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“Once you’ve been there, you’re always recovering”: Exploring experiences and benefits of substance misuse recovery

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Purpose

Recovery is a central component of UK substance misuse policy, however, relatively little is known about the views and meanings of recovery by those experiencing it. This research sought to explore these factors, and understand how service user experiences align to current understandings of ‘recovery capital’.

Design/methodology/approach

This paper draws on qualitative interviews with 32 individuals from six UK recovery communities, including those commissioned by a statutory service (n=8) and a peer-led recovery community (n=24).

Findings

Meanings of recovery differed between people in abstinence-based communities and those not; however, all had consistent views on their own recovery outcomes and the benefits they believed it brought. All viewed recovery as a process; a continuous journey with no end-point. Internal motivation, peer support, social networks and daily structure were integral to supporting individuals achieve and maintain recovery. Key benefits of recovery reflected recovery capital and included positive relationships, sense of belonging, increased self-worth and confidence, employment and education.

Practical and social implications

From policy and commissioning perspectives, these findings suggest benefits of recovery that were viewed by participants as indicators of success, demonstrate elements which support recovery, and highlight key social value outcomes which people attribute to recovery. These ‘softer’, qualitative benefits should be considered by policy-makers, commissioners, statutory and non-statutory services in order to evidence outcomes. However, it should also be recognised that a temporally static approach to assessing recovery may be in contradiction to the meaning and perspectives held by those in recovery communities who conceptualise it as long term, and ongoing process.

Originality/value

This paper adds to understandings of experiences, meanings of recovery, with a particular focus on the measurement of outcomes and their meanings, and the role of abstinence and continued drug use within the recovery process.

Background

A number of successful treatment and recovery interventions have been developed to tackle substance misuse (drug and/or alcohol misuse) in the UK. Initiatives to reduce harmful and illicit drug use, reduce supply and demand and to increase the numbers of people recovering from dependence are currently being delivered. Strategies to comprehensively tackle drug and alcohol related problems have highlighted the important role of recovery communities in developing individuals' strengths and quality of life (including the HM Government's UK Drug Strategy [2010], Alcohol Strategy [2012] and Social Justice Strategy [2012]). Contemporary interventions have shifted focus to deliver community-based recovery support to complement treatment services. It is recognised that recovery services are integral to the process of building individuals' strengths, enhancing quality of life, and providing opportunities to support people to maintain their recovery from drug and/or alcohol dependence (White *et al.*, 2002; White 2009).

There is no normative definition of 'recovery' within the literature, but working definitions are orientated towards voluntary and sustained control over substance use that is individually focused, person-centred, and addresses wider factors such as housing, employment and wellbeing (UK Drug Policy Commission 2008; UK Alcohol Strategy 2012; UK Drug Strategy 2010). A systematic review of narrative studies highlighted that recovery processes involve hope, optimism, identity, meaning in life and empowerment (Leamy *et al.*, 2011). Such unique personal experiences make recovery hard to empirically define and measure (Laudet 2007; Knopf 2011; Witbrodt *et al.*, 2015). However, recovery has been suggested as a dynamic process of moving forward that encompasses strengths and the concept of 'recovery capital', which may suggest useful indicators (UK Drug Strategy 2010; Advisory Council on the Misuse of Drugs [ACMD] 2013).

The notion of recovery capital was originally founded on the concept of social capital; embracing the ideas of social scientists who have addressed the function of a person's resources within the social structures to which they belong (Bourdieu and Wacquant 1992). Recovery capital refers to the quantity and quality of resources that one can draw upon to initiate and sustain recovery from addiction (Granfield and Cloud, 1999). Recovery capital has been defined with reference to four key elements: human capital (such as physical and mental wellbeing, skills and employment), social capital (such as family, friends, carers, communities and other support networks), physical capital (such as money and safety) and cultural capital outcomes (such as individual beliefs and identity) (Granfield and Cloud, 1999). Recovery capital also alludes to the need to tackle and improve the wider determinations of health, such as a person's socioeconomic status, health behaviours and experiences of stigma (Cloud and Granfield, 2008).

