

CORK Bibliography: Spontaneous Remission

46 citations. January 2001 to present
Prepared: March 2004

Bacchus L; Strang J; Watson P. Pathways to abstinence: Two-year follow-up data on 60 abstinent former opiate addicts who had been turned away from treatment. *European Addiction Research* 6(3): 141-147, 2000. (31 refs.)

Structural changes in the organization of drug treatment services in the northwest of England during the early 80s provided a unique opportunity to study a group of opiate addicts who were turned away from treatment. This paper reports on 60 opiate addicts who were abstinent at follow-up (2-3 years after their original referral). For the majority of subjects, any treatment received in the intervening period had been from a range of local, non-specialist treatment providers, including: general practices (n = 24) and local hospitals (n = 32). The subjects had also received assistance from non- statutory agencies (n = 35). Informal sources of support were drawn upon in the form of friends, family, and voluntary agencies. Social acceptance, legal problems, financial difficulties, and imprisonment were frequently cited as motivational factors that led to abstinence. At follow-up, improvements were reported in personal relationships and family circumstances, although there was less progress in relation to employment, finances, and housing. Increased involvement with the criminal justice system was significantly associated with a greater use of treatment services at follow-up. This paper presents the treatment and non-treatment pathways that led to abstinence amongst this group of opiate addicts. It also points to the importance of including non-treatment samples in evaluations of treatment interventions.

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Bischof G; Rumpf HJ; Hapke U; Meyer C; John J. Types of natural recovery from alcohol dependence: A cluster analytic approach. *Addiction* 98(12): 1737-1746, 2003. (53 refs.)

Social capital and a low severity of alcohol-related problems have been focused upon to explain the processes of natural recovery from alcohol dependence. However, studies using control groups have not found significant differences in these variables. Subtypes of natural remission which might account for this inconsistency have only been described on grounds of qualitative data. To identify subtypes of natural remitters using cluster analysis. One hundred and seventy-eight media-recruited natural remitters were interviewed personally. Several triggering mechanisms and maintenance factors of remission were assessed using standardized questionnaires. Based on age of onset and severity of dependence, adverse consequences from drinking, social pressure and social support, cluster analyses were performed. Cluster analyses yielded three groups of natural remitters: one cluster with a high severity of dependence, low alcohol-related problems and low social support (‘low problems’-‘low support’; n = 65), one group characterized by high severity of dependence, high alcohol-related problems and medium social support (‘high problems’-‘medium support’; n = 37), and a third group which consisted of subjects with high social support, late age of onset, low severity of dependence, and low alcohol-related problems (‘low problems’-‘high support’; n = 76). Cluster solutions were confirmed using discriminant analyses. Analyses of variance (ANOVAs) revealed further group differences on other triggering and maintaining factors of remission. Failure to identify specific pointers to natural recovery in previous research might be due to heterogeneous

subgroups of natural remitters. In order to build a conceptual framework for understanding the processes of natural recovery, interactions of different independent variables should be considered. Copyright 2003, Society for the Study of Addiction to Alcohol and Other Drugs

Bischof G; Rumpf HJ; Hapke U; Meyer C; John U. Maintenance factors of recovery from alcohol dependence in treated and untreated individuals. *Alcoholism: Clinical and Experimental Research* 24(12): 1773-1777, 2000. (32 refs.)

Background: Research on natural recovery from alcohol dependence has focused mainly on triggering mechanisms of the remission process. Only a few studies have considered maintenance factors of natural recovery. Methods: In the present study, 93 natural remitters and 42 self-help group participants were compared. Both groups remitted from alcohol dependence according to DSM-IV criteria. Several alcohol-related variables and maintenance factors of the remission process were assessed in a personal interview by using standardized questionnaires. Results: Logistic regression analysis that focused on maintenance factors showed that, independent from direct self-help group context, self-help group attendees informed more individuals about their former alcohol problems and sought social support more often as a coping strategy to deal with craving. No further group differences could be identified. Conclusions: Self-help group participants revealed a higher social engagement to maintain their recovery. Besides this major difference, data support the assumption that more commonalities than differences exist within successful recoveries from alcohol dependence, independent of help-seeking status.

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Bischof G; Rumpf HJ; Hapke U; Meyer C; John U. Gender differences in natural recovery from alcohol dependence. *Journal of Studies on Alcohol* 61(6): 783-786, 2000. (28 refs.)

Objective: Data from epidemiological research reveal that most alcohol dependent individuals recover without professional treatment. Little is known, however, about individuals remitting from alcohol dependence without formal help, and almost no data are available with respect to gender differences in natural recovery. Method: Women (n = 38) and men (n = 106) who remitted from alcohol dependence according to DSM-IV without utilization of formal help (treatment or self-help groups) are compared. A standardized interview assessed reasons for not seeking help, and triggering mechanisms and maintenance factors of remission. Results: Compared with male subjects, female subjects, prior to remission, experienced lower extents of social pressure to change drinking behavior, drove less often under the influence of alcohol. revealed less satisfaction with different life domains and reported a higher impact of health problems on the remission process. Female subjects also informed fewer individuals about their former drinking problems.

Conclusions: Female and male natural remitters differ in factors that trigger the process as well as the maintenance of natural remission.

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Bischof G; Rumpf HJ; Hapke U; Meyer C; John U. Future directions of research on "natural recovery" (commentary). *Addiction* 96(11): 1678-1679, 2001. (5 refs.)

Bischof G; Rumpf HJ; Hapke U; Meyer C; John U. Factors influencing remission from alcohol dependence without formal help in a representative population sample. *Addiction* 96(9): 1327-1336, 2001. (36 refs.)

