

**Substance misuse recovery:
Can digital technology be used to
support the process?**

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Abstract

This literature review explores the ways in which digital technology can be used to support substance misuse recovery, maintaining abstinence and improving quality of life in a wider recovery framework. The researcher gathered the literature through a search of specific online databases and has critiqued articles in more depth before writing this briefing on the findings.

Keywords

Digital exclusion, digital inclusion, substance misuse, substance addictions, recovery, online recovery resources

Key Points

- Online recovery resources have been shown to improve outcomes and these can be used alongside more traditional face-to-face interventions
- Online recovery resources include; computer assisted therapies, support groups (can be found on social media or organisations such as Alcoholics Anonymous (AA)), SMART recovery groups and online forums
- Social support is important for recovery – digital technologies are a way to maintain contact with family and friends and also to access online peer support
- Digital technology holds many benefits to widening recovery resources including; improved access to education and employment resources, a tool for social interactions, wider consumer benefits and health services.
- Barriers include; economic means, digital literacy and support, lack of signposting on resources available and integrity of recovery resources.

Background

According to The Scottish Parliament (2017), the socially deprived areas in Scotland have inequalities in 'health, employment, education and access to services', with illicit drug use being much higher within these areas. The benefits to digital technology and internet-use have been generally recognised in the literature as improving access to employment and education, social interactions, and as having wider

consumer benefits, with an increasing use in accessing additional health resources available online. With this in mind, there is also a recognised 'digital divide' recorded within Scotland, where the people living in the most deprived areas are accessing the internet for personal use up to 15% less than those coming from the least deprived areas (Scottish Government 2017). This literature review will explore three key themes

found in the academic literature: What is recovery?; Online recovery resources; and Social networks and Other uses. This focus follows the initiative of the UK and Scottish Governments, who have put strategies in place to tackle digital exclusion and to enable the population to have equal access to the benefits that digital technology and the internet has to offer and, in this case, resources that could assist recovery.

Findings

Definitions of Substance Misuse

'Substance misuse' generally means the consumption of a psychoactive drug or alcohol that effects mental processes and is out of line with legal or medical advices (WHO 1994). These substances are known as being addictive, causing repeated use resulting in a struggle to stop consuming them (WHO 1994).

1. What is recovery?

Throughout the selected literature, the concept of recovery has been highlighted as under defined. Neale and Stevenson (2014) found it necessary to bring it to attention that recovery and abstinence are often conflated, which can undermine the services working within a wider harm-reduction framework. Duffy and Baldwin in 2013 explained that there was a change in UK recovery framework toward a long-term recovery-orientated practice where the focus is around sustaining recovery from substance misuse. In contrast, Duffy and Baldwin (2013) explain that there used to be more of a focus around getting people to engage and stay in treatment with a concentration on initial harm reduction.

The idea of recovery involving more than just abstinence is previously reiterated in Laudet's (2007) study of the definitions and experiences of those who categorise themselves as being 'in recovery'. This study found that people in recovery identified this as the need to be abstinent from all psychoactive substances, but additionally required changes to be made to make self and life improvements. Laudet (2007) argues that recovery is a process of ongoing change not an endpoint and that the state of abstinence is a requirement of this process. Another key point highlighted is the actual definition of the term 'recovery'. Laudet (2007) indicates that dictionary definitions include "to get back: regain" and "to bring back to normal position or condition" which are just a few. This perception of getting back something that was lost has been shown to not necessarily be helpful as often, as people in recovery services were shown to have limited good things to recover (Laudet 2007). These findings were gathered from participants from deprived areas of New York that had a severe history of poly-substance abuse. There was also a money incentive to take part in this study at each interview which could have influenced these findings, as people taking part could have been more likely to be struggling economically. On the other hand, although this is not an overall representation of the general population of substance misusers, it highlights that people coming from deprived backgrounds with substance misuse issues are likely to need to make changes in their life.

Recovery Capital

The concept of 'recovery capital' was brought up within 6 of the key articles, thus showing its interest to researchers in this field (Laudet 2007; Duffy and Baldwin 2013; Neale and Stevenson 2014; Neale and Brown 2015; Dugdale et al. 2016) and its importance has been shown in UK policy and strategic plans (Neale and Stevenson 2014). Recovery capital is defined as the total resources one has that can initiate and sustain recovery from substance addictions (Duffy and Baldwin 2013; Neale and Stevenson 2014). Neale and Stevenson (2014) explain these clearly as being separated into four key components; physical, cultural, human and social capital. Both Neale and Stevenson (2014) and Duffy and Baldwin (2013) agree that recovery capital can be used as a way of predicting sustained recovery from substance misuse whereas those who do not have access can inhibit someone's chances of recovery. Elison et al. (2014) explain this as the coping resources that enable people to overcome the psycho-social issues that are influencing their substance misuse. Duffy and Baldwin (2013) also inform that negative recovery capital includes things like poor mental health or being incarcerated. Therefore, by assisting someone to achieve a wider base of recovery capital, this should in turn have the possibility to increase and sustain recovery probabilities. With this change into a new focus of sustained recovery with a solution-focus, it is imperative that interventions are evidenced-based and centred around this new "recovery paradigm" (Elison et al. 2014).

