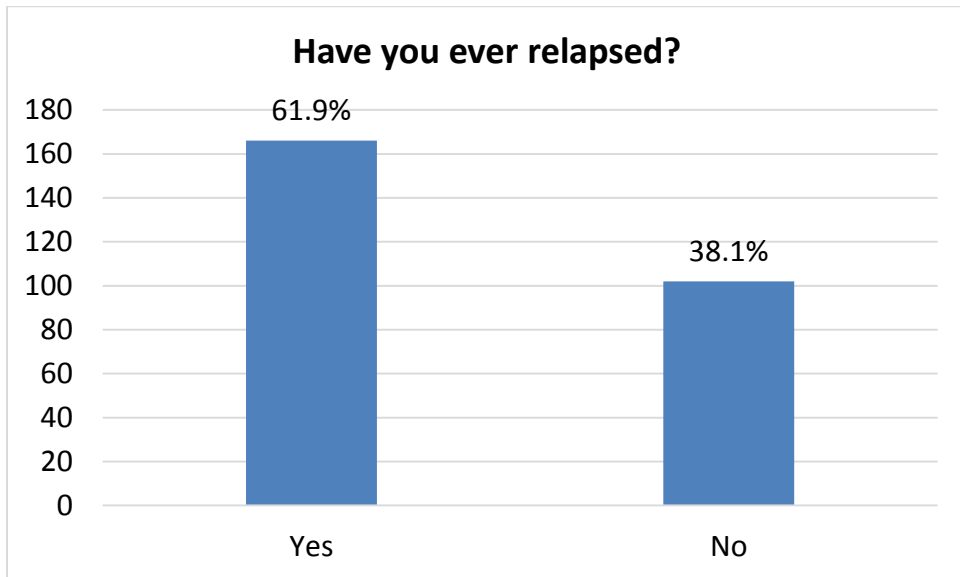
Of the 272 responses, 148 respondents (54.4%) selected "Making poor decisions in high school to use alcohol, marijuana, and other drugs" as their primary pathway to addiction, 63 (23.2%) selected "self-medication due to untreated mental health condition," 42 (15.4%) selected other, and 19 (7%) selected "use of medication as a result of a legitimate injury."



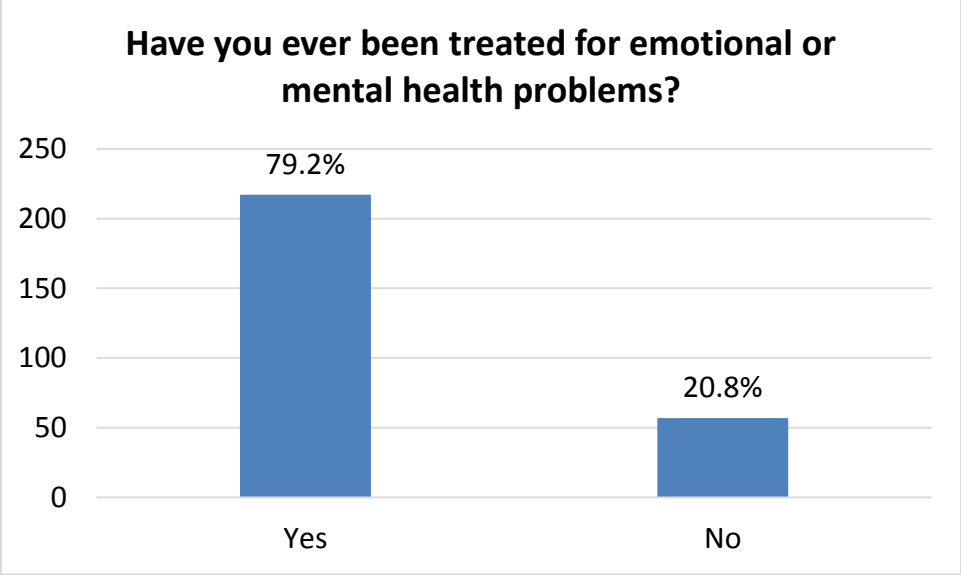
The majority of participants identified themselves as being in recovery. Of the 272 responses, 247 (90.8%) were in recovery, 20 (7.4%) were in medical-assisted treatment (MAT), and 5 (1.8%) were in active addiction.



