Sheffield Hallam University | Helena Kennedy Centre for International Justice

Action on Addiction

UK Life in Recovery Survey 2015

The first national UK survey of addiction recovery experiences

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Acknowledgements

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Institutional details:

The Helena Kennedy Centre for International Justice (HKCIJ)

The HKCIJ is a leading centre for social justice and human rights. It provides a vibrant environment at the cutting edge of legal and criminal justice practice, and which champions the cause of human rights and social justice. The centre is home to a range of social justice and human rights activities that include:

- innovation in teaching and education
- research and scholarship work
- international projects
- impact on policy
- professional training and advocacy

Its central values are those of widening access to justice and education, the promotion of human rights, ethics in legal practice, equality and a respect for human dignity in overcoming social injustice. This report is a part of our commitment to evidencing effective community reintegration of excluded populations and to challenge stigma and exclusion to enable people in recovery to fulfil their potential and to be active members of their families and communities.

Action on Addiction

Action on Addiction

Action on Addiction is a registered charity, which was formed in April 2007 through the merger of three organisations: Action on Addiction, Clouds and the Chemical Dependency Centre. Action on Addiction's vision is to support people to be free from addiction and its effects. Action on Addiction have treatment centres throughout England. We have a specialist family service, innovative research programmes and an expert training centre. Action on Addiction works to find ever more effective ways of disarming addiction in individuals, families, communities and society as a whole. The Charity works both directly and indirectly on behalf of its beneficiaries.

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Section 1: Introduction and Background

1.1Background to the UK Life in Recovery 2015 survey

In 2012, the US recovery advocacy organisation Faces and Voices of Recovery (FAVOR) published the findings of an online survey of people in recovery which measured the changes in a range of aspects of their wellbeing from the time of their active use to their recovery. In 2014, one of the authors of this report developed an Australian version of the US survey, resulting in a sample of 573 successful completions. The participant profile was very similar to the US findings, with a slight majority of female participants and a similar age profile. Australian participants reported an active addiction career averaging 12 years in duration, and on average nine years of recovery time when completing the Australian Life In Recovery (ALIR) survey.

However, what is most striking about both the US and the Australian surveys are the fundamental transitions that individuals report in their lives when they move from active addiction to recovery. This is a transition that applies across a wide range of life domains, including work, family, health, relationships, involvement with the criminal justice system and contribution to community life. Ultimately, the evidence is growing which demonstrates the cumulative positive effects sustained recovery provides for individuals, their families and their communities.

1.2 The UK survey

A team from the Department of Law and Criminology at Sheffield Hallam University approached the charity Action on Addiction, who sponsored the team to conduct the first ever UK Life in Recovery survey. The UK survey instrument involved a few minor amendments to the questionnaire format and to the method but essentially we have retained as much of the US and Australian survey as possible to allow comparisons across the three countries. The report below outlines UK respondents' recovery experiences, reports on their pathways to recovery and details the impact that recovery has had on their quality of life.

Further, we compare our UK findings with those in the US and Australia and discuss the implications of the current work. The fundamental message of the UK Life in Recovery survey 2015, as with its international predecessors, is that people can and do recover, and that when they do so, they effect a life transformation that is dramatic and which has positive consequences for individuals, families, communities and UK society as a whole.

1.3 Survey Objectives

Annually, the cost of active addiction in England alone is estimated to be £21 million pounds (Government Alcohol Strategy, 2012, p 3)[1]. Included are cost to the NHS, days lost through substance related absenteeism at work, and costs incurred in the criminal justice system as a result

[1] Secretary of State for the Home Department (March 2012), 'The Government's Alcohol Strategy', HM Government, p. 3

of addiction. This estimated costs do not include the emotional costs to family, friends and the partners of those suffering with addiction remain stubbornly hard to measure, or the benefits, financial and intangible, of stable and lasting recovery and this report attempts to quantify some of those gains.

This report contains some of the first insights into how recovery has transformed the lives of many people in the UK. It is hoped that documenting the pathways to recovery and the benefits that recovery can infer on individuals, families and communities contained in this report can go be used to inform policy makers about what promotes and enables recovery, and the pathways and timings of key recovery milestones.

The key messages from the UK Life in Recovery survey 2015 are that recovery is attainable, is sustainable and is beneficial to a range of individuals and groups. Finally, that advancing our knowledge of recovery will reduce the stigma and discrimination that many in active addiction and recovery experience.

1.4 Method

Items in the Life in Recovery survey are divided into key life domains, categorised as being impacted upon most significantly by active addiction status:

- Family and relationships
- Finances
- Psychological and physical health
- Employment, education and training
- Contact with the criminal justice system

To capture differences in the experiences of respondents between active addiction and recovery, a 'then and now' design was adopted, covering the same key life domains in both stages.

A further section was designed to identify respondents' self-categorisation or self-appraisal of their own current recovery status by selecting one of the following four categories:

- medically assisted
- in recovery
- recovered
- used to have a problem but no longer do

The UK survey design was adapted from the Australian version with only minor changes made to the wording of the survey to reflect UK classifications around ethnicity and education, and to include additional information about contact details. While the US and Australian versions had been anonymous, the UK survey had an optional box where participants were invited to 'register' to be part of future recovery research and policy activities. A total of 348 individuals were prepared to provide their personal contact details, and be part of a growing, more 'visible' recovery community, and represent a key legacy of the current project providing an expert base for future recovery research, consultation and dissemination.

1.5 Survey administration

As in the Australia and the US, the prime method of distributing the UK Life in Recovery 2015 survey was through a web-link to a Survey Monkey version of the survey. This link was distributed to a wide range of recovery groups and communities across the UK. In addition, social media sites and individuals 'shared' the survey link (e.g. retweeted/favoured), with others interested in recovery. The survey took approximately 20 minutes to complete. Also copying the Australian approach, hard copies were also made available for those who did not have access to or were not comfortable completing the online version.

Limitations of the UK Life in Recovery Survey 2015 are that it was not translated into any other languages, resulting in the exclusion of those in recovery whose first language is not English. Those in recovery in the prison population were not targeted and those under 18 were also under represented.

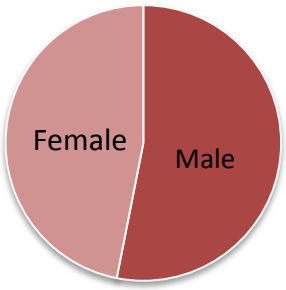
The survey data was collected between March and June 2015. A total of 802 UK Life in Recovery 2015 surveys were completed and returned to the research team.

Section 2: The UK Life in Recovery 2015 survey sample

The socio-demographic details of the respondents to our survey are provided in this section.

2.1 Gender, age and locality

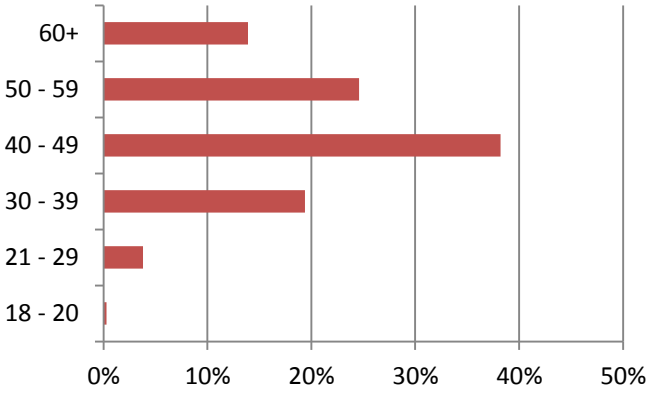
2.1.1 Gender profile



Of the 802 returned surveys, 790 participants provided gender information.

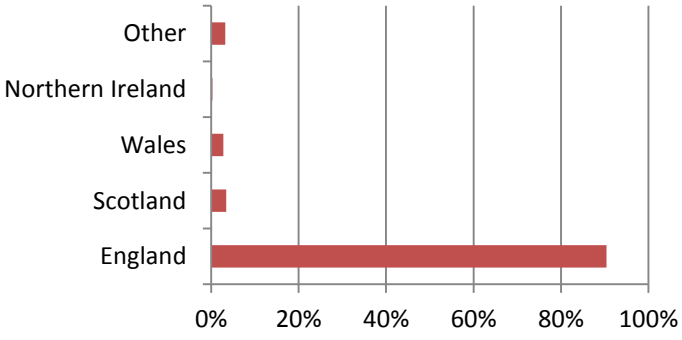
- 53.1% male
- 46.9% female

2.1.2 Age profile



- 38.2% were aged between 40 and 49
- 24.6% were aged between 50 and 59
- 19.4% were aged between 30 and 39
- 13.9% were aged 60 or older
- 3.8% were aged between 21 and 29
- 0.3% were aged between 18 and 20

2.1.3 Geographical location

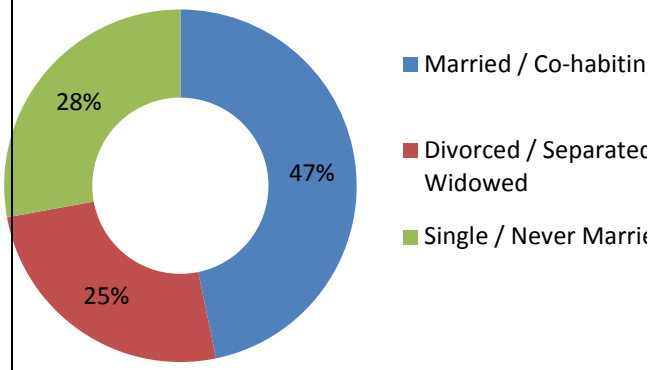


- 715 (90.4%)lived in England
- 27 (3.4%) lived in Scotland
- 22 (2.8%) lived in Wales
- 2 (0.3%) lived in Northern Ireland
- 25 (3.2%) lived in other countries

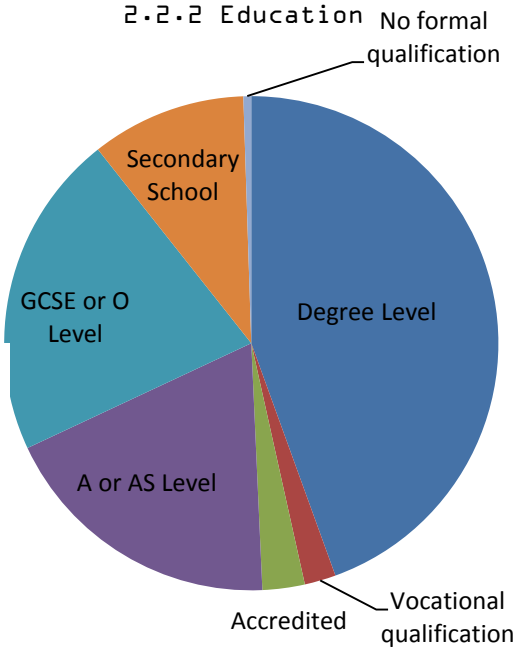
The majority of respondents (94.1%) reported being born in the UK, with 5.9% born in other countries.

