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Recovery capital: stakeholder's experiences and expectations for enabling sustainable recovery from substance use in the South East Region of Ireland

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ABSTRACT

Background: Stakeholder's views on the role of recovery capital, including issues and barriers, that might address service provision for individuals with alcohol- and drug-related problems are important for improving outcomes.

Methods: Six focus groups ($n = 35$) and five networking public participation events took place across five counties in the South East Region of Ireland. This was to capture the views of service providers, service users, their families and friends, and the wider community in measures to address recovery capital. Transcripts and field notes were analyzed using the recovery capital framework to generate emerging themes.

Results: Re-integration into the service users' own community, access to employment, education, and accommodation, and structures to help build self-esteem were considered to be significant factors in the building of recovery capital and maintaining sobriety. Societal attitudes regarding *substance use* appears to be a significant barrier in building recovery capital. The shared experiences among those in recovery and service provision suggest the need for expansive education on substance use across society.

Conclusion: This research highlights the need for greater integration between policy and practice. Providing an assessment of evidence-based recovery-orientated interventions is likely to improve the system.

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Recovery capital; recovery; substance use; addiction; Ireland; social capital; drugs

Introduction

The concept of "recovery capital" has gained considerable traction in overcoming challenges and rebuilding the lives of those affected by substance use problems and addiction (Hennessy, 2017). "Recovery capital" (social, physical, human, and cultural) refers to the quantity and quality of resources, including those existing prior to substance use, that can collectively initiate and maintain recovery from drugs and alcohol. Those who have access to "recovery capital" are more likely to overcome their substance use-related problems than those who do not (Best et al., 2016; Hennessy, 2017; Weston et al., 2018).

Studies have reported greater social functioning, quality of life, and rehabilitation outcomes when supportive peer groups, support models, community engagement, and meaningful activities are present in recovery (Best et al., 2012, 2015; Litt et al., 2009). Mawson et al. (2015) in a pilot study examining social identity, social networks, and "recovery capital" in emerging adulthood found that greater personal interaction with non-using groups was associated with better environmental quality of life. Other studies have shown the development of substance-use "recovery capital" through active participation in sport and fitness programs (Abrantes et al., 2011; Morton et al., 2018, 2016). The contribution of employment and job opportunities, education, training, and financial stability is also identified as improving recovery capital, improving living standard, and exposing people to new values, beliefs, and attitudes (Duffy & Baldwin, 2013; Keane, 2011). However, recovering substance users face a range of barriers to employment. These include lack of qualifications and work experience; health problems; criminal convictions and social stigma that act to influence potential employers' decisions to employ or not.

The aim of this study was to explore factors related to the building of recovery capital from the perspectives of stakeholders from a regional context. The principal objective was to identify current care provision, potential barriers, and improvements required to facilitate recovery from the perspective of service users, service providers, families and friends, and wider communities. The research reported in this paper was part of a larger situational analysis for the development and implementation plan for a new regional drug strategy in the South East Regional Drug and Alcohol Task Force (SERDATF) area of Ireland.

Material and methods

A qualitative approach to data collection drew on an interpretive phenomenological approach (IPA) to examine the lived experiences, ideas, and priorities of participants' context as stakeholders in "recovery capital" (Larkin, Watts, & Clifton, 2006; Tuffour, 2017). The project received ethical approval from the Waterford Institute of Technology Research Ethics Committee and the South East Regional Research Ethics Committee of the Health Service Executive (HSE).

Data collection focused on conducting six focus groups, supplemented by five public consultation events, to identify

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the opportunities, perceptions, and experiences of substance use "recovery capital." All Participants were adults over the age of 18 years. Three experienced researchers facilitated the focus groups and consultation events during the period of February and March in 2019.

The five public consultation events were conducted across the South East and adapted from the World Café Event Methodology (Brown, 2010). To encourage attendance of the public consultations, invitation letters were sent to all participants on the SERDATF mailing list, and these representatives were asked to disseminate information about the public consultation event to those using their services and other relevant stakeholders within their communities. Information describing the event was prepared and posted on the SERDATF website and also that of the researchers' institute. An e-mail was also sent to over 5,000 Health Service Executive (HSE) staff in the SERDATF region about the consultation events. Relevant local and regional media contacts broadcast/advertised the events through radio and print mediums.

The consultations took place in a neutral venue. There were three key questions used to guide the discussions – 1) emerging issues in *substance use*; 2) supports and responses; and 3) development actions to address the needs of service users, their families, and the wider community.

