Editorial: international experiences of life in recovery

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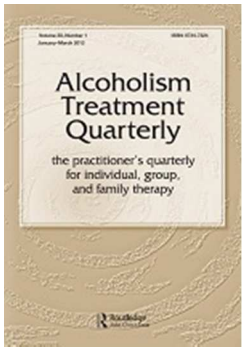

Editorial: International experiences of Life in Recovery

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Special Issue: International experiences of Life in Recovery

Editorial

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Editorial

Researching recovery is a complicated business. Not everyone who is in recovery wants to talk about their experiences, and many people may well have recovered but not think of the label as something that applies to them. Then there are the complexities of language with inconsistencies in the most commonly applied and self-ascribed labels with very strong views about whether the most appropriate term is 'recovered', 'in recovery', or some other term, that may reflect underlying philosophies about the nature of addiction and whether it is an illness or not. There have also been the ongoing debates about whether recovery requires abstinence or is more broadly about wellbeing and quality of life (e.g. Betty Ford Institute, 2007; Laudet et al., 2009).

For all of these reasons, and a number of less noble ones to do with professional self-interest and narrow models of epistemology, the field of recovery has often been criticised for lacking adequate scientific depth and rigour. In spite of some incredible work around 12-step interventions (e.g. Kaskutas, 2009; Kelly, 2017) and the beginnings of research reviews (Sheedy & Whitter, 2009; Humphreys & Lembke, 2013), there remains a concern that we know relatively little about who recovers, why or under what circumstances.

The origins of Life in Recovery and its importance

For this reason, the decision by Faces and Voices of Recovery (FAVOR) to commission an online survey of Life in Recovery was particularly important. In the initial US project (Laudet, 2013), 44 items representing experiences and measures of functioning in work, finances, legal, family, social, and citizenship were supplemented with basic demographic questions and questions about recovery stage; each question was asked for when the person was “in active addiction” and again “since you entered recovery.” A total of 3,228 surveys were completed and returned.

On average, the participants in the survey had an active addiction career of 18 years and had started their recovery journey at an average age of 36 years. The author concluded that "Recovery from alcohol and drug problems is associated with dramatic improvements in all areas of life: healthier/better financial and family life, higher civic engagement, dramatic decreases in public health and safety risks, and significant increases in employment and work" (Laudet, 2013, p3).

The key to this was not just the incredible response rate and the clear vindication of recovery as a holistic and life-changing experience, but also the broad church of those who participated in the

survey. It attracted people both new to recovery and long-established and those who had experienced recovery in very different ways.

Although there has been some academic output from the US survey (Laudet et al., 2014), the database remains a treasure trove that has not yet been adequately mined and which offers huge possibilities and options for future recovery research. One of those possibilities was around comparison to other settings. While it was extremely unlikely that any other country would be able to produce something on the scale that FAVOR had achieved, there were opportunities for replicating the survey, and huge thanks is due to both FAVOR and to Alexandre Laudet for their support of all the subsequent work done in this area.

First Australia and then the UK

The basic idea for repeating the Life in Recovery survey in other settings was that the same demographic details be retained and that no changes were made to the assessment of the core domains for investigation. Thus, the heart of all of the Life in Recovery reports was based on assessing, using dichotomous measures, whether a range of factors were present in active addiction and then in recovery across the areas of:

- finance

- family and social life

- healthcare use

- criminal justice involvement and legal issues

- employment and education

What each of the subsequent national surveys have done is to use this core set of items to measure change and then to supplement it with areas of local interest. In Australia, that meant that additional questions were added about identity and recovery identity (Best, 2015), as this was a major area of interest. Australia is a country of around 23 million people and a much less established recovery heritage in terms of either policy or research, and so it was hugely encouraging that a total of 573 forms were returned.

One of the key findings about the Australian survey was that 54.1% of the respondents were female, providing not only important information about female recovery, but also allowing balanced analysis of gender effects. This is particularly striking as typically the proportion of female respondents in addictions treatment research is typically around one quarter to one third. There are potentially

interesting and important implications for the total size of the female using population and this finding would further support the idea that women are markedly under-represented in adult treatment services, and find alternative ways to support their own recovery journeys. Conversely, it is evident from across the globe that accessing a greater proportion of women is a key strength of the Life in Recovery approach this methodological approach.

