

Editorial: international experiences of life in recovery

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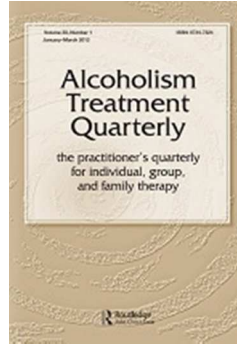
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Special Issue: International experiences of Life in Recovery

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

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3 survey. It attracted people both new to recovery and long-established and those who had
4 experienced recovery in very different ways.
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7 Although there has been some academic output from the US survey (Laudet et al., 2014), the
8 database remains a treasure trove that has not yet been adequately mined and which offers huge
9 possibilities and options for future recovery research. One of those possibilities was around
10 comparison to other settings. While it was extremely unlikely that any other country would be able
11 to produce something on the scale that FAVOR had achieved, there were opportunities for
12 replicating the survey, and huge thanks is due to both FAVOR and to Alexandre Laudet for their
13 support of all the subsequent work done in this area.
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18 **First Australia and then the UK**

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21 The basic idea for repeating the Life in Recovery survey in other settings was that the same
22 demographic details be retained and that no changes were made to the assessment of the core
23 domains for investigation. Thus, the heart of all of the Life in Recovery reports was based on
24 assessing, using dichotomous measures, whether a range of factors were present in active addiction
25 and then in recovery across the areas of:
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- 29 - finance
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- 31 - family and social life
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- 33 - healthcare use
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- 35 - criminal justice involvement and legal issues
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- 37 - employment and education
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42 What each of the subsequent national surveys have done is to use this core set of items to measure
43 change and then to supplement it with areas of local interest. In Australia, that meant that
44 additional questions were added about identity and recovery identity (Best, 2015), as this was a
45 major area of interest. Australia is a country of around 23 million people and a much less established
46 recovery heritage in terms of either policy or research, and so it was hugely encouraging that a total
47 of 573 forms were returned.
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52 One of the key findings about the Australian survey was that 54.1% of the respondents were female,
53 providing not only important information about female recovery, but also allowing balanced analysis
54 of gender effects. This is particularly striking as typically the proportion of female respondents in
55 addictions treatment research is typically around one quarter to one third. There are potentially
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3 interesting and important implications for the total size of the female using population and this
4 finding would further support the idea that women are markedly under-represented in adult
5 treatment services, and find alternative ways to support their own recovery journeys. Conversely, it
6 is evident from across the globe that accessing a greater proportion of women is a key strength of
7 the Life in Recovery approach this methodological approach.
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11 There were also important consistencies with the US findings and some differences that are worthy
12 of comment. The average length of addiction careers was very similar (18 years in the US and 18.6
13 years in Australia) and the age of starting recovery was only slightly higher in the US (36 years
14 compared to 34.8 in Australia). Both populations consisted primarily of poly-substance users - 54%
15 of the Australian sample and 57% of the US sample reported problems with both alcohol and drugs.
16 However, there were also some intriguing and important differences - while 62.4% of the US sample
17 had been treated for a mental health problem, more than 90% of the Australian sample reported a
18 mental health problem, and 56.8% were actively using mental health services at the time of the Life
19 In Recovery survey.
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23 These comparisons allow us to start a process of comparing and contrasting recovery experiences
24 and to examine what appear to be more universal and more local determinants of recovery. This
25 process continued with the UK survey. Based from Sheffield Hallam University, and drawing heavily
26 on the local recovery community, a total of 802 surveys were completed in the UK (Best, Albertson
27 et al., 2015). Although there was a slight majority of male respondents (53.1%), the fact that almost
28 half of those who completed the form were female (46.9%) maintained the finding that almost equal
29 numbers of men and women engage with this process and so it can provide a valuable insight into
30 the recovery journeys of women.
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34 The importance of this is indicated by the different career factors reported by men and women in
35 the UK Life in Recovery survey. The women in the survey typically reported starting their recovery
36 journeys at an earlier age (37.2 years versus 39.2 years) and they also typically reported substance
37 using careers (17.7 years compared to 22.4 years). The women in the survey also reported
38 significantly more adversity in their addiction careers - they were more likely to report having lost
39 custody of children during active addiction and being more likely to be the victims or the
40 perpetrators of family violence in the active addiction period. Although their addiction careers were
41 shorter, the residual effects were more prominent - while 29.8% of males were receiving support or
42 help for psychological issues at the time of the survey, this was the case for 45.6% of women. These
43 are key findings as we attempt to understand what are general rules about recovery and what
44 applies only to certain groups and populations.
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3 The other innovative finding from the survey was around volunteering and active participation in
4 local community activities. In the UK Life in Recovery survey, 79.4% of those in stable recovery (i.e.,
5 who reported being more than five years in recovery; Betty Ford Institute, 2007) reported that they
6 were volunteers and involved in community activities, a huge level of commitment to local
7 communities and to local wellbeing. This is effectively around twice as high as would be expected
8 from the general population and the finding has allowed us to conclude that supporting people to
9 achieve stable recovery benefits not only them and their families but has a significant impact on
10 community connectedness and community cohesion in the neighbourhoods they live.
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16 What the UK survey did, like the Australian one that preceded it, was to provide a local evidence
17 base for advocates and champions of recovery, and to provide data that supported the argument
18 that recovery is a journey that takes place over time, that is personal and which influences multiple
19 domains of life and many more people than those seeking their own recovery
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23 **Canada**

