

# Briefing: 'It's not nine-to-five recovery': how recovery communities help overcome social isolation and sustain long-term recovery

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## INTRODUCTION

Martin Anderson, supported by supervisors from the University of Glasgow's MRC/CSO Social and Public Health Sciences Unit, conducted research with 10 men recruited from the South Ayrshire Alcohol and Drugs Partnership (ADP) peer-worker programme.

The study sought to understand how Recovery Ayr helps people sustain long-term recovery from problem alcohol and other drug (AOD) use.

It has been theorised that recovery involves a change in identity: moving away from the identity of an AOD user and developing a new recovery-oriented identity. There is evidence that involvement in recovery groups and having peers in recovery can help people develop a recovery identity.

## METHOD

To understand the influence of relationships on recovery, the interviews focused on social networks. Participants were asked to draw a visual map of their current network and a separate map for how their network had looked during AOD use. These were used as interview prompts.

Social network characteristics were measured using statistical methods. For example, we measured whether people on average had larger networks in recovery than they did during AOD use. We looked for themes in the interviews that helped us understand how networks influence recovery.

## FINDINGS

- There were four key ways the recovery community helped sustain recovery:
  - 1) it provided a sense of belonging and a positive identity,
  - 2) peer support from people in recovery was delivered through close relationships,
  - 3) groups and activities provided structure, purpose, and quality of life, and peer support could be delivered through these activities,
  - 4) it provided opportunities to take responsibility within the community and advance into volunteering and employment.
- Participants emphasised the importance of leaving AOD user networks before achieving abstinence. Past networks were composed of 42% AOD using peers but there were no using peers in the current networks. This shows that breaking social ties is important for recovery. Participants described many ways that peers influenced substance use and made it hard to stay abstinent.
- The AOD using peers were replaced with networks of recovery peers, who make up 43% of current social networks. This supports research showing the importance of a recovery network.
- Both past and current networks had similar patterns of close relationships with dense connections between network members. This suggests that the recovery network directly replaces the AOD use network, providing close bonds which help maintain behavioural norms.
- There was a broad transformation in reported relationship quality. For example, the overall proportion of positive relationships rose from 35% to 91%. This is due to factors such as transforming family relationships from negative to positive.

- Past networks featured connections with professionals such as addiction services, psychologists and social workers. These barely featured in current networks due to more stable lives in recovery and the use of the recovery community as a support network instead of specialists.
- There were mixed views on specialist AOD treatment services. Around half of the participants had some positive experiences, such as the stability provided by substitute prescriptions. However, eight of the ten participants had some negative experiences. These involved impersonal relationships with treatment providers and overly-medicalised solutions to social problems.
- Three of the ten participants described very small past networks, indicative of social isolation during AOD use. However, many participants had networks of using peers and were not isolated during AOD use. On average, people had larger networks in recovery, but due to the small sample we cannot be confident this is true in the wider population. The type of influences in the network seems more important than the number of people.
- Social isolation was widely experienced at the start of recovery. Participants who disconnected from AOD using peers to pursue abstinence could take months or years to build a new network. This self-imposed isolation was felt necessary to avoid relapse triggers but involved poor quality of life. The recovery community provided a new network to resolve this social isolation.

### Why is the study significant?

Most research in this area has focused on residential communities rather than the more recent non-residential community-based communities like Recovery Ayr. This study identified the type of social capital provided by a community-based recovery network.

Most studies looking at social networks and identity in recovery use simpler questionnaire methods. The social network mapping and interviews in this study provided deeper insights into network transitions and the thoughts and feelings underpinning these processes.

Policy makers have recognised the role of social isolation in AOD use. This study found that social isolation is a greater issue in early recovery, in the transition between leaving one network and finding a new one.

### What are the limitations?

The study shows the ways in which a recovery community can work: participants were selected from a group with successful recovery experiences. It does not tell us how successful it is compared to other forms of help, or what proportion of people have these positive experiences.

Only male participants were recruited and there are likely to be gender differences in social network factors and recovery pathways.

People were asked to remember their past social networks. There is a possibility that people may: 1) not accurately recall their past networks, and 2) reinterpret their past networks in light of subsequent experiences.

There were only ten participants. There may be more differences between past and current networks that would need a larger sample to detect.

### What are the potential uses of this research in the future?

This research shows how peer support in the community can help people sustain recovery. Although harm-reduction might be helpful for some, or at some stages in an AOD using career, some people benefit more from new social connections. Greater integration between specialist services and community resources could help more people benefit from recovery networks. As social isolation is common in early recovery, there should be processes for linking people at this stage into recovery communities.

### More information

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