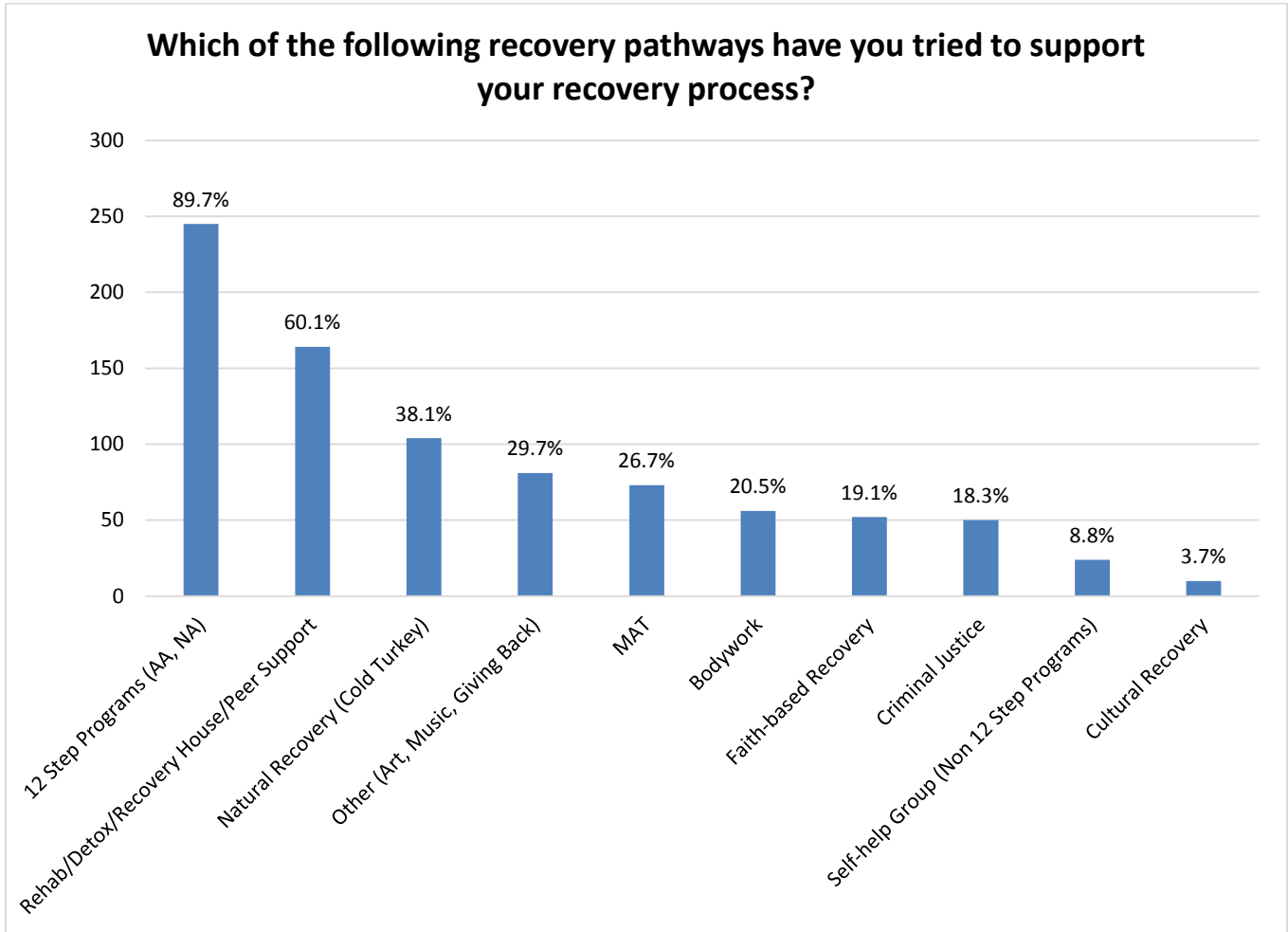
The majority of participants have relapsed at some point during their recovery. Of the 268 responses, 166 (61.9%) have relapsed while 102 (38.1%) have not.



The majority of participants have been treated for emotional or mental health problems. Of the 274 responses, 217 (79.2%) said they had been treated, while 57 (20.8%) said they had not.

