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Effect of social support on substance abuse relapse in a residential treatment setting for women

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Abstract

This study looked at the influence of family functioning, activities of friends, and substance abuse by spouses or significant others on women's substance abuse relapse within 6 months following residential treatment. Data were from the Center for Substance Abuse Treatment's national cross-site evaluation of 6-month residential treatment programs for women with children and pregnant/postpartum women (RWC/PPW). At treatment admission 1758 RWC/PPW clients were interviewed, and 1181 were followed up 6 months after discharge from treatment. Relapse was defined as any use of alcohol or drugs other than nicotine. Positive activities such as families getting along and helping each other during the post-discharge period significantly decreased the likelihood of relapse, while negative activities such as family fights and drug use or criminal activity by friends increased the likelihood of relapse. Post-discharge alcohol and other drug abuse by spouses or significant others also significantly increased the likelihood of relapse.

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1. Introduction

The Residential Women and Children (RWC) and Pregnant and Postpartum Women (PPW) programs were established by the Center for Substance Abuse Treatment (CSAT) in the Substance Abuse and Mental Health Services Administration to provide effective long-term (6–12 months) residential alcohol and other drug (AOD) abuse treatment for women with children over 1 year of age or for women who are pregnant or postpartum, as well as to preserve and improve the lives of the women and their families. These programs were evaluated by CSAT to identify the characteristics and needs of these women and to develop, implement, and evaluate appropriate treatment models.

Social support available to substance abusers can have an impact on the course of their addiction and on relapse after treatment. Moos and King (1997) found that social resources (relationships with family and friends) and personal resources (a stable place to live) were related to program completion in community residential facilities for male substance abusers. Greater reassurance of worth from

family and friends was associated with greater length of time to alcohol-related readmission among males enrolled in a 21-day Veterans Affairs alcoholism treatment program (Booth, Russell, Soucek, & Laughlin, 1992). For post-treatment alcoholics, the proportion of friends who drink was significantly associated with drinking at 6-month follow-up (Mohr, Aversa, Kenny, & Del Boca, 2001). In addition, studies of residential treatment for women have found post-treatment support for abstinence (Kaskutas, Bond, & Humphreys, 2002) or living in drug-free social environments post-treatment (Gregoire & Snively, 2001) to be associated with higher abstinence rates.

Social support is not necessarily defined as the quantity of relationships. A general perception of available support can be more important than the actual number of people available for support in predicting health outcomes (Sarason, Sarason, & Gurung, 2001). Perceived social support may affect substance abuse treatment outcomes by boosting psychological well-being, which may in turn provide a buffer against relapse (Dodge & Potocky, 2000; Salmon, Joseph, Saylor, & Mann, 2000). Others, however, failed to find a relationship between perceived social support and substance abuse treatment outcomes (Cosden & Cortez-Ison, 1999; McMahon, Kouzekanani, & Malow, 1999), suggesting that

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a general sense of social support is not always enough to protect against relapse.

Social support may play a different role before entry into substance abuse treatment than during or after substance abuse treatment. Family contact before treatment can have a negative impact on treatment outcomes. For example, McCusker, Bigelow, Luippold, Zorn, and Lewis (1995) reported that living with spouses or children prior to treatment was related to shorter length of stay in a 21-day drug detoxification program. Westreich, Heitner, Cooper, Galanter, and Guedj (1997) found that low perceived social support from family early in treatment was mildly correlated with completion of a 21-day voluntary inpatient addiction program, while clients high in initial perceived social support from family fared less well. Research on family support after treatment, however, suggests that positive post-treatment family relations lead to better outcomes. Richardson (1999) found that the presence of family members in the social network was significantly related to abstinence 1 year after detoxification. Johnsen and Herringer (1993) found that having families participate in treatment in combination with regular Alcoholics Anonymous (AA) meetings and aftercare support programs contributed to greater abstinence.

Social support not only encompasses family relations but also extends to clients' broader social networks. The effect of social support may differ by type of support, for example, family support versus peer support (Knight, Wallace, Joe, & Logan, 2001). General social integration, operationally defined as the number and kinds of social relationships, is related to abstinence (Havassy, Hall, & Wasserman, 1991; Havassy, Wasserman, & Hall, 1995).

Whether discussing family support or peer support, substance-abuse by members of the social network plays a clear role in treatment outcomes. The deleterious effect of friends who are involved in illicit drug activities on post-treatment abstinence has been reported by many (Bartholomew, Hiller, Knight, Nucatola, & Simpson, 2000; Havassy et al., 1995; Longabaugh, Beattie, Noel, Stout, & Malloy, 1993). Richardson (1999) reported that for clients who did relapse, frequency of use was determined more by the negative influence of heavy users than by the protective influence of abstinent network members, whereas making changes in one's social networks, including severing ties with heavy users but maintaining or re-establishing ties with family members, predicts better treatment outcomes. Post-treatment resources such as abstinence support groups can provide positive social support and help to prevent relapse. The social support provided by regular AA attendance, regular participation in aftercare, and participation in other support groups has been significantly related to greater abstinence (Hser, Grella, Hsieh, Anglin, & Brown, 1999; Johnsen & Herringer, 1993; Richardson, 1999).

Largely depending on the quality of support provided, the effect of social support provided by spouses, partners, and significant others also can have mixed effects. Some

have postulated that having a supportive partner may provide protection against relapse. Others report no effect (Booth et al., 1992; Messina, Wish, & Nemes, 2000), and others have suggested that marriage or involvement with a sexual partner may have a negative effect on treatment outcomes, especially for women (Finkelstein, 1996; Stevens, Estrada, Glider, & McGrath, 1998). Married female alcoholics may fare comparatively worse than single females or married males in post-treatment follow-up (Moos, Finney, & Cronkite, 1990). For female substance abusers, partner support may be limited to spouses who have their own substance abuse problems or who lack the personal resources to cope effectively. Brown, Kokin, Seraganian, and Shields (1995) interviewed married substance abusers in treatment along with their spouses about their substance use and general psychological functioning, finding that male spouses were likely to have more severe substance abuse problems than their wives and partners, presented with more symptoms such as depression or lower overall physical well-being, and were less inclined to help others or be involved with their children. Many women report that drug-using male sex partners initiated them into drug use and fear that their spouses and boyfriends will sabotage their efforts to quit. On the other hand, in certain circumstances including a spouse or sponsor in the treatment process may provide a critical support element that can reduce the likelihood of relapse.

Social relationships may be more important to the recovery of women than to men's recovery (Gregoire & Snively, 2001; Knight et al., 2001). Women perceive social relationships and their roles in those relationships differently from men (Finkelstein, 1996), and female substance abusers may be more vulnerable to family dysfunction, depression, and feelings of shame and guilt over their addiction.

Social support may be an important aspect of the etiology and treatment for RWC/PPW clients, and may have positive or negative consequences. Relationships with family members, networks of friends, and partners/significant others may have important effects on the likelihood of relapse after treatment. The present study examines the effects on treatment success of clients' family relationships, extended social networks, and, for clients who lived with partners or significant others in the year prior to admission, spousal relationships. In this study, social support is assessed both prior to treatment and over the 6 months following it.

2. Methods

This study used data from CSAT's national cross-site evaluation of 50 RWC/PPW projects implemented in 1993–1995. Project- and client-level data were submitted by local project staff and evaluators at treatment admission, in quarterly reports during treatment, at discharge from

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