



An exploration of the experience of individuals in non-abstinent-based recovery

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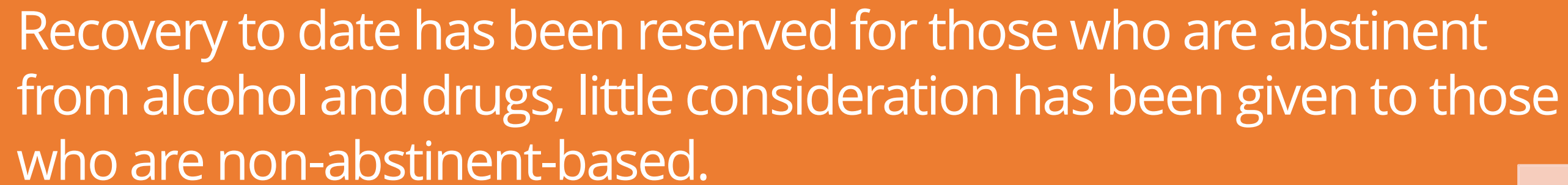
DID I HEAR RIGHT??

DID YOU REALLY JUST SAY THAT??

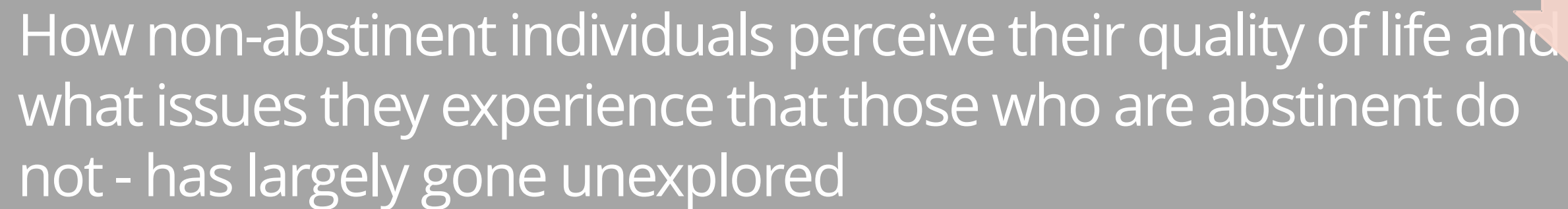


Background

Recovery to date has been reserved for those who are abstinent from alcohol and drugs, little consideration has been given to those who are non-abstinent-based.



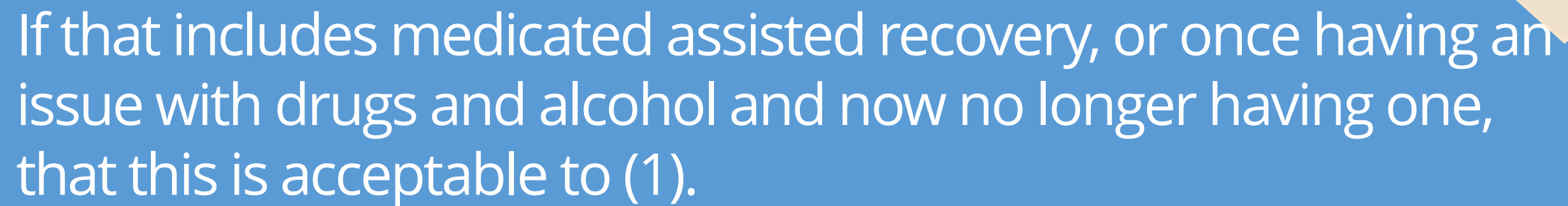
How non-abstinent individuals perceive their quality of life and what issues they experience that those who are abstinent do not - has largely gone unexplored



Recently, stemming from the recovery movement, in Ireland there has been a shift towards an openness that recovery is more about quality of life



If that includes medicated assisted recovery, or once having an issue with drugs and alcohol and now no longer having one, that this is acceptable to (1).



