

RUMINATION AND SUBSTANCE USE:

FINDINGS FROM AN AUSTRALIAN LONGITUDINAL STUDY OF HEROIN USERS

Sonja Memedovic¹, Joanne Ross¹, Tim Slade¹, Shane Darke¹, Katherine Mills¹, Lucy Burns¹, Michael Lynskey², Maree Teesson¹ ¹ National Drug and Alcohol Research Centre, University of New South Wales, Sydney, Australia. ²Institute of Psychiatry, King's College London, London, United Kingdom

What is rumination?

- ☐ Rumination has traditionally been conceptualised as the tendency to repetitively and passively focus on the causes, meanings and consequences of one's depressed mood¹
- ☐ An extensive body of literature has shown that rumination plays an important role in the onset, severity and persistence of depression²

How might it be related to substance use?

- ☐ Rumination may be related to substance use because
 - 1. Rumination increases the risk for depressive symptoms which in turn are related to poorer substance use outcomes:

Rumination \rightarrow Depression \rightarrow Substance Use

2. People high on rumination may use substances to temporarily avoid rumination:

Rumination \rightarrow Substance Use \rightarrow Relief from rumination

Is rumination always a bad thing?

☐ In more recent research, rumination has been conceptualised as comprising of two distinct subtypes³:

1. Brooding



- A tendency to passively or self-critically dwell on one's feelings
- o E.g. Having thoughts like "Why do I always react this way?" or "Why can't I

handle things better?

o Brooding is thought to be the harmful aspect of rumination

2. Reflection

- o An active examination of one's feelings with the intention of problem solving
- o E.g. Going someplace to think about your feelings or writing down what you are thinking and analysing it
- o Reflection is generally considered to be a benign type of rumination



Aims of the present study

- ☐ The present study is the first to examine the relationship between rumination subtypes and substance use in an adult clinical sample
- ☐ It was hypothesized that
 - 1. Brooding would be related to worse substance use outcomes
 - 2. Reflection would show no relationship to substance use

Analysis strategy

☐ Multivariable logistic regressions

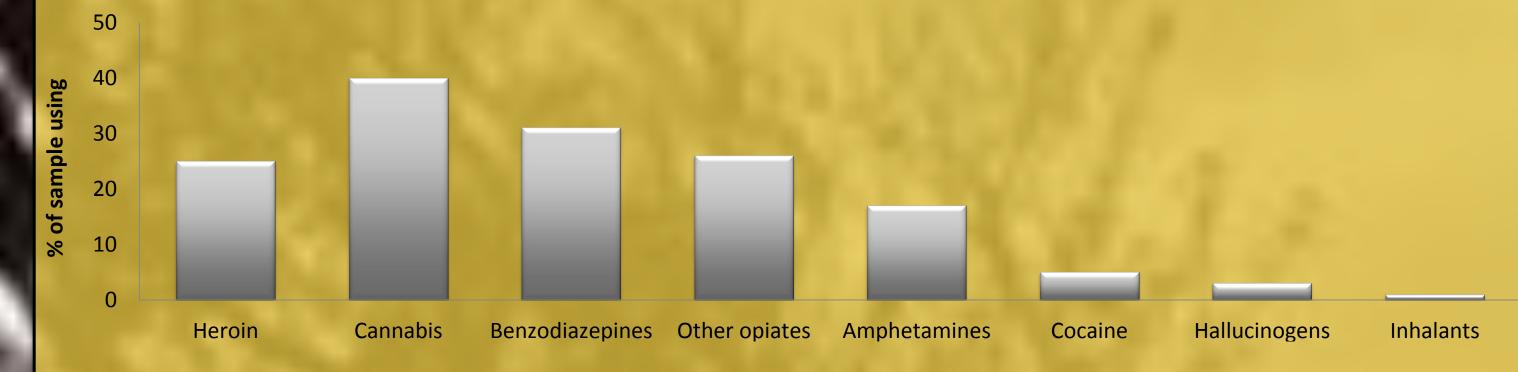
- o Predictor variables Brooding and Reflection (separate regression for each)
- Outcome variable Polydrug use (2+ drug classes used in the past month)
- o Control variables Depression, sex, age and use of antidepressants