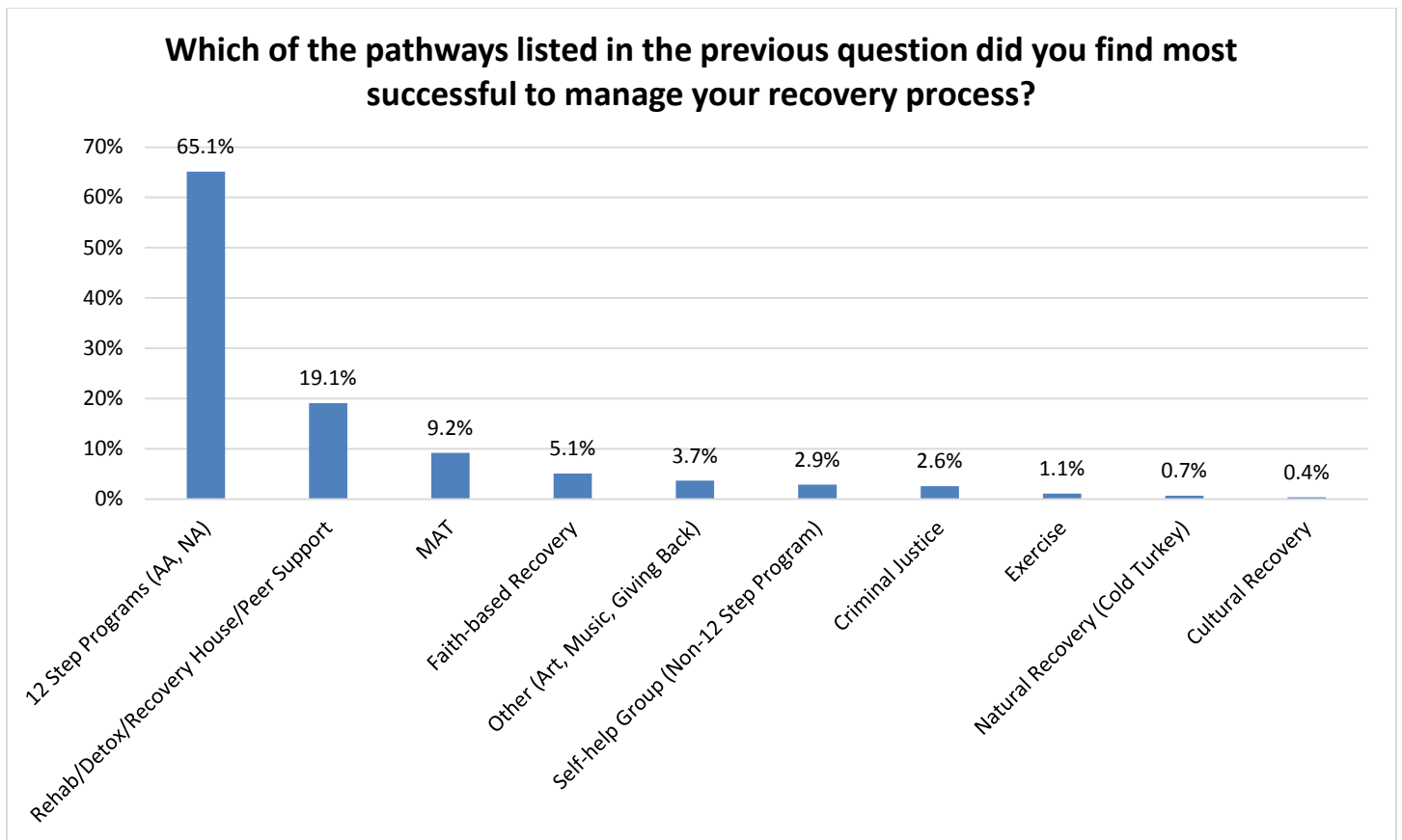


The most utilized recovery pathways indicated by participants were 12-step based programs, detox/rehab/recovery house/peer support, and natural recovery (cold turkey). Of the 273 responses, 245 (89.7%) used 12-step programs such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), 164 (60.1%) used detox, rehab, recover house or peer support; 104 (38.1%) used natural recovery methods such as quitting cold turkey; 81 (29.7%) used other therapies such as art, music and giving back “volunteering”; 73 (26.7%) used Medication Assisted Treatment (MAT); 56 (20.5%) used bodywork, such as yoga or Chinese Medical Addiction Healing; 52 (19.1%) used faith-based recovery; 50 (18.3%) used criminal justice, such as incarceration or drug court; 24 (8.8%) used non-12-step self-help groups, such as Women for Sobriety and SMART Recovery; and 10 (3.7%) used cultural recovery such as traditional Native American sweat lodges.