2.2 Relationships, education, employment and health

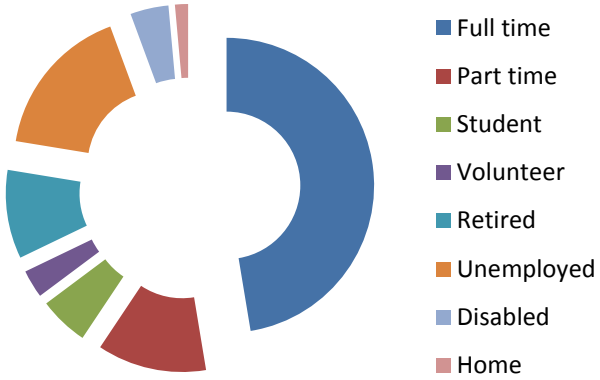
2.2.1 Family relationship



2.2.2 Education



2.2.3 Employment status



At the time of survey completion, just under half of the participants were married or living with a partner (46.8%), around one quarter (25.4%) were divorced, separated or widowed and around one quarter (27.9%) were single and never married. Of the 770 who answered the question, 293 (38.1%) reported that they had dependent children, averaging 1.74 dependent children under the age of 18 (range of 1-15).

In terms of formal educational qualifications 43.4% were qualified to at least degree level, 2.0% had a vocational qualification, 2.7% were accredited with a regulating body, 18.3% were educated to A or AS level, 20.8% had GCSEs or O levels, 9.9% had some secondary schooling and 0.5% reported receiving no formal educational qualification, suggesting that we had a highly qualified sample participating in the project.

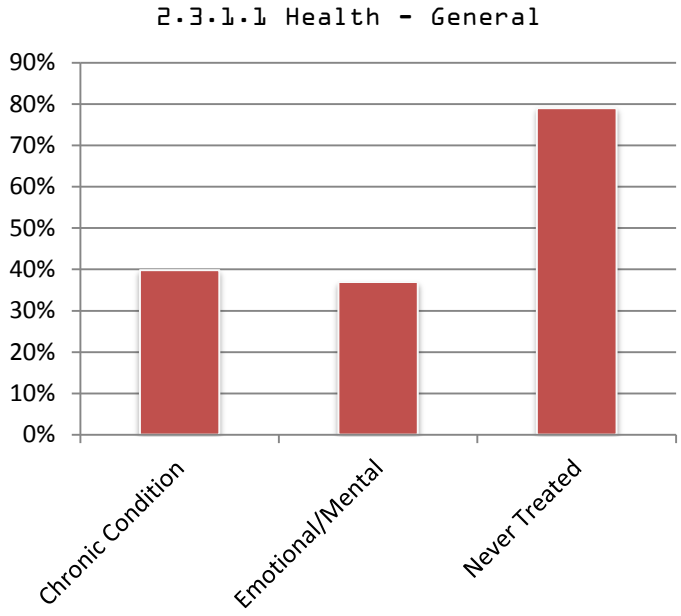
46.3% of participants described themselves as in full-time employment (5.3% self-employed), 11.7% were in part-time employment, 5.3% described themselves as 'students'. A further 3.0% were involved in volunteering, 9.5% were retired; 16.4% were unemployed (and a further 4.1% as on disability allowance), and 1.4% as involved in home duties

For those involved in employment, the mean number of hours worked weekly was 35.1 (ranging from 2 to 70 hours).

2.3 Health and wellbeing

Using a simple 'ladder' rating scale of between 1 and 10, respondents ranked their physical and psychological health, with higher scores represented better functioning. The mean physical health rating was 7.4 (with a standard deviation of 2.1) The mean psychological health rating was 7.0 (with a standard deviation of 2.3).

2.3.1 Physical and psychological health



At the time of the survey,

39.8% of the sample was under the care of a doctor for a chronic condition

36.9% were receiving support or help for emotional or mental health problems

79.0% had ever been treated for an emotional or mental health problem.

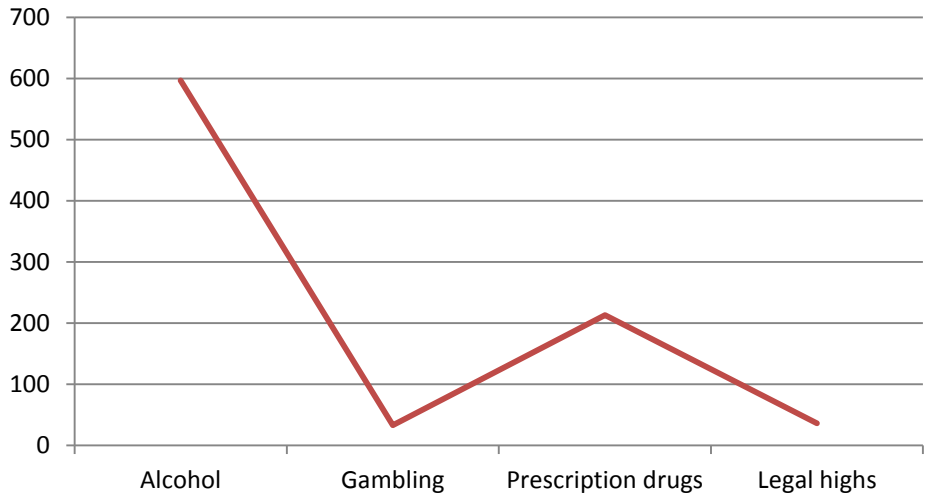
2.4 Primary addictive substances

When in active addiction, our sample total contained:

- 597 participants (74,3%) who had experienced a primary issue with alcohol
- 33 (4.1%) with had experienced a primary issue with gambling
- 213 (26.5%) had experienced a primary issue with prescription drugs
- 36 (4.5%) had experienced a primary issue with 'legal highs'
- 406 (50.6%) reported engaging at some point during their active addiction with illicit drugs.

These figures sum to more than 100% as a number of participants had been dependent on more than one substance as a primary problem in their substance using careers.

2.4.1 Primary addition profile



2.5 Self-appraisal/ categorisation of recovery status

There is considerable debate about what recovery means for people, and there are differences in philosophies and approaches that relate to how people categorise themselves. UK Life in Recovery 2015 respondents described their recovery status in a variety of ways, the overall majority reported an 'in recovery' status (which is most commonly associated with the 12-step model espoused in the mutual aid organisations Alcoholics Anonymous and Narcotics Anonymous. In contrast, people who have come through a recovery journey involving Therapeutic Communities are more likely to describe themselves as 'recovered' or as ex-addicts. Figure 2.5.1 below outlines the current recovery status reported by the UK sample.

2..5.1 Self-reported identification and categorisation of recovery participants

In recovery	In medication-assisted recovery	Recovered	Used to have an alcohol or drug problem, but don't any more
519 (64.6%)	24 (3.0%)	56 (7.0%)	79 (9.8%)

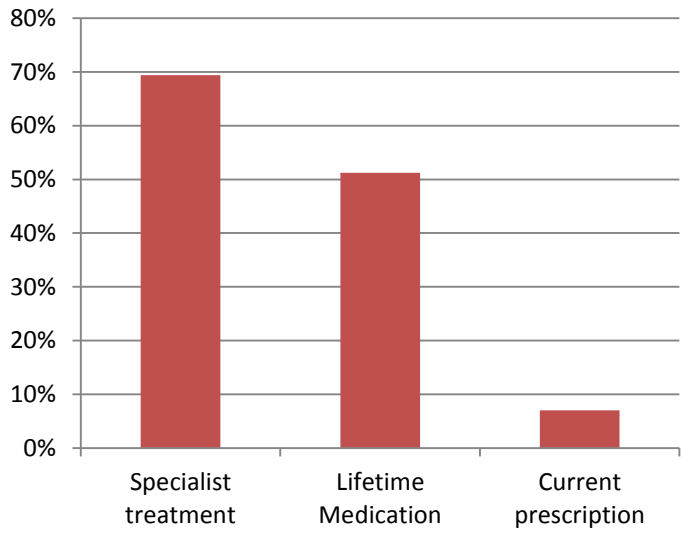
A further 87 participants (10.8%) did not answer this question, but the most common status by far was 'in recovery' (reported by 65% of participants) while around 17% of participants reported that they have recovered or overcome their addiction problems.

Section 3: Pathways to recovery

3.1 Engagement with treatment

In terms of the sample's experience of addiction treatments, a total of 557 participants (69.4%) reported a lifetime history of involvement with specialist treatments, as follows:

3.1.1 Treatment engagement history

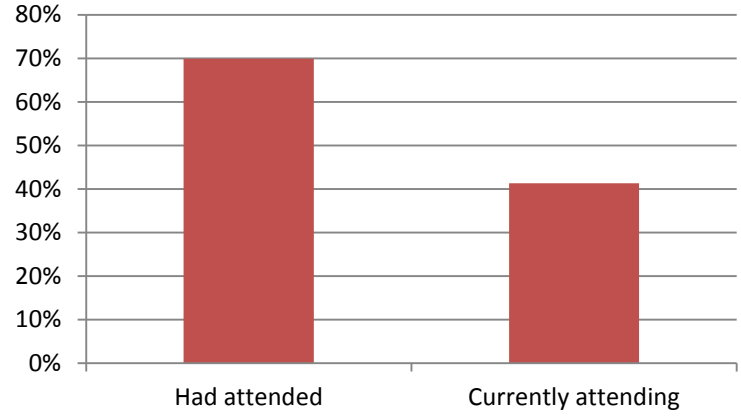


411 participants (51.2% of the total sample) reported that they had ever taken medications prescribed by a health care professional to deal with their drug or alcohol problems.

At the time of the survey completion, 56 participants (7.0% of the total sample) were in receipt of a prescription for their drug or alcohol problems.

3.2 History of mutual aid group engagement

Figure 3.2.1.: Mutual aid engagement



561 individuals (70.0%) of the sample had ever attended a 12-step addiction recovery meeting.