2. Online recovery resources

This theme looks at online resources that are specifically for substance misuse recovery and treatment. The use of technology in substance abuse treatment and recovery is becoming more prominent. Taking into account the shift to the recovery paradigm, it is important that these interventions are evidence-based and recovery-focused (Elison et al. 2014). Online resources include computer assisted therapy, such as Breaking Free Online in the UK, and peer communities such as online support groups facilitated by organisations such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), SMART recovery groups, recovery forums and online communities found on social media sites.

The study by Dugdale et al. (2016) aimed to examine the use of these recovery resources through an online structured quantitative survey and a semi-structured interview. The 130 participants were put into self-identifying categories of; 56% identifying that they were 'in recovery', 32% said they had no perceived substance misuse issues and 12% were working towards the recovery stage. Those 12% who were working towards recovery, functioning on lessening or stopping their substance misuse, were more likely to access online recovery resources than the others. When looking into the resources in more depth, computer assisted therapies like Breaking Free Online look at the reasons and triggers behind the substance misuse and focus on skills needed to overcome these issues (Dugdale et al. 2016). This indicates computer assisted therapy could be more beneficial within this stage of attempting active change

and that other resources may be more beneficial at different stages.

Elison et al. (2014) conducted a study on the computer assisted therapy, Breaking Free Online. The study was to explore its use within a health and social care charity through semi-structured interviews with not only the service users like Dugdale et al.'s (2016) study but also the peer mentors, practitioners and leaders of the service. Elison et al. (2014) suggest a major benefit to utilising computer assisted therapies is that they are both influenced by peers and practitioners, which is the aspiration of many other interventions. Content within the computer assisted therapy can be designed by practitioners but delivered within a peer-based environment and evidence has suggested that these can have improvements in recovery outcomes (Elison et al. 2014). Another benefit that this method holds is its way of increasing a standardised delivery of intervention (Elison et al. 2014), which could in turn enhance the ability to measure outcomes.

Interaction between online and offline recourses

Dugdale et al. (2016) suggest that from the results of the study, the previous argued importance of having face-to-face interactions in order to create a sense of connectedness might not be as prevalent. The results from both the qualitative and quantitative data implied that online recovery communities, through discussion, created feelings of belonging. However, these results mainly suggest how beneficial these resources could be as a supplement to recovery interventions. Dugdale et al. (2016) went

on to agree with previous research: that the importance of offline contact with others is necessary on the recovery journey. If, however, there are issues with accessing offline resources due to issues around mental health or daily commitments for example, online access gives another means of support (Dugdale et al. (2016). The way that many online resources can be accessed at any time of the day, again offers an addition means of support if many physical recovery resources are usually only accessible during the working day.

Barriers to using digital technology

Despite online recovery resources gaining popularity, there are barriers to accessing these and the other known benefits to using digital technology.

In Neale and Stevenson's (2014) study of drug users who were homeless, the barriers to accessing the benefits to digital technology in general technology were economic; the inability to afford ICTs and the poor-quality technology that was available to them, and digital literacy, limited knowledge and lack of support to help improve this. Elison et al. (2014) emphasised that people who are facing these levels of social and economic deprivation could end up being further marginalised due to these barriers. Dugdale et al. (2016) also found barriers but focused more on the recovery resources available. Overall barriers included; accessibility due to the lack of signposting of resources available, integrity of resources as they don't have to be standardised by professionals, and the apparent lack of support that they have such as online groups not being monitored.

These barriers could have created bias to some of the results, including Dugdale et al.'s (2016) study where data was collected through online methods, as people who didn't have the physical means or knowledge to access online resources will not have been incorporated into the study.

3. Social Networks

Social capital is known as one of the four major recovery capitals. As mentioned in the last theme, online recovery resources include support groups and forums of people all going through recovery. Peer support was defined by Turpin and Shier (2017) as the aim to achieve long-term recovery through the communication of giving and receiving non-professional advice from people who are in similar situations. This theme will discuss not only peer support, but the other ways in which digital technology can increase social capital.

Social interactions were a recurring theme within the literature with its importance to substance misusing individuals being indicated. In Dugdale's (2016) study it was suggested that online recovery forums were the most popular accessed resource online. It was also evidenced in Neale and Stevenson's (2014) study, that many of the homeless drug users, when they had money on their mobile phones, used them daily to keep in contact with family or friends. This could be explained by social isolation as a result of separation from positive relationships with their lives becoming solely orientated towards using and obtaining drugs, which was seen in Duffy and Baldwin's (2013) earlier study. Digital technology can be utilised to not

only initiate new contact with peers on recovery resources, but sustain contact with family and friends through the use of phones and social networks.

Turpin and Shier (2017) highlight the 'expert by experience' benefits of peer support. However, this literature goes further and discusses how elements of peer support can be incorporated into new hybrid programs in healthcare. The informality of peer support providing clients with experiences and opinions will be from a different perspective of that of the health professional and according to the data, having these multiple feedback sources improved outcomes (Turpin and Shier 2017).