Aims. To analyse factors related to remission without formal help by using a representative sample and standardized instruments. Design. Two groups of untreated alcohol-dependent subjects were compared. Setting. General population survey. Participants. Thirty-two subjects full remitted without formal help (NFH) and 26 current alcohol-dependent individuals (CAD) according to

DSM-IV drawn from a representative general population sample in northern Germany (response rate: 70.2%, n=4075). Measurements. Data focusing on the 2 years prior to remission from NFH were compared with past-year data from CAD. Groups were compared on variables found to be associated with remission without formal help in previous research. Findings. Logistic regression analysis revealed that individuals remitted from alcohol-dependence without formal help reported a higher non-physiological severity of alcohol dependence, less social pressure to quit drinking and more incidents of driving while intoxicated. Furthermore, they tended to report more satisfaction with work and financial situation and were more likely to live in a stable partnership. Conclusions. Findings support the concept of psychosocial resources as important enabling factors in remission from alcohol dependence without formal help. Implications for brief interventions are discussed. Copyright 2001, Society for the Study of Addiction to Alcohol and Other Drugs

Bischof G; Rumpf HJ; Hapke U; Meyer C; John U. Remission from alcohol dependence without help: How restrictive should our definition of treatment be? *Journal of Studies on Alcohol* 63(2): 229-236, 2002. (41 refs.)

Objective: Studies on untreated remissions from addictive behaviors have utilized very different definitions of treatment, ranging from regular self-help group participation to almost no help at all. The purpose of this article is to examine the impact of different treatment definitions on triggering and maintenance mechanisms of recovery. Method: Sample 1 consists of 103 remitted alcohol dependent subjects (30% female) who never received any kind of treatment or counseling for alcohol problems. Sample 2 consists of 75 remitted alcohol dependent subjects (20% female) who received minor help, defined as contact with alcohol treatment not exceeding nine self-help group sessions or three counseling sessions by a specialty provider. Sample 3 consists of 50 remitted alcohol dependent subjects (24% female) who regularly participated in self-help group meetings. All participants were media recruited. Groups were compared on grounds of a comprehensive, standardized interview, including the assessment of sociodemographic and Substance related variables as well as, triggering and maintenance factors of remission. Results: On most triggering and maintenance factors of the remission, remitters from alcohol dependence who received minor help are comparable with remitters who received no help, and both groups differ significantly from regular self-help group participants. Conclusions: Inconsistencies in studies on recovery from alcohol dependence without treatment cannot be accounted for by varying definitions of treatment, as the inclusion of subjects who received some minor help does not lead to a bias in most variables associated with remission.

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Blomqvist J. Recovery with and without treatment: A comparison of resolutions of alcohol and drug problems. *Addiction Research & Theory* 10(2): 119-158, 2002. (64 refs.)

An earlier Swedish study compared assisted and unassisted misusers of alcohol, with different long-term drinking outcomes, with regard to drinking patterns, significant life events, and attributions as to what initiated and maintained recovery. It was found that environmental influences had a great, albeit somewhat different impact on the recovery processes in both assisted and unassisted subjects. A subsequent replication of this study, but on drug misusers, produced similar findings. The present paper uses data from both those studies to explore substance-specific characteristics in treated and untreated recovery from addiction problems. Comparisons include background data, substance use and life event data over an extended period surrounding the resolution, and subjects' perceived reasons for the resolution and for being able to maintain an alcohol problem-free or a drug-free lifestyle. The results are discussed from the perspective of differences in the social significance of drinking and drug use and the institutionalized response in Sweden to alcohol- and drug-related problems.

Bloom NL. Family factors that influence self-resolution of alcohol problems: The drinker's perspective. *Dissertation Abstracts International* 68(3): 3904B, 2003

The study of self-change or natural recovery is in its infancy. Studies to date have yielded inconsistent results with regard to what triggers the recovery of individuals who stop drinking without treatment. This study interviewed participants recruited from the community to investigate factors that may influence self-recovery. After asking open-ended questions about influences on self-change, the inquiry increasingly narrowed to ask in more detail about the influence of family factors. A semi-structured interview and numerous paper and pencil questionnaires were administered to two groups of participants. Men and women who previously had a drinking problem of at least five years, who had been abstinent for at least two years, and who had resolved this problem with minimal, if any, treatment served as the experimental group (n = 18). The control group included men and women who currently had a drinking problem of at least five years and who also had minimal, if any, treatment (n = 15). Results suggest that unhappiness within an important romantic relationship and experiencing life events which negatively impact one's life may serve as an impetus to change, and that feeling supported by and cohesive with one's family may give an individual the strength and/or encouragement to do so.

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Brown RL; Saunders LA; Bobula JA; Lauster MH. Remission of alcohol disorders in primary care patients: Does diagnosis matter? *Journal of Family Practice* 49(6): 522-528, 2000. (25 refs.)

BACKGROUND Alcohol use disorders (AUDs) are prevalent in primary care patient populations. Many primary care patients with AUDs can remit without formal treatment. An understanding of the factors that predispose patients to remission may help primary care physicians provide effective brief counseling for those with mild to moderate disorders and more effectively recommend formal treatment for others. **METHODS:** A total of 119 eligible and randomly selected primary care patients with alcohol abuse or dependence in remission, as defined in Diagnostic and Statistical Manual of Mental Disorders third edition, revised participated in a semistructured telephone interview. **RESULTS:** Of the subjects, 59.7% were women, 50.4% had been alcohol dependent. 66.3% made a conscious decision to modify their drinking, and 62.1% including 54.2% of the alcohol-dependent subjects, moderated their drinking without abstaining. Family, emotional, and medical issues most often prompted reduced drinking. Nearly one third of the subjects found specific strategies and rules helpful in reducing their drinking, and many cited circumstances that helped or hindered their efforts. Only 10.9% had formal alcohol treatment. **CONCLUSIONS:** A significant proportion of patients with AUDs remitted without formal treatment. Abstinence may not be necessary for a subset of dependent patients. When counseling patients with active AUDs, primary care clinicians are advised to counsel patients about the psychosocial and medical reasons to control drinking, promote rule-setting about drinking, help patients avoid circumstances that trigger drinking, and support patients' attempts at moderating drinking rather than abstaining. Motivational interviewing (motivational enhancement therapy) may provide a useful framework for such counseling.

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Burman S. Cognitive processes: Their influence on varying pathways to recovery. *Journal of Social Work Practice in the Addictions* 3(3): 21-39, 2003. (61 refs.)

Cognitive processes have been known to have a significant impact on recovery from alcohol and other drugs. From a study of self-changers (natural recoverers) without treatment or self-help

groups, analysis of the data has identified beliefs that influenced the change experience- from the evaluation of reasons for drinking and the consequences that instigated the motivation and determination to take action, to the individually-conceived strategies to implement and maintain abstinence, and the perceived consequences of abstaining. Belief systems and strategies of recovery are compared across three pathways to recovery- self-change, cognitively-oriented treatment, and Alcoholics Anonymous.