Aims and Objectives

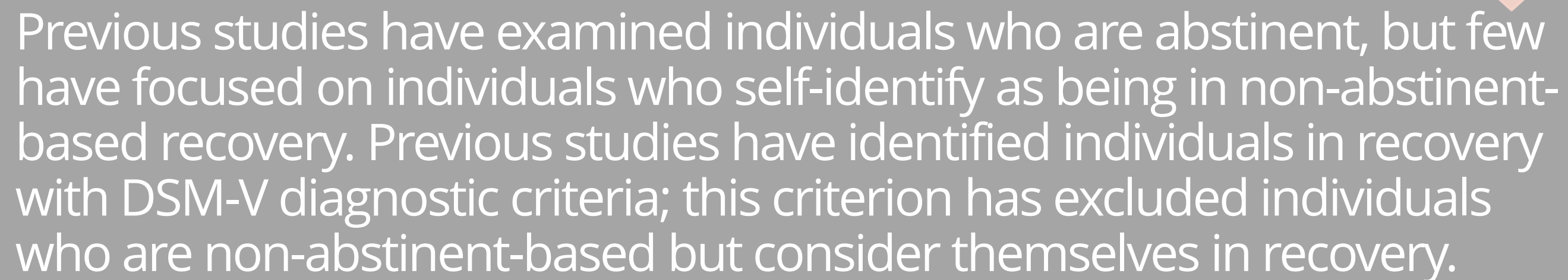
- To explore the lived experience of individuals over the age of 18 who are in non- abstinent-based recovery, (medically assisted or once had an issue with drugs or alcohol but no longer do) for over 5 years from drug and alcohol addiction in Ireland
- To understand the reasons behind their choice of non-abstinent-based recovery instead of abstinence.
- To understand and explore their perceived quality of life in non-abstinent-based recovery.
- To explore if they deem their recovery as different to those in abstinent recovery.
- To explore any issues, they experience because of being non-abstinent-based.

Rationale

The dearth of data regarding individuals in recovery highlighted the need to investigate a sample that includes individuals with numerous years of recovery experience(2).

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Previous studies have examined individuals who are abstinent, but few have focused on individuals who self-identify as being in non-abstinent-based recovery. Previous studies have identified individuals in recovery with DSM-V diagnostic criteria; this criterion has excluded individuals who are non-abstinent-based but consider themselves in recovery.

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My own lived experience of non-abstinent recovery and QOL and other Individuals I was aware of but never spoke of their recovery ?? WHY

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Methodology




A phenomenological approach was applied to the research.



14 semi-structured in-depth interview, on an individual basis, using grounded theory principles with a qualitative method was the data collection method.



Poster social media – Citywide

- 
- **ARE YOU IN ADDICTION RECOVERY?**
 - **WOULD YOU LIKE THE OPPORTUNITY TO HELP RESEARCH NON ABSTINENCE BASED RECOVERY?**

CAN YOU HELP ?

If you answer **yes** to two or more of the below I need to talk to you.

- ARE YOU IN ADDICTION RECOVERY FROM ALCOHOL OR DRUGS?
- IS YOUR RECOVERY PROGRAM MEDICALLY ASSISTED?
- HAVE YOU PREVIOUSLY HAD AN ISSUE WITH DRUGS OR ALCOHOL BUT NO LONGER DO?
- ARE YOU ABSTINENT FROM YOUR PRIMARY SUBSTANCE OF CHOICE BUT TAKE ALCOHOL OR ANOTHER DRUG AND IT IS NOT AN ISSUE FOR YOU?

Please contact me to be
part of this vital research

Call:087 6254728



Psuedo Anonymised ID	Sex	Location	Years of Recovery	Length of time abstinent	QOL (1-10)
James	M	Dublin	10	3	8
Emma	F	Dublin	9	2	8
Amy	F	Dublin	12	4	8
Evelyn	F	South	15	4	8
Fran	M	North East	20	6	8
Jim	M	Dublin	18	4	8
Kevin	M	South East	9	4	9

ID	Sex	Location	Years in recovery	Years abstinent	QOL
Andy	M	Dublin	6	2	7
Meave	F	South East	14	8	10
Dave	M	Dublin	9	3	7
John	M	South	9	4	7
Paul	M	South	6	4	10
Eddie	M	Dublin	14	12	7
Kathleen	F	North East	12	4	7

Findings


The background features a central red circle with a soft glow, surrounded by several white, three-dimensional arrow shapes pointing outwards in various directions, creating a starburst or sunburst effect.

9 Themes emerged

**Including a novel and unique one
“Perceived peer resentment”**

1. Autonomy/ Choice

(n 8) Individuals cited the freedom to choose their own recovery pathway as a strength of being non-abstinent based. Participants spoke of being free of guilt and shame, in control. They now have a choice. They are not being led by another entity or their recovery pathway externally validated by anyone else



"Ah a sense of freedom, a sense of choice. I am in the driving seat. That there is not an entity or force driving me that I am in control" (Evelyn - Female)



2- Stigma Shame and Judgment – *"You are not in recovery"*



(n=12) of Individuals felt stigmatised, shamed, and judged by peers due to substance use while identifying as being in recovery. Stigmatisation from those within recovery circles.