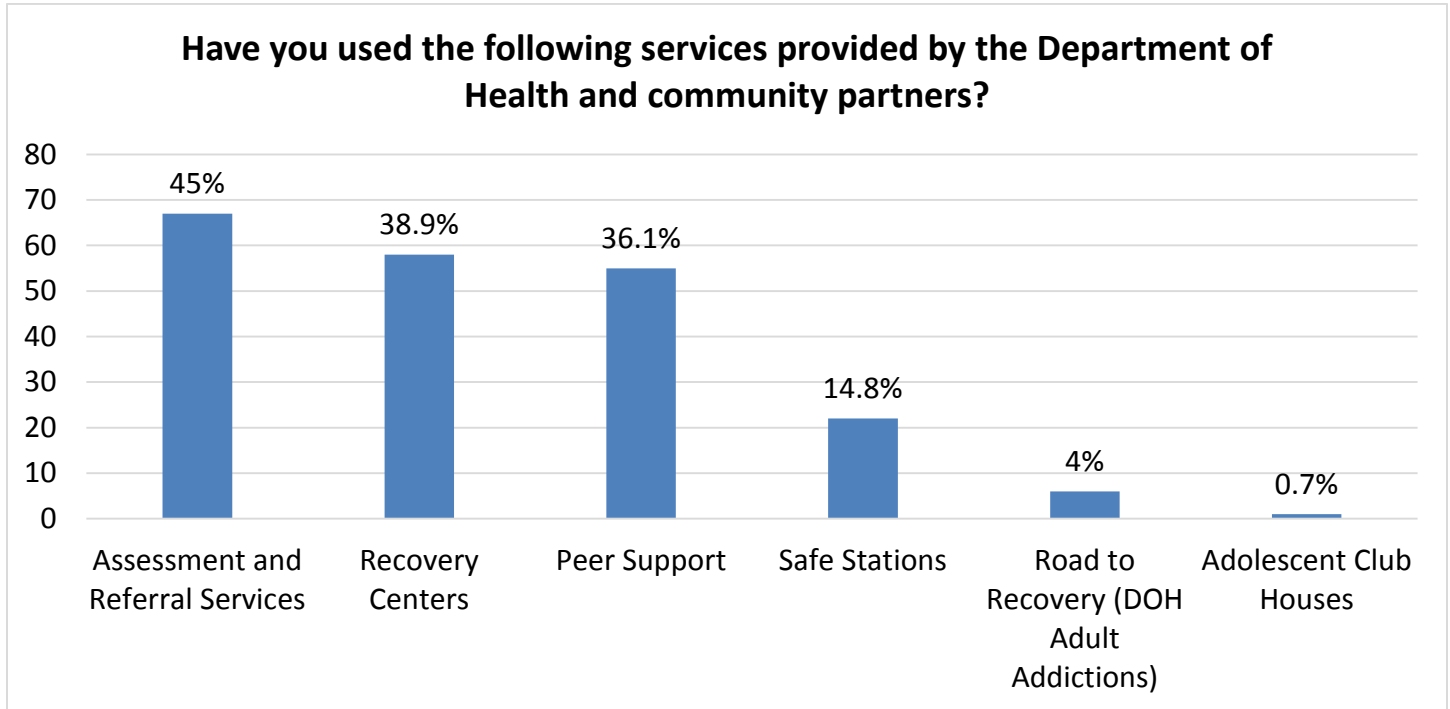


Of the pathways listed above, the participants indicated the most successful pathways to manage the recovery process were 12-step programs, rehab/detox/recovery houses/peer support, and MAT. Of the responses, 65.1% indicated that 12-step programs were most successful, 19.1% indicated that rehab/detox/recovery houses/peer support were most successful, and 9.2% indicated that MAT was most successful.

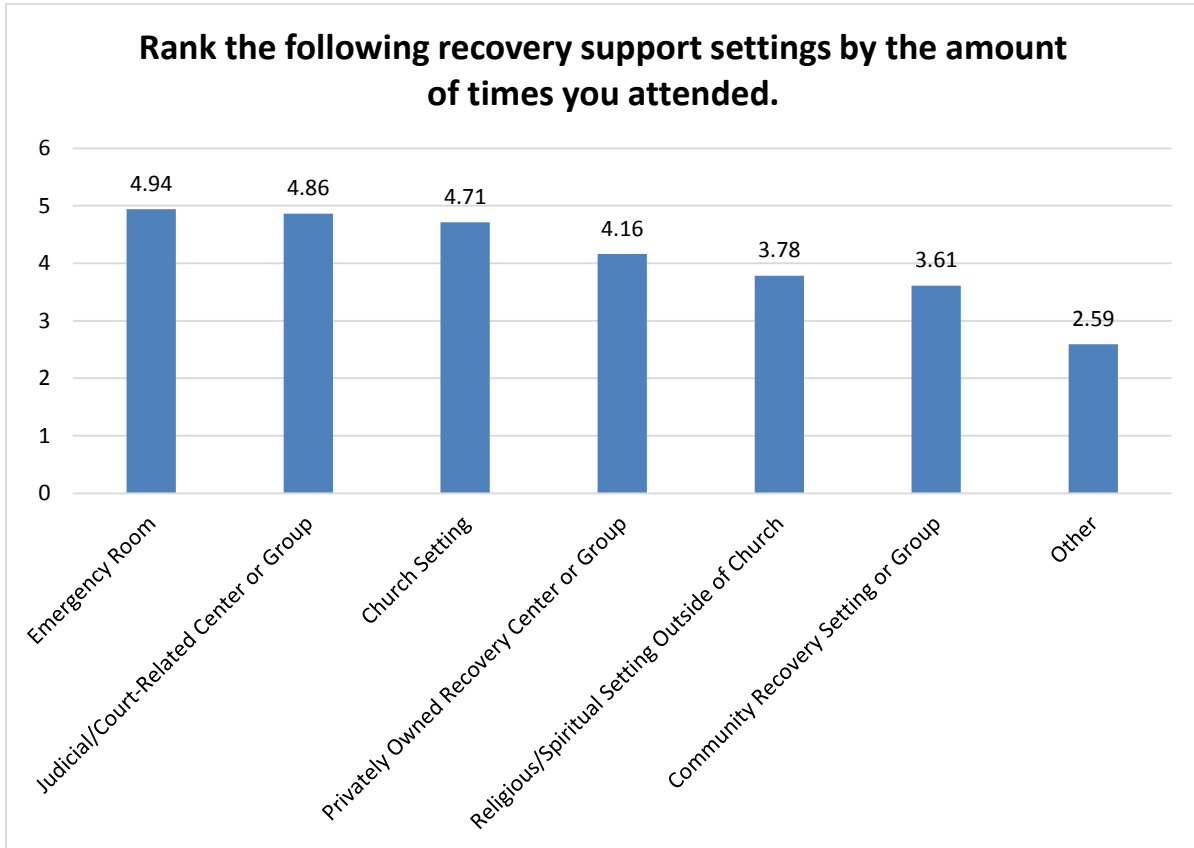
While natural recovery, or quitting cold turkey, was the third most utilized pathway to recovery, it was ranked ninth out of 10 for its level of success at actually managing the recovery process. Only 0.7% of participants believe that natural recovery is the most successful at managing the recovery process.