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Cameron D; Manik G; Bird R; Sinorwalia A. What may we be learning from so-called spontaneous remission in ethnic minorities? *Addiction Research & Theory* 10(2): 175-182,, 2002. (12 refs.)

This study describes a small-scale attempt to compare people from two populations in an English county who have grown out of alcohol problems without formal assistance from treatment agencies. The populations were the indigenous white population and the ethnic minority population who originated from the Indian sub-continent, although 40% were born in Britain. There may be more spontaneous remitters and less problematic drinkers in need of specialist services than one would expect on the basis of population and consumption levels in the ethnic minority communities. For both white indigenous and ethnic groups, physical health, self-esteem, ability to cope and work were important motivating factors in reduction or cessation of alcohol use. For the ethnic minority group, social networks, including religiously-based ones, family status and honour were important, whereas accommodation and psychological state were more important to the white indigenous sample. Although the study is anecdotal, a case is made to have services for people with alcohol problems which offer treatments and goals consistent with the attitudes and beliefs of the communities of origin of presenters.

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Cloud W; Granfield R. Natural recovery from substance dependency: Lessons for treatment providers. *Journal of Social Work Practice in the Addictions* 1(1): 83-104, 2001. (48 refs.)

Although an extensive literature exists on cases of recovery from alcohol and drug dependency without benefit of treatment, the value of these analyses for practice has not been presented effectively to health care providers. This paper examines two dimensions of natural recovery that have important implications for treatment providers: (1) the common strategies used by the subjects, and (2) the concept of "recovery capital" in terms of personal attributes and social environments that contribute to recovery. Interviews were conducted with 46 formerly substance dependent persons who recovered without treatment or participation in self-help groups. Data were gathered on demographic characteristics, reported years of addiction and of post-recovery, and severity of addiction. Natural recovery strategies clustered into three general areas: (1) alternative activities, (2) significant relationships with non-users, and (3) avoidance of relationships and situations conducive to drug use. Elements of recovery capital are identified as social capital, physical capital, and human capital. These include the personal attributes and environmental or contextual conditions that help enable recovery. Implications for treatment providers are discussed.

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Cunningham JA. Remissions from drug dependence: Is treatment a prerequisite? *Drug and Alcohol Dependence* 59(3): 211-213, 2000. (17 refs.)

The present study investigated the prevalence of untreated drug remissions in a representative sample of respondents who had a lifetime diagnosis of one of five types of illicit drug dependence in the past (cannabis, cocaine/crack, hallucinogens, amphetamines, or heroin) but no diagnosis of drug abuse or dependence in the last year. It was concluded that, among recovered individuals with

previous clinically significant drug concerns (as measured using DSM- IV criteria), a substantial proportion had accessed addictions treatment services prior to remission.

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Cunningham JA; Lin E; Ross HE; Walsh GW. Factors associated with untreated remissions from alcohol abuse or dependence. *Addictive Behaviors* 25(2): 317 -321, 2000. (15 refs.)

This paper describes an epidemiologic-based sample of individuals who remitted from alcohol abuse or alcohol dependence, both with and without treatment to abstinence or moderate drinking. Inspection of the severity, onset, and duration of alcohol problems experienced by these individuals suggests that there may be two primary categories of drinkers with distinct pathways to remission. The first is a population of individuals who experience significant problems for an extended period of time who then resolve to abstinence through the use of treatment services. The second is a population of individuals who drink heavily at some point in their lives, experience some problems, and then "mature out" of this stage in their life as they age and take on other life roles

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Edwards G. Natural recovery is the only recovery. (editorial). *Addiction* 95(5): 747-747, 2000. (5 refs.)

This commentary introduces a series of three papers that were presented at the Kettil Bruun Society meeting on the theme of "natural" recovery, i.e. the resolution of alcohol problems without formal treatment.

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Eigenbrodt ML; Fuchs FD; Hutchinson RG; Paton CC; Goff DC Jr; Couper DJ. Health-associated changes in drinking: A period prevalence study of the Atherosclerosis Risk in Communities (ARIC) cohort (1987-1995). *Preventive Medicine* 31(1): 81-89, 2000. (47 refs.)

Background. Several investigators have suggested that drinking cessation occurs because of poor health which may bias studies on the benefit or risk of alcohol consumption. Methods. Drinking status, level of alcohol consumption, and two measures of health (perceived health and physician diagnosed chronic disease status) were determined from exams 1 (1987-1989) and 3 (1993- 1995) on 12,562 African- and European-American participants, who were aged 45-64 years at exam 1 in the ARIC Study. For those in good health at exam 1, logistic regression analyses were used to model the association between health decline and drinking change at exam 3. Results. Among the total population, drinking cessation was significantly more common among those who reported poor health at exam 3, and nondrinkers were unlikely to begin drinking regardless of exam 3 health. Using different measures of health status resulted in associations whose strength and significance varied with ethnicity and, in some cases, by gender. Conclusion. While the current data do not prove that the health decline occurred prior to drinking cessation, our findings support the hypothesis that poor health results in drinking changes which could potentially bias studies of alcohol's benefit and risk even when lifetime abstainers are used as the reference group.

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Finfgeld DL; Lewis LM. Self-resolution of alcohol problems in young adulthood: A process of securing solid ground. *Qualitative Health Research* 12(5): 581-592, 2002. (11 refs.)

Quantitative research findings suggest that young adults resolve alcohol problems without participating in support groups or formal treatment programs. However, researchers have failed to fully explain the self-resolution process among this age group. Thus, the authors used grounded theory to better explicate why and how young adults self-resolve alcohol problems. The findings suggest that self-resolving alcohol problems in young adulthood involves a temporal process of

seeking and securing solid ground. This process is precipitated by situations in which individuals experience precarious footing and eventually begin to lose their balance. These culminating events lead young adults to pursue personal visions and find safe footing on solid ground, despite some rugged terrain along the way.

