Client Experiences in Recovery Addiction Support Services

Report

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About the Authors

This research was conducted by members of the Self and Well-Being Lab (SWELL) in the Department of Psychology at the University of Victoria. SWELL researchers seek to understand how important aspects of the self – like self-esteem, self-concept, and identity – shape, and are shaped by, people's close relationships and the communities to which they belong. SWELL researchers also seek to identify, and help people to overcome, social-psychological barriers to health and well-being. Danu Anthony Stinson, PhD, is the Lab Director of SWELL and a faculty member in the Department of Psychology at the University of Victoria. Dr. Stinson has extensive experience conducting research in the area of health and well-being, and she supervised the graduate and undergraduate student-collaborators on this project.

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We acknowledge with respect the Lekwungen peoples on whose traditional territory the University of Victoria stands and the Songhees, Esquimalt, and WSÁNEĆ peoples whose historical relationships with the land continue to this day.

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Introduction

Between January of 2018 and May of 2019, our research team surveyed over 160 clients of Recovery Addiction Support (RAS) services about their experiences in recovery and in the RAS program, their health and well-being, and their feelings of social support and belonging. Nearly 70 of these clients also responded to a second survey approximately three months after their initial participation. In the following report, we present the key findings from this research.

This report is organized around the following questions:

1. Who are RAS clients and what are their recovery experiences?
2. How long and how often do clients participate in RAS?
3. What coping skills are RAS clients using?
4. What positive outcomes are associated with participation in RAS?
5. What feedback do clients have for RAS?
6. What are clients' next steps in recovery?

Considerations When Interpreting Our Results

When reading this report, it is important to remember that our research is cross-sectional and correlational. This means that we can describe whether clients of varying genders, ethnicities, and ages have the same or different experiences in RAS. We can also describe associations between various experiences in RAS and important health and well-being outcomes. However, our methods do not allow us to make causal claims about any of the group differences or associations that we report.

It is also important to remember that participation in this study was voluntary, and so the RAS clients who chose to participate in our study may not represent the full spectrum of clients who engage RAS services.
Executive Summary

The Recovery Addiction Support (RAS) program assists a range of clients of varied backgrounds, and in fact, people who identify as First Nations and/or LGBTQ+ may be over-represented among RAS clients. Yet the typical client in our study is white, male, heterosexual, and between the ages of 30 and 50. Moreover, as we will detail shortly, clients who do not identify with this ‘typical’ client profile attend RAS for relatively less time and have relatively less positive experiences in RAS. As such, RAS services may wish to consider ways to make their program more accessible and inviting to a broader range of people in need.

Most RAS clients report one drug of choice (DOC), which is typically alcohol, and characterize their previous use as ‘daily.’ On average, RAS clients have been in recovery for 14 months, they have been attending the RAS program for 2 months, and they attend 2-3 RAS meetings a week. However, younger clients, First Nations clients, and LGBTQ+ clients attend RAS for a shorter duration than other groups.

Relapses are a common part of recovery, and RAS clients identify situational stress, cravings, and feelings of social isolation as the most relevant contributors to their most recent relapse. Some groups also face unique challenges during recovery. First Nations clients and clients who are members of visible minority groups report more physical health problems than other RAS clients. Female clients are more likely to experience symptoms of disordered eating than other clients, and their symptoms get worse as their substance use decreases. RAS clients who report more recovery attempts also report worse health. RAS services may wish to consider these unique challenges when developing their programming.

Clients use many of the coping skills that are commonly taught in the RAS program. The three most-used coping skills were: (1) having a schedule or routine, (2) social connections, (3) being in nature. In turn, RAS clients use more coping skills also report higher self-esteem, better health, greater resilience and coping efficacy, and decreased alcohol and substance use.

