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The Impact of Community Support on Addiction Recovery

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I would like to begin by expressing a deep gratitude to the participants who took part in this study for their openness. Their willingness to share their stories and experiences with me provided an unmatched insight into the impact which community support has on addiction recovery.

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Abstract

Historic research on recovery from addiction has maintained a focus on a medicalised model of treatment where social problems become redefined as medical problems. However, recent research has suggested that treatment models which emphasise social supports have been increasingly effective in supporting recovery from addiction. Through our research, we aimed to gain a further understanding of the impact of community support on addiction in particular peer support through qualitative interviews with members of a peer support group, Speed Freaks. A thematic analysis was then conducted which identified four main themes of; Building Connections and Belonging, the Role of Identity in Recovery, Navigating Social Perceptions and Stigma, Empowerment and Personal Growth. These themes spoke to Speed Freak's ability to support its participants on their recovery from addiction. This provides a clear evidence to the importance of treatment models which encompass an element which looks to the support which peers can offer.

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Introduction

Centuries of theorising and research have offered competing explanations for the nature of addiction, but in general they all agree that it is a complex and nuanced condition. Goodman (1990) proposed a definition for addiction which characterises it in terms of powerlessness and unmanageability stating that addiction is “a process whereby a behavior, that can function both to produce pleasure and to provide escape from internal discomfort, is employed in a pattern characterized by recurrent failure to control the behavior and continuation of the behavior despite significant negative consequences” (Goodman, 1990 p.1407). Addiction encompasses various challenges, cannot be attributed to one direct cause and instead has many contributing factors (Ewald, 2019). Over the course of the twentieth century addiction was framed as medical issue in that it was “a chronic, debilitating disease, with remission or recovery used to describe one’s healing from it” (Best and Hennessy, 2022; p.3) with social issues being redefined as medical issues (Selin, 2011). However, the landscape of addiction research and treatment has shifted over the past few decades toward a broader model of addiction emphasising addiction as an interaction of biological, psychological, and sociological factors (Skewes and Gonzalez, 2013).

Understanding the context of addiction in a country requires a broader understanding of the context of drug use in general. Results from the New Zealand Health Survey (Ministry of Health, 2024) illustrate that 76% of New Zealanders have consumed alcohol in the past year and that 22% of these drinkers consume at levels hazardous to their health. Between 2011 and 2020 approximately 79% of the population had consumed alcohol in the past year, though this has since dropped slightly to 76% in 2024. In contrast, the New Zealand Health Survey indicates that past-year illicit drug use has increased between 2011 and 2024, with cannabis use increasing from 8.2% to 15.6%, while Ecstasy/MDMA use increased from 1.8%

to 4.8%. Even the use of amphetamine-type stimulants – which historically are used by less than 1% of the adult population – has increased across time, rising from 0.9% in 2011 to 1.3% at present.

Given the widespread use of legal and illegal drugs in Aotearoa, it is no surprise that there is also evidence of ongoing issues with addiction. Te Pou (2024) provide data from addiction treatment services nationally, which highlights that between 2021 and 2024 over 70,000 people accessed addiction treatment either through government (e.g. hospital) or non-government (NGO: e.g., community) services. Furthermore, while alcohol was the primary drug of concern for over half of all treatment seekers, amphetamine-type substances (e.g., methamphetamine) was the primary drug of concern for 25% of those accessing NGO services and 15% of those accessing government services. Finally, the data on service users from Te Pou (2024) suggests that not all people in the community experience addiction issues at the same rate, with approximately 70% of those seeking treatment more likely to be male, approximately 60% aged between 25-44, and 46% to be Māori or Pacific. Given the relatively widespread occurrence of drug use and addiction in Aotearoa it is important to explore both how addiction and its treatment is conceptualised.

Models of addiction

The concept of addiction has been theorised and researched for centuries, with multiple competing models being provided to understand both the individual and environmental factors potentially underpinning the process and nature of addiction. For example, one of the oldest models of addiction was the ‘moral model’. The moral model of addiction proposes that addiction is a moral failing whereby those with addiction struggles can be viewed as having “bad character” (Rise & Halkjelsvik, 2019). In contrast to the moral model, the rise of Western medicine in the past two centuries saw the proposal of the ‘disease

model' as a foundation for understanding addiction. In essence, the disease model views addiction as having a biological basis like other mental and medical health disorders, wherein addiction is the result of biological and/or medical issues and can be 'treated' utilising a similarly medical approach (Frank & Nagel, 2017). More recently, the 'brain disease' model of addiction (BDMA) was conceptualised by Alan Leshner in 1997 when Leshner argued that addiction is a chronic, relapsing brain disease (Hall et al., 2015). Leshner argued that while initial drug use is voluntary, chronic use resulted in a neurochemical switch in the brain resulting in a high incidence of relapse. In this model, Leshner contended that individuals affected in this manner experience measurable and permanent biochemical and neurophysiological disturbances in their brain processes, resulting in ongoing and irreparable addiction.