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Florentine R; Hillhouse MP. The addicted-self model: An explanation of "natural" recovery? *Journal of Drug Issues* 31(2): 395-423, 2001. (79 refs.)

This investigation examines whether the Addicted-Self Model of cessation of alcohol and drug dependent behavior (Florentine & Hillhouse, 2000b; in press) is able to predict unassisted or "natural" recovery. Four hypotheses are tested using a prospective investigation of individuals who drop out in the first week of outpatient treatment, do not re-enter any type of treatment or aftercare, and attend no Twelve-step meetings during the study period (n =78). Consistent with the assumptions of the model, acknowledgement of loss of control over alcohol and drug use, or low controlled use self-efficacy, predicts greater acceptance of the need for life-long abstinence. A decrease in controlled use self-efficacy is associated with an increase in abstinence acceptance. High and increasing abstinence acceptance predicts higher levels of alcohol and drug abstinence. Consistent with the Addicted-Self Model, but contrary to the Relapse Prevention Approach (Marlatt & Gordon, 1980, 1985), high controlled use self-efficacy does not predict less severe relapse or lower levels of alcohol and drug use for those who continue to use these substances. Clinical implications and directions for future research are discussed.

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Granfield R; Cloud W. Social context and "natural recovery": The role of social capital in the resolution of drug-associated problems. *Substance Use & Misuse* 36(11): 1543-1570, 2001. (47 refs.)

This paper explores the social context of "natural recovery" from problems associated with the misuse of intoxicants. Using data collected from in-depth interviews with 46 former alcohol- and drug- dependent persons, this paper examines how the social capital that these respondents had accumulated prior to their addiction and maintained during it aided in their recovery without treatment. We specifically explore how the relations within their lives and the actual and virtual resources available to subjects through their social capital aided in our respondents' "natural recovery" from drug- use related problems. We conclude with a discussion of the implications an analysis of social capital has for the treatment of drug-associated problems as well as for drug policy.

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Hansen WB; McNeal RB Jr. Self-initiated cessation from substance use: A longitudinal study of the relationship between postulated mediators and quitting. *Journal of Drug Issues* 31(4): 957-975, 2001. (34 refs.)

This study examines psychosocial predictors of self-initiated substance use cessation among youths who have had recent substance use experience. Variables included those that are the focus of many primary prevention programs. Middle school and high school students who used either alcohol, cigarettes, smokeless tobacco, marijuana, or inhalants were surveyed on two occasions, one year separating the pretest and posttest. Pretest differences distinguished those who would quit versus those who would continue using alcohol, tobacco, and marijuana, but not inhalants. The largest pretest differences were youths' normative beliefs, manifest commitments to not use substances, and perceived incongruence between drug use and their desired lifestyles. Those who continued to use had scale values for most mediators that continued to worsen in programmatic terms, whereas

measures among those who quit significantly improved. School-aged users may benefit from programs that target some of the same mediators currently promoted as effective in primary prevention programs.

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Hodgins DC; El-Guebaly N. Natural and treatment-assisted recovery from gambling problems: A comparison of resolved and active gamblers. *Addiction* 95(5): 777-789, 2000. (36 refs.)

Aim. An exploratory study was conducted to understand the process of recovery from gambling problems. Design. Media recruitment was used to identify a resolved (n = 43) and a comparison group of active pathological gamblers (n = 63). Participants. Participants showed evidence of significant problems related to gambling as well as high rates of co-morbid mood and substance use disorders. The median length of resolution was 14 months with a range of 6 weeks to 20 years. Findings. Resolved gamblers reported a variety of reasons for quitting gambling, related mainly to emotional and financial factors. They did not experience a greater number of precipitating life events compared with active gamblers but did report an increase in positive and a decrease in negative life events in the year after resolution. Both resolved and active gamblers who had relatively more severe problems were more likely to have had treatment or self-help involvement, whereas those with less severe problems, if resolved, were "naturally recovered." Conclusions. The results support the need for a continuum of treatment options for problem gamblers and provide helpful information about recovery processes.

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King MP; Tucker JA. Behavior change patterns and strategies distinguishing moderation drinking and abstinence during the natural resolution of alcohol problems without treatment. *Psychology of Addictive Behaviors* 14(1): 48-55, 2000. (23 refs.)

Behavior change patterns and strategies involved in natural resolutions that resulted in stable moderation drinking or abstinence were investigated, using untreated problem drinkers with different drinking statuses. Participants' drinking practices and problems, resolution patterns, behavior-change strategies, and barriers to help seeking were assessed during structured interviews. Collaterals verified participants' reports. Most abstinent resolutions were initiated abruptly. Moderation resolutions were achieved more gradually and entailed changes in drinking practices like those emphasized in behavioral self-control treatments. Participants' desire to solve their own problem and concerns about available interventions deterred help seeking, even though help was widely available. These data suggest that variability exists in how drinking problems are resolved and that interventions should support the several successful resolution patterns.

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Klingemann H. Maturing out? (letter). *Addiction* 96(10): 1519-1520, 2001. (7 refs.)

Among other points the author in this comment on an article on factors influencing remission of alcohol dependence without formal treatment, addresses several methodological concerns. These include the operational definitions of terms such as "minor formal help", "sustained full remission", "hazardous alcohol consumption" and the choice of varying time frames.

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Klingemann HKH. Natural recovery from alcohol problems. IN: Heather N; Peters TJ; Stockwell T, eds. *International Handbook of Alcohol Dependence and Problems*. Chichester, England: John Wiley and Sons, Ltd, 2001. pp. 649-662. (56 refs.)

This chapter reviews literature on natural recovery from alcohol problems. Disputes over the possibility of reversion to controlled drinking reveal a profound disbelief in change without treatment. The hypothesis of spontaneous recovery challenges the concept of addiction as an irreversible and progressive disease. However, most people who quit substance abuse do it on their own. Features common to the successful quitting of alcohol, gambling, overeating, and drug taking are largely ignored. The variety of theoretical aspects of self-change is associated with numerous practical problems of research methodology, which are outlined after a discussion of definitional issues. Studies in this area have been mostly either from survey/cohort studies or qualitative in-depth attempts to understand the change process. Canadian population surveys suggest that about 78 percent of interviewees who had alcohol problems overcame them without professional help, and a considerable proportion reverted to moderate, controlled drinking. Intensive case studies in smaller samples highlight the role of social support and control and the influence of life events or stress factors in the motivation to overcome problem use, and point to an impressively creative potential of individual coping strategies. In addition to reviewing self-change research, the chapter outlines treatment and policy implications of growing criticism of the increasing and costly impact of professional therapy and the abstinence dogma.