332 participants (41.3%) were attending 12-step meetings regularly at the time of the survey

3.3: Current mutual aid engagement

Of those currently attending 12-step mutaul aid meetings,

314 (69.8%) were attending Alcoholics Anonymous (AA)

187 (41.6%) were attending Narcotics Anonymous (NA)

38 (4.7%) were attending Cocaine Anonymous (CA)

2 (0.2%) were attending Gamblers Anonymous (GA)

18 (2.2%) were attending Alanon

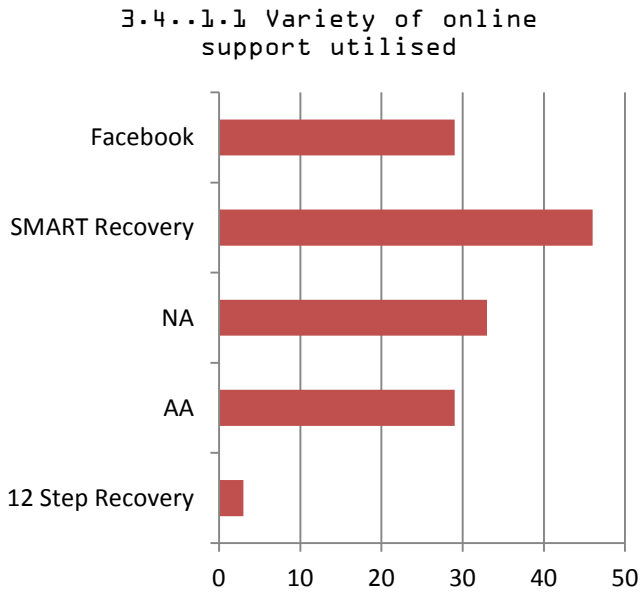
Other mutual aid groups mentioned by our respondents were, three were attending CODA; two were attending Overeaters Anonymous (OA) and 21 other participants reported attending other community recovery groups, including LifeRing and Rational Recovery.

However, the most commonly attended mutual aid group outwith the 12-step fellowships was SMART Recovery which was being attended by 106 participants (13.2% of the total sample).

3.4 Online recovery resources

3.4.1 Web-based recovery groups

There is a variety of online recovery group support available. When asked to specify the online recovery groups our Life in Recovery 2015 respondents reported using:



12 step recovery groups (n=3)

AA (n=29); this included several references to an AA unofficial recovery group

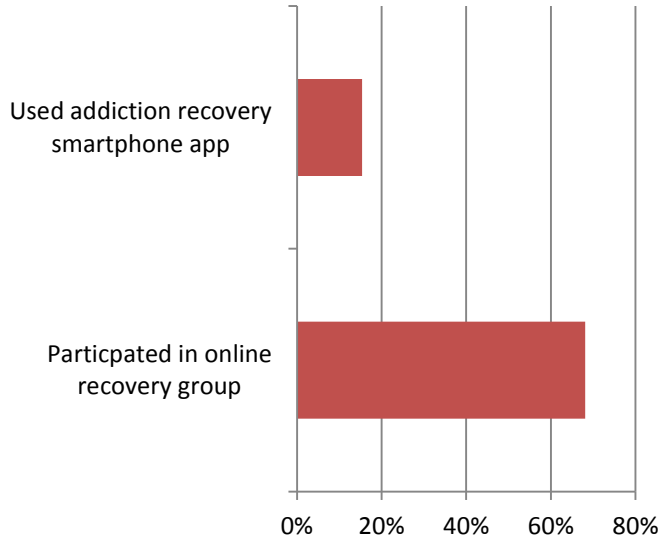
NA (n=33); with a number of respondents specifying NA online meetings

SMART Recovery (n=46)

Facebook (n=29) - The Facebook response included Sober Nation Facebook Group, Alcoholics Anonymous Forum via Facebook; as well as reference to 'secret' Facebook recovery groups.

Other groups mentioned by survey respondents included Intuitive Recovery, Breaking Free Online, Lancashire User Forum, Soberistas and various Twitter accounts and blogs.

3.4.1.2 Levels of engagement - online recovery groups



254 participants (31.8% of the sample) reported that they had ever participated in online recovery groups

214 participants (26.7%) reported that they had ever used recovery websites to help them in their recovery journeys.

3.4.2 Smartphone recovery applications

Further, of the 547 participants who reported that they had currently owned a smartphone (68.1% of the sample), 124 (15.4%) had used an addiction recovery smartphone application (app) at some point in their lives.

There were however a wide range of recovery apps that had been used by our sample, with the most frequently cited being:

12 Steps Recovery App App

The Big Book App

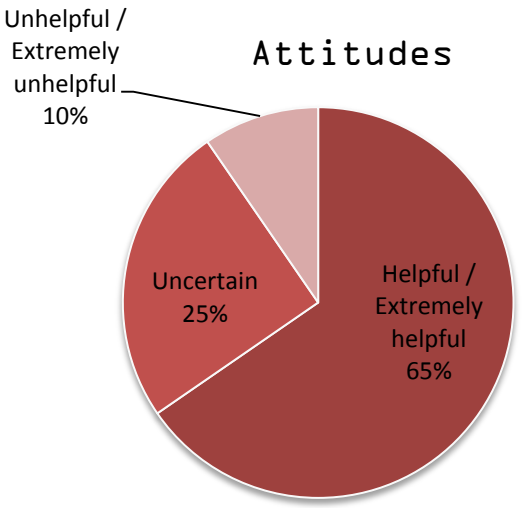
Breaking Free Online App

Clean Time Counter

Daily Recovery App | In The Rooms App | Just For Today NA App | NA Meetings App

3.4.3 Attitudes to online recovery support

Generally positive views on the benefits of **online recovery support** were reported.



65.4% of the 292 people responding to this item regarding online support as helpful or extremely helpful

25.0% uncertain

9.6% regarding such groups as either unhelpful or extremely unhelpful

Additionally, 245 participants also provided feedback on recovery websites of whom:

- 6.1% considered them to be extremely unhelpful
- 3.2% as unhelpful; 15.1% were uncertain
- 47.3% considered them to be helpful; and 28.2% considered them to be extremely helpful

Again the most commonly utilised websites were AA, NA, AlAnon, SMART, and Soberistas, in addition to Hazelden, Wired In and Breaking Free Online.

3.5 Current social networks and support

The UK Life in Recovery survey 2015 replicated one of the key areas of development in the Australian Life in Recovery survey, in that we assessed the social support networks of people in recovery. Table 3.5.1 provides frequency data on the substance use patterns of the social groups that the recovery participants were involved with.

3.5.1: Social networks

	none	less than half	about half	more than half	all
active users	54.8%	12.9%	11.1%	2.5%	18.7%
people in recovery	13.0%	4.9%	5.8%	3.8%	72.6%

Thus the majority of people in the social networks of those participating in the study were in recovery, with around three quarters of the sample reporting that all of their social networks were based around other people in recovery.

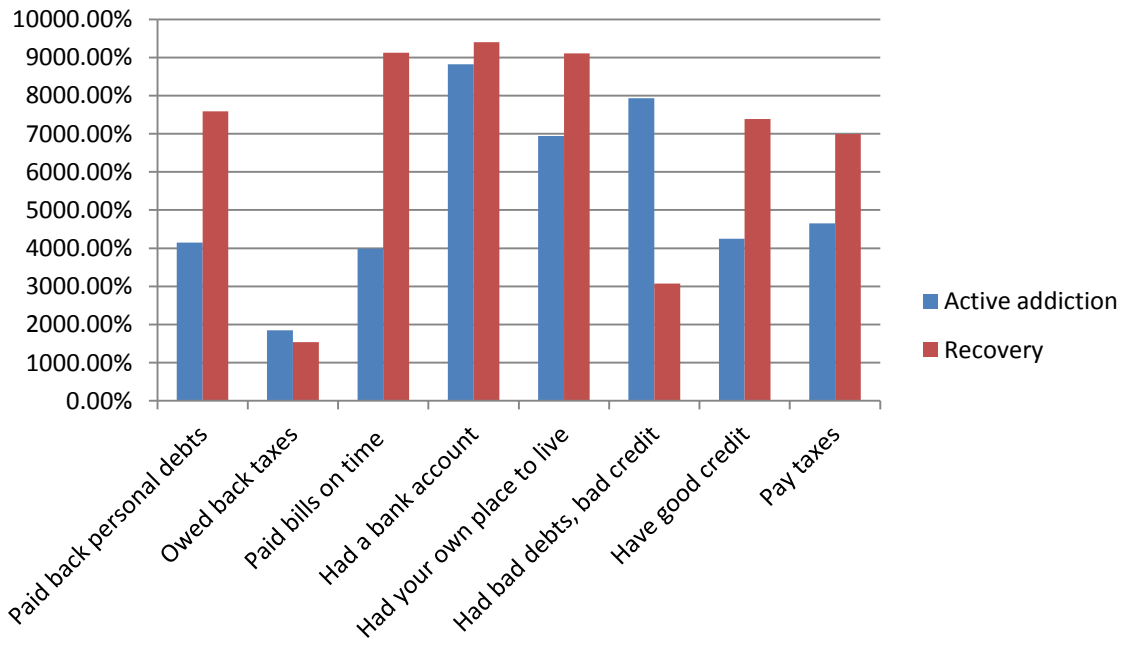
Section 4: Changes- from active addiction to recovery

The main sections of the UK Life in Recovery survey 2015 ask about events a series of key life domains, as detailed in section 1.4, as they affected individuals during the active period of their addiction and again as they experience them at the time of completing the survey. Each of the following sections is constructed around a chart that summarises the change from active addiction to recovery in each of these life domain areas.

4.1 Finances - Active addiction to recovery

The first set of eight questions asked about the management of finances and the payment of taxes (see figure 4.1.1). There is a reduction in owing back taxes, but substantial positive changes in a range of positive economic contributions with almost 80% of those in recovery paying back personal debts compared to only around 40% when in active addiction. 90% of those in recovery report paying bills on time compared to only 40% of the same people while in active addiction. A reduction in having bad debts was reported, from around 80% in active addiction to around 30% while in recovery. Finally around 70% of those in recovery reported that they were paying taxes and that they had a good credit rating, with marked increased from their periods of active addiction. Overall, there is a fundamental shift in this population from active addiction to recovery in financial stability and wellbeing, that is consistent with other international recovery surveys as discussed below.