"There's a huge amount of stigma within the addiction and substance use field and society in general, but I actually believe and I've called people out on this over the years and I've said it loads of times but a lot of that stigma comes from within the field itself".

(Dave - Male)

3. Perceived peer resentment – Unique

NEW

Over half of the participants (n=9) spoke of the perceived resentment they felt from peers regarding their choice of non-abstinence recovery. Fear, jealousy, disregard were words used to describe the feelings that encompassed this issue.

“I don't know. People are scared or people are not scared, but people are, people within the abstinent community are either intimidated or threatened by non- abstinence people”.
(Kathleen- Female)



4 Recreational Substance Use

Eight of the participants (n=8) spoke of enjoying substances recreationally. The substance use was controlled and used in social settings and on special occasions. Recreational substance uses as opposed to previous dependency.

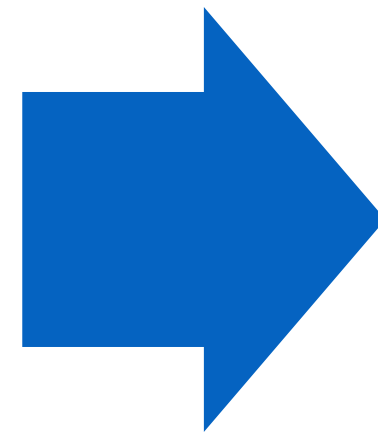
Greater awareness of the impact addiction had on them and the perils of substance use – unlike when in addiction.

Never having an issue with the substance they now use.

Concerts/ Festivals/ Nights out- missing out on this in addiction
Enjoyment from recreational substance use

5. Abstinence approach being a barrier to recovery

Over half of participants (n=8) of the participants discussed the abstinence-based model of recovery as a barrier to accessing recovery, particularly the notion of abstinence seen as a lifetime commitment. Young individuals having to accept an abstinence approach can be deterred from obtaining recovery as this may be too daunting a task to accept at such a young age.



*I don't I don't believe I'd have ever tried getting clean ever. If I was told, I couldn't drink.
I if I had of been told you are 23 years of age and you can never ever use anything again. I don't even think I would have tried. - Evelyn*



6. Lack of an Alternative pathway

Six of the participants (n=6) spoke of the need to showcase and advocate for non- abstinence recovery. The issue of services and professionals continuing to implement the approaches that they have been trained to, or in line with the policy of the organization was very real.

“Recovery month is about people in recovery. They don’t have to be in meetings, and they don’t have to be even completely abstinent. They’re in recovery, whatever that is for them. (Evelyn- Female)

7 Alternative pathway to recovery

**Harm
reduction**

Six of the participants (n=6) cited the need for individuals engaged in non-abstinence recovery to be recognised as that and not for their recovery to be branded as harm reduction.

"Because people are so small-minded. That there hasn't been an alternative to abstinence recovery in Ireland, you got to rehab that's all you are given. Harm reduction is just for day clinics that's not a recovery path though. I'm in my recovery, years and choose to smoke cannabis to enhance my life. Does that make sense"? (Maeve- Female)

8 Peer anticipating a relapse



Over a quarter of participants(n=4) noted their peer's anticipation of their relapse as inevitable once they knew they were using a substance. An inevitability was driven by their peer's inability to control their substance use during their recovery journey.

I'm thinking of my friends in recovery who are abstinent and they are looking at me . It's only a matter of time; she's going to fuck up.....Yeah. But I never do. So, like, and it's a long time now – 9 Years. (Emma- Female)

9. Lack of support for those that are non-abstinent-based

Over a quarter of the participants (n=4) highlighted the lack of support and viable pathways to recovery for those that chose non-abstinence-based recovery. The struggle to find help was immediate and direct.