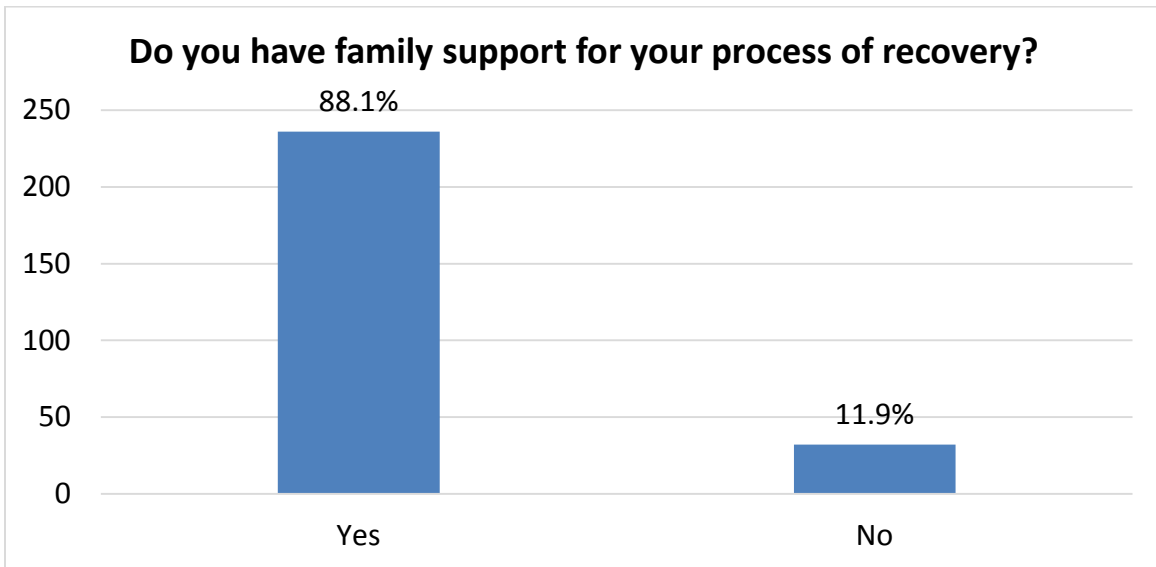
When asked about which services provided by the Department of Health (DOH) and community partners were the most used, participants indicated these services were assessment and referral services, recovery centers and peer support. Of the 149 responses, 67 (45%) utilized assessment and referral services; 58 (38.9%) utilized recovery centers such as Anne Arundel House of Hope; 55 (36.9%) utilized peer support; 22 (14.8%) utilized Safe Stations; 6 (4%) utilized Road to Recovery (DOH Adult Addictions); and 1 utilized adolescent club houses such as H2O 4 Life.



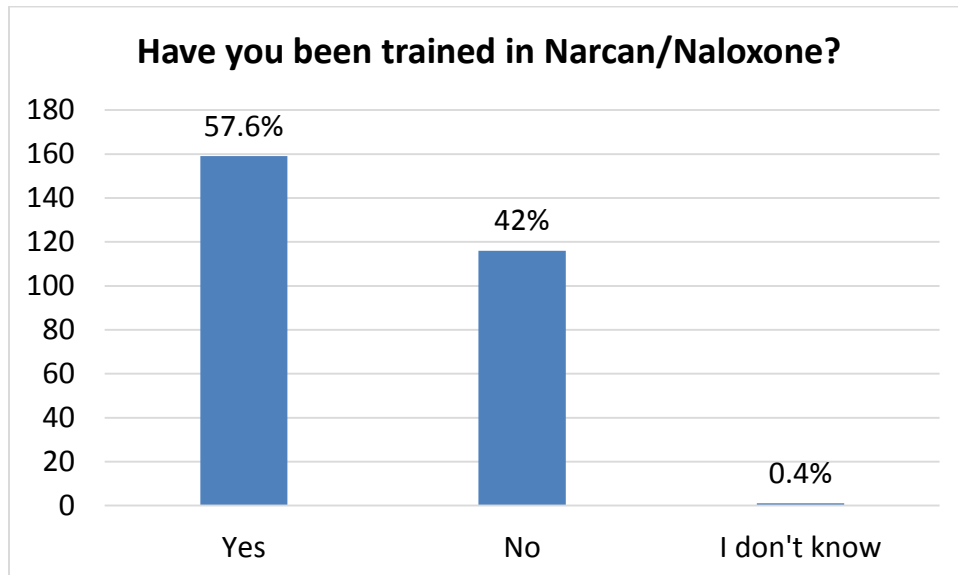
Participants were asked to rank 6 recovery support settings from 1 to 6, 1 being the least attended and 6 being most attended. Emergency rooms had the highest average reported attendance and community recovery centers/groups and other settings had the lowest. Emergency rooms scored 4.94, judicial court related setting scored 4.86, church setting scored 4.71, privately owned recovery centers or groups scored 4.16, religious or spiritual setting outside of church scored 3.78, community recovery center or groups scored 3.61, and other scored 2.59.