Results

Sample characteristics

- \Box N = 333
- ☐ Male = 67%
- \square Mean age = 40 (SD = 7.7)
- ☐ Past-month depression = 19%

Substances used in the past month



Hypothesis 1: Brooding and polydrug use

Polydrug use					
	OR	Lower CI	Upper Cl		
Brooding	1.07*	1.01	1.14		
Depression	2.7**	1.43	5.08		
Sex	1.55	0.92	2.61		
Age	1.01	0.98	1.04		
Antidepressants	1.75*	1.01	3.04		

* Sig. at *p<.05*

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** Sig at p<0.01

** Sig at p<0.01

Brooding was an independent predictor of polydrug use, over and above the effects of depression, sex, age and antidepressant use. For every 1 point increase in brooding scores, the odds of being a polydrug user increased by 7%.

Hypothesis 2: Reflection and polydrug use

Polydrug use				
	OR	Lower CI	Upper Cl	
Reflection	1.01	0.95	1.09	
Depression	3.24**	1.75	6.00	
Sex	1.50	0.90	2.52	
Age	1.01	0.98	1.04	
Antidepressants	2.01*	1.18	3.44	

Reflection was not related to polydrug use when controlling for other variables.

Method

Sample: The Australian Treatment Outcome Study (ATOS)

- ☐ A longitudinal study of heroin users, commenced in 2001
- \square N = 615
- \square Follow ups at 3-, 12-, 24- and 36 months
- □ 11 year follow up currently in progress: basis of the present study
- ☐ 400 interviews completed = 65% follow-up rate
- □ 59 participants are now deceased
- □ 333 interviews with complete rumination data used in the analyses

Measures

- ☐ Past-month substance use
 - Opiate Treatment Index⁴ (OTI)
 - o Substances of interest to the present analyses: heroin, opiates, cannabis, amphetamines, cocaine, benzodiazepines, hallucinogens, inhalants
- ☐ Past-month major depression
 - o Composite International Diagnostic Interview⁵ (CIDI, v1.1)
- ☐ Rumination
 - o Brooding and reflection subscales of the Ruminative Responses Scale⁶ (RRS)
 - Higher scores indicate greater tendency to ruminate

Conclusions

- ☐ As expected, brooding was found to be an independent predictor of polydrug use whereas reflection showed no relationship to substance use in our sample
- ☐ By looking at the rumination subtypes rather than rumination overall, we were able to pinpoint which types of ruminative thoughts may be particularly maladaptive
- ☐ Given the cross-sectional design, we are unable to comment on the direction of causality. Prospective longitudinal studies are needed to investigate the relationship between rumination and substance use in more detail
- ☐ However, these findings are an important first step in identifying rumination, and in particular brooding, as a maladaptive construct that warrants attention in the treatment of substance use

References

¹ Nolen-Hoeksema, S. (1991). Responses to depression and their effects on the duration of depressive episodes. *Journal of Abnormal Psychology, 100,* 569-582.

Nolen-Hoeksema, S. et al. (2008). Rethinking rumination. Perspectives on Psychological Science, 3, 400-424. ³ Treynor, W. et al. (2003). Rumination reconsidered: A psychometric analysis. *Cognitive Therapy and Research, 27,* 247-259.

Darke, S. et al. (1992). Development and validation of a multi-dimensional instrument for assessing outcome of treatment among opioid users: The Opiate Treatment Index. British Journal of Addiction, 87, 593-602.

⁵ World Health Organisation (1993). Composite International Diagnostic Interview (version 1.1). Vienna: World Health Organisation. Nolen-Hoeksema, S. & Morrow, J. (1991). A prospective study of depression and posttraumatic stress symptoms after a natural disaster: The 1989 Loma Prieta

earthquake. Journal of Personality and Social Psychology, 61, 115-121.