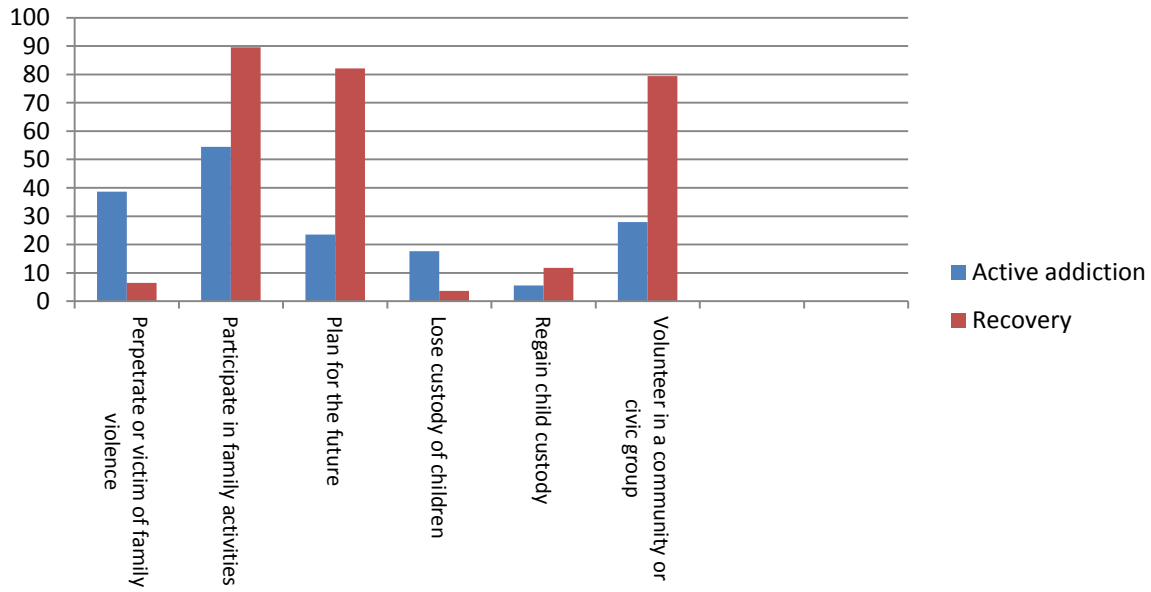
4.1.1: Impact on finances from active addiction to recovery



4.2 Family and social life- Active addiction to recovery

Figure 4.2.1 presents the same contrast in functioning across a range of domains from the time of active addiction to the time of recovery:

Figure 4.2.1: Changes in family and social life from active addiction to recovery



The rate of involvement in family violence (either as a perpetrator or as a victim) drops from almost 40% to around 6% in the journey from active addiction to recovery, and this is reflected in the fact that losing custody of children happened to 18% of those in active addiction and less than 4% of those in recovery. Similarly, 12% of those in recovery had managed to be reunited with children taken into care, with huge implications both for state expenditure and to the future wellbeing and stability of the lives of those children. Thus, for 70 participants in the survey, achieving recovery was associated with reunification with at least one child, from a sample of 802 participants in the survey. Scaling this finding up to all of those in long-term recovery has significant implications for social services and child protection services in the UK.

However, it is not only the de-escalation of negative and costly activities that is important about the transition from addiction to recovery; it is also where individuals begin to engage in positive events and activities. The survey findings highlight a doubling in the rate of engagement in community and civic group activity in the sample, to almost 60% in the recovery stage, suggesting a significant commitment to the local community and to those in recovery having an active role in the lived community. This is also evident at a more micro level within the family where engagement in family activities rises from around half of the sample during active addiction to almost 90% when in recovery. Recovery also has a positive effect on the local community, as 79.4% of survey respondents reported volunteering in community or civic groups since the start of their recovery journey. This compares to 42% of the general public (according to an Institute for Volunteering survey in 2014-15) suggesting that people in recovery are twice as likely to volunteer as other members of the public.

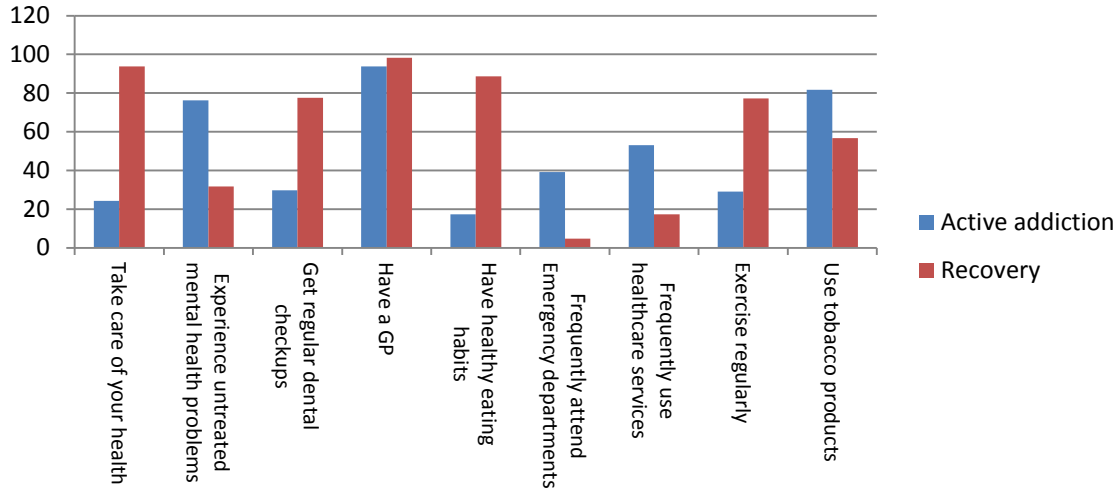
4.3 Healthcare use - Active addiction to recovery

Figure 4.3.1 outlines the health changes reported from active addiction to recovery below. The transition from active addiction to recovery is shown to involve positive changes in health and wellbeing and a reduction in health-related costs, particularly around frequent use of emergency services. This dropped from 39.1% during active addiction to 4.7% in recovery. This was also accompanied by a reduction in the frequency of use of healthcare services from 53.1% during active addiction to 17.3% while in recovery.

While the data clearly suggests that recovery does not completely eliminate health service utilisation, including the use of emergency services, it is characterised by significant reductions in the utilisation of emergency medicine. There is also a significant reduction in untreated mental health problems as individuals' physical and psychological health improves over the course of their recovery journeys.

This is accompanied by improvements in engagement with preventative medicine and public health services through substantial improvements in the management of dental health, commitment to self-care and engagement in regular exercise. Nonetheless, certain risks remain with more than half of the participating recovery sample continuing to use tobacco products.

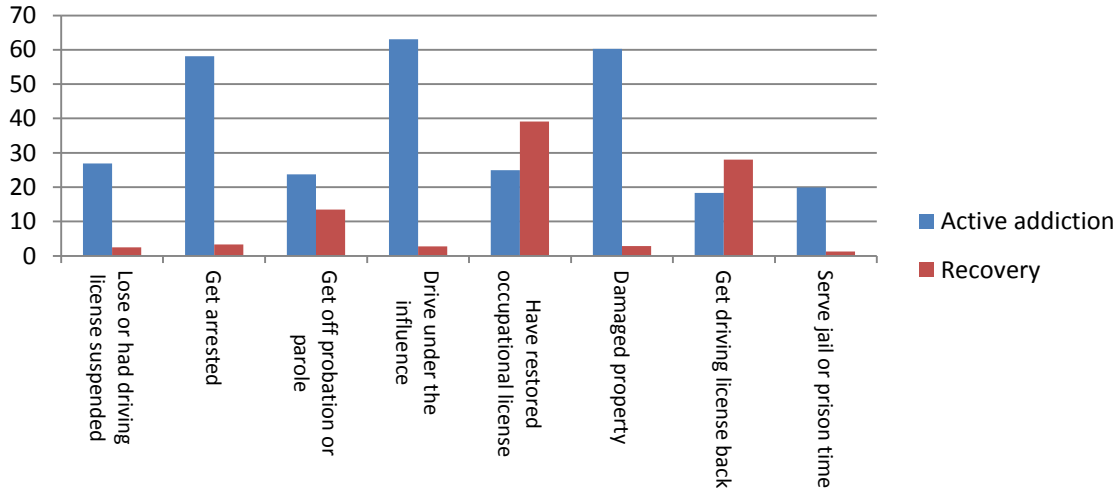
4.3.1: Healthcare use from active addiction to recovery



4.4 Criminal justice involvement and legal issues - Active addiction to recovery

The most striking finding in this domain is that while almost 60% of those in active addiction reported getting arrested, this applied to only 2.9% of those in recovery, resulting not only in greater life stability but significant savings to the criminal justice system in processing and managing these costs. This is also reflected in the likelihood of serving time in custody which dropped from one in five of the participants to less than 2 percent - a tenfold reduction in rates of imprisonment. From a public safety perspective, there is also a significant reduction in the percentage of people who have been involved in driving under the influence, from around 60% in active addiction to around 2% in recovery. What is perhaps surprising, given this finding, is that there is only a slight increase in the number of people who got their driving licenses back comparing the period of recovery to active addiction.

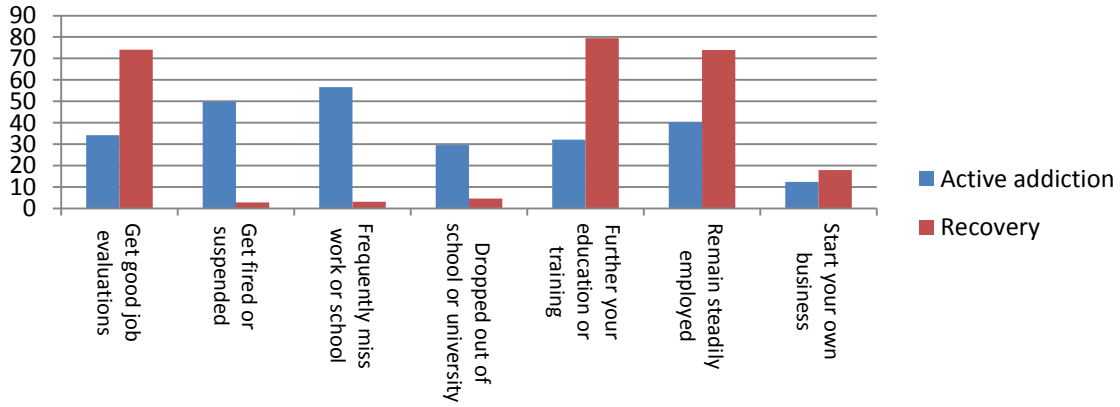
4.4.1: Criminal justice involvement from active addiction to recovery



4.5 Employment and education- Active addiction to recovery

The transitions from active addiction to recovery in the areas of work and study are reported in figure 4.5.1. The change in civic participation is most pronounced in the area of getting fired or suspended from work - which reduced from half of the sample when in active addiction, to fewer than 5% while in recovery. There is also a significant reduction in the proportion of people who have dropped out of school or university, from around 30% in active addiction to under 5% in recovery. In contrast, there are marked increases in the proportion of the sample starting their own business (with around one in five of those in recovery reporting starting their own businesses) or remaining steadily employed (around three-quarters of those in recovery). However, the most striking difference is in the proportion of people who have furthered their education or training, which increased from 32.5% while they were in active addiction to around 80% while in recovery. As with the associated reduction in health service and criminal justice costs, these findings are further evidence of the significant life transition recovery represents, having a substantial impact on public welfare as those in recovery engage and contribute to society through taxation and engagement in their own personal growth and development.