There were also important consistencies with the US findings and some differences that are worthy of comment. The average length of addiction careers was very similar (18 years in the US and 18.6 years in Australia) and the age of starting recovery was only slightly higher in the US (36 years compared to 34.8 in Australia). Both populations consisted primarily of poly-substance users - 54% of the Australian sample and 57% of the US sample reported problems with both alcohol and drugs. However, there were also some intriguing and important differences - while 62.4% of the US sample had been treated for a mental health problem, more than 90% of the Australian sample reported a mental health problem, and 56.8% were actively using mental health services at the time of the Life In Recovery survey.

These comparisons allow us to start a process of comparing and contrasting recovery experiences and to examine what appear to be more universal and more local determinants of recovery. This process continued with the UK survey. Based from Sheffield Hallam University, and drawing heavily on the local recovery community, a total of 802 surveys were completed in the UK (Best, Albertson et al., 2015). Although there was a slight majority of male respondents (53.1%), the fact that almost half of those who completed the form were female (46.9%) maintained the finding that almost equal numbers of men and women engage with this process and so it can provide a valuable insight into the recovery journeys of women.

The importance of this is indicated by the different career factors reported by men and women in the UK Life in Recovery survey. The women in the survey typically reported starting their recovery journeys at an earlier age (37.2 years versus 39.2 years) and they also typically reported substance using careers (17.7 years compared to 22.4 years). The women in the survey also reported significantly more adversity in their addiction careers - they were more likely to report having lost custody of children during active addiction and being more likely to be the victims or the perpetrators of family violence in the active addiction period. Although their addiction careers were shorter, the residual effects were more prominent - while 29.8% of males were receiving support or help for psychological issues at the time of the survey, this was the case for 45.6% of women. These are key findings as we attempt to understand what are general rules about recovery and what applies only to certain groups and populations.

The other innovative finding from the survey was around volunteering and active participation in local community activities. In the UK Life in Recovery survey, 79.4% of those in stable recovery (i.e., who reported being more than five years in recovery; Betty Ford Institute, 2007) reported that they were volunteers and involved in community activities, a huge level of commitment to local communities and to local wellbeing. This is effectively around twice as high as would be expected from the general population and the finding has allowed us to conclude that supporting people to achieve stable recovery benefits not only them and their families but has a significant impact on community connectedness and community cohesion in the neighbourhoods they live.

What the UK survey did, like the Australian one that preceded it, was to provide a local evidence base for advocates and champions of recovery, and to provide data that supported the argument that recovery is a journey that takes place over time, that is personal and which influences multiple domains of life and many more people than those seeking their own recovery

Canada

The Canadian Centre on Substance Use and Addiction conducted the Canadian Life in Recovery survey which was published in 2017, based on a sample of 855 people in recovery from both French and English versions of the survey (McQuaid et al., 2017).

Building on the design of previous surveys, the Canadian survey focused on barriers to initiating and sustaining recovery, 82.5% of respondents reported barriers to initiating recovery, with the most common barriers including: 1) not being ready or not believing the problem was serious enough; 2) being worried about others' perceptions of people in recovery; 3) not knowing where to go for help; 4) lack of supportive social networks; and 5) long delays for treatment.

The survey also looked at issues around treatment access and found that barriers to accessing treatment, including delays, lack of help for mental health or emotional problems, a lack of programs or supports in their community, the quality of services, and the lack of programmes that meet cultural needs. Thus the Canadian survey included two areas of concern for local commissioning and service management - one around barriers to recovery and the second was a greater focus on open-ended and qualitative questions about recovery pathways and journeys.

One of the most important findings and one that does not fit with previous recovery models is the finding that just over half of respondents (51.2%, *n*=438) reported never relapsing back into active addiction once beginning recovery, challenging the idea that addiction is a chronic relapsing condition that occurs repeatedly over the course of the recovery journey. It is this kind of unusual finding that suggests possible local context effects, and specific population issues that can be used to

drive further research agendas and that should create dialogue around causes of such a distinctive and unpredicted effect.

More recently a Life in Recovery survey has been completed by the South African College of Applied Psychology. While we await findings from that survey, it is exciting to see the Life in Recovery reach yet another continent.

REC-PATH

With Life in Recovery surveys now completed in North America, Australia, the UK and Africa, only continental Europe and Asia remain to be added to the growing global data about the experiences of people on the recovery journey. This gap is presently being filled in northern Europe with a four-country study being led by Sheffield Hallam University. *REC-PATH (Recovery Pathways): Recovery pathways and societal responses in the UK, Netherlands and Belgium* is an European Area Network on Illicit Drugs project funded by the Departments of Health in England and Scotland and the European Union investigating pathways to recovery in England, Scotland, Belgium and the Netherlands. We include a descriptive report on that project in this volume and look forward to reporting results in the months to come. In this study, the Life in Recovery survey is used as a screen for inclusion in a recovery outcome study.