Recognition of recovery capital within recent policy literature calls on substance misuse treatment programmes to build upon the positive outcomes achieved by evidence based approaches such as opioid substitution therapy. Cloud and Granfield (2008) suggest that the greater a person's recovery capital, the more likely they are to become empowered in areas of life to achieve their full potential and an optimal quality of life, and research has begun to explore how and why this may be. For example, Best *et al.*, (2012) employed a range of tools to employ meanings of recovery amongst 100 former alcohol and 100 former heroin users and found that factors relating to social capital (social support and engagement in meaningful activities) were important components of recovery. However, further research is required to add to current understandings of the role of recovery capital in achieving policy and service outcomes. Although recovery and the concept of recovery capital form central components of current UK substance misuse policy, the acknowledgement that recovery is a unique personal process means there may be potential misalignment between policy recommendations for the development of recovery capital and the recovery needs and objectives of service users. Drawing on 32 in-depth qualitative interviews with people in recovery from substance misuse, this research sought to explore whether service user meanings of recovery recognise the concept of recovery capital, and if so, whether this is viewed as an important part of their recovery journey.

Methods

A qualitative methodology was used to explore recovery understandings, meanings and processes with people involved in recovery communities. Data were gathered between 2012 and 2015 and ethical approval for the research was sought from Liverpool John Moores University Ethics Committee prior to research commencing (reference numbers 12/HEA/006 and 14/EHC/052). The primary focus of the research was to evaluate service user experiences; this paper is a secondary analysis of these data.

Subjects

Data are drawn from 32 qualitative semi-structured interviews from people participating in self-defined recovery communities in two areas of England (one recovery community commissioned by a local authority based in the North-East: n=8; and one recovery community developed and led by peers in the North West: n=24). Both services offer participants a range of activities, including 12 steps programmes, support groups, one-to-one mentorship, general case work, access to college courses, and skills, health, and wellbeing development actions such as physical activity, and arts and crafts classes. The sample population comprised people using recovery communities. Participants of the recovery communities were invited to participate in the interviews via key personnel distributing participant information sheets, recruitment leaflets and posters in the service locations, and via word of mouth.

Topics

Semi-structured interviews explored what recovery meant to service users, what service users felt were the main characteristics or qualities of being in recovery, key drivers that supported them on their recovery journey, and the elements of recovery that impacted on quality of life (and how).

Analysis

Interviews were transcribed verbatim, exported into NVivo (version 10), and analysed using sociological discourse analysis. This approach to analysis was deemed appropriate for exploring individual's interpretations of reality to inform the construction of meaning (Wetherell, Taylor and Yates, 2001). The context for this research is based upon the notion that each person's recovery journey is unique. The process of sociological discourse analysis acknowledges the importance of individual experiences and the ways in which individual's choose to describe these in discussion with the researcher. This method provides a framework for understanding and developing individual and social meanings of reality (Ruiz, 2009). Analysis proceeded through three cyclical stages: textual analysis, contextual analysis and sociological analysis (as described by Ruiz, 2009). Textual analysis involved verbatim transcription of the interview data and undertaking thematic content analysis (coding and categorising the data into key emerging themes and sub-themes). The coding and categorisation of data into key themes was undertaken independently by two members of the research team, to ensure validity of findings. Here, each researcher independently coded the data, and the themes and sub-themes compared and agreed. Contextual analysis was undertaken to account for the context in which the discourse was produced, which involved consideration of the social processes which may have affected this; key to this stage of analysis was understanding pre-recovery and recovery processes and attitudes, meanings and interpretations of recovery within the context of each individual's recovery journey. The final level of analysis involved sociological analysis: drawing together the textual data and the context (including the wider literature) in which this occurred.

Results

Sample characteristics

Data were gathered from eight people involved in a local authority-commissioned recovery community based in North East England (male=5; female=3) and 24 people involved in a peer-led recovery community in North West England (male=19; female=5). Interviews lasted between 12:94 and 1:28:51 minutes (average 36:34 minutes). All participants were accessing recovery communities which provided support for people in drug and/or alcohol recovery. Given the nature of the recovery communities and the qualitative approach taken, participants were not asked to define their

dependence by substance, although across the sample clients had a history of use of opiates, alcohol, and cocaine.

Findings

Analysis of the subject's accounts revealed that discourse regarding the factors which led to their substance misuse was important to many of the people we interviewed. Justification of the processes which led to them initially accessing treatment, and their subsequent recovery journey, was an important part of the recovery discourse. Participant's accounts of their recovery journey were complex. Although key themes emerged during the textual analysis process, the contextual and sociological analysis revealed differing uses of discourse depending on a person's life history, their goals, aspirations, and experiences of substance misuse treatment and recovery. The characterisation and meanings that people attached to recovery varied.