4. Other uses

ICT's such as the internet, mobile phones and digital technologies have become an everyday part of life in the UK. This theme looks at other possible benefits to using digital technologies not specifically looked upon as 'recovery resources' but do support improving recovery capital.

The day-to-day use of ICT's by homeless drug users is examined within Neale and Stevenson's (2014) study. It was highlighted that this was the first study to look at the everyday usage of ICT's within this population, which has significance as it is known that a wide based recovery capital is necessary to improve outcomes (Neale and Stevenson 2014). Having access to digital technology is often referred to as an essential feature needed to participate in society and those who cannot being labelled as 'digitally excluded' (Neale and Stevenson 2014). In Duffy and Baldwin's (2013) study, many participants indicated that they

had starting misusing substances from an early age, resulting in the obstruction of 'normal' skill attainment. As part of recovery, it appears they are resuming adolescent life with poor educational, vocational and sometimes social skills. Digital technology holds many benefits to everyday living including but not limited to: improved access to education and employment resources; a tool for social interactions; wider consumer benefits and health services.

Another key result from the Dugdale et al. (2016) study was the combined usage of online resources, where people were reporting that they were accessing not only substance misuse recovery resources, but also online mental health resources. Having issues with mental health and substance misuse is common. Dugdale (2016) reports that between 75-85% of people in substance misuse recovery have also experienced a mental health issue, which was also seen in Neale and Stevenson's (2014) study where 50% of the homeless drug users reported issues with mental health. By using online resources, people were able to access more than one type of recovery resource to work on different issues that they have currently. Dugdale (2016) also pointed out that recovery resources for substance misuse may help with symptoms of mental health in the way that symptoms may not be exacerbated, for example social anxiety when having to attend physical services. Although this point is not supported by evidence and not necessarily a way to deal with social anxiety. Issues with mental health could be adding to the barriers that people with substance misuse issues face when trying to gain and stay in employment. The opportunities available via online sources such as accessing

health resources and employment and education opportunities enhances chances of employment.

Limitations

Limitations of this review include its overview, rather than a concise review of similar literature. Some sources were also discussed in more detail due to the amount of relevant information to the aim of this literature review and the restricted word count. This was due to limited evidence supporting the uses of technology as not only a method of delivering recovery resources, but also the wider extent of every-day uses which widens recovery capital. There was limited literature found to support the use of digital technology in bettering the chances of gaining employment through increased access to jobs and the opportunity to learn skills needed for recovery population. The final identified limitation was the use of co-occurring homelessness literature, although this is an important population to consider as they are likely to be one of the most deprived populations when thinking about access to recovery capital, identifying that they may require additional and particular support from services.

Limitations

Although not extensive, this literature review has highlighted some overall benefits for people in substance misuse recovery, using digital technology to support their recovery process. As online methods of accessing recovery resources are gaining popularity, more needs to be done to assist those who are facing

barriers to utilising these. More support and knowledge on online resources is needed, such as improved signposting on what is available and support and education when accessing digital technology, especially within the context of the wider recovery paradigm.

1. DUFFY, P. and BALDWIN, H., 2013. Recovery post treatment: plans, barriers and motivators. *Substance Abuse Treatment, Prevention, and Policy* [online]. vol. 8, no. 6, pp. 1-12 [viewed 24 March 2018]. Available from: <https://search.proquest.com>

2. DUGDALE, S., ELISON, S., DAVIES, G., WARD, J. and JONES, M., 2016. The use of digital technology in substance misuse recovery. *Cyberpsychology: Journal of Psychosocial Research on Cyberspace* [online]. vol. 10, no. 4 [viewed 28 February 2018]. Available from: <https://cyberpsychology.eu>

3. ELISON, S., WARD, J., DAVIES, G. and MOODY, M., 2014. Implementation of computer-assisted therapy for substance misuse: A qualitative study of Breaking Free Online using Roger's diffusion of innovation theory. *Drugs and Alcohol Today*. vol. 14, no. 4, pp. 207-218.

4. LAUDET, A.B., 2007. What does recovery mean to you? Lessons from the recovery experience for research and practice. *Journal of Substance Abuse Treatment*. vol. 33, pp. 243-256.

5. NEALE, J. and STEVENSON, C., 2014. Homeless drug users and information technology: A qualitative study with potential implications for recovery from drug dependence. *Substance Use & Misuse*. vol. 49, no. 11, pp. 1465-1472.

6. TURPIN, A. and SHIER, M.L., 2017. Peer support and substance use disorder treatment: Benefits and barriers for intra-personal development in longer-term treatment programs. *Journal of Groups in Addiction & Recovery*. vol. 12, no. 2-3, pp. 117-134.

7. WORLD HEALTH ORGANISATION., 1994. *Lexicon of alcohol and drug terms* [online]. Geneva: World Health Organization. [viewed 2 February 2018]. Available from: <http://apps.who.int>

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