Those who took part were briefed on the aim of the study, format for discussion, and their rights as a participant. Participants were asked to respect the viewpoints of others during the course of discussions. In order to facilitate productive dialog between a diverse group of individuals, no personal or identifiable information was collected. Two facilitators noted key points raised over the course of each of the events. A principal notetaker collated and summarized the outcomes of the discussions at the end of each public consultation. Narratives were prepared, and summary themes and subthemes were identified through analysis of the field notes and lengthy discussions between members of the research team.

Six focus groups took place during the same time period (see Table 1). Participants were recruited to the focus groups by a gatekeeper. All focus groups took place in an agreed location identified by the gatekeeper.

At the focus group interview, the research team provided an overview of the study, explained participants' rights as research subjects, including the right to withdraw both during and after participation, and gained individual and group consent. The focus groups were unstructured to allow the facilitation of an informal and open-ended conversation on the subject of *substance use*, emerging issues, supports and responses, and opportunities for recovery. Key points raised over the course of the focus group interviews were probed further by the facilitators.

Table 1. Focus group participants.

Stakeholder group	Description	Total number of Participants
Focus group 1	Family and friends of those in recovery	11
Focus group 2	Service providers supporting treatment and recovery	6
Focus group 3	Mix of service providers and service users from a community recovery centre	6
Focus group 4	Service user recovery support group	10
Focus group 5	Service user recovery support group	4
Focus group 6	Service user recovery support group	9

Table 2. Priorities for developing substance use recovery capital.

Priorities for developing substance use "recovery capital"	Framework	Summary themes	Sub-themes
	Social capital	Re-integration in the service users' own community	Family reconciliation Community-led recovery support
	Physical capital	Access to: 1) Accommodation 2) Paid Employment 3) Education/ training	Risk management for employing persons in recovery Availability of accommodation for those in recovery
	Human capital	Building self-esteem	Access to focused, appropriate, and tailored aftercare support
	Cultural capital	Mixed societal values on substance use	Reorientation of socially acceptable norms associated with substance use Expansive education on substance use across society

Data analysis

All focus group discussions lasted between 1 hour and 1 hour 20 minutes and were audio recorded. Data was entered into NVivo qualitative analysis software for analysis. Each transcript was audio transcribed into broad themes using the "recovery capital" framework (social, physical, human, and cultural) as thematic headings. One member of the research team initially coded the data. The next level of coding involved a review of audio material to generate a number of nodes or sub-themes. Audio content identified under the sub-themes was extracted and transcribed in the participants' own words. Relevant sub-themes garnered from the consultation events were combined with analysis from the focus groups and reviewed by the research team. Discussions took place between the research team, and a consensus was reached on the emerging themes and subthemes from the amalgamation of field notes and interview data. A combination of paraphrase and direct quotes was used to convey participants' main points.

Results

Data analysis of the public consultations and focus group interviews identified four dominant themes within the theoretical domains of "recovery capital" (see Table 2).

Rebuilding social capital contextual barriers and facilitators

The first sub-theme emerging from the data described family reconciliation as a major step in regaining "recovery capital." Some service users described the complexity of rebuilding

supportive relationships, being estranged from their families because of their drug use and described ongoing conflict that may never be resolved. Others described family difficulties and drug problems that had emanated from drug use by a parent or other family member and believed that greater family protection, education, and support were needed to avoid problems being passed down through the generations. Some believed that staying away from family was the best opportunity to recover, but it was emotionally difficult to build a new life in a new community. For others, family was described as their savior, and they valued the support that family had provided in their recovery.

Participants spoke of the hurt they had caused to their families as a result of their substance use and the need for families to recover together. This sentiment resonated with those who support family members with a loved one experiencing problematic substance use. One participant spoke of her own need for "whole family" recovery:

> You go along for a certain level of time and you go down through the different phases trying to fix it (the drug addict) and this becomes chaotic and then you have to reach out, you know you need more … you spend a considerable amount of time chaotic yourself, in trauma I suppose [Female, family member of service user, focus group 1]

The majority of family members spoke about the physical, psychological, and emotional nature of living with a "drug addict" and not being able to "right the wrongs in the home." This was described as particularly difficult for "fathers."