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Klingemann HKH; Sobell LC. Introduction: Natural recovery research across substance use. (editorial). *Substance Use & Misuse* 36(11): 1409-1416, 2001. (13 refs.)

Kubicek KR; Morgan OJ; Morrison NC. Pathways to long-term recovery from alcohol dependence: Comparison of spontaneous remitters and AA members. *Alcoholism Treatment Quarterly* 20(2): 71-81, 2002. (44 refs.)

This descriptive qualitative pilot study explored like attributes of successful recovery among 13 alcoholics with six or more years of continuous sobriety. Seven subjects were current members of Alcoholics Anonymous (AA). Six subjects were spontaneous remitters (SA), chosen through convenience sampling techniques; these persons achieved and maintain stable, long-term recovery without the assistance of a support group. Open-ended questions about attributes that contribute to successful recovery were posed to these participants. Common attributes and themes were identified as these recovering alcoholics: utilized the help of supportive people, accepted help from God or a Higher Power, had a strong desire to get well, strove to be honest with self and built self confidence and remembered the negative consequences of their past alcohol abuse. Implications for treatment and further research are suggested. The spiritual attributes listed by both groups of participants as important for successful recovery are noted.

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Miller WR. Is "treatment" the right way to think about it? IN: Miller WR; Weisner CM, eds. *Changing Substance Abuse through Health and Social Systems*. New York: Kluwer Academic/Plenum Publishers, 2002. pp. 15-27. (34 refs.)

The methods and effectiveness of those methods of treatment for addictive behaviors are discussed, with a focus on the expert model of treatment and on specialist treatment. The essential tenets of the expert model are that addictions require formal treatment; loss of control is fundamental; treatment works; and intensity of treatment is crucial. The author suggests that acute treatment is a limited model for addressing addictions and that there is a need for better-integrated models for addressing substance use disorders within the context of existing health and social services. Addictions should be addressed as part of a network of ongoing interrelated concerns. Health and social service systems should regularly and routinely screen for substance use disorders and services should be integrated and located within other health and social services. Section headings in this book chapter

include: (1) the expert model; (2) natural recovery; (3) effective control groups; (4) lack of a dose effect; (5) lack of treatment differences; (6) failure of causal chains; (7) therapist effects; (8) extra-treatment determinants; (9) the demise of specialist treatment for addictions; (10) beyond specialist treatment; (11) thinking beyond treatment; and (12) toward integrated care.

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Mitchell CM; Beals J; Novins DK; Spicer P. Drug use among two American Indian populations: Prevalence of lifetime use and DSM-IV substance use disorders. *Drug and Alcohol Dependence* 69(1): 29-41, 2003. (46 refs.)

American Indians (AIs) have often reported higher rates of drug use than have other racial/ethnic groups. However, the majority of these studies have focused on drug use among high school adolescents, with little attention to pathological use such as drug abuse or dependence. This study is among the first to report lifetime drug use and disorder (abuse/dependence) information from community samples of two culture groups of AI people—one in the Southwest (SW), one in the Northern Plains (NP)—ranging in age from 15 to 57 years old. Analyses were conducted within four groups: SW men, SW women, NP men, and NP women. Across the four groups, lifetime use rates for marijuana (36.9-57.5%), cocaine (4.3-21.5%), and inhalants (3.6-17.0%) were the highest drug use rates; heroin (0.5-2.1%), the lowest. Lifetime drug disorder rates were highest for marijuana (4.5- 14.1%), cocaine (1.1-2.3%), and stimulants (0.7-1.7%). Lifetime polydrug use disorder rates from 1.2 to 4.5%. Women generally had lower prevalence rates than did men in their culture group. The SW women generally had the lowest rates of use and disorder. Lifetime use and disorder rates among the youngest group were often not different from rates of the older groups. Overall, 40-60% had never used any drugs; 85-95% had not developed any drug disorder. Despite widespread concern and rhetoric about drug problems among AIs, many who had used various drugs either were using them without serious consequences or had quit use altogether.

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Piasecki TM; Niaura R; Shadel WG; Fiore MC; Baker TB. Smoking withdrawal dynamics in unaided quitters. *Journal of Abnormal Psychology* 109(1): 74 -86, 2000. (56 refs.)

Considerable research shows that withdrawal severity is inconsistently related to smoking cessation outcomes. This result from measurement problems or failure to scrutinize important dimensions of the withdrawal experience. Two recent studies demonstrated that withdrawal elevation and, variations in the time course of withdrawal, were related to relapse in smokers treated with the nicotine patch (T. M. Piasecki, M. C. Fiore, & T.B. Baker, 1998). This article reports a conceptual replication and extension of those findings in unaided quitters. Evidence for temporal heterogeneity was found across different types of withdrawal symptoms. Patterns or slopes of affect and urge reports over time predicted smoking status at follow-up, as did mean elevation in withdrawal symptoms. These results suggest that affect and urge withdrawal symptoms make independent contributions to relapse and that relapse is related to both symptom severity and trajectory

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Price RK; Risk NK; Spitznagel EL. Remission from drug abuse over a 25-year period: Patterns of remission and treatment use. *American Journal of Public Health* 91(7): 1107-1113, 2001. (47 refs.)

Objectives. Using an epidemiologically obtained sample, we examined patterns of illicit drug use, abuse, and remission over a 25-year period and recent treatment use. Methods. The surviving members of the cohort (n=841), previously surveyed in 1972 and 1974, comprised 3 subsamples of Vietnam War enlisted men and civilian controls, Retrospectively obtained year-to-year measures from the survey included use and remission of sedatives, stimulants, marijuana, cocaine, and

opiates, as well as substance abuse and psychiatric treatment use. Results. Relatively stable patterns frequent use in adulthood were found, with the mean duration from initiation to the last remission ranging from 9 to 14 years. A majority attempted to quit; however, most did not use traditional drug treatment in their last attempts. Fewer than 9% of the then-current drug users were treated in inpatient or outpatient settings at the time of data collection. Conclusions. Most drug abusers who had started using drugs by their early 20s appeared to gradually achieve remission. Spontaneous remission was the rule rather than the exception. Nonetheless, considerable unmet needs existed for those who had continued use into middle age.