Figure 4.5.1: Recovery impact on employment and education



Section 5: Recovery duration

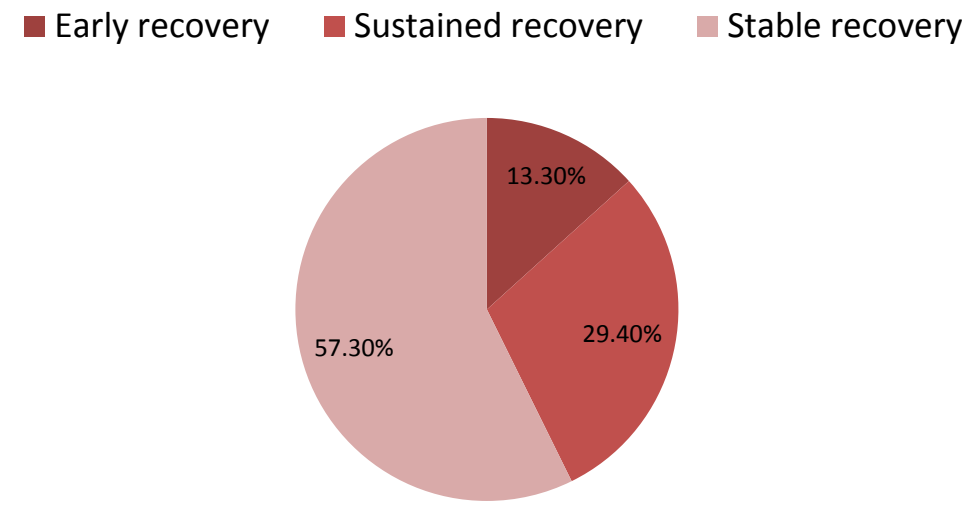
5.1 Recovery duration - defined

In order to assess the impact of recovery duration, we used three categories to divide participants into groups, based on the duration and stability of their recovery journeys, as follows:

- Early recovery - up to one year
- Sustained recovery - between one and five years
- Stable recovery - more than five years

The average length of time our respondents have been in recovery was 8.3 years (with an enormous range of 0-54 years), with an average age of initiating the recovery journey being 38.4 years (range of 15 to 69 years). Although people reported that they were around 8.3 years in recovery, the typical length of time since last drug use was 7.6 years on average (range of 0 to 38 years), suggesting that recovery typically start before complete cessation of substance use. In contrast, the average length of the addiction career was 20.4 years (with an average of 0 to 54 years). Figure 5.1. 1 shows the division into the three groups, based on the duration of their recovery.

5.1.1 Recovery duration categories



Early recovery	Sustained recovery	Stable recovery
n=105 (13.3%)	n=232 (29.4%)	n=452 (57.3%)

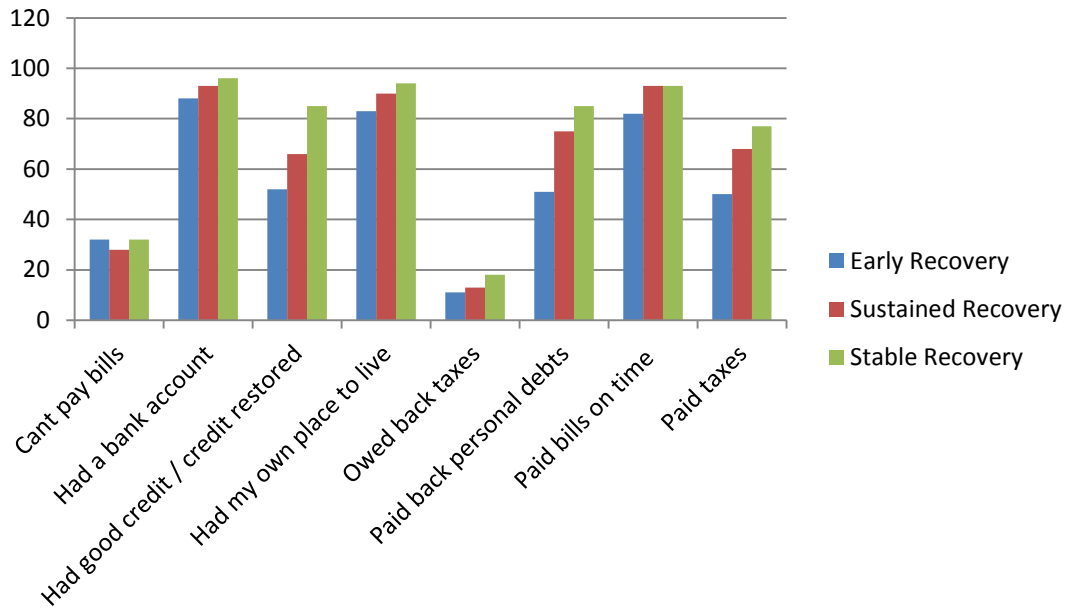
Just over half of the participants reported that they had been in recovery for more than five years.

The transition from active addiction to recovery is associated with a substantial change in a diverse range of behaviours, as illustrated in the remainder of this section of the report.

5.2 Impact on finances

As is evident from figure 5.2.1 below, there is not a universal picture of improvement by recovery duration with no marked changes in paying bills on time, having a bank account or in owing back taxes. However, there are clear stepwise improvements in having a good credit rating, paying back personal debts and in paying taxes, with 77% of those five years or more in recovery reporting that they currently pay their taxes. Thus, the evidence here goes beyond the simple assertion that people in recovery make a financial contribution to the UK economy.

Figure 5.2.1: Financial status by recovery duration stage



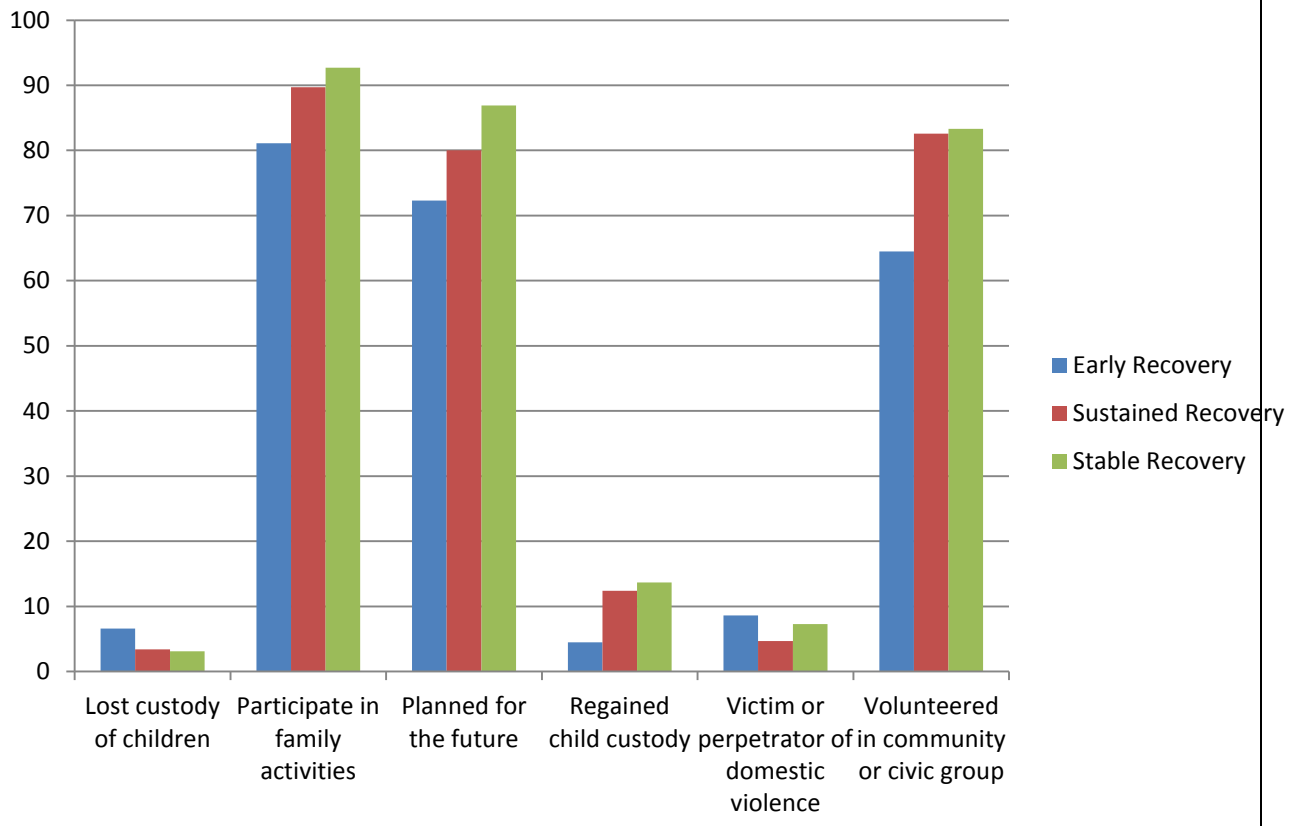
5.3 Impact on family engagement

As shown in figure 5.3.1 below, there is a similar positive effect on family engagement, with longer durations of recovery associated with higher levels of functioning.

Two of the key features of these findings are in relation to child custody, both in a positive and a negative sense. The proportion of participants who lost custody of children dropped from 6.6% in the first year of recovery to 3.4% between years two and five, and then further dropped to 3.1% for participants beyond five years into recovery. It is important to note that the risk does not disappear but the risks continue to reduce with increasing recovery duration. Conversely, while 4.5% of people in the first year of recovery regained custody of children (so net this means there continues to be more children going into care than being reunited with their parents in the first year of recovery), beyond early recovery the situation is shown to be completely different. In sustained recovery of up to five years 12.4% of the UK sample regained custody of their children and in stable recovery, this rose to 13.7%. Again, this finding emphasises that many of the key personal, social and societal

benefits of recovery continue to increase over time. This situation highlights the significant benefits of the provision of support services in the longer term from both communities and professional helping services for those in recovery.

Figure 5.3.1: Family involvement by recovery duration



It is also noticeable that while around two-thirds of those in the first year of their recovery journeys engage in volunteering or community work, this rises to 83% beyond the first year and continues at this rate for those five years or more into their recovery journey. One slightly worrying trend identified is that there is not a continuous improvement in all of the domains, while rates of victimisation or perpetrating domestic violence drop from the first year of recovery to years 2-5, the trend is upwards in those more than five years into their recovery journeys, a finding that is not consistent with the US Life in Recovery data.