All discourse surrounding recovery acknowledged this as a process, and one which could not be undertaken alone. Despite many participants recognising important internal motivators as being integral to commencing the journey of recovery, it was the discourse surrounding external processes which was evident in enabling people to sustain the journey and in determining self-defined successful outcomes. Despite displaying complex and individualised accounts of recovery discourse, contextual and sociological analysis revealed several similarities. Key themes emerging from the data were: pre-recovery discourse, meanings and characteristics of recovery, the recovery process itself and the benefits of recovery.

Pre-recovery discourse

When asked to describe what recovery meant to them, many people spoke about factors which led to their substance misuse problems. This pre-recovery discourse was found to be a key factor embedded in the sociological analysis in providing the context for the constructed understandings and meanings of recovery.

I've had problems with stress and anxiety, terrible problems really for 15 years, I was attacked 15 years ago... I was hit, I fell back, hit my head on the kerb and I didn't wake up for nine days... my life totally changed and I look at it as if I nearly died that day and somebody else appeared, this person that was frightened of everything, scared of what came through the door (Interview 20)

I just made it all worse by drinking to make yourself feel better and it's the last thing you want to do. It's a horrible trap. I was made redundant, my wife and I split up (Interview 21)

When talking about their recovery journey, many described a turning point in their lives where they recognised the need to change. These motivations to seek help were all different, depending on the unique experiences of the individual, but all involved discourse around reaching crisis and a realisation that help was required. Some people described job losses, relationship breakdowns, overdoses and hospital admissions as the turning point which led to the realisation and internal motivation needed to commence treatment for their dependence.

I was sort of at the level where it was either get out and die or do something about it and I decided to do something about it (Interview 20)

Meaning and characteristics of recovery

Our findings revealed that participants' accounts of their recovery journey were complex and indicated a differential use of discourse depending on what led them to their addiction, and the elements which they felt characterised their addiction. Despite these differences, there were a number of key themes elicited throughout the discourse. Recovery was viewed by many as a gradual and often challenging process, sometimes with fear of relapse.

The substance isn't in charge of your life anymore, because you are 100% a slave to it. Every action and every thought you have throughout the day is geared towards that, the need to get it... if you're losing control of even one day out the week, that's all it needs for you to be back on the slippery slope kind of thing. (Interview 11)

I think once you've been there, you're always recovering. You know, even 10 years down the line you might go 'oh I'll never touch a drink again, I don't gasp, I don't have any rattles or anything' but you are still, there's always that chance that you could go back to it, you know. (Interview 3)

Feelings of acceptance, gaining control, taking responsibility and stability were all recurring words used to describe meanings and characteristics of recovery. Discourse akin to the development of resilience also featured heavily throughout all of the interviews, with participants describing learning to cope, to manage life and to not hide away as important elements of the recovery process.

Recovery is being in control...you are in control of your life, control of yourself, on a day to day basis all the time (Interview 11)

Learning how to cope with emotions, learn how to cope with events...being responsible for your own, yourself, not blaming other people for your own actions, taking responsibility (Interview 18)

Alongside these common descriptions, the notion of recovering from the chaos of substance misuse featured amongst the discourse.

Recovery is basically rebuilding your life basically from the chaos of addiction to a worthwhile life and potential that everyone's got (Interview 21)

A chaotic way of life wrapped up in substance abuse or alcohol misuse and recovery is coming out of that chaos into normality or whatever normal living is (Interview 29)

Discourse relating to abstinence differed across interviewees and was largely determined by the types of recovery communities and/or groups that they accessed. For some, abstinence was an integral feature of recovery and part of their ultimate recovery goal.

They (the recovery community) should breathalyse people and do drug tests and have a file with that. Cos people can come in and say 'no I haven't had a drink' or 'I haven't taken drugs' and they don't know, they could just be coming here to get fed, for one, and not..., you know, committing themselves properly. So if they don't want the help then they shouldn't be here. (Interview 1)

Stopping, just stopping using it. And not feeling a need to do it really. I mean I like it, erm, but I hate it as well...I would just like to be free of the tyranny of it. (Interview 19)

For others, just recognising the need to change was viewed as being 'in recovery'. Abstinence may be viewed as part of the recovery for some, but it did not necessarily feature as the ultimate goal.