I'm fucking struggling at the minute and yeah, whereas if you're total abstinent and you're struggling there are meetings you can go to. I think it's an important topic.
(Andy- Male)



Recommendations

Clear Definition of Recovery

Organisations / services/ support groups Advocate and showcase non-abstinent-based recovery

**National Drug Strategy –
Reducing Harm
Supporting Recovery –
not balanced. Recovery
resources/ supports**

**Support Groups
encouraged to recognize
non-abstinent recovery.**

**Education within the
addiction recovery field
on the damage this
stigmatism is causing.**

Recommendations :



Further research into relapse prevention strategy that this cohort experience – practices and interventions around this practice.

Further research on the amount of individuals practicing non abstinence recovery. – outcomes, issues and experiences of those choosing this pathway- pilot programme.

STOP - Vilifying Drug use. 5.5 % world population use drugs only 15% will become addicted. What about the rest ?

NABR outcomes need to be normalised, by having the conversation that individuals are implementing this pathway currently. Non- abstinent-based recovery must be an option for individuals in addiction recovery treatment and services. Alternative pathways to recovery apart from abstinence need to be implemented and spoken about within policy and services. Professionals and practitioners need to be educated on this recovery pathway.

Conclusion :

Further research into this cohort and this recovery pathway

Relapse prevention – learning for practitioners, services, peers

Support network, showcasing and advocating for this pathway

Stigma shame within the recovery community

Non-abstinent given a voice in policy and practice

Continuing to implement abstinent recovery pathway is dated and not congruent to individuals

Definition not consumption led and focuses on QOL and functioning.



References :



- Kelly JF, Hoeppepner B. A biaxial formulation of the recovery construct. *Addiction Research & Theory*. 2015;23(1):5-9.
- Witkiewitz K, Tucker JA. Abstinence not required: Expanding the definition of recovery from alcohol use disorder. *Alcoholism, clinical and experimental research*. 2020;44(1):36.

Thank
you



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Recommendations



- Non-abstinent-based recovery outcomes need to be normalised, by having the conversation that individuals are implementing this pathway currently. Non-abstinent-based recovery must be an option for individuals in addiction recovery treatment and services. Alternative pathways to recovery apart from abstinence need to be implemented and spoken about within policy and services. Professionals and practitioners need to be educated on this recovery pathway.

Recommendation

- A clear definition of recovery should be sought to include non-abstinent-based, in policy and practice is required if attitudes to non-abstinent-based recovery are to be challenged. A move away from consumption led definitions and a focus on a quality of life and functioning is recommended.
- Recovery peer support groups and organisations need to advocate and showcase non-abstinence-based recovery pathways. Events such as recovery month showcasing and advocating for non-abstinent-based pathway is recommended. Recovery meetings where individuals share their non-abstinent-based journeys. A Learning space where mentoring, coaching and support for individuals that are his will help educate, normalise and showcase this recovery pathway.

Recommendations

- The national *Drug Strategy, Reducing Harm, Supporting Recovery, A health-led response to Drug and Alcohol Use in Ireland 2017-2025* (90) national policy has a disproportionate emphasis on harm reduction and fails to appropriately encompass recovery in any explicit way. Recovery is not evidenced sufficiently and, in this case, non-abstinent-based recovery is not evidenced at all in this national report.
- Furthermore, this policy does not adequately implement resources that are needed to promote, recovery or indeed non-abstinent-based recovery in society. The national policy must have more emphasis on recovery and non-abstinent-based recovery. Funding for resources need to be made available to implement real change that is required within the addiction recovery field in Ireland.

Recommendations



- Existing support groups should be encouraged to recognise those that are non- abstinent as in recovery. A group sharing of experiences from both abstainers and non-abstinent-based individuals – a sharing of hearts and minds scenario.
- Education on the issue of stigma, and the harm that it is doing within the addiction recovery field is imperative. A media Champaign that would attempt to address the judgement from the community itself is recommended.

Recommendations



- Further research to evaluate the outcomes of non-abstinent-based recovery in Irish society would be recommended. A possible pilot programme in services where non-abstinent-based recovery is the approach implemented and evaluated.

Recommendations

- Society needs to stop vilifying substances. Drugs and alcohol can be used in a recreational, enjoyable manner by many. 5.5% of the world population use drugs (91), from this 15% of individuals become problematic drug users, the remainder manages to get enjoyment, and enhancement from using a substance. How society views substances stem from a health risk response, this is just one view of the situation. A more realistic approach to substance use would be more beneficial.
- Further research into the prevalence of persons identifying as being in a non-abstinence-based recovery would be beneficial, furthermore, research into this phenomenon is required to get a better understanding of the issues, experiences and functioning of this cohort of individuals.