More-frequent participation in RAS is also associated with greater feelings of belonging in the program and a stronger sense of recovery identity. In turn, stronger feelings of belonging in RAS predict improvements in health and well-being over time. Most clients feel a strong sense of belonging in RAS, but compared to men, women report lower feelings of belonging. Given the known benefits of group belongingness for recovery, RAS services may wish to consider ways to support women’s sense of belonging in their program.

Overall, clients report that the RAS program is a central part of their recovery process and integral to helping them to maintain their recovery, though these sentiments were stronger for some demographic groups than others. RAS clients identified the educational topics, the group facilitators, and feelings of belonging as core strengths of the RAS program. RAS clients identified additional treatment options, providing coffee and snacks, and additional educational topics as potential areas for improvement. Almost 75% of clients report that their “next steps” in recovery include continuing to attend RAS.

Overall, the RAS program supports client recovery—a core strength of the program is the sense of belonging that the RAS program offers its clients.
Who are RAS clients and what are their recovery experiences?

Gender

Most RAS clients identify as men (60.5%) followed by women (36.5%) and nonbinary gender identities (0.6%). Relative to the general population of Victoria, women may be under-represented among RAS clients.

Ethnicity

The majority of RAS clients identify as White (79%), First Nations (20%), Black (3%), and/or South Asian (3%). Relative to the general population of Victoria, First Nations People may be over-represented among RAS clients.

Sexual Orientation

Although most RAS clients report a Heterosexual/Straight sexual orientation (69%), clients who identify as LGBTQ+ (11%) may be over-represented among RAS clients relative to the general population of Victoria.
Age

- 12% of RAS clients are under 30 years old.
- 58% of RAS clients are between 30 and 50 years old.
- 30% of RAS clients are over 50 years old.

Marital Status

One in four (25%) RAS clients are Married or in a Common Law relationship whereas one in five (21%) RAS clients are Single. Approximately 11% of RAS clients report that they are currently Separated.

Substance Use History

Average Age When Substance Use Became Problematic

The average age when substance use became problematic for RAS clients was 22.
Number of Reported Drugs of Choice

All clients report at least one drug of choice (DOC).

- 51% of RAS clients report one DOC.
- 27% report two DOCs
- 15% report three DOCs
- 7% report four or more DOCs.

Most Common Drugs of Choice

Most RAS clients report that alcohol is their DOC (70%), followed by cocaine (23%), marijuana (16%), crack (13%), heroin (13%), and crystal meth (12%).

Previous Use

The majority (60%) of RAS clients report previously using their DOC daily. Approximately 20% report previously using their DOC between 2 and 5 times a week.
How long and how often do clients participate in RAS?

RAS clients have been in the recovery process anywhere from a few days to over thirteen years, with the average time in recovery being 14 months.

RAS clients have been participating in the program anywhere from one day to nine months, with the average length being two months.

On average, RAS clients attend 2-3 RAS sessions per week.
Gender did not predict clients’ attendance in RAS, but LGBTQ+ participants attend RAS for less time than heterosexual clients. Some other group differences were also evident:

**Participation in RAS by Age:**

Younger clients (under age 30) attend RAS for less time than older clients (over age 30).

Younger clients (under age 30) also attend RAS less frequently than older clients (over age 30).

**Participation in RAS by Ethnic/Racial identity:**

RAS clients who identify as Indigenous/First Nations attend RAS for less time than other groups.
Common Challenges in Recovery

Relapse

RAS clients report an average of 5 relapses during their recovery process. The most commonly reported factors contributing to a recent relapse are as follows:

- **Experiencing Relational Conflict**: 13%
- **Others Using**: 14%
- **Feeling Isolated/Disconnected**: 16%
- **Situational Stress**: 20%
- **Cravings/Urges**: 17%
- **Boredom**: 16%

Unique Challenges in Recovery

RAS clients who identify as First Nations and/or members of visible minority groups report worse physical health than white clients.