To me it's about living day to day and being content with it, recovery. Doesn't matter if you're on drugs or you're on alcohol or you're depressed or something it's about re-joining society. (Interview 25)

No I don't think you have to be abstinent necessarily I mean people, the majority probably lapse every now and then as long as you don't bloody give up (Interview 22)

Everybody's definition of recovery is completely different, and what works for you is right. If your version of recovery is still drinking every day but keeping it to moderation, that's fine. If you think you're in recovery you are. (Interview 32)

The recovery process

Issues surrounding relapse and ongoing support featured heavily in discourse surrounding the process of recovery. Many described the importance of accessing ongoing support and the benefits that a recovery community could provide; this finding was regardless of whether someone viewed recovery as being abstinent or not. For some, accessing ongoing support was important in preventing relapse. For others, ongoing support provided a safety net and a feeling that things would be alright if a relapse did occur.

You can be a part of this [the recovery community] for as long as you wanna be a part of it...so for me that's a big plus... The fact this is ongoing, that's a big plus (Interview 11)

Just knowing that the supports always there really, so you know if I did like fall off...you know, I know I can always get back at it. You know even if you do make a mistake, there's no pressure to come back to the, you know, it's not as if you're letting these people down (Interview 17)

Internal motivations were an integral part of entering and sustaining the recovery process. These findings link with those which highlight the unique nature of the recovery process, and particularly link with the sociological analysis which contextualised the pre-recovery discourse.

At the end of the day you are primarily responsible for your own recovery, because the problem is with yourself so if people want it bad enough then they will get the help. (Interview 13)

It is life or death and I don't think people understand that you know, I don't think people understand, it's not just about your addiction, it's about your mental health, it's about depression, it's about suicide, it's about everything else that comes with it. (Interview 24)

Putting the drink down was the easy bit it was actually sorting through the trauma and everything that actually took me to the drink (Interview 26)

You've got to have a willingness. I mean that has got to be a want, a want to recover first and foremost because and do it for yourself. (Interview 30)

Despite internal motivation being recognised as a key part of entering and sustaining recovery, social support, support networks and reintegration were also viewed as important characteristics of the recovery process. Many people reflected on the ways in which their substance misuse led to social isolation, lack of confidence, self-esteem, and being surrounded by relationships that may be negative and/or characterised by their dependence. Discourse around supporting each other and learning from others featured in many of the conversations with interviewees.

It's the companionship here, of people who don't judge you (Interview 19)

I don't think you've got a fighting chance really if you do it on your own. It's not realistic; I don't think anyone can do it on their own. (Interview 24)

Severe isolation comes with being an addict or an alcoholic so yeah definitely. It's about opening up them connections again (Interview 31)

Developing a sense of belonging and purpose in life was a key part of people's recovery discourse. Many described how a daily structure during the recovery process led to positive recovery outcomes.

It's structure and that's a very big thing again going back to your the question before about recovery you need that structure in your life because you haven't had it before you know (Interview 30)

I've got like a little structure that I try to stick to, sometimes I will wake up and just sit there all morning but it's better, well better because I'm not sitting with the curtains shut in my jammies [pyjamas] not getting a wash and waiting for a dealer to arrive. (Interview 15)

I don't mind talking about this, my problem's drink, when you put it down that's the easiest bit I find, it's keeping yourself busy and getting back into society, you know because you're not fit enough to work full time and have all the pressures if I touch a drink that's it. But you still need some kind of structure (Interview 25)

The benefits of recovery and recovery outcomes

The development of support networks was represented as an important part of recovery and a recovery outcome. Recovery benefits and outcomes were also represented in discourse surrounding improvements in relationships, developing a sense of belonging and purpose, and by working towards and achieving employment and education. Physical and mental wellbeing were viewed as important outcomes, but featured less heavily in the discourse when compared to relationships, education and employment. Abstinence was viewed as an outcome by less than half of the people we interviewed.

People also described their experiences of re-developing the positive relationships that they had with family and friends, and the importance of this as a benefit of their recovery.

My family can notice a difference as well, and my friends. So I'm doing everything that's right, and I'm made up and grateful for it (Interview 1)

I've managed to see my daughter for the first time in ten years so that is probably the major step isn't it from kids that actually want nothing to do with you and then all of a sudden find out that dad's on the straight and narrow, they will have something to do with you. (Interview 16)

My relationship with my husband has improved because he hasn't got this miserable cow hanging around the house, who is addicted to the computer and just has no clue what to do with herself. (Interview 19)

My family and friends say 'wow we've got the old [me] back' which is nice, you know (Interview 21)

It means the world to me, you know. What I really notice is that I'm here for my children you know because... it was the first time in years I was able to watch them open their presents, I was able to give. (Interview 24)

Discourse surrounding developing a sense of purpose and belonging was associated with outcomes relating to employment and education. Many of the people we interviewed described how they had goals to achieve stable employment. Most of this discourse involved people describing the steps they were taking towards employment; this largely involved volunteering and undertaking training that would improve their CV.