Some research supports the idea that neurological processes play a significant role in the development of addiction. For example, research suggests that the process of addiction may be linked to how the brain responds to adverse experiences in both adulthood and childhood (Maté, 2012). In particular, three main brain systems appear to be implicated in the development of addiction: the opioid attachment-reward system, the dopamine-based incentive-motivation apparatus and the self-regulation areas of the prefrontal cortex. Maté (2012) suggests that these brain systems also appear to be shaped through childhood experiences, evidencing that adverse childhood experiences can significantly impact on an individual's development of addiction struggles.

The disease models of addiction have dominated recent debates about addiction, and while they have their proponents, the biomedical models (e.g., the disease and the BDMA) are not without their criticisms. The initial disease models reflected a 'mind-body dualism' conceptualisation of addiction; the body and the mind are separate entities, they do not

significantly affect each other and addiction is biologically determined with no regard to mind or context (Skewes & Gonzalez, 2013). While contemporary disease models have softened this stance and incorporate social, psychological, and behavioural factors, they still view non-biological factors as of lower importance both in the development and treatment of addiction (Skewes & Gonzalez, 2013). Further, while disease models suggest that addiction is a permanent brain-related state, research shows that remission from drug addiction is common (Heyman, 2013), that remission without formal treatment is also common (Day et al., 2024), and that remission is often patterned along sociodemographic lines, suggesting that social and demographic factors are significant predictors both of addiction and remission (Lopez-Quintero et al, 2011).

In response to issues with biomedical conceptualisations of addiction further models of addiction have been developed which move beyond a simple medical explanation and instead integrate wider complexity in explaining the nature of addiction. For example, the ‘socioecological model’ of addiction views addiction as being guided by the interactions of individuals, organisational influences, public policy, and community and interpersonal influences (Ewald, 2019). In addiction research, the ‘biopsychosocial model’ of addiction which has been proposed is gaining increasing prominence, as it emphasises the importance of understanding genetic, psychological, and sociocultural factors in the conceptualisation of addiction and when creating prevention and treatment strategies (Skewes & Gonzalez, 2013). When looking at treating addiction, the biopsychosocial model emphasises the incorporation of strategies which aim to reduce craving, enhance coping, prevent relapse, and reduce cravings which can be done through coping with negative life events, managing difficult emotions, establishing lifestyle habits which are substance free, and improving social support.

Ultimately, centuries of theorising and research have developed our understanding of the nature and drivers of addiction. Much of our modern conceptualisation of addiction has been founded on models in which addiction is the responsibility of the individual themselves (i.e., either through moral responsibility or biological circumstance). However, given a lack of supporting evidence more recent explanations for addiction have shifted towards more complex models highlighting the importance of the current and historical context within which individuals live as foundations for addiction. One of the approaches that perhaps best elucidates the importance of socioecological contexts in the nature of addiction is not a focus on what *causes* addiction but what facilitates *recovery from* addiction.

Recovery from addiction

Addiction recovery is a complex process and one which the field of addiction has struggled to reach a consensus on regarding definitions and parameters (White, 2007). The UK Drug Policy Commission (2008) defined recovery as a “voluntarily sustained control over substance use, which maximises health and wellbeing and participation in the rights, role and responsibilities of society”. In general, recovery from addiction can be considered a continuous process with factors such as motivation for change, positive influences of family, strength from religion and spirituality, and help from lessons learned in treatment being found to be indicative of recovery outcome (el-Guebaly, 2012).