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Roizen R; Fillmore KM. Some notes on the new paradigmatic environment of "natural remission" studies in alcohol research. *Substance Use & Misuse* 36(11): 1443-1465, 2001. (56 refs.)

With the broad shift from the alcoholism paradigm to the new public health paradigm in "alcohol science" in general and alcohol epidemiology in particular, research on natural remission has grown in scientific interest. The phenomenon itself has moved from the status of a rare and anomalous occurrence (in the alcoholism paradigm's lens) toward the status of a conventional and expected outcome for "heavy" drinking. A broadening conception of the problem domain properly comprehended by alcohol studies has further highlighted the apparent ubiquity of change in drinking behavior. However, this widening orbit of problematization is not fully accounted for, we argue, by substantive developments in either the survey-research or the Ledermann-model sources of "alcohol science"'s paradigmatic transformation-and a dialectical source of the change is suggested. The new paradigmatic environment also harbors an important shift in the moral orientation of alcohol research from the alcoholism paradigm's focus on the rescue and protection of the alcoholic to the public health paradigm's focus on the reduction of alcohol-related consequences for the public. The new paradigmatic environment poses new risks for natural remission researchers as well as the renewed challenge to focus research enterprises on the production of meaningful new knowledge.

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Rosengren DB; Downey L; Donovan DM. "I already stopped": Abstinence prior to treatment. *Addiction* 95(1): 65-76, 2000. (19 refs.)

Aims. To determine pre-treatment abstinence rates among treatment seekers and identify factors associated with pre-treatment abstinence. To evaluate the association between pre-treatment abstinence and subsequent outcome. Design. An observational study using data collected for a randomized, experimental design. Setting. Conducted with participants immediately after assessment for publicly funded substance abuse treatment at the King County Assessment Center (KCAC) in Seattle. Participants. People referred for outpatient or inpatient treatment by KCAC who had illicit drug use in the previous 90 days (N = 565). Participants waited a median of 12 days (range = 0- 108 days) until either treatment entry or waiting-list dropout. Measurements. A modified Drug History Questionnaire quantified drug use at baseline, treatment entry or waiting-list dropout and 3 months later Other measurement methods: Stages of Change Readiness and Treatment Eagerness Scale, participant confidence ratings and KCAC chart review. Findings. Sample-wide, 45% of participants reported abstinence from initial assessment to when they entered or failed to enter treatment. Higher rates of abstinence were associated with shorter waiting periods, less substance use prior to initial assessment and higher scores on change readiness. Pre-treatment abstinence was not associated with either treatment entry or completion. There was a non-significant trend towards less improvement in substance use with pre-treatment abstinence, with the greatest effect observed for short waits. Conclusions. Participants can become abstinent prior to

treatment, but this is not a good predictor of treatment entry, completion or outcome. A decisional balance strategy may be a more productive use of client and treatment program energy.

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Rumpf HJ; Bischof G; Hapke U; Meyer C; John U. Studies on natural recovery from alcohol dependence: Sample selection bias by media solicitation? *Addiction* 95(5): 765-775, 2000. (44 refs.)

Aims. To assess the selection bias of recruiting participants in studies on natural recovery from alcohol dependence through media solicitation. **Design.** Two samples with different recruitment strategies are compared. **Setting.** Media solicitation and general population. **Participants.** Sample 1 consists of 176 alcohol-dependent individuals remitted without formal help and recruited through media solicitation, sample 2 consists of 32 natural remitters derived from a representative general population study with a sample size of 4075 respondents and a response rate of 70.2%.

Measurements. Several triggering mechanisms and maintenance factors of remission were assessed in a personal interview using standardized questionnaires. **Findings.** Results of logistic regression analyses show that media-solicited subjects were more often abstinent in the last 12 months, were more severely dependent, were less satisfied with eight life domains prior to remission and showed higher scores in a coping behaviour measure. Besides these major differences from the multivariate analysis, media subjects revealed more health problems prior to remission, experienced more social pressure to change drinking behaviour, and showed differences in reasons for not seeking help.

Conclusions. Media solicitation leads to a sample selection bias in research on natural recovery from alcohol dependence. When measures to foster self-change are derived from such studies, findings from representative samples have to be considered.

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Rumpf HJ; Bischof G; Hapke U; Meyer C; John U. The role of family and partnership in recovery from alcohol dependence: Comparison of individuals remitting with and without formal help. *European Addiction Research* 8(3): 122-127, 2002. (28 refs.)

The aim of this study was to analyse the role of family and partnership in remission from alcohol dependence in treated (n = 50) and untreated (n = 115) individuals. Standardised questionnaires to assess social support, social pressure, coping behaviour, and self-efficacy to stay remitted were used. In both media-solicited samples, social support increased from the pre- to the post-resolution period and was stated as an important resolution maintenance factor. Remitters with formal help experienced more partnership conflicts prior to remission and tended to experience more social pressure from their partner. Social support and social pressure from the family and partner were related to an increase in cognitive coping, as hypothesised, however, only in remitters without formal help, whereas an inverse relationship was found in formal help seekers. Implications for alcohol-related interventions are discussed.

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Russell M; Peirce RS; Chan AWK; Wiczorek WF; Moscato BS; Nochajski TH. Natural recovery in a community-based sample of alcoholics: Study design and descriptive data. *Substance Use & Misuse* 36(11): 1417-1441, 2001. (38 refs.)