I'm wanting to be employed now because before I didn't really want a job, you know (Interview 2)

I just want a decent job, a nice bike so I can get around and I not got to rely on buses, basically to be able to afford to pay my bills. I haven't got many major aspirations. (Interview 3)

I've started booking myself onto courses, started taking some education and I can actually see a career progression now where I can see that there is a way through the voluntary sector into full time work. (Interview 6)

Discussion

The findings from this study enabled exploration of how recovery capital is represented in the discourse of people who are recovering from substance misuse. Employing a sociological discourse approach to analysis allowed the identification of key emerging themes which were then considered in the wider context of recovery experiences. This approach enabled exploration of how recovery capital is represented in participant's recovery discourse.

Discourse surrounding recovery capital was evident in representations regarding meanings and characteristics of recovery, the process, and the outcomes. Drawing on the concept of recovery capital defined by Granfield and Cloud (1999), recovery discourse was mainly found to be representative of social capital, human capital and cultural capital. Social capital was most commonly represented here, with people describing the important influences of peers and social networks in supporting the recovery processes. Developing and re-establishing positive pro-recovery relationships with friends and family members were commonly described as key recovery outcomes particularly important for reintegration into society, undertaking activities that gave a sense of purpose and daily structure and in motivating them to continue their recovery. This finding is unsurprising, given that peer support features heavily in policy recommendations relating to substance misuse, and the integral role of peers and support networks has been heavily evidenced (e.g. Boisvert, Martin, Grosek and Clarie 2008; Laudet and Humphries 2013). Mutual aid is recognised as one of the most popular peer support programmes for individuals with substance use problems (ACMD, 2013; Tonigan, Bogenschutz and Miller 2006), and evidence shows that the peer support found in mutual aid and recovery communities can be particularly effective in supporting the development of social capital (White, 2007).

Discourse relating to human capital recovery was mainly represented in discussions surrounding mental wellbeing. Many participants described depression and other mental health conditions when contextualising their dependence, and successfully managing these was identified as an important recovery outcome for many. Although not always explicitly described, the discourse used by participants to describe recovery processes were related to improvements in mental wellbeing; here, support networks, improved confidence, developing a sense of purpose and belonging and reduced isolation were all elements of human capital recovery discourse. The existing literature surrounding human capital largely focuses on physical health in the form of life expectancy and mortality and morbidity risks (ACMD, 2013). Our research demonstrates that, although physical health is an

important outcome from a policy perspective, for this group of participants', mental health outcomes were considered more important than physical health. Physical health is a complex issue and it is difficult to determine whether substance misuse is the cause of health problems or a contributing factor. Our findings suggest that changes in health were viewed by participants as a by-product of recovery rather than an actual outcome caused by recovery. Physical health was not found to be a priority outcome when compared to social and personal changes and was not viewed as a key factor contributing to maintenance of recovery. These findings, along with well-documented evidence surrounding the relationship between physical and mental wellbeing (Goldberg 2010) suggest physical health should not be relied upon as a marker of recovery success. It is important to ensure recovery services capture changes in mental, as well as physical wellbeing.

Much of the discourse elicited through our research could be attributed to cultural capital. Themes relating to identity, integration and normality all emerged through the sociological analysis, further highlighting the importance of these cultural capital factors in the recovery process. Many of the people interviewed reflected (unprompted) on the issues that led them to their addiction and led them to seek recovery. People reflected on their journey and the processes that they had experienced; integral to this discourse was the recognition that they had changed, that they were no longer the person they used to be before entering treatment. This finding supports the emerging body of evidence which suggests that some people undergo a change in self-identity (Koski-Jannes, 2002; West 2013); from someone dependent on drug and/or alcohol to one who is now 'in control', responsible for their lives and integrating into society. Our research suggests that this identity shift is not always associated with abstinence, but that controlled use of substances is important for the maintenance of some people's recovery. This conceptualisation of recovery is in contrast to the central ambition of the current UK drugs strategy (2010), but reflects discussions elsewhere which have cautioned against assuming a normative equivalence between 'recovery' and 'abstinence' (e.g. ACMD, 2013; Neale et al., 2013). Whilst many recovering drug users express a desire for abstinence, Neale and colleagues (2011) argue that as this concept is not clearly and consistently utilised by policy, services, or even people in recovery and treatment, it is difficult to define its parameters.