Fundamental to the nature of recovery is understanding the critical factors that both initiate and sustain such recovery, particularly in the face of perplexing data regarding the rates of recovery across treatment groups. For example, some research has found that almost between 40-70% of those receiving treatment for their addiction relapse into drug use within one year after discharge (Nagy et al, 2022), while other research indicates that a large proportion of the addicted population seem to recover from addiction with no formal

treatment (Mellor et al., 2021), and still further research indicates that successful recovery from addiction need not be based on abstinence and can include ongoing sub-clinical use of recreational drugs (Eddie et al, 2022). This emphasises that there is still a lot to understand about the mechanisms underpinning successful recovery (Atadokht et al., 2015), and that biomedical treatment in and of itself may not hold the key. For example, Stanojlović and Davidson (2021) identified that a lot of treatment options for those in addiction utilise an acute care model which focuses on clinical stabilisation of addiction (i.e., withdrawal of the drug itself) followed by discharge. However, as Svanberg (2018) identified, the first steps towards change are often the connection we make with other people and things that are hopeful. Ultimately, what clinical approaches to addiction treatment often fail to address are the critical social and contextual factors in an individual's life that either facilitates recovery from addiction or act as direct barriers to the process of recovery and support relapse (Strickland & Acuff, 2023).

Decades of research have demonstrated the link between recovery from addiction and the social context of those in recovery. For example, the Social Identity Model of Recovery illustrates how those in recovery can shift their identity away from a social group who use drugs, and towards a social group who are actively in recovery (Jurinsky et al., 2023). This supports wider research illustrating that social networks are a critical factor in transitioning away from drug use and into addiction recovery. This has been evidenced through various findings which point towards social networks and relationships as key supports during the process of moving away from addiction and towards recovery (Kidorf et al., 2010; van Melick et al., 2013; Panebianco et al., 2016; Tracy et al., 2010) with findings indicating that while social relationships are present in both stages, the features which they hold and the

effects which they have develop to allow social relationships to have a more beneficial effect on an individual's recovery from substance use.

Social Supports

Social support networks have consistently been found to have a significant influence on individuals who use substances, both in the addiction and recovery stages of substance use (Kildorf et al., 2010; Melick et al., 2013; Panebianco et al., 2016; Tracy et al., 2010). Kidorf et al. (2010) identified that personal social networks have been found to have a strong effect on behaviours related to drug use as well as recovery efforts. Social networks have been found to be present in both active addiction and addiction recovery however the nature of these networks differ. Kelly et al. (2014) identified that a successful recovery from addiction includes a shift in social networks from those that show support to substance use to those who support the individual in their abstinence and recovery as it reduces triggers and encourages the individual to establish coping skills. Interestingly, research has found that there is a bigger decline in negative influences for substance use than increase in positive influences (Kelly et al., 2014) suggesting that negative influences can be a greater hinderance to recovering from substance use.

Recent research highlights the importance of strong social networks for addiction recovery. For example, van Melick et al. (2013) found that social networks are an important part of addiction recovery in that individuals in recovery look to their social networks, which consist of others in recovery, for both emotional and practical support . Panebianco et al. (2016) found that individuals with the best recovery outcomes had social networks that were broader, larger and more reciprocal (emotionally and relationally supportive) than those who relapsed. This suggests that while support networks are important, the quality of these support networks is even greater. Research has found that personal social networks can be

associated with both positive and negative aspects, specifically, negative aspects can play an important role in an individual's substance use and recovery (Tracy et al., 2010). An interesting aspect of personal social support networks which was identified in literature was their ability to be both helpful and harmful from the same individual. An example of such is a family member may care for children while the mother is using or while they are attending treatment. Tracy et al. (2010) identified that this dual role of personal social support may provide a difficulty for individuals to maintain sobriety. These social support networks could also be included in treatment with Kidorf et al. (2016) finding that almost all patients in their study reported having at least one personal support person who was drug-free. The inclusion of these personal support people may offer a pathway to community support for those in recovery from addiction.

Personal social networks clearly play a vital role in shaping both substance use and the outcomes of recovery from addiction. While these networks have the potential to pose a risk to those with past or present substance use, it is clear from research that social relationships hold an ability to align well with recovery goals. As previously mentioned, the disease and moral models of addiction view addiction as being individualistic (Frank & Nagel, 2017). The shift away from this view towards a view which understands the importance of social relationships represents a broader transformation in our understanding of recovery. This transformation views recovery as being influenced by an individual's relationships, community, and support systems. This advancement has led towards research which looks at the recovery capital which encompasses the personal, social, and community resources which support an individual's recovery from addiction (Best and Hennessy, 2022).