- Female RAS clients report more symptoms of disordered eating than male RAS clients, and these symptoms get worse as substance use decreases.
- LGBTQ+ clients report worse sexual and psychological health than heterosexual clients.
- Controlling for age, RAS clients who report more recovery attempts report worse general health than RAS clients who report fewer recovery attempts.
What coping skills are RAS clients using?

The typical RAS client uses 16 of the 38 coping skills that are taught in RAS meetings.

Of the 38 coping skills, the following skills were reported to be most effective by the majority of RAS clients:
Outcomes Associated with Coping Skills

RAS clients who use more coping skills report:

- Higher self-esteem
- Greater feelings of coping efficacy
- Greater resiliency
- Stronger recovery identity
- Greater mindfulness confidence
- Better general & psychological health
- Greater life satisfaction
- Less loneliness
- More responsive social network
- Greater sense of belonging in RAS
- Decreased alcohol & substance use
What Positive Outcomes are Associated with Participation in RAS?

Accounting for group differences, people who spend more time in the RAS program report that recovery is a more central part of their identity and that they feel a greater sense of belonging in RAS.

In turn, stronger feelings of belongingness in the RAS program predict improvements in mental and physical health over time.
Gender and Belonging

Although RAS clients generally report strong feelings of belonging in RAS, women report lower feelings of belonging than men.

What Feedback Do Clients Have for RAS?

RAS clients rated their agreement with four statements about how the RAS program has affected their recovery experience. The following graphs reflect RAS client responses to these four statements as a function of age (under 30 years old, 30 to 50 years old, over 50 years old) and Indigenous identity (Indigenous/First Nations, Not Indigenous/First Nations). Note that a higher peak indicates that a greater proportion of clients chose a particular response option.

1. **Clients generally agree that attending the RAS program is a central component of their recovery program.** Indigenous clients are especially likely to agree with this statement. RAS clients under 30 are less likely than their older counterparts to agree that RAS is a central component of their recovery program.
2. **Clients generally agree that the RAS program helps them to maintain their recovery program.**

![Graph showing response density for attending the RAS program helps maintain recovery program across age groups.]

3. **Clients expressed a range of opinions about whether accessing the crystal pool is a large component of their recovery program.** Indigenous and First Nations RAS clients over the age of 50 were especially likely to agree that accessing crystal pool is large component of their recovery program.

![Graph showing response density for accessing the crystal pool as a large component of recovery program across age groups.]

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4. Clients also expressed a range of opinions about whether they would not be able to attend RAS if bus tickets were not provided, but no strong consensus emerged.
Client-Identified Strengths

In their written feedback, RAS clients identified a number of strengths of the RAS program. The most commonly identified strengths were: 1) educational topics; 2) the group facilitators; 3) a sense of belonging (i.e., sharing with others, supportive environment, sense of community, feeling safe)

This graphic displays all of the strengths that clients identified (note that word size is proportional to the number of client responses):
Client-Identified Suggestions for Improvement

In their written feedback, RAS clients also offered suggestions for how to improve the RAS program. The most commonly identified suggestions for improvement were: 1) more treatment options; 2) providing coffee and snacks; 3) additional educational topics.

This graphic displays all of the suggestions that clients identified (note that word size is proportional to the number of client responses):
What are Clients’ “Next Steps” in Recovery?

1. I will continue to attend RAS the same amount I do now
   - 74% Agree
   - 19% Neither agree nor disagree
   - 7% Disagree

2. I will continue to attend RAS but decrease the amount I attend
   - 58% Agree
   - 28% Neither agree nor disagree
   - 14% Disagree

3. I will be attending outpatient groups at the AOT/Quadra Clinic
   - 51% Agree
   - 28% Neither agree nor disagree
   - 21% Disagree

4. I will be attending community recovery meetings like AA, NA, LR, or SMART Recovery
   - 79% Agree
   - 14% Neither agree nor disagree
   - 7% Disagree
5. I will be working part-time

6. I will be working full time

7. I will be volunteering

8. I will be attending school