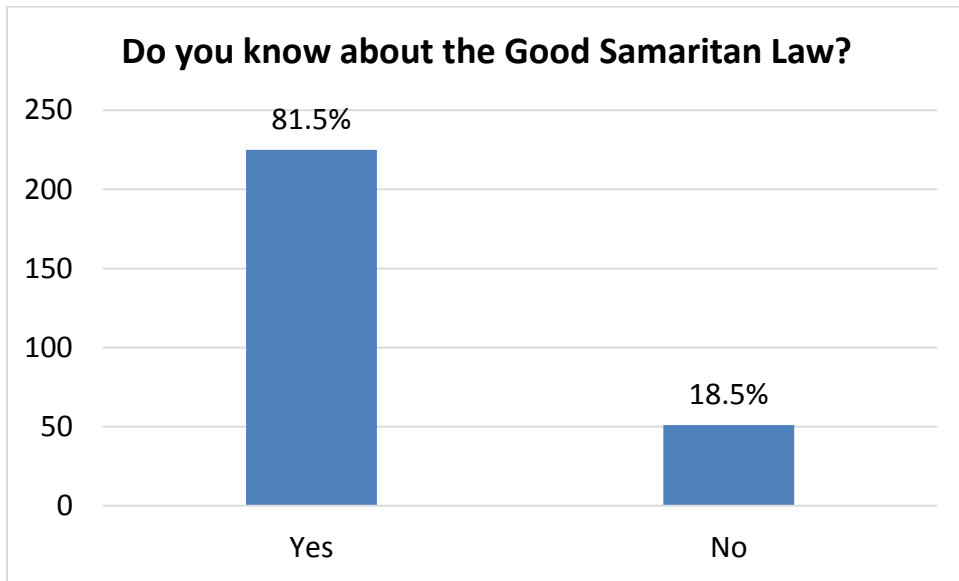
When asked about family support of their recovery process, the majority of participants responded that they did have family support. Of the 268 survey participants, 236 (88.1%) felt they did have the support of their families, while 32 (11.9%) did not.



When asked if they have ever been Narcan/naloxone trained, over half of the participants were trained. Of the 276 responses, 159 (57.6%) had been trained, 116 (42%) had not, and 1 (0.4%) did not know.

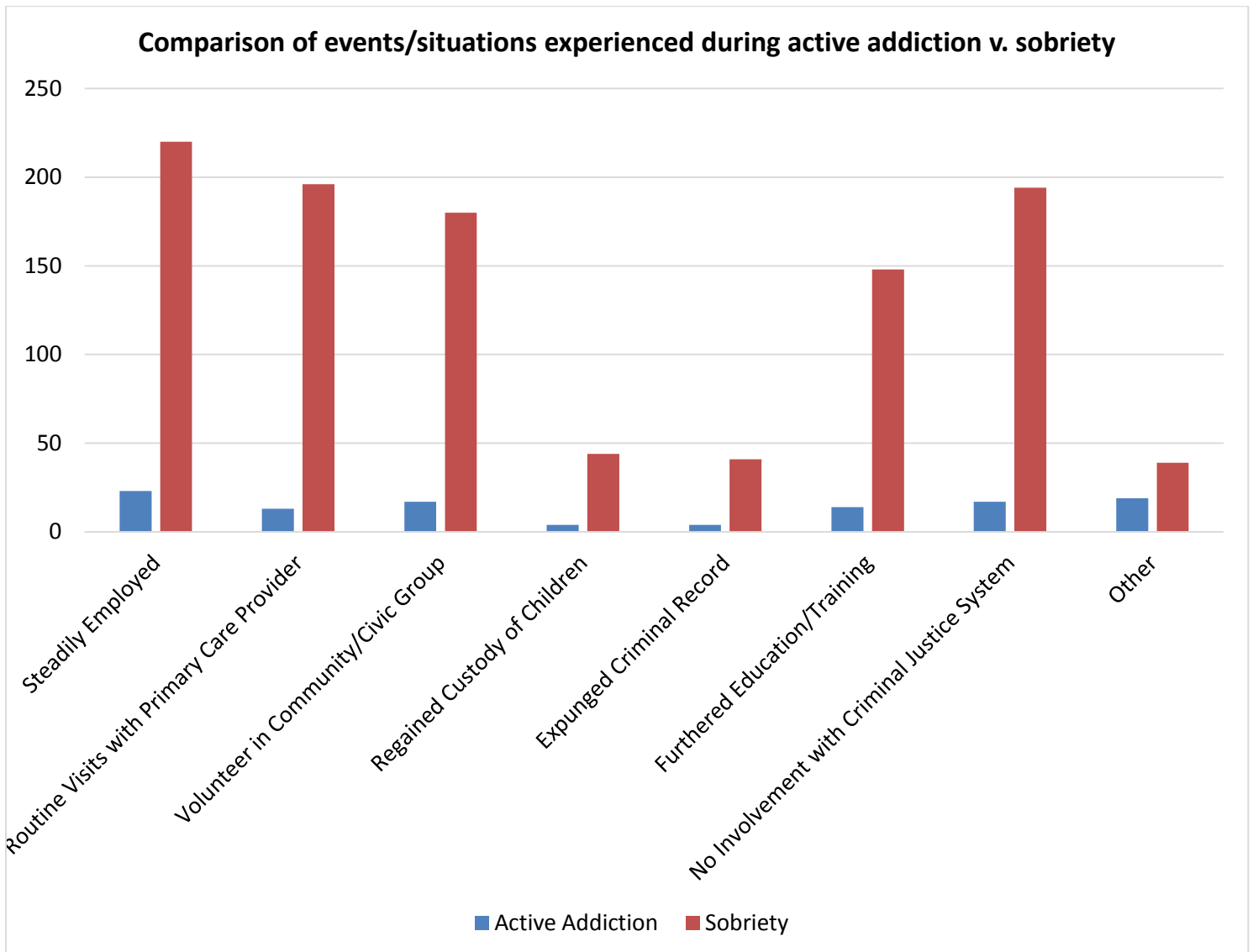


When asked about their knowledge of the Good Samaritan Law, the majority of participants did know about it. Of the 276 responses, 225 (81.5%) responded that they did know about the Good Samaritan Law, while 51 (18.5%) responded that they did not.