Recovery capital

White and Cloud (2008) identified that while addiction counsellors previously maintained a focus on pathology and intervention, there has now been a shift to a recovery focus which uses the idea of recovery capital. The most recent definition of recovery capital is the “resources and capacities that enable growth and human flourishing” (Best & Hennessy, 2022, p. 2). Recovery capital as an approach to addiction recovery focused on identifying and supporting or enhancing an individual’s internal and external resources which support recovery from addiction (Best and Hennessy, 2022). Cloud and Granfield (2008) suggested that recovery capital has three mutually connected components; personal, social, and community. Since its conceptualisation, the recovery capital concept has evolved with Best and Hennessy (2022) most recently proposing an additional component of which is negative recovery capital. This component looks at the elements that can impeded on the recovery journey of an individual. Recovery capital is thought to be continuously built up by the individual as they remain abstinent from substances (Duffy & Baldwin, 2013).

Sari et al. (2023) linked community support to resilience through their findings that higher familial social support was correlated to a more positive resilience of former addicts. It was identified that resilience has a strong importance in individuals who have suffered from an addiction as they must use this resilience to prevent against relapse (Sari et al., 2023). Virgiartanti et al. (2024) identified that individuals currently undergoing rehabilitation showed higher resilience when they were receiving high social support. Research has consistently supported the idea that positive social networks initiate and enhance recovery pathways and community engagement acts as an essential part of recovery from addiction (Best et al., 2017b). Best et al. (2014) identified that an increased accessibility to community

resources allows individuals in the early stages of recovery to build pro-social relationships that allow for sustained recovery.

Social support contains many different dimensions, with general social support supporting overall wellbeing and specific social support supporting specific functions (Groh et al., 2007). Groh et al. (2007) identified that when in recovery from substances, individuals often decrease friendship with those still using substances and gain new friendship with people abstinent from substances. This social network change has helped aid numerous recovery models as cognitive behavioural principles suggest that those in recovery display an active avoidance for people and situations which trigger their desire to use. Atadokht et al. (2015) identified that social factors have basic roles within addiction in relation to the incidence, prevalence, and persistence. One such example of family factors relating to this is the family's expressed emotions which refers to the family's views and emotions towards addiction as a disease. Addiction relapse was found to be associated with a lack of communication between family members. While social support from peers has been found to be a strong predictor of substance use over one's life, this effect has been found to be bidirectional with some research finding that peers supported substance use while others finding that increased general support from friends improved abstinence (Groh et al., 2007). Family support on the other hand was found to be relatively unidirectional, with higher levels of general support from parents being associated with lower rates of substance use (Groh et al., 2007). There also appears to be a gendered component of social support for recovery with social relationships being seen as more integral to women's recovery than male's recovery (Ellis et al., 2004). Duffy and Baldwin (2013) found that when interviewing participants recovering from addiction, social isolation emerged as a strong theme.

White (2009) identified the parallel processes which exist between recovering addicts and their social networks and communities, emphasising the parallel processes between the individual, family, and community in relation to wounding and healing. Within international research, White (2009) identified that the treatment and recovery of individuals who have been impaired by alcohol and other drug related problems should consider the involvement of families, social networks, and communities. Within community-based support systems for addiction recovery, therapeutic community (TC) models emerged in treatment for addiction recovery due to need for an alternative to the mainstream medical treatments available at the time for addiction recovery (De Leon, 2010). TC's encompass a drug-free environment when individuals struggling with addiction stay in an organised and structured residence with the aim of recovery and reintegration into society (Vanderplasschen et al., 2013).

Vanderplasschen et al. (2013) identified that individuals who stay in the TC for the full duration of it and engage in continuing care following their stay show significantly better outcomes when compared with other treatment. Therapeutic communities are based on both self-help and mutual help principles (Vanderplasschen et al., 2013). Mutual support groups remain one of the most popular addiction recovery supports as they allow for the reciprocal social, emotional, and practical supports which promote long term recovery from addiction (Dale et al., 2019).

Asset Based Community Development (ABCD) is the process of building on community's assets instead of focusing on the needs for future development (Phillips et al., 2020). This approach takes the focus away from the community's problems and instead looks at the community's strengths and assets. Haines identified that the concentration on community assets can lead to an indirect improvement on community needs and problems. This model promotes communities driving their own agenda (Collinson & Best, 2019). The

ABCD model has been used within the Therapeutic Community and found to be beneficial as it furthers the concept of active engagement in the community to a model which prioritised the identification and utilisation of resources available within the community (Best et al., 2014).