Families

One of the challenges about the Life in Recovery series of studies is the potential limitations - we don't know how representative the sample is, and we have almost no knowledge of the motives for completing the survey. There are two other issues around the self-report nature of the surveys - first, that we have no way of validating the responses given, and second, that there may be two parallel self-serving biases. The first bias is around over-stating the benefits of recovery, the corollary of which is over-stating the problems associated with addiction. Additionally, there is the concern that the survey focuses too much on the experiences of the person in recovery.

For this reason, we are pleased to be able to include an article on recovery from the perspective of family members. Families have long been recognised as a hidden voice and an untapped resource and so the Desistance and Recovery research team at Sheffield Hallam University were delighted when Alcohol Research UK agreed to fund a Life in Recovery survey that explored the experiences of family members in recovery (Andersson et al., 2018). Workshops with family members conducted during the development stage identified the need to expand the project's scope to include participants with family members both in recovery and active addiction. Having designed the survey to do so, it was rebranded the Families Living with Addiction and Recovery (FLAR) survey. The need

for this survey was evident from the fact that there were 1,565 successfully completed responses, primarily from the US and UK. What is most encouraging is that, with some exceptions, the findings are largely consistent with what is reported by the people in recovery themselves. Across all of the areas of finance, health, social functioning, criminal justice and employment, there are clear improvements in both the user experience and that of the family members. What the survey also showed was that where the user had relapsed, there was a reversal of the benefits that recovery had brought. This model adds a new set of opportunities for this approach and other equivalent populations, including professionals, can be included in future surveys.

The contents of the Life in Recovery special issue

So we are delighted to bring this body of work together in a single volume that will add to the body of recovery knowledge we have. For those not familiar with this approach, the first paper is a summary of the FLAR sample and core findings. The UK survey of people in recovery is re-analysed in terms of uptake and utilisation of online recovery resources and the part they play in recovery journeys and pathways, as part of a changing world of recovery, and what factors are associated with use of online recovery resources. The Australian paper focuses on mechanisms and pathways to recovery with a comparison of social and identity factors in recovery between different recovery pathways. Following this is the Canadian offering to the volume, which investigates differences in gender pathways with a focus on the experiences of females in recovery. We include the descriptive REC-PATH paper next, and conclude the volume with a comparative analysis of the stages of recovery from the UK and Australian surveys.

Conclusion

With results now reported from the US, UK, Australia, Canada and other countries, the Life in Recovery surveys have added to the growing body of evidence that people with alcohol and drug addiction, and their loved ones, can and do recover. (Dennis & Scott, 2007; Sheedy & Whitter, 2009; White, 2012). Common findings endorse positive change across a spectrum of domains of physical and psychological health, quality of life and citizenship, and also confirm that there are multiple effective pathways and mechanism to behavioural change of recovery. Recovery is not a homogenous, linear process. It is critical that people seeking recovery have options and choices for their recovery journey and sustained support along the way. There is growing momentum around this body of work and identifying both the commonalities across cultures and the specific features of individual contexts (such as the high rate of first-time remission in Canada) make a significant contribution to our understanding of generalisable and local recovery factors.

As the Life in Recovery survey has now also been delivered in South African and is available on line in German, Portuguese, Spanish, Croatian, Bosnian, Serbian, Montenegrin and Swedish, we eagerly await findings from other countries that will further define the global contours of recovery. The goal of the Life in Recovery portfolio is to create a combined database of experiences across continents, cultures and communities. This database is vital to increase public awareness of recovery and challenge stigma and exclusion, which are devastating consequences of addiction and substantial barriers to recovery (UKDPC, 2010). The evidence is also critical to insure that policymakers, treatment providers, peers, researchers and others engaged in the recovery community understand the broad experiences of people in recovery and to inform them in developing recovery-oriented systems of care.

We hope that the reader will enjoy this volume and discover in it ever-increasing evidence demonstrating that recovery from alcohol and drug problems happens, that recovery journeys are multi-faceted and unique, that recovery improves the lives of both addicts and their family and friends, and that people worldwide are interested in sharing their experiences and adding to this indispensable body of knowledge.

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