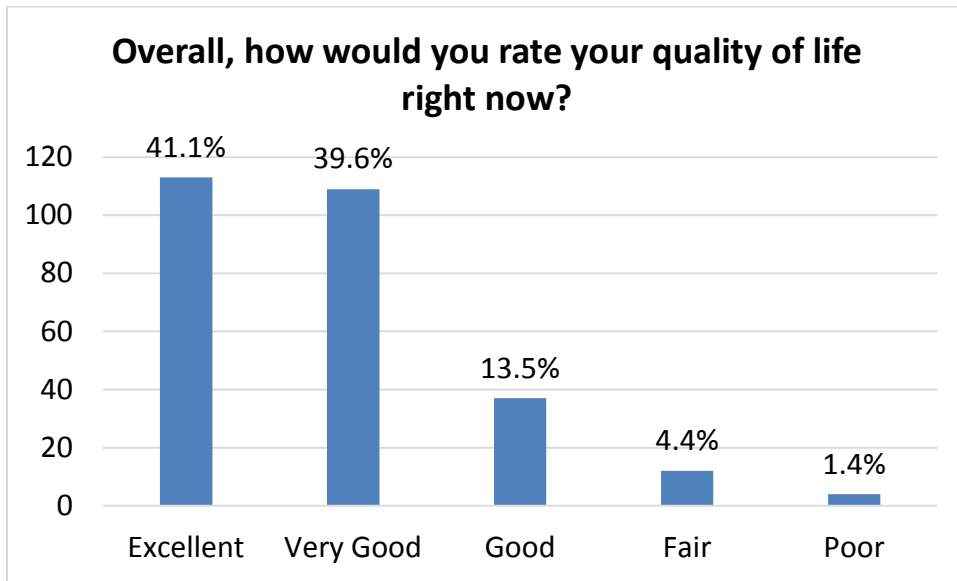


Participants were asked to identify which events/situations they had experienced during active addiction as well as in sobriety. During active addiction, participants most frequently experienced unhealthy eating habits and poor nutrition, not participating in family activities, and financial debt. During sobriety, respondents most frequently experienced steady employment, routine primary care visits, and having no involvement with the criminal justice system.

In active addiction, 23 participants were steadily employed, while in sobriety 220 were steadily employed. In active addiction, 13 participants had routine visits with their primary care provider, while in sobriety 196 had regular primary care visits. Only 17 volunteered in the community during active addiction, but in sobriety 180 did. Only 4 participants regained custody of children in active addiction, while 44 did in sobriety. In active addiction, 4 participants expunged their criminal records, while 41 did in sobriety. In active addiction, 14 furthered their education or training, while in sobriety 148 did. Only 17 had no involvement with the criminal justice system in active addiction, while 194 did in sobriety. Also, 19 indicated other events or situations in active addiction, while 39 did while in sobriety.

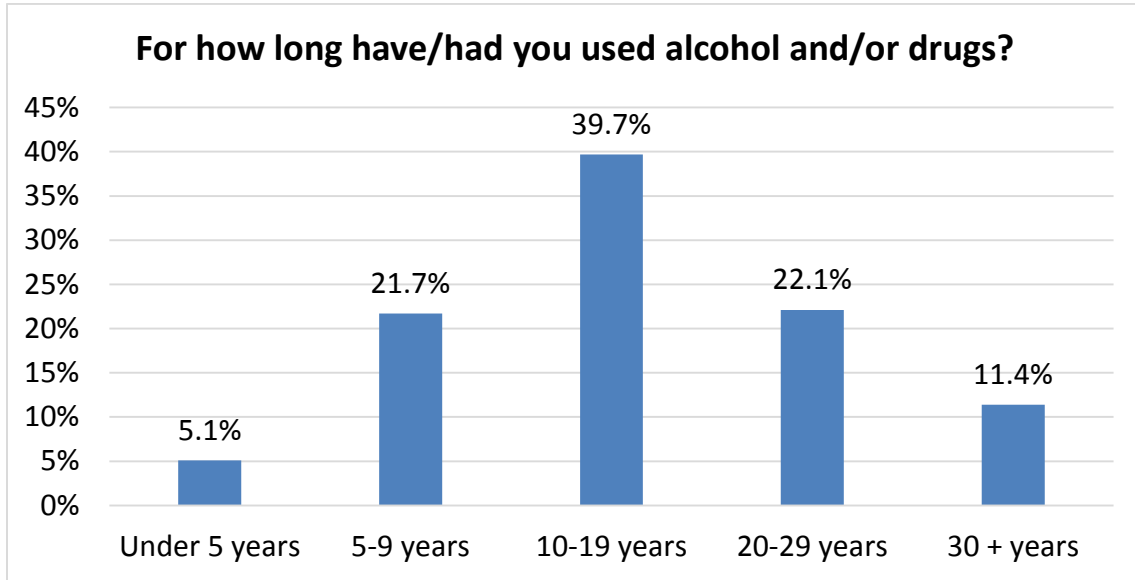


When asked about their current quality of life, most participants responded excellent or very good. Of the 275 responses, 113 (41.1%) selected excellent, 109 (39.6%) very good, 37 (13.5%) selected good, 12 (4.4%) selected fair and 4 (1.4%) selected poor.