One other form of a community-based approach is asset-based community engagement (ABCE) which draws on the asset-based community development (ABCD) model to draw on the community's resources and promotes recovery from addiction through community engagement (Collinson and Best, 2019). While research has found the ABCD model to be an effective model to address social determinants and reduce health inequalities (Harrison et al., 2019) there remains a lack of research on the empirical evidence of the ABCE model. As this model was developed to enhance the ABCD model, this may provide a limitation to the efficacy of community-based approaches. The therapeutic community has also been found to be consistent in providing a sense of group belonging and cohesion for participants while in rehabilitative treatment (Dingle et al., 2015b).

Communities are one such source of social support for those recovering from addiction. Communities are an integral part of recovery due their ability to comprise of more than just interpersonal relationships, they also provide an ongoing and stable social connection. One such example of this type of community which is available in the recovery space is the therapeutic community (TC). However, communities in general are important as much of the recovery movement within personal counselling and social work focuses on supporting individuals to find their place in community and to maintain this place (Alexander, 2015). As individuals are supported to find their place within community, this may offer up potential opportunities for individuals to develop new and underlying social identities.

Social Identity

The concept of social identity was first introduced by Tajfel (1972) who defined social identity as an “individual’s knowledge that he belongs to certain social groups together with some emotional and value significance to him of this group membership” (Tajfel, 1972, p.292).” Tajfel argued that the internal processes associated with social identity are driven by the individual’s desire for a positive internal concept of self. Within social identity there has been the emergence of self-categorisation which proposes that there is an internal process of social self-categorisation which is responsible for psychological group formation and group normative self-perception and conduct (Lüders et al., 2016).

Social identity within addiction recovery can be based around multiple factors. These identities can consist of identities associated with recovery specific movements, the support group which an individual attends, or the identity may be associated with a more general identity which is associated with other individuals in recovery. These identities not only form the individual’s self-concept but also shape their behaviours (Taylor et al., 2020). The social identity model of recovery proposes that there is a transition phase during recovery from addiction from groups associated with an addiction identity to groups associated with a recovery identity (Bliuc et al., 2020). Buckingham et al. (2013) identified that those recovering from addiction may view their identity as associated with recovery whereas previously they associated this identity with addiction and how this new social identity may be beneficial in reducing relapse rates. Groups which emphasis recovery are therefore of upmost importance as they foster this recovery identity allowing for protective and social influences (Kelly et al., 2012).

The social identity theory was conceptualised in the 1970s and looks at the nature of the social group and group norms (Hogg, 2016). Within addiction research, there has been an

emphasis on the importance of social groups for the individual in recovery (Best et al., 2016). Best et al. (2016) identified the importance of increasing the availability and appropriateness of social groups which are orientated around recovery in order to facilitate long-term recovery. What is interesting to note is the finding that short-term abstinence was found to be supported through abstinent specific social support and general social support while longer-term abstinence was found to only be supported by social groups which were abstinent specific.

Through acknowledgment of the importance of social identity in addiction recovery, it has been found that central to recovery is the idea of identity change (Best et al., 2016). Biernaki (1986, p.141) stated that “addicts must fashion new identities, perspectives and social world involvements wherein the addict identity is excluded or dramatically depreciated”. Festinger’s social comparison theory (Festinger, 1954) and Bandura’s social learning theory (Bandura, 1977) are two theories which support the benefits of peer-support on addiction recovery (Boisvert et al., 2008). Festinger’s (1954) theory proposes that human beings seek accurate self-evaluation through an innate drive to compare themselves to others. Blonde et al. (2024) identified that social identity factors are one such psychological mechanism which significantly underpin the role of community support on addiction recovery.

Research into social identity has found that social factors play an important role within all aspects of addiction including recovery. Dingle et al. (2015a) identified that this may also relate to the development of addiction as the development of a substance use disorder has been associated with both social isolation and peer pressure. This may be largely due to the fact that feeling a part of a group and socially connected to other members of said group can have a positive effect on an individual’s mental and physical health (Buckingham

et al., 2013). Within psychology, social identity is defined as an “individual’s knowledge that he belongs to certain social groups together with some emotional and value significance to him of this group membership” (Tajfel, 1972, p. 292). Social identity has two key foundations, the social identity theory (Tajfel & Turner, 1979) and the self-categorisation theory (Turner et al., 1987). This psychological mechanism holds the idea that human beings use group membership to define themselves (Blonde et al., 2024). Mutual help groups have begun to incorporate this element and have found that individuals attending these groups develop identification with these due to the prioritisation of health promotion and recovery which in turn benefits abstinence from substances (Best et al., 2016, Frings & Albery, 2015). While there has been significant research done into how membership to a group can have positive impacts on an individual’s overall health, little research has looked at the role which social identity plays in addiction recovery (Buckingham et al., 2013). However, Buckingham et al. (2013) identified that while some individuals recovering from addiction may no longer have the social identity of addict, some struggle to leave this identity behind. This identity can be used as a ‘downward’ comparison with their newfound identity to recovery.