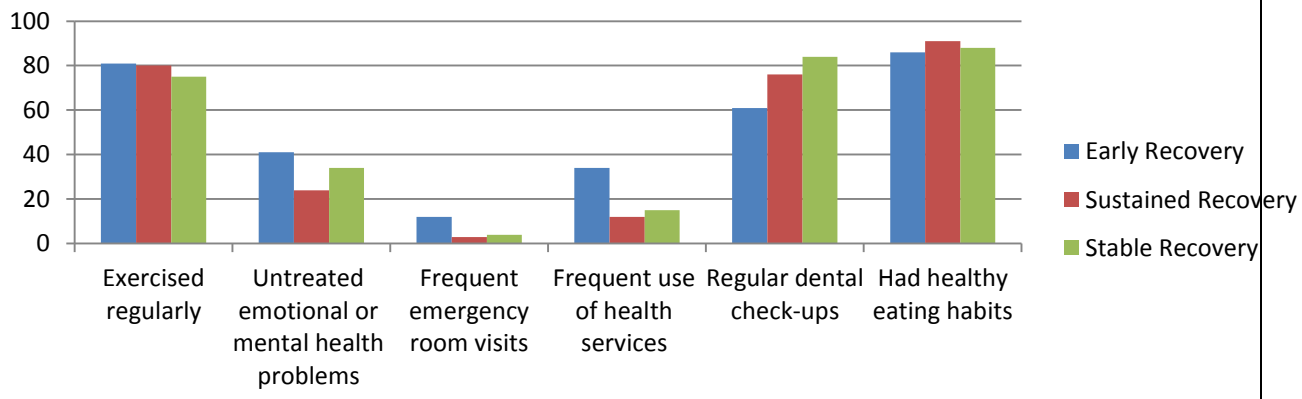
5. 4 Physical and emotional wellbeing

As shown in figure 5.4.1 below, there are also gains across a range of health domains from early to sustained recovery, but a less consistent trend of how well those gains are sustained into stable recovery, in that the rates of wellbeing do not appear to improve from sustained to stable recovery.

For three of the measures: having untreated emotional problems; having frequent visits to emergency rooms and; frequent use of health services, the overall picture is of improvement from the first year onwards (with all three recovery groups significantly improved from when in active addiction), but the peak of wellbeing is achieved in the sustained rather than the stable period. It is perhaps worrying that there is a decline in health - also indicated in the data on exercising regularly

and having healthy eating habits. This suggests that greater support and help is needed at this stage of the recovery journey. It is only in the domain of regular dental check-ups that there are the stepwise improvements that are seen in some of the other areas of wellbeing that have been measured.

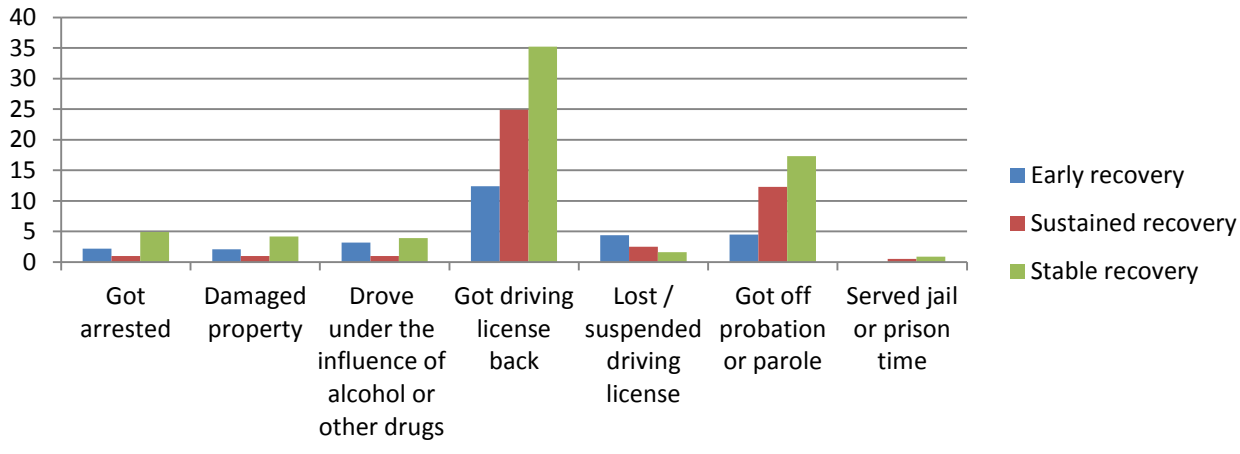
Figure 5.4.1: Health factors by recovery duration



5.5 Criminal justice involvement

The next area for consideration is around criminal justice involvement and how that has changed from early to stable recovery as shown in figure 5.5.1 below. Two clear areas of engagement with the criminal justice system show stepwise improvements, with increasing numbers coming off probation or parole and getting their driving licenses back. However, in terms of commission of offending behaviour, the pattern of initial gains shows some slippage in stable recovery. This finding was similarly reported in the health benefits data section. Thus, the highest rates of getting arrested, damaging property and driving under the influence are reported by those in stable recovery. Although the numbers and percentages are very low (and much lower than during active addiction) it is notable that this worrying trend of slippage in wellbeing factors is again noted in this area. This is also reflected in time in prison with none of those in early recovery, with 0.5% of those in sustained recovery and 0.9% of those in stable recovery reporting some time in custody.

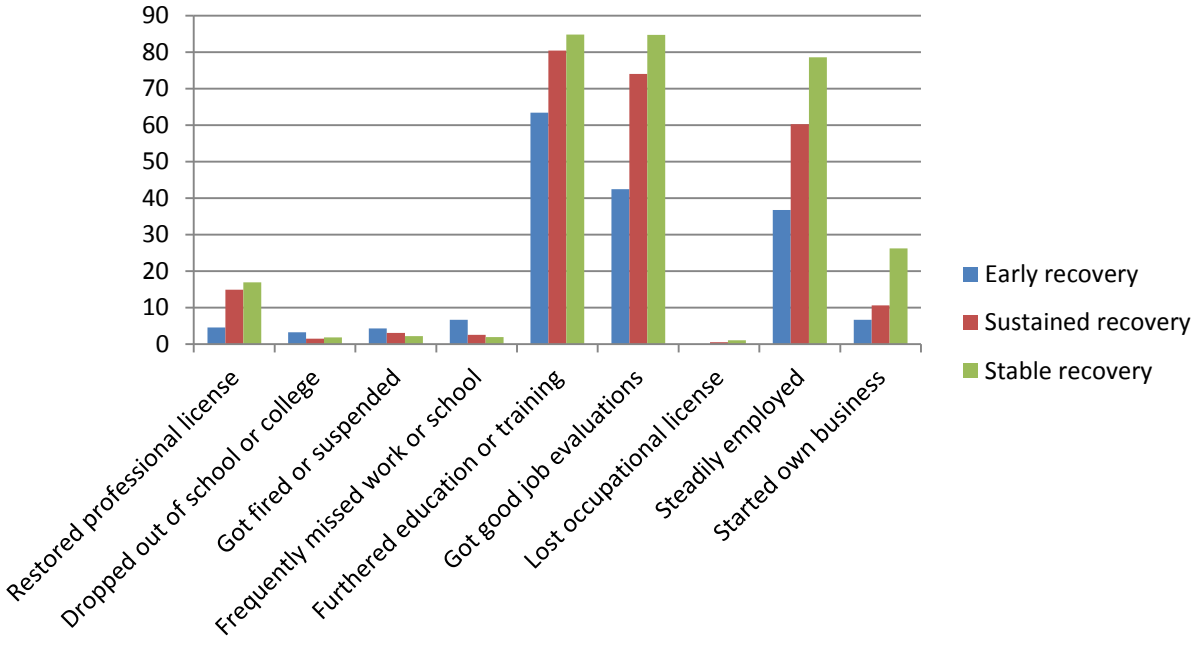
Figure 5.5.1: Criminal justice involvement by recovery duration



5. 6 Education and employment

The most striking finding from this section is the clear stepwise increase in stable employment from 37% in the first year of recovery, to 60% in the period of sustained recovery. This rises again to 79% for those in recovery beyond the five-year mark. This is also evidenced in the rate of starting your own business which 7% of people do in the first year of their recovery, rising to around 11% in sustained recovery, but with over one quarter of those five years or more in recovery starting their own businesses, providing clear evidence for the entrepreneurial capability of this population. This is significantly higher than employment rates among those in substitute prescribing services in the UK and internationally. All of the employment measures show positive and healthy signs of change over time.

Figure 5.6.1: Employment factors by recovery duration



Section 6: Distinctions and complexities in recovery pathways

In this section, we present UK Life in Recovery Survey 2015 data which highlights three significant factors found to add complexities to recovery wellbeing trajectories:

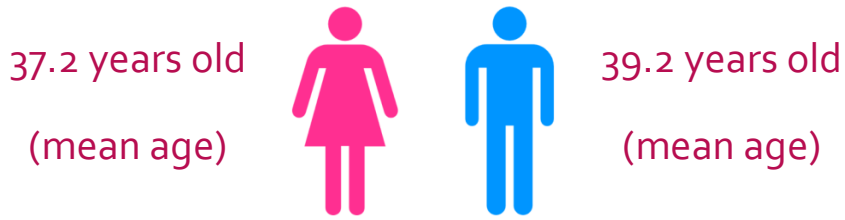
- gender
- perceived recovery status (e.g. self-identification as 'in recovery' or 'recovered')
- comorbid emotional and mental health issues

Only those results that showed statistically significant differences are reported here.

6.1 Gender differences in recovery

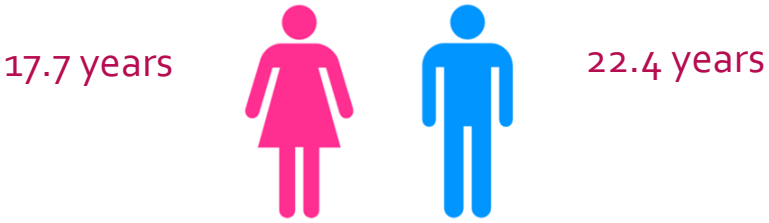
6.1.1 Recovery careers

Figure 6.1.1.1: Age at start of recovery



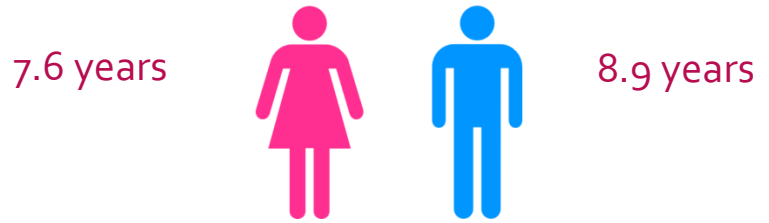
Female participants in recovery were, on average, identified as being younger when they started their recovery journeys than their male counterparts.