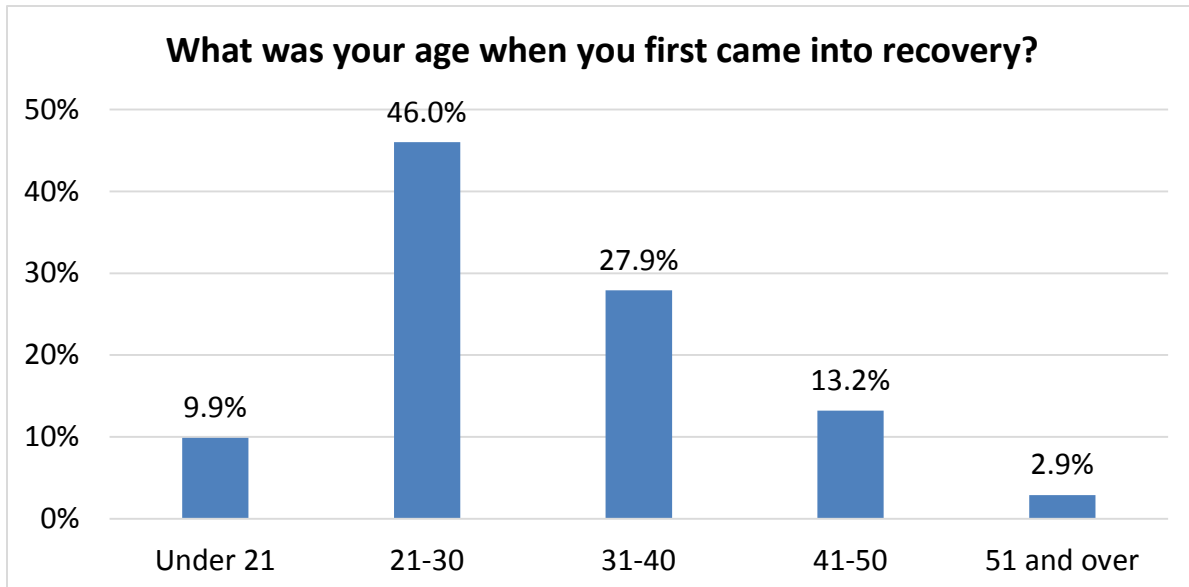


Open-Ended Questions

When asked about the duration of alcohol and/or other drugs use, the majority of participants were in the 10-19 year range. Of the 272 responses, 39.7% used for 10-19 years, 22.1% used for 20-29 years, 21.7% used for 5-9 years, 11.4% used for 30+ years, and 5.1% used for less than 5 years.



When asked about the age they first came into recovery, the majority of participants were between 21 and 30 years old. Of the 274 responses, 46% were age 21-30, 27.9% were age 31-40, 13.2% were age 41-50, 9.9% were under 21, and 2.9% were 50 or older.



Responses to Open Ended Questions:

When asked why participants decided to seek recovery, several common answers were reported among participants. Common themes included “hitting rock bottom” or overdose/substance use disorder, legal consequences or interaction with the criminal justice system, influence of family or friends, suicidal thoughts, losing custody of a child, wanting to be a better parent, becoming homeless, or going into debt.

When asked about the biggest challenges faced during recovery, common themes reported among participants included relearning how to live sober and rebuilding their life and relationships, dealing with the past and moving forward, overcoming withdrawal and cravings as well as pressure from friends and triggers, relapse, mental health, finding employment and stigma.

When asked what advice they would give to an individual seeking recovery, there were common answers among most participants. Themes of responses included “you deserve a better life,” “you can do it,” “encouragement to not be afraid to seek help through resources,” “you are not defined by your past or mistakes,” “it gets better” and “take it one day at a time.”

Key Takeaways

In summary, the data from the ROSC Life in Recovery survey’s responses indicates the participants mostly identified as White, female, between the ages of 21 and 35, and currently in recovery. Most participants attributed their initial pathway to addiction to making poor decisions to use substances in high school. It was most common among participants to use a combination of drugs and alcohol, rather than just one substance. The pattern of long-term use starting at a young age is proven with the majority of participants indicating they have been using for 10-19 years, yet most participants are only between the ages of 21 and 35. Most participants also indicated a history of treatment for mental health problems.

Most participants sought recovery after a pivotal change, such as feeling like they had hit rock bottom, an intervention from friends and family, experience of an overdose or going into debt. Participants most commonly used 12-step programs, including AA or NA, rehab, detox, recovery houses, peer support and natural recovery methods, such as quitting “cold turkey” to overcome their addiction. However, in terms of success at managing the recovery process, most did not indicate natural recovery as being effective. Since being in recovery, many participants indicated they have experienced steady employment, routine doctor visits, and overall improved quality of life.

The majority of participants have experienced relapse during their recovery, and several indicated relapse was one of the most challenging components of recovery along with temptation, cravings, withdrawal and guilt. Participants want others who are seeking recovery to know that it is hard, but it gets better if they push through and stick with it. Participants also stated that they want others seeking recovery to know that they deserve a better life and that they are not defined by their mistakes or their past.