Although previous research has suggested that completion of drug treatment may lead to improvements in wider outcomes related to housing, crime and social relationships, few participants in the current study considered that these factors were integral to their own recovery (e.g. McKeganey, Bloor, McIntosh and Neale, 2008; Neale et al., 2011). This may have been due to the participants in our study already being at a stage in their recovery where these factors were being, or had been addressed. However, whilst measuring outcomes is important to policy and service evaluation there is a tension between the continuous process of recovery described by participants and the traditional definitions of outcomes, which are often assessed at single time points and are associated with periods of service receipt, and therefore may not reflect the spontaneous and long lasting changes rooted in recovery experiences.

Our research has demonstrated that some, but not all, recovery capital outcomes are represented in recovery discourse. In order to understand whether expected recovery capital outcomes are being achieved by people recovering from substance misuse, it is important to ensure that appropriate methods are in place to measure these. It is also important that we continue to explore our understandings of the key elements of recovery support which contribute to specific recovery outcomes. Our research shows that there are shared experiences amongst those in recovery that can be used to monitor progress and success of recovery. This finding also informed the development of the Assessment of Recovery Capital (ARC), a tool for measuring recovery-based strengths and assets (Groshkova *et al*, 2013). Such tools are useful in measuring what matters to those in recovery, providing an assessment of effectiveness of recovery-orientated interventions.

Conclusion

This research shows that recovery experiences and outcomes are not centred entirely on the individual but are wider, more holistic. Maintaining recovery involves being connected to themselves and to the wider environment; family, friends, peers and society. Although the recovery capital model has many elements that were discussed by the participants of this research, the discourse they used does not align with the model. To validly measure and quantify recovery outcomes, individuals need to identify with the measures themselves. The unique nature of recovery communities and the recovery journey means that a one-size-fits-all outcome/s framework may not be sufficient. Instead,

an approach that empowers those in recovery to determine what information is collected will be the most useful. In this way, the top-down, statutory influences that determine contemporary outcomes monitoring will be balanced with a grass-roots approach. Thus, the success of recovery will be best measured using indicators that are developed by and meaningful to those who are experiencing recovery.

Our and other research has found that recovery is embedded in a social and cultural context meaning that measuring recovery should also incorporate the impact of recovery for broader stakeholders who are affected; namely significant others of people in recovery (close friends and family-members for example), the immediate community or members of the public, and the local and national authorities. We propose that as well as adopting an all-inclusive view of recovery in order to support and manage the outcomes for those in recovery, there also needs to be a holistic way of evidencing its impact for all concerned. As such recovery from addiction will be a shared responsibility and goal for the benefit of society as a whole.

References

Advisory Council on the Misuse of Drugs. (2013), "What recovery outcomes does the evidence tell us we can expect?", available at <https://www.gov.uk/government/publications/acmd-second-report-of-the-recovery-committee-november-2013> (accessed 12th August 2015).

Best, D. Gow, J. Knox, T. Taylor, A. Groshkova, R. and White, W. (2012). "Mapping the recovery stories of drinkers and drug users in Glasgow: quality of life and its associations with measures of recovery capital". *Drug and Alcohol Review*, Vol 31, pp. 334-341.

Boisvert, R. A. Martin, L. M. Grosek, G and Clarie, A. J. (2008). "Effectiveness of a peer-support community in addiction recovery: participation as intervention". *Occupational Therapy International*, Vol 15 No 4, pp. 205-220.

Bourdieu, P. and Wacquant, L. (1992), *An Invitation to Reflexive Sociology*, University of Chicago Press, Chicago, IL.

Cloud, W. and Granfield, R. (2008), "Natural recovery from dependency", *Journal of Social Work Practice in the Addictions*, Vol. 1 No. 1, pp. 83-104.

Goldberg D. (2010). "The detection and treatment of depression in the physically ill". *World Psychiatry*, Vol. 9, pp. 16-20.

Granfield, R. and Cloud, W. (1999). *Coming Clean: Overcoming Addiction Without Treatment*. New York University Press, New York, NY.