Figure 6.1.1.2: Addiction careers



Female participants in the survey had, on average, shorter substance using careers than their male counterparts.

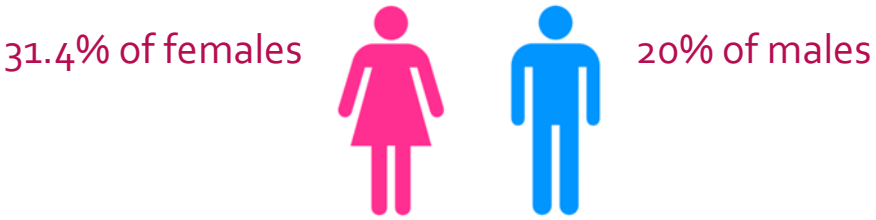
Figure 6.1.1.3: Duration in recovery/ recovered



At the time of the survey, female participants self- identified on average, having been in recovery or recovered for less time than their male counterparts.

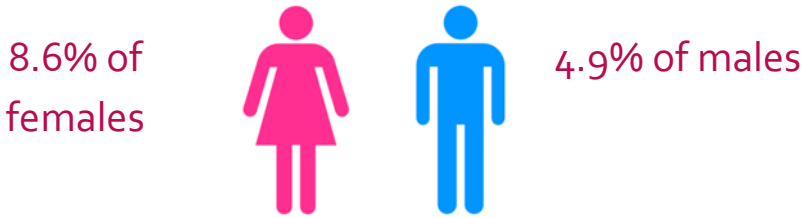
6.1.2 Relationship status

Figure 6.1.2.1: Marital status



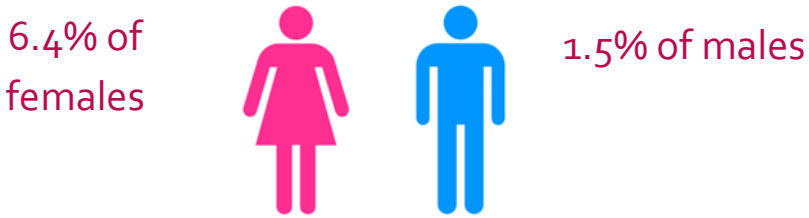
Female survey respondents were more likely to be single, divorced or separated (31.4% compared to 20.0% of men).

Figure 6.1.2.2: Victims or perpetrators of domestic violence



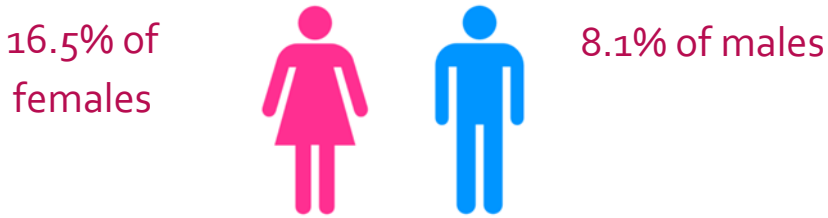
Female survey respondents were more likely to be a victim or perpetrator of domestic violence (8.6% compared to 4.9% of men).

Figure 6.1.2.3: Lost custody of child



Female participants were more likely to have lost custody of a child (6.4% compared to 1.5% of men).

Figure 6.1.2.4: Regaining custody of child

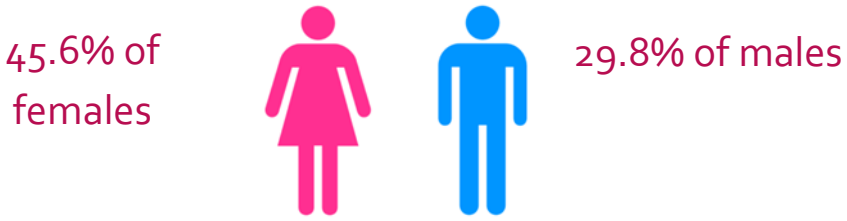


However, female participants were more likely to have regained custody of a child on gaining recovery status (16.5% compared to 8.1% of men).

6.1.3 Health and wellbeing

On the rating scale for psychological health between 1 and 10, female participants provided a lower mean rating of 6.7 compared to 7.3 for men. Additionally, at the time of the survey, female participants were significantly more likely to be receiving support for emotional or psychological problems.

Figure 6.1.3.1: In receipt of support for emotional or psychological issues



In spite of these elevated problem rates, female respondents were less likely to be frequent users of health care services (14.2% compared to 19.8% of men).

6.1.4 Financial status

Female participants were more likely to have a bank account (96.3% compared to 92.2% of men) but less likely to have got their driving license back (23.4% compared to 31.8% of men).

6.2. Self-endorsed recovery status

As previously mentioned (see section 2.5) the UK Life in Recovery survey 2015 provided four recovery categories for participants to select from: 'medically assisted recovery'; 'in recovery'; 'recovered'; 'used to have a problem but no longer do'.

As is clear from Table 8, there are differences in the recovery functioning of those who see themselves as in recovery or as recovered. The most striking difference however is with the small group who are in medication-assisted recovery, who reported lower rates of employment, more frequent victimisation or commission of domestic violence, lower rates of payment of taxes and repayment of debts and poorer quality of life and psychological health.

Table 8: Differences in recovery careers and wellbeing by recovery category endorsed

	Medication-assisted recovery (n=24)	In recovery (n=510)	Recovered (n=56)	Used to have a problem but not anymore (n=69)	Significance test
Length of substance use career (in years)	19.0	20.9	21.2	17.0	F=3.81, p<0.01
How long since you last drank or used? (in years)	1.7	7.7	8.6	7.3	F=3.42, p<0.05
Physical health rating	6.2	7.4	7.5	7.5	F=2.58, p=0.05
Psychological health rating	5.1	7.0	8.1	7.5	F=10.70, p<0.001
Quality of life	6.6	8.2	8.9	8.2	F=5.47, p<0.01
Have bad debts or can't pay the bills	40.9%	32.6%	23.1%	17.9%	χ^2 = 8.46, p<0.05
Had good credit restored	60.9%	72.7%	80.8%	78.8%	χ^2 = 8.10, p<0.05
Pay bills on time	69.6%	91.6%	90.4%	92.3%	χ^2 = 13.01, p<0.01
Paid or paid back taxes	39.1%	72.1%	74.5%	59.4%	χ^2 = 15.19, p<0.01
Victim or perpetrator of family violence	33.3%	4.5%	11.5%	9.1%	χ^2 = 8.46, p<0.05
Frequent use of healthcare services	68.2%	15.1%	13.5%	16.7%	χ^2 = 42.04, p<0.001
Use tobacco products	86.4%	56.3%	44.9%	57.1%	χ^2 = 10.69, p<0.05
Steadily employed	22.7%	65.4%	77.6%	70.0%	χ^2 = 21.43, p<0.001
Good job or performance evaluations	36.4%	73.0%	80.9%	82.0%	χ^2 = 19.02, p<0.001

6.3 Co-morbid emotional and mental health issues

Those who reported emotional or mental health problems for which they were currently receiving help or treatment (n=278, 36.9% of the total sample) were compared to those who did not report experiencing these issues. Only the statistically significant differences between those with and without ongoing mental health problems are reported below.

Respondents experiencing emotional and mental health issues can be seen to be experiencing subsequently poorer physical health and quality of life outcomes in terms of longer substance using careers, shorter recovery and abstinence careers and have started later on their recovery journey. These data highlight the significance of focussing on mental and emotional wellbeing in recovery.

Table 9: Recovery and using careers by the existence of treated mental health issues

	Untreated mental health problems (n=278)	No untreated mental health problems (n=475)	Significance
Physical health	6.6	7.9	t=7.89, p<0.001
Psychological health	5.7	7.8	t=12.92, p<0.001
Quality of life	7.4	8.6	t=6.84, p<0.001
Length of substance using career	21.2 years	19.8 years	t = 1.72, p=0.09
Length of time since last substance use	5.3 years	8.8 years	t=5.54, p<0.001
Length of time in recovery	6.2 years	9.4 years	t=5.04, p<0.001
Age at start of recovery journey	39.5 years	37.7 years	t=2.29, p<0.05

Further differences in key variables around differences in current functioning and addiction/ recovery experiences are shown in Table 10. Unsurprisingly, those currently in treatment for mental health problems report greater utilisation of health services (including emergency services), lower rates of steady employment, greater rates of involvement in incidents of domestic violence and experience greater financial issues when compared to those in recovery not also experiencing ongoing emotional and mental health issues.

Table 10: Current recovery functioning by the existence of mental health problems

	Currently being treated for mental health problems (n=278)	No mental health problems (n=475)	Significance
Under a doctor's care for a chronic medical condition	54.0%	31.3%	$\chi^2 = 37.45$, p<0.001

Single, widowed, divorced or separated	31.8%	22.1%	$\chi^2 = 14.05$, $p<0.01$
Bad debts or bad credit	38.4%	26.7%	$\chi^2 = 9.76$, $p<0.01$
Had good credit restored	63.3%	79.6%	$\chi^2 = 20.78$, $p<0.001$
Paid back personal debts	67.8%	80.1%	$\chi^2 = 12.32$, $p<0.001$
Paid taxes or back taxes	60.6%	74.8%	$\chi^2 = 13.91$, $p<0.001$
Lost custody of children	5.8%	2.5%	$\chi^2 = 4.31$, $p<0.05$
Planned for the future	74.5%	86.3%	$\chi^2 = 14.28$, $p<0.001$
Was victim or perpetrator of family violence	10.9%	4.1%	$\chi^2 = 10.98$, $p<0.01$
Volunteered in civic or community group	73.9%	82.6%	$\chi^2 = 6.82$, $p<0.01$
Experienced untreated emotional or mental health problems	44.3%	24.8%	$\chi^2 = 26.01$, $p<0.001$
Frequent emergency room visits	8.6%	2.5%	$\chi^2 = 12.55$, $p<0.001$
Frequent use of health care services	25.5%	12.5%	$\chi^2 = 17.78$, $p<0.001$
Use tobacco products	65.1%	52.4%	$\chi^2 = 9.81$, $p<0.01$
Dropped out of school or college	4.4%	1.5%	$\chi^2 = 4.74$, $p<0.05$
Frequently missed work or school	6.1%	1.3%	$\chi^2 = 11.40$, $p<0.01$
Steadily employed	45.2%	77.4%	$\chi^2 = 66.50$, $p<0.001$

There are clear added complexities to the recovery journeys of those who are also experiencing emotional and mental health issues, as manifest in almost all of the recovery domains assessed in the UK Life in Recovery 2015 survey. This is further indication that recovery is a complex experience and that it is markedly variable across individuals in some ways that are personal and idiosyncratic and others that are more predictable on the basis of the characteristics of the individual.