Community-led support for recovery emerged as a subtheme and described in the context of access to social networks, sobriety-based groups/leisure, and relationship building. Many participants described drug use in the context of the wider community and the need to recover within that community context. The role of dedicated and peer community support groups was described as empowering people to make decisions that help to develop a greater understanding about what was happening to themselves, the family, and the person with the addiction problem. The range of resources available to aid recovery in the social capital domain was described as limited by all stakeholders, and further investment and resources were needed to improve emotional support and positive expectations and experiences for personal growth and reconnection.

Physical capital – experiences and perceptions

Physical capital was discussed as tangible capital such as money, having a job, and essential needs such as housing. Many participants spoke about the issues in gaining employment due to their previous involvement in crime and/or their convictions for drug possession. Participant felt that the current system of police vetting was unfair and it did not offer any reassurance to employers on the risks or benefits of employing a person in recovery.

Both service providers and users of the service spoke of Special Drug Community Employment (SDCE) Schemes across the region and their success in training and facilitating employment for people in recovery. This was described as *"underfunded and limited,"* and there was a great need to increase the scope, capacity, and longer-term services for those in recovery. Some participants experienced mixed feeling among employers on recruiting an individual with a past history of substance use and found many were reluctant to do so. One participant involved in community employment (CE) training described his journey in entering a CE during recovery;

> The place on CE [drug community employment] gave me a sense of purpose. I see a very higher purpose for myself … I was offered a CE scheme and it gave me a bit of dignity back and a little bit of value. [Male participant, mixed recovery group, Focus group 3]

The sentiment expressed was that better education and information for employers on substance use could improve employment prospects for those in recovery. However, service providers also highlighted the complex needs of some service users and the need for different structures to help build goals on an individual level.

Accessing accommodation was a dominant theme also described as an ongoing struggle by many participants. Some participants described "not being welcomed into their communities," while others described difficulty with accessing homeless support without representation from an advocate.

> They won't help you [housing agency] unless you have someone who is proper beside you [an advocate] you're just a junkie. There is this thing that they look down on you. [Female participant, recovery group, focus group 6]

One participant described the feeling of vulnerability of being without a home and "felt the risk of relapse was very real."

Human capital – internal and external resources

Personal development including life skills, opportunities to build self-esteem, and positive health emerged as a major sub-theme in developing human capital. The feeling of shame associated with *substance use* was mentioned by several participants, and this shame extended to the wider family. Building self-esteem was highlighted by those in care provision as a "personalised experience" and that people moved through their recovery at different rates, some relapsed and reentered treatment, and some had greater resilience and coping mechanisms. The dominant view was that provision of recovery was limited in Ireland and that certain groups were unable to access these important aftercare supports, and this limited their chances for continued abstinence post treatment. Some service user participants felt that opportunities to participate actively in their individual care plan "was not an option," and although a framework was in place to identify barriers to meet care needs, some felt that it was never "executed" or "resolved."

Some participants spoke of the "lack of life skills" as one of the key players in their *use* of substances and the benefits of recovery programs in equipping them with essential life skills. The acquisition of life skills was cited as a confidence boost. One participant spoke of how he had benefited from learning simple life skills.

> [In aftercare] the life skills part really stood to me. The basic stuff … how to pay bills and rent and being able to maintain employment and going to college. For me … I wasn't always able to do that. I'd be in a job for so long and then addiction would get the better of me. [Male participant, recovery group, focus group 4]

Participants working as service providers spoke about "goal setting" in developing human "recovery capital" and agreed that development of skills for emotional stability, positive mental health, and building self-esteem were all important factors in the recovery process. One participant explained that recovery support had given her "a chance to reconnect and build self-worth."

Cultural capital and the belief system

Society values, beliefs, attitudes, and behaviors in relation to substance use were described as a significant barrier to building cultural capital for many service user participants. Many participants believed shifting addiction stigma could open up opportunities to educate all people on the real issues and dispel the myths and stereotypes held in society. The consensus reached was that society needed to accept *substance use* as a "health issue" and to talk openly about the issues or problems or else these would continue to remain hidden and unresolved.

The context of cultural capital is to move toward the dominant social behavior, and service users unequivocally shared the view of other stakeholders that an acceptable dominant social behavior regarding recreational drugs had emerged across all social classes in Ireland. Some participants suggested an emerging class divide in drug use and a growing societal acceptance of "middle class cocaine user" and a dismissal of the "working class heroin user."