Groshkova, T. Best, D. and White, W. (2013). "The assessment of recovery capital: Properties and psychometrics of a measure of addiction recovery strengths", *Drug and Alcohol Review*, Vol. 32, pp.187-194.

HM Government. (2010), "Drug Strategy 2010 - Reducing demand, restricting supply, building recovery: Supporting people to live a drug free life", available at <http://mhfe.org.uk/content/drug-strategy-2010-reducing-demand-restricting-supply-building-recovery-supporting-people-li> (accessed 10 June 2015)

HM Government. (2012), "Social justice: transforming lives", available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/49515/social-justice-transforming-lives.pdf (accessed 10 June 2015).

HM Government. (2012), "The government's alcohol strategy", available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224075/alcohol-strategy.pdf (accessed 10 June 2015).

Knopf, A. (2011), "Definition of recovery is vague, measures elusive, even as taxpayers fund services", *Alcoholism and Drug Abuse Weekly*, Vol. 23 No. 18, available at https://www.med.upenn.edu/psych/documents/ADAW_050911.pdf (accessed 12 June 2015).

Koski-Jannes, A. (2002). "Social and personal identity projects in the recovery from addictive behaviours". *Addiction Research & Theory*, Vol10 No. 2 pp.183–202.

Laudet, A.B. (2007), "What does recovery mean to you? Lessons from the recovery experience for research and practice", *Journal of Substance Abuse and Treatment*, Vol. 33 No. 3, pp. 243-256.

Laudet, A. B. and Humphries, K. (2013). "Promoting recovery in an evolving policy context: What do we know and what do we need to know about recovery support services". *Journal of Substance Abuse Treatment*, Vol. 45, pp. 126-133.

Leamy, M. Bird, V. J. LeBoutillier, C. Williams, J. and Slade, M. (2011), "A conceptual framework for personal recovery in mental health: systematic review and narrative synthesis", *British Journal of Psychiatry*, Vol. 199 No.6, pp. 445-452.

McKeganey, N. Bloor, M. McIntosh and Neale, J. (2008). "*Key Findings from the Drug Outcome Research in Scotland (DORIS) study*". University of Glasgow, Centre for Drug Misuse Research.

Neale, J. Nettleton, S. and Pickering, L. (2011). "What is the role of harm reduction when drug users say they want abstinence?", *International Journal of Drug Policy*, Vol 22 No.3, pp.189-193.

Neale, J. Nettleton, S. and Pickering, L. (2013). "Does recovery-oriented treatment prompt heroin users prematurely into detoxification and abstinence programmes? Qualitative study", *Drug and Alcohol Dependence*, Vol 127 No.1-3, pp163-169.

Ruiz, J. (2009). "Sociological discourse analysis: methods and logic", *Qualitative Social Research*, Vol 10, No. 2.

Tonigan, J. S. Bogenschutz, M. P. and Miller, W. R. (2006). "Is alcoholism typology a predictor of both Alcoholics Anonymous affiliation and disaffiliation after treatment?" *Journal of Substance Abuse Treatment*, Vol. 30, pp. 323-330.

UK Drug Policy Commission. (2008), "Reducing drug use, reducing reoffending", available at <http://www.ukdpc.org.uk/publications/> (accessed 20 June 2015).

West, R. (2013), *Models of Addiction*. Lisbon: European Monitoring Centre for Drugs and Drug Addiction.

Wetherell M, Taylor S and Yates S J. (Eds). (2001). *Discourse Theory and Practice: A Reader*. London: Sage.

White, W.L. (2007), "Addiction recovery: Its definition and conceptual boundaries", *Journal of Substance Abuse Treatment*, Vol. 33 No. 3, pp. 229-241.

White, W.L. Boyle, M. and Loveland, D. (2002), "Alcoholism/addiction as a chronic disease: From rhetoric to clinical reality", *Alcoholism Treatment Quarterly*, Vol. 20 No. 3-4, pp. 107-129.

White, W. (2009), "The mobilisation of community resources to support long-term addiction recovery", *Journal of Substance Abuse Treatment*, Vol. 36 No. 2, pp. 146-158.

Witbrodt, J. Kaskutas, L. A. and Grace, C. E. (2015), "How do recovery definitions distinguish recovering individuals? Five typologies", *Drug and Alcohol Dependence*, Vol. 148 No. 1, pp. 109-117.

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