The majority of alcoholics who recover do so without the benefit of treatment, yet little is known about these individuals and the factors associated with their success. A better understanding is needed of the self-initiated and maintained change processes ("natural recovery") associated with such recoveries. In the current study, initiated in 1997, we followed up alcoholics identified in four previous community surveys and conducted a brief physical examination and an in-depth interview assessing factors thought to be associated with "natural recovery" or entry into treatment. Here we

present the study model, describe our sample of 83 "naturally recovered" and 138 "hazardous problem drinkers," and report factors associated with "natural recovery." During the period when their drinking was at its most problematic, those who naturally recovered had discussed their alcohol-use associated problems with fewer network members and had been advised to stop drinking or to drink less by fewer network members. In addition to older age, "natural recovery" was associated with marriage, lower levels of avoidant coping, higher self-esteem, social networks with members who drank less, and a history of less frequent drug use and lower frequencies of intoxication. Rates of "natural recovery" may be increased by encouraging the development of these attributes in hazardous problem drinkers who do not already have them.

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Schutte KK; Byrne FE; Brennan PL; Moos RH. Successful remission of late-life drinking problems: A 10-year follow-up. *Journal of Studies on Alcohol* 62(3): 322-334, 2001. (56 refs.)

Objective: This study sought to determine (1) the rate and predictors of long-term remission among a sample of untreated late-life problem drinkers and (2) whether successfully remitted older problem drinkers attain levels of functioning and life contexts comparable to those of lifetime nonproblem drinkers at a 10-year follow-up. Method: We compared 140 older baseline problem drinkers who were successful in achieving long-term remission to 184 baseline problem drinkers whose drinking problems did not remit over the course of 10 years and to 339 lifetime nonproblem drinkers, on functioning and life contexts at baseline and at 4- and 10-year follow-ups. Results: Being female, having more recent onset of drinking problems, fewer and less severe drinking problems, friends who approved less of drinking, and drinking less and drinking less frequently at baseline predicted long-term remission. In many regards, long-term remitted problem drinkers attained levels of functioning and life context similar to those of lifetime nonproblem drinkers. However, remitted problem drinkers continued to report more incipient drinking problems, depressive symptoms, health and financial stressors, psychoactive medication use, reliance on avoidance coping strategies and less social support from friends than did lifetime nonproblem drinkers at the 10-year follow-up. Conclusions: About a third (30%) of an untreated sample of late-life problem drinkers succeeded in attaining stable, long-term remission. The functioning and life contexts of untreated remitted problem drinkers improved significantly over time; however, some deficits persisted at follow-up.

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Sobell LC; Ellingstad TP; Sobell MB. Natural recovery from alcohol and drug problems: Methodological review of the research with suggestions for future directions. *Addiction* 95(5): 749-764, 2000. (140 refs.)

Aims. The methodology of studies that reported data on individuals who recovered from an alcohol or other drug problem (cigarette smokers were excluded) without formal help or treatment were reviewed. Design/ measurements. Potential studies were identified (a) through computerized literature searches, (b) by reviewing references from key publications and (c) by correspondence with researchers in the field. Studies had to (a) be in English, (b) be published, in press, or presented before the end of 1997, (c) report original results or be part of an original survey and (d) separately report respondents whose recoveries were and were not attributable to treatment. No case studies were included. Eligible studies were evaluated with respect to meeting criteria for (a) natural recovery, (b) methodological rigor and (c) reporting demographic and substance abuse history variables. Findings. Until 1997 only 38 articles (40 different respondent samples) met the inclusion criteria for this review. This small number of studies is not surprising, as natural recovery from substance abuse is a relatively new area of study. Moreover, the majority of the 38 articles were published in the past 8 years. For most studies, descriptions of the respondent samples at pre- and

post-recovery were seriously deficient. Alcohol was the most studied drug, with heroin a distant second. Low-risk drinking (78.6%) and limited drug use (46.2%) were commonly reported outcomes in natural recovery studies. Conclusions. Based on this review, future natural recovery studies should: (a) report respondents' demographic characteristics at the time of their recovery; (b) describe respondents' pre-recovery problem severity; (c) explore in some depth what factors, events or processes are associated with the self-change process; (d) provide corroboration of respondents' self-reports; (e) examine factors related to the maintenance of recoveries; (f) conduct interviews with individuals who have naturally recovered from cocaine, marijuana and polydrug abuse; (g) include a second interview at a later time to examine stability of natural recoveries; and (h) require a minimum 5- year recovery time frame.

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Sobell LC; Klingemann HKH; Toneatto T; Sobell MB; Agrawal S; Leo GI. Alcohol and drug abusers' perceived reasons for self-change in Canada and Switzerland: Computer-assisted content analysis. *Substance Use & Misuse* 36(11): 1467-1500, 2001. (74 refs.)

Although many people recover from substance-use associated problems on their own, little is known about this phenomenon. The paper had two objectives: to use a new research method, computer-assisted content analysis, to understand alcohol and drug abusers' perceived reasons for self-change and to undertake a comparative evaluation across substances and cultures to validate previous findings about subjective appraisal processes. Three studies of natural recoveries or alcohol and drug abusers in two countries conducted tape-recorded interviews with 216 respondents. The taped responses were coded based on a content analytic dictionary approach using a computerized content analysis program. All three studies found several processes mediating the decision to change substance use. The computer content analysis confirmed a cognitive appraisal process regardless of the cultural setting or substance. The findings suggest that several procedures might have benefit in clinical interventions.

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Spicer P. Culture and the restoration of self among former American Indian drinkers. *Social Science & Medicine* 53(2): 227-240, 2001. (45 refs.)

This paper explores the social and cultural context of remission from alcohol problems in an urban American Indian community. Using the discourse of interviews conducted with 48 self-defined problem drinkers, 13 of whom had abstained from alcohol for at least a year prior to the interview, it explores the ways in which alcohol problems have been understood and dealt with by these Indian men and women. Drawing on the ethnographic literature on AA and culturally specific healing practices, the analysis centers on how new understandings of the self are articulated in sobriety and the ways in which this discourse draws on the themes of cultural restoration that are widely articulated in Indian communities. The paper closes with a consideration of how this inquiry with a community sample forces us to broaden models of self transformation that are derived from work in more circumscribed institutional contexts and, in turn, how the testimony of these men and women forces us to take quite seriously the idea that cultural restoration can be crucially involved as Indian people and communities grapple with problems with alcohol.

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Swift W; Hall W; Copeland J. One year follow-up of cannabis dependence among long-term users in Sydney, Australia. *Drug and Alcohol Dependence* 59(3): 309-318, 2000. (36 refs.)

