

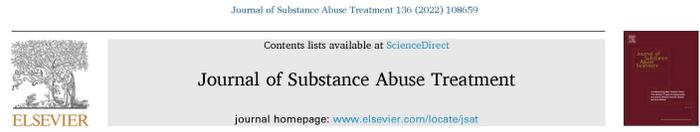


# Recovery Science and Harm Reduction Reading Group: April 2022 Summary

## Article Summary

Current research has indicated that racial/ethnic minority individuals and white individuals have a similar risk of developing substance use disorders. However, there is limited research examining the likelihood of diagnostic remission between racial/ethnic minority and white individuals. Using national survey data, the authors examined adults with lifetime substance use disorders and compared the proportions experiencing diagnostic remission between those who identified as racial/ethnic minorities or white.

After conducting regressions with the data, the authors determined that individuals identifying as racial/ethnic minorities were about half as likely to experience remission as those identifying as white. The authors noted that while a multitude of factors, such as socioeconomic status and gender, can contribute to this difference in remission likelihood, further research is needed to better understand why racial/ethnic minority individuals have a significantly lower likelihood of experiencing remission.



### Diagnostic remission of substance use disorders: Racial differences and correlates of remission in a nationally representative sample

Tanner J. Bommersbach<sup>a,\*</sup>, Oluwole Jegede<sup>a</sup>, Elina A. Stefanovics<sup>a,b</sup>, Taeho Greg Rhee<sup>a,b,c</sup>, Robert A. Rosenheck<sup>a,b</sup>

<sup>a</sup> Department of Psychiatry, Yale University School of Medicine, 300 George Street, Suite 901, New Haven, CT, USA  
<sup>b</sup> U.S. Department of Veterans Affairs New England Mental Illness Research, Education, and Clinical Center, 950 Campbell Avenue, West Haven, CT, USA  
<sup>c</sup> Department of Public Health Sciences, University of Connecticut School of Medicine, 263 Farmington Avenue, Farmington, CT, USA

#### ARTICLE INFO

Keywords:  
Substance use  
Remission  
Addiction  
Recovery  
Race  
Disparities

#### ABSTRACT

**Introduction:** Research has shown racial/ethnic minorities to have similar risk of developing substance use disorders (SUDs) as Whites. However, few studies have compared the likelihood of diagnostic remission (i.e., no longer meeting criteria for current SUDs).  
**Methods:** Using nationally representative survey data from the National Epidemiologic Survey on Alcohol and Related Conditions-III (NESARC-III), we examined all adults with lifetime SUDs; compared the proportions experiencing diagnostic remission; and used logistic regression analyses to compare Black, Hispanic, and other racial/ethnic minorities to Whites. The research team initially used bivariate comparisons to identify potentially confounding factors also associated with remission. The study used multivariable-adjusted logistic regression analyses to adjust for these potentially confounding covariates. The team conducted separate analyses for alcohol use disorder (AUD) and drug use disorders (DUDs).  
**Results:** Of 10,916 individuals with lifetime SUDs, 5120 no longer met criteria for an SUD in the past year (55.2% of White, 34.0% of Black, 38.5% Hispanic, and 40.1% of other individuals). In unadjusted analyses, Black, Hispanic, and others were significantly and about half as likely as Whites to have remitted with odds ratios (ORs) of 0.42 (95% CI 0.36-0.48), 0.51 (0.45-0.58), and 0.55 (0.45-0.65), respectively. The study found similar results for both AUD and DUDs. Adjusting for potentially confounding factors only modestly improved the likelihood of remission among racial/ethnic minorities compared to White individuals.  
**Conclusion:** Minority race/ethnicity is robustly associated with reduced likelihood of diagnostic remission from SUDs even after adjusting for other factors. This study could identify only partial moderators of these disparities; these moderators deserve further study.

#### 1. Introduction

Substance use disorders (SUDs) are among the most prevalent psychiatric conditions in the United States (Metikangas & McClair, 2012), but the vast majority of individuals do not receive professional treatment (Blanco et al., 2013; Grant et al., 2015; Grant et al., 2016). Racial/ethnic minorities may have even less access to SUD treatment than others, even though they share an equivalent or somewhat lower risk of developing these disorders (Amdt, Volz, Segre, & Clayton, 2015; Breidau et al., 2006; Grant et al., 2012; Grant et al., 2012; Schmidt, Ye, Greenfield, & Bond, 2007). Prior studies of racial disparities involving SUDs have focused on overall prevalence, treatment utilization, and

completion of treatment (Grella, Karo, Wards, Moore, & Niv, 2009; Hefflinger, Chattman, & Saunders, 2006; Menais & Stahler, 2016; Pineda, 2015; Saloner & Le Cook, 2013), but we know less about outcomes over time, and specifically differences in diagnostic remission (i.e., no longer meeting criteria for a past-year disorder). Studies have shown that a significant percentage of individuals with SUDs improve or achieve remission. One large review of SUD outcomes showed an average of approximately 50% of individuals in the general population who once met lifetime criteria for an SUD no longer meet those criteria (White, 2012), but the study did not address racial/ethnic differences. Other studies have shown mixed results. An examination of changes between waves 1 and 2 of the National Epidemiologic Survey on

\* Corresponding author at: 300 George Street, Suite 901, New Haven, CT 06511, USA.  
E-mail address: Tanner.Bommersbach@yale.edu (T.J. Bommersbach).

<https://doi.org/10.1016/j.jsat.2021.108659>  
Received 19 June 2021; Received in revised form 27 August 2021; Accepted 5 November 2021  
Available online 9 November 2021  
0740-5472/© 2021 Elsevier Inc. All rights reserved.

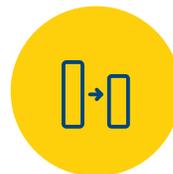
## Key meeting themes



Display  
of Data



Defining  
Recovery



Severity  
Differences



Lived  
Experiences

# DISCUSSION SUMMARY

The following themes came from the discussion:



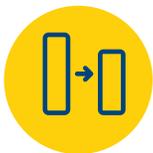
## Displayed Data

Attendees of the group discussed how this article should have better displayed their data findings to be categorized by race and other demographics factors. This led to group attendees discussing the importance of data being displayed with demographics factors for readers to full understand how varying identity groups are affected by substance use.



## Defining Recovery

The definition of when an individual is considered to be in recovery was described in the manuscript as varying amongst folks in the community. Group attendees discussed that what constitutes someone as being remitted from substance use between being in recovery varied from person-to-person.



## Severity Differences

Group attendees discussed how the varying severities of substance use disorders can cause and/or prevent folks from engaging in treatment. For instance, a group attendee discussed that if an individual is experiencing a mild substance use disorder as opposed to severe, they may be less likely to enter treatment, and thus not be included in this data.



## Lived Experience

The notion of how common it is folks researcher without lived experience to be designing substance use studies was brought up by a group attendee. This then led to a discussion on how folks with lived experience need to be valued in administrative and research positions so that they are able to provide their lived experience knowledge and guide the design of research studies.



**BROWN**  
School of Public Health

Organized by RICARES and Brown University School of Public Health, and supported by the New England Addiction Technology Transfer Center.



New England (HHS Region 1)  
**ATTC** Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

Visit us at our website: [brown.edu/go/recoveryharmrdx](http://brown.edu/go/recoveryharmrdx)  
Follow us on Facebook and Twitter: @recoveryharmrdx