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26 The Canadian Centre on Substance Use and Addiction conducted the Canadian Life in Recovery
27 survey which was published in 2017, based on a sample of 855 people in recovery from both French
28 and English versions of the survey (McQuaid et al., 2017).
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31 Building on the design of previous surveys, the Canadian survey focused on barriers to initiating and
32 sustaining recovery, 82.5% of respondents reported barriers to initiating recovery, with the most
33 common barriers including: 1) not being ready or not believing the problem was serious enough; 2)
34 being worried about others' perceptions of people in recovery; 3) not knowing where to go for help;
35 4) lack of supportive social networks; and 5) long delays for treatment.
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40 The survey also looked at issues around treatment access and found that barriers to accessing
41 treatment, including delays, lack of help for mental health or emotional problems, a lack of
42 programs or supports in their community, the quality of services, and the lack of programmes that
43 meet cultural needs. Thus the Canadian survey included two areas of concern for local
44 commissioning and service management - one around barriers to recovery and the second was a
45 greater focus on open-ended and qualitative questions about recovery pathways and journeys.
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50 One of the most important findings and one that does not fit with previous recovery models is the
51 finding that just over half of respondents (51.2%, $n=438$) reported never relapsing back into active
52 addiction once beginning recovery, challenging the idea that addiction is a chronic relapsing
53 condition that occurs repeatedly over the course of the recovery journey. It is this kind of unusual
54 finding that suggests possible local context effects, and specific population issues that can be used to
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3 drive further research agendas and that should create dialogue around causes of such a distinctive
4 and unpredicted effect.
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6 More recently a Life in Recovery survey has been completed by the South African College of Applied
7 Psychology. While we await findings from that survey, it is exciting to see the Life in Recovery reach
8 yet another continent.
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10 11 12 **REC-PATH**

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

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33 One of the challenges about the Life in Recovery series of studies is the potential limitations - we
34 don't know how representative the sample is, and we have almost no knowledge of the motives for
35 completing the survey. There are two other issues around the self-report nature of the surveys - first,
36 that we have no way of validating the responses given, and second, that there may be two parallel
37 self-serving biases. The first bias is around over-stating the benefits of recovery, the corollary of
38 which is over-stating the problems associated with addiction. Additionally, there is the concern that
39 the survey focuses too much on the experiences of the person in recovery.
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45 For this reason, we are pleased to be able to include an article on recovery from the perspective of
46 family members. Families have long been recognised as a hidden voice and an untapped resource
47 and so the Desistance and Recovery research team at Sheffield Hallam University were delighted
48 when Alcohol Research UK agreed to fund a Life in Recovery survey that explored the experiences of
49 family members in recovery (Andersson et al., 2018). Workshops with family members conducted
50 during the development stage identified the need to expand the project's scope to include
51 participants with family members both in recovery and active addiction. Having designed the survey
52 to do so, it was rebranded the Families Living with Addiction and Recovery (FLAR) survey. The need
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3 for this survey was evident from the fact that there were 1,565 successfully completed responses,
4 primarily from the US and UK. What is most encouraging is that, with some exceptions, the findings
5 are largely consistent with what is reported by the people in recovery themselves. Across all of the
6 areas of finance, health, social functioning, criminal justice and employment, there are clear
7 improvements in both the user experience and that of the family members. What the survey also
8 showed was that where the user had relapsed, there was a reversal of the benefits that recovery had
9 brought. This model adds a new set of opportunities for this approach and other equivalent
10 populations, including professionals, can be included in future surveys.
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16 **The contents of the Life in Recovery special issue**

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

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38 With results now reported from the US, UK, Australia, Canada and other countries, the Life in
39 Recovery surveys have added to the growing body of evidence that people with alcohol and drug
40 addiction, and their loved ones, can and do recover. (Dennis & Scott, 2007; Sheedy & Whitter, 2009;
41 White, 2012). Common findings endorse positive change across a spectrum of domains of physical
42 and psychological health, quality of life and citizenship, and also confirm that there are multiple
43 effective pathways and mechanism to behavioural change of recovery. Recovery is not a
44 homogenous, linear process. It is critical that people seeking recovery have options and choices for
45 their recovery journey and sustained support along the way. There is growing momentum around
46 this body of work and identifying both the commonalities across cultures and the specific features of
47 individual contexts (such as the high rate of first-time remission in Canada) make a significant
48 contribution to our understanding of generalisable and local recovery factors.
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3 As the Life in Recovery survey has now also been delivered in South African and is available on line in
4 German, Portuguese, Spanish, Croatian, Bosnian, Serbian, Montenegrin and Swedish, we eagerly
5 await findings from other countries that will further define the global contours of recovery. The goal
6 of the Life in Recovery portfolio is to create a combined database of experiences across continents,
7 cultures and communities. This database is vital to increase public awareness of recovery and
8 challenge stigma and exclusion, which are devastating consequences of addiction and substantial
9 barriers to recovery (UKDPC, 2010). The evidence is also critical to insure that policymakers,
10 treatment providers, peers, researchers and others engaged in the recovery community understand
11 the broad experiences of people in recovery and to inform them in developing recovery-oriented
12 systems of care.
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19 We hope that the reader will enjoy this volume and discover in it ever-increasing evidence
20 demonstrating that recovery from alcohol and drug problems happens, that recovery journeys are
21 multi-faceted and unique, that recovery improves the lives of both addicts and their family and
22 friends, and that people worldwide are interested in sharing their experiences and adding to this
23 indispensable body of knowledge.
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