Section 7: International comparison - Australia and the US

The UK survey contributes towards an increased commitment to measuring the experiences of recovery across the globe. Across the three completed and linked surveys, there are now 4,604 completed Life in Recovery surveys, and it is important to note that the differences reported below should not deny the overall consensus of positive change reported across all of the sites and the overwhelming evidence this represents about the benefits of initiating and sustaining recovery.

7.1 Survey respondent profile - an international comparison

While, as in Australia and in the US, the UK sample was overwhelmingly white and virtually all of the UK sample born in the UK, there are some international differences in the profile of those completing the survey:

- While 57% of US participants and 55% of Australian participants were female, this was the case for only 47% of those who took part in the UK Life in Recovery 2015 survey (although this remains a much higher proportion of females than would typically take part in addiction treatment research, with typically one quarter to one third of the sample being female
- There was a wide age range in survey respondents internationally (for example the range was 15 to 76 in Australia where the mean age was 44 years), in the UK survey the largest groups were in the age range of 40 - 49 years (38.2%) and 50 years or over (38.5%). This is lower than the US sample in which 54% were aged over 50
- In terms of addiction careers, the average length of time people had been in recovery among UK participants was 8.3 years (range of 0-54 years), compared to an average of 9.3 years in the US survey and around 8 years in Australia
- As in the other surveys, participants reported that they had typically started their recovery journeys before they achieved sustainable abstinence. In the UK survey, there was an average age of initiating the recovery journey of 38.4 years, compared to a mean of 36 in the US and 35 in Australia
- In Australia, the average length of the addictions career was 18.6 years, in the US of 18 years, whereas in the UK, the average length of the using career was 20.4 years

7.2 International comparison: Self-endorsed recovery category

Internationally, there are differences in reported recovery status categories. Interestingly, UK participants were markedly less likely than their peers in Australia or the US to describe themselves as 'in recovery' and were slightly more likely to describe themselves as that they 'used to have a problem but no longer do'[2].

[2] UK respondents were more likely to give their own 'narrative' definition or not to answer this question than in the other surveys and so the aggregate percentage is lower

Table 7.2.1: Recovery status across the three international sites

	In recovery	Recovered	Used to have a problem but no longer do	Medication-assisted recovery
UK	65%	7%	10%	3%
Australia	80%	6%	4%	5%
US	75%	14%	8%	3%

7.3 International comparison: Financial issues

Table 7.3.1 below shows some of the major changes that occurred in each of the countries in terms of the transition from active addiction to recovery. The UK findings around finance are consistent with the international comparators with marked improvements in credit ratings, in paying back personal debts and in contributing to the national economy in the form of payment of taxes.

Table 7.3.1.: Finances across the three international sites

	UK		US		Australia	
	Active addiction	Recovery	Active addiction	Recovery	Active addiction	Recovery
Paid taxes	47%	70%	55%	80%	53%	72%
Paid back personal debts	42%	76%	40%	82%	68%	70%
Have good credit rating	43%	74%	41%	76%	33%	69%

7.4 International comparison: Family and relationships

The patterns for effective family functioning are consistent across all three countries with significant reductions in involvement in domestic violence incidents, and substantial improvements in risk of losing custody of children and subsequently achieving reunification (see table 7.4.1). This effect is most pronounced in the UK Life in Recovery survey, where nearly one in five participants reported losing custody of children during active addiction but also the highest rate of reunification in recovery is reported.

Table 7.4.1: Family functioning across the three international sites

	UK		US		Australia	
	Active addiction	Recovery	Active addiction	Recovery	Active addiction	Recovery
Lost custody of children	17.7%	3.7%	12.7%	2.1%	7.6%	2.4%
Regained custody of children	5.6%	11.8%	4.3%	9.2%	2.1%	6.5%
Victim or perpetrator of domestic violence	38.6%	6.5%	40.8%	8.9%	51.4%	8.9%

7.5 International comparison: Health and wellbeing

Evidenced across all of the three surveys is a dramatic improvement in self-care, and considerable reductions to the economy, resulting from utilisation of healthcare services and reductions in attendance at emergency rooms. There are also dramatic reductions in untreated emotional or mental health problems, although these do not reach the levels achieved in the US and are much closer to the reductions reported in Australia.

Figure 7.5.1: Health and wellbeing across the three international sites

	UK		US		Australia	
	Active addiction	Recovery	Active addiction	Recovery	Active addiction	Recovery
Frequent emergency room visits	39.1%	4.7%	21.8%	2.6%	30.8%	7.2%
Frequent use of healthcare services	53.1%	17.3%	27.1%	14.2%	42.2%	19.6%
Untreated emotional / mental health problems	76.2%	31.7%	67.8%	15.2%	84.3%	34.0%
Took care of my	24.3%	93.7%	33.0%	90.6%	27.2%	92.4%

health

7.6 International comparison: Criminal justice involvement

As in the Australian and the US survey results, the proportion of the sample that have either been arrested or served a prison sentence dropped significantly. Only 1.3% of the recovery populations in the UK and Australia having served time in prison and only 3% of the UK recovery population having been arrested at any point. There is markedly more inconsistency around coming off probation requirements across the three sites, which may reflect differences in criminal justice processes in the three countries.

Table 7:6.1 Criminal justice involvements across the three international sites

	UK		US		Australia	
	Active addiction	Recovery	Active addiction	Recovery	Active addiction	Recovery
Got arrested	58.1%	3.3%	52.8%	5.3%	53.4%	2.8%
Served jail or prison time	19.9%	1.3%	33.6%	4.6%	14.9%	1.3%
Got off probation or parole	23.7%	13.5%	20.9%	25.4%	17.8%	6.5%

7.7 International comparison: Employment and education

As in the other countries, there are dramatic improvements in both employment and education. This is evidence that, in spite of the Global Financial Crisis, the majority of those in recovery are in stable employment, with the rate slightly higher in the UK than in Australia and only slightly lower than in the US, and with a much lower rate of getting fired or suspended than peers in the US. There is also a consistently high rate of furthering education in all three locations, with the UK figure being slightly higher than in the US or Australia.

Table 7.7.1: Employment and education across the three international sites

	UK		US		Australia	
	Active addiction	Recovery	Active addiction	Recovery	Active addiction	Recovery
Got fired / suspended	49.7%	2.7%	50.9%	10.3%	38.1%	3.7%
Steadily employed	40.3%	74.0%	51.2%	82.5%	32.2%	71.4%
Furthered education	32.0%	79.5%	36.9%	78.1%	32.6%	64.6%

or training						
Started my own business	12.3%	17.9%	14.9%	27.5%	15.0%	25.5%

7.8 International recovery comparison

While these data were not reported in Australia, the UK Life in Recovery 2015 data is consistent with the US data, in showing the added value associated with longer periods in recovery. Although different time windows are used, it is interesting to note that there is not always a linear or stepwise relationship with certain problematic behaviours more prevalent among those in long term recovery (possibly reflecting the longer window available for such behaviours to occur). Thus, the message is that individuals must be constantly vigilant and are likely to need some level of ongoing support.

Nonetheless, the overall pattern is clearly consistent across the UK and the US - the greatest benefits of recovery are experienced in the longer term; recovery is a process rather than an event; and that the gains to the individual, their family and their community and ultimately wider society continue to grow and flourish as recovery matures and develops.

Section 8: Overview and conclusions

8.1 Overview

The UK Life in Recovery survey provides further evidence that there is a sizeable recovery population who are available to participate in research projects that aim to advance the cause of recovery. We can say nothing about how representative our sample group is or what percentage of the UK recovery population they represent although we have participation and engagement from a wide range of recovery organisations across the UK. The UK ethnic population is underrepresented in this survey sample, as are recovering persons in the prison population and from those in the younger recovery community. Exploring the recovery experiences of individuals in minority communities remains under researched and future work is necessary in order to build a more complete picture. However, this is a critical step in establishing a baseline for recovery experiences in the UK that will be built on with future surveys, both internationally and in the UK.

8.2 Key message

Importantly, the UK Life in Recovery survey findings are a strong endorsement of the benefits of the transition from active addiction to recovery across a wide range of life domains that influence not only the individual, but also their family, their local community and wider society. The changes documented here are broadly similar to the positive changes reported in the Australian and U.S recovery surveys - that they are dramatic and overwhelmingly positive.

8.3 Key findings

The most striking findings from the UK Life in Recovery 2015 survey are the positive impacts of recovery and its continuity over time on:

- families, with marked reductions in children being taken into care and clear net benefits in terms of family reunifications, particularly among those stable in their recovery journeys
- family life, as rates of domestic violence dropping from 39% in active addiction to less than 7% in recovery
- health and wellbeing, with reduced engagement with chronic and acute healthcare
- employment sector and economy with 74% of those in recovery reporting that they have remained steadily employed and 70% reporting that they pay taxes, repay debts and have credit ratings restored during recovery
- criminal justice involvement, with low arrest and prison rates following the start of recovery and increasing disengagement associated with longer recovery duration

However, recovery is not just about stopping negative behaviour; it is also about making a positive contribution and engaging in society, positive factors which were found in the UK survey findings, as 79.4% of participants reported having volunteered in community or civic groups since the start of their recovery journeys.

8.4 Key variations

- There is good evidence that longer periods in recovery - particularly beyond the first year - are associated with cumulative gain, although it must be noted that for some behaviours (such as involvement in domestic violence) that there is room for improvement in the longer term group
- There are variations identified with lower levels of functioning in some domains for those on medication-assisted recoveries, and those requiring additional support for ongoing emotional and mental health issues
- There are also differences in recovery experiences distinguished by gender

8.5 Key conclusions

The overall conclusions to be drawn from the UK Life in Recovery survey 2015 are that the transition from active addiction to recovery has multiple benefits for even the most vulnerable populations. The longer recovery can be sustained, the more the benefits are accrued to the individual, their families and their communities. We do not yet know enough about what is needed to support this process, but this survey echoes the findings of prior recovery surveys in Australia and the US, adding to a growing body of evidence suggesting that while recovery can be a broad and differentiated experience, it is one that should be celebrated, acknowledged and supported across communities.

8.6 Challenging and changing the way we 'do' treatment

Echoing the sentiments made by the Australian survey authors, we hope that having followed in the footsteps of FAVOR and Australia, and that other countries will pick up the challenge. Mapping and charting recovery journeys will allow a collective recovery voice to emerge, challenging notions of stigma and stereotype that limit one's chances of recovery. Challenging and changing the way 'we do' treatment for those afflicted with drug and alcohol problems is at the forefront of the recovery movement and we wish to support those sentiments, values and goals.

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