

Surviving to thriving – an exploration of the quality of life of people in long term recovery from drugs and alcohol.

Collins A, 2017

Purpose:

This research explored how individuals in long term recovery talk about their recovery from addiction from drugs and/or alcohol and compared their perceived quality of life with a group of individuals who have not experienced substance misuse issues. The theories of Post Traumatic Growth and Better Than Well, provided a framework for thinking about how individuals have maintained long term recovery in what is often referred to as a chronic relapsing condition.

Design:

A sequential explanatory mixed method design combining quantitative Quality of Life measure (WHOQoL-Bref, WHO 1996) and six subsequent semi-structured individual interviews. The Quality of Life measure compared long term recovery scores (post 5 years) with the general population group. The subsequent qualitative semi-structured interviews explored what the participants themselves said about their recovery. The interview participants were 3 men and 3 women with years in recovery ranging from 6 years to over 15 years.

Findings:

The quantitative data provides evidence of a significant difference in Quality of Life in two domains. The long term recovery group (5 or more years into recovery) scored higher in both the environment and psychological domains than the general population group. Of the long term recovery group 17 people who still accessed mutual aid scored higher in all four domains than those 23 people who did not. The interviews provide evidence of this difference as result of growth in psychological elements of recovery such as developing perspective, improvement in self-esteem, spirituality, as well as contributing as part of wider social involvement.

This research supports Hibbert and Best's (2010) discussion of recovery involving improvements in many areas of life and to potentially improve beyond the norm. This adds to the emerging recovery literature exploring the better than well theory (Hibbert & Best, 2010, Valentine, 2011). The participants themselves identify family, peer support/mutual aid, education and learning, acceptance and purpose/spirituality as key aspects of their process and establishment of stable long term recovery.

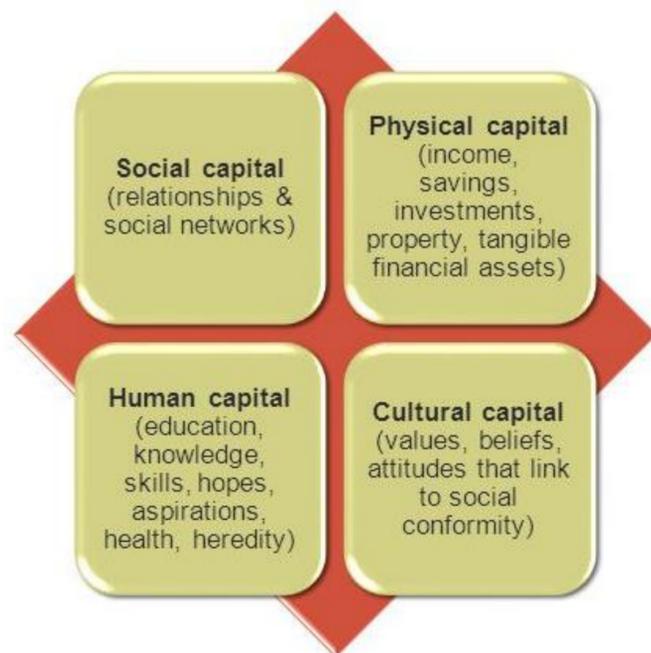


Table 1 Overall WHOQOL-Bref scores comparing long term recovery group to general population group

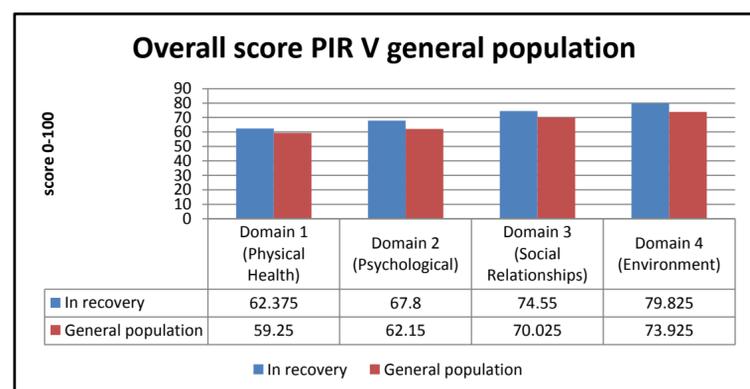


Table 2 Comparing overall WHOQOL-Bref scores of those in the long term recovery group attending mutual aid and those not attending mutual aid

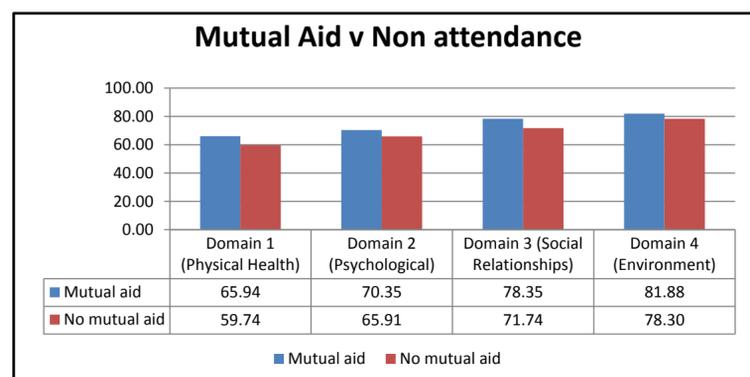
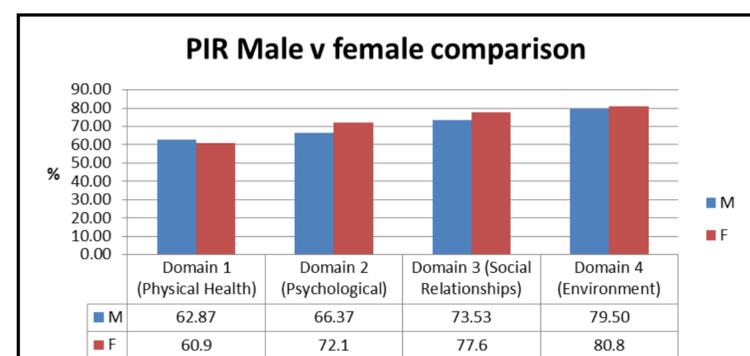


Table 3: Comparing overall WHOQOL-Bref scores of the male and female in the long term recovery group scores across all 4 domains



This study was part of public health practitioner continuing professional development and submitted as part of a postgraduate masters course in public health at Sheffield Hallam University