Stakeholders emphasized that significant reorientation of socially acceptable norms associated with substance use were needed if those in recovery were to benefit from their wider networks. Many believed that this could only be achieved through expansive education on substance use across all sectors of society, including medical professionals, educators, legal services, policing, probation, and parents.

Discussion

The study identified the complexity of issues, the number of key players and organizational processes, and the lack of key services for some more vulnerable service users. Recovery was described as an individualized experience with no timeline or endpoint.

Supportive relationships were described by many as essential in building "recovery capital." The experiences of individuals in establishing and reestablishing social networks varied, but at some level, community connections offered a level of emotional stability, especially where family connections had become frayed due to drug and alcohol use. Similar findings have been reported elsewhere (Boeri et al., 2016; Penn et al., 2016). Supportive relationships were also framed in the context of social interaction through activity-based programs.

Physical capital was predominantly described in monetary terms. Access to employment and training provided access to other types of capital such as social and human capital as new networks were formed and presented opportunities to build self-esteem. This is not surprising as the benefits of work are well researched and understood in contemporary society (Black, 2008; Modini et al., 2016; Selenko et al., 2020). However, some shortfalls in accessing employment and training were identified in this study due to resourcing and funding issues and factors within the criminal justice system. There is currently no system of police record clearance, including minor convictions, in the current Irish legal system. Studies highlight a need for collaborative working between probation, drug treatment services, employment services, and employers to assist recovering substance users to find employment (Bauld, Hay, McKell & Carroll, 2010; Cebulla et al., 2004).

In this study, one of the main obstacles for building self-esteem was overcoming and dealing with the shame and stigma experienced as a result of having a drug problem. This was also described in the context of social norms of drug use and the views held in certain sectors of society. Similar findings have been discussed in other studies in Ireland and elsewhere (Lambert, 2018; McDonagh et al., 2019; Whitaker et al., 2011).

The impact of homelessness and risk of homelessness cannot be dissociated from lack of opportunity to build self-esteem, and it is clear living in stable accommodation has a positive impact on well-being, a feeling of belonging, and a sense of community (Polcin, 2009; Polcin et al., 2010). However, access to stable housing is a complex issue due to many factors including cost and availability. Many service users returning from residential treatment are placed into transitional or temporary housing settings or sheltered accommodation. While they receive aftercare treatment for drugs and alcohol, they remain homeless regardless of their recovery efforts. Service users in this study described the need for greater advocacy in accessing stable accommodation. Greater efforts are needed to address appropriate housing supports for service users to ensure it does not impede recovery (Duffy & Baldwin, 2013).

It appears that attitudes to substance use have a bearing on how those who *use* drugs and alcohol are perceived in society. A study examining the public attitude to drug use in Ireland found negative views to illicit drug use with half of all respondents being afraid of a drug user and two-thirds being afraid to live near a person known to use illicit drugs (Dillon, 2017). The shifting view and perceived acceptance of society that consumption of certain drugs is less harmful, victimless and reckless also warrants further investigation. Expansive, informed, and up-to-date information and education on *substance use* need to take place as a priority. This information should be all encompassing of the biological, physiological, environmental factors, substance use disorders, and treatment. Training on substance use should also become an important strategic priority for those who work indirectly with service users including those who work in housing associations, employment offices, probation, policing, and social and medical professions to ensure good outcomes for those in recovery.

Limitations and strengths of the study

A limitation of the study may have been the representation of service providers, service users, and the wider community due to the short timeframe in which the work needed to be completed. There may have been some bias in that participation was more likely in groups with strong views about *substance use* and those with greater levels of advocacy and support to participate. However, independence in the qualitative research was maintained by the research team by facilitating each consultation

event and focus group to develop in the direction of specific interest and experiences of the group.

In conclusion, this study shows that there are shared experiences among those in recovery and that service providers can be used to progress actions for the success of recovery from substance use. It is clear that social and supportive relationships to build on personal desires and aspirations are fundamental to staying sober and building "recovery capital." These findings show that assessment of "recovery capital" with greater integration between policy and practice is needed. Providing an assessment of evidence-based recovery-orientated interventions is likely to improve the understanding of the current system.

Greater educational opportunities to provide up-to-date, tailored, and specific information on substance use are also needed across all sectors of society and should be a focus of policy makers. Equally, more research is needed to establish good supports and practice to generate stability in housing and in sustaining and generating employment for those in recovery, including the assessment of risk for those with criminal convictions.

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