

# **SOCIAL FACTORS PREDICT ADDICTION TREATMENT COMMITMENT AND RETENTION BETTER THAN SUBSTANCE RELATED AND OTHER INDIVIDUAL FACTORS**

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## **Introduction and Aims:**

Emerging evidence suggests that social factors, in particular a shift in social identity from a 'user' to a 'recovery' identity - are important predictors of outcomes from addiction treatment. However, the extent to which addiction treatment success is influenced by social factors versus individual factors when the two are compared directly remains unclear. The aim of this study was to examine individual variables (such as demographics and substance related variables) and social identity variables, as predictors of commitment to abstinence, retention in therapeutic community treatment, and wellbeing at treatment exit (T2).

## **Design and Methods:**

In this longitudinal study, 308 adults (68% male,  $M_{\text{age}} = 34.76$  years) undergoing treatment in one of five therapeutic communities (TC) in Australia were assessed early in treatment (T1), and at treatment exit (T2).

## **Results:**

In a series of robust multiple regression analyses, the demographic and substance related variables accounted for between 1 and 3% variance in outcomes (non-significant). The T1 identity variables added at step 2 accounted for between 3 and 11% of variance in outcomes. When the difference between user identity and recovery identity measured at T2 were added at step 3, the models accounted for 31 and 36% variance in commitment to abstinence, 27% in Personal Wellbeing, 30% in K10 scores, and 8% variance in retention (days in the TC).

## **Discussion and Conclusions:**

These results demonstrate that social factors are better predictors of treatment commitment and retention than individual demographic or substance related variables.

## **Implications for Practice or Policy**

Individuals seeking treatment for substance misuse should be assessed for social group memberships and identification with other users and with others in recovery as these factors are important predictors of outcomes and should be addressed within treatment.

## **Disclosure of Interest Statement:**

*This project was funded by the Australian Research Council. No pharmaceutical or alcohol industry grants were received in the development of this study.*