Eighty one percent of a sample of long-term cannabis users was followed up at 1 year (162/200). Half (51%) were daily smokers, while 20% had substantially decreased or ceased use. More than half received a dependence diagnosis on each of three measures in the last year, with 44%

dependent on all three. Remission was much more common than incidence of dependence. Nevertheless, use and dependence patterns were strongly related over time. Longitudinal analyses revealed that quantity of use and severity of dependence at baseline were the primary predictors of those same variables at follow-up. These data suggest that cannabis use and dependence are fairly stable among long-term users.

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Tucker JA. Resolving problems associated with alcohol and drug misuse: Understanding relations between addictive behavior change and the use of services. *Substance Use & Misuse* 36(11): 1501-1518, 2001. (64 refs.)

"Natural resolutions" highlight how influences on addictive behavior change may differ from and interact with influences on the use of substance-related services. These distinct literatures are summarized and implicate extra-therapeutic environmental variables in both processes. Whether assisted by interventions or not, stable resolutions are surrounded by environmental contexts characterized by improved circumstances across several years that bracket cessation of substance misuse. Psychosocial problems associated with substance use increase help-seeking, and interventions enhance improvements that typically follow initial resolution. Implications for promoting help-seeking and behavior change and necessary revisions in conventional views about relations between the processes are discussed.

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Tucker JA. Natural resolution of alcohol-related problems. IN: Galanter M, ed. *Recent Developments in Alcoholism. Volume 16: Research on Alcoholism Treatment. Methodology/Psychosocial Treatment/Selected Treatment Topics/Research Priorities*. New York: Kluwer Academic, 2003. pp. 77-90. (65 refs.)

The natural resolution of alcohol-related problems in the absence of intervention is discussed. The author notes that natural resolution, which was previously termed spontaneous remission, has been viewed mostly as a nuisance variable requiring statistical control in treatment outcome evaluations rather than as an object of study in its own right. Additionally, the disease model and the presumed progressive and irreversible nature of alcohol problems is incompatible with the possibility that affected individuals could change their behavior without benefit of intensive and extended treatment. However, there is increasing evidence that some problem drinkers resolve their problem without interventions. It is concluded that treatment is neither a necessary nor a sufficient condition for resolution, which can occur a number of ways and is influenced by extratherapeutic contextual variables. Section headings in this book chapter include: (1) state of knowledge; (2) epidemiology of treatment-assisted and natural resolutions; (3) environmental contexts surrounding natural resolutions; (4) gaps in knowledge and research opportunities; (5) investigating natural resolution across the distribution of problem drinkers; (6) explicating environment-behavior relations; (7) determining pathways to moderation and harm reduction; and (8) understanding relations between help-seeking and drinking behavior change.

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Tucker JA; Vuchinich RE; Rippens PD. Environmental contexts surrounding resolution of drinking problems among problem drinkers with different help-seeking experiences. *Journal of Studies on Alcohol* 63(3): 334-341, 2002. (19 refs.)

Objective: This study investigated whether similar environmental contexts surround abstinent resolutions associated with different intervention experiences, including no assistance. Method: Participants were selected in a 3 x 2 design (25-30 per group, N = 167) according to their help-seeking experiences (no assistance, Alcoholics Anonymous [AA] only, treatment plus AA) and

current drinking status (resolved abstinent [RA] for >2 years or nonresolved [NR] controls). Life events were assessed retrospectively over a 4- year period that spanned the 2 years before and 2 years after the initiation of stable abstinence by RA participants or over a matched interval for NR participants. Collateral or reliability interviews were conducted for 84%, of the sample as checks on participant reports. Results: Across help-seeking groups, RA participants reported decreased negative events and increased positive events from the pre- through the post-resolution period. Interventions, especially treatment, enhanced the postresolution improvements in RA participants' life circumstances. This pattern was absent among NR participants. Conclusions: The findings suggest that a similar molar environmental context surrounds resolutions achieved with and without interventions and that interventions are associated with enhanced improvements during maintenance.

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Tucker JA; Vuchinich RE; Rippens PD. Predicting natural resolution of alcohol-related problems: A prospective behavioral economic analysis. *Experimental and Clinical Psychopharmacology* 10(3): 248-257, 2002. (41 refs.)

This study investigated whether the relative allocation of discretionary monetary expenditures to alcoholic beverages versus savings (presumed to reflect relative preferences for immediate vs. delayed rewards) before quitting abusive drinking predicted natural resolution among untreated problem drinkers. Drinking, life events, income, and expenditures were assessed for the year before resolution and again 1 and 2 years later (N = 50). Compared with those who relapsed, participants who remained resolved at 2 years reported proportionally more prerelation discretionary expenditures on savings and less on alcohol. Income and expenditures were similar across groups. The findings support the predictive utility of this functional index of relative reward preferences that operate over variable time horizons and suggest that temporal discounting is an important process in addictive behavior change.

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Zhu SH; Melcer T; Sun JC; Rosbrook B; Pierce JP. Smoking cessation with and without assistance: A population-based analysis. *American Journal of Preventive Medicine* 18(4): 305-311, 2000. (32 refs.)

Objective: To examine usage rates of smoking-cessation assistance and to compare the success rate of those who used assistance, with the success rate of those who did not. Methods: The data come from the 1996 California Tobacco Survey, a random sample of 4480 individuals (18 years or older) who tried to quit smoking in the 12 months before the survey. We calculated population estimates for demographics, smoking histories, rate of using assistance, and abstinence rates. Results: One fifth (19.9%) of those who attempted to quit smoking used one or more forms of assistance: self-help, counseling, and/or nicotine replacement therapy (NRT). Heavy smokers were more likely to use assistance than were light smokers. Women were more likely to use assistance than were men, and usage increased with age. Whites were more likely to use NRT than were other ethnic groups. Overall, those who used assistance had a higher success rate than those who did not; the 12-month abstinence rates were 15.2% and 7.0%, respectively. Conclusions: Use of assistance for smoking cessation has increased over recent years, from 7.9% in 1986 to 19.9% in 1996. The use of assistance is associated with a greater success rate. Anti-tobacco campaigns in California and increased availability of multiple forms of assistance probably facilitated the use of assistance and successful quitting for those using assistance.

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