The interplay between community and identity is particularly evident in addiction recovery. Synanon, created by Charles Dederich and his colleagues in 1958 which is a therapeutic community model was originally created with the intention of it being a three phased model (Perfas, 2019). The first phase involved living solely within the therapeutic community without any involvement with the outside community before moving to the next phase which involved going to work or school while still living in the therapeutic community. The final phase involved returning to the therapeutic community for support while living and working in the outside community. White (2009) identified that while this was the original conceptualisation for the model, as relapses occurred the model started to lengthen phase one

before cutting out phase two and three completely before completely abandoning its ethos. This evidences the importance for outside community support as if the individuals in recovery become too disconnected to the larger community, they become more susceptible to influences within their smaller community. White (2009) identified that recovery maintenance can only be achieved fully when the individual is in a natural environment within the community. Etheridge and Hubbard (2000) identified that often the effectiveness of community-based treatment programmes is difficult to assess due to the major components of these programmes being grouped together. This creates a limitation to research as it makes it difficult to determine whether it is the whole programme or specific elements which are causing the results.

It is evident that social identity plays a key role in addiction and addiction recovery. There are numerous theories (e.g. social identity theory, self-categorisation, social learning, and social comparison) which emphasise the importance of group belonging and how this shapes both an individual's self-perception and behaviour. Through continuous research, the idea of recovery has changed from a concept which is centred around abstinence to the knowledge that recovery involves a process of identity transformation to allow the individuals to move away from an identity centred around addiction towards one that aligns with recovery. This cannot be done so on their own and must involve the wider community as identity involves aligning with those in your network and community. Often individuals will align themselves with those similar to them. Recent research on addiction treatment has looked at embedding models which encompass a peer support element.

Peer support in recovery

Peer support is a nonclinical approach used for recovery from addiction which is founded on principles of respect, shared responsibility, and mutual agreement (Mead et al.,

2001). Peer support involves a connection to those who have a shared experience of emotional and psychological pain. Peer support addresses the social element needed for recovery which research has consistently found is beneficial for those in recovery. Similar to the TC, peer support is a consistent and stable source of social connection and support. While peer support is not restricted to an addiction recovery setting, it is clear that treatment involving peer support models is important however more research is needed to establish its effectiveness and the mechanisms which support recovery (Eddie et al., 2019; Tracy & Wallace, 2016).

Tracy and Wallace (2016) defined peer support as “the process of giving and receiving non-professional medical assistance from individuals with similar conditions or circumstances to achieve long-term recovery from psychiatric, alcohol, and/or other drug-related problems”. Research has identified that peer support is an effective strategy for reaching hard to reach groups as it is broad and robust (Sokol & Fisher, 2016). This emphasises the need for peer support in addiction settings as it is a flexible and effective treatment option.

Twelve-step programmes have been utilised in addiction recovery outside of formal treatment settings (Tracy & Wallace, 2016). Twelve-step programmes are community-based resources, such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), which are accessible and available at no cost. These groups can also be internet based allowing individuals to access support despite geographical barriers (Donovan et al., 2013). These 12-step programmes, also known as mutual-help organisations (MHOs), allow for the facilitation of adaptive network change (Kelly et al., 2014). The philosophy of these groups maintain a focus on viewing addiction as a disease which can be managed but not eliminated and

emphasises personal growth while also placing an important on mutual help between participants of the group (Donovan et al., 2013).

Treatment and community settings have recently had an increase in the adoption of peer support services when looking at addiction recovery (Tracy & Wallace, 2016). Peer-support communities have been found to be beneficial in recovery from substance use with many residential rehabilitation programmes integrating these communities into their programmes (Boisvert et al., 2008). Boisvert et al. (2008) identified that importance of consumer-delivered services within AOD recovery where consumers play active roles in the management and operations of services. This is evidenced through Speed Freaks where members of staff and volunteers who facilitate the runs have recovered from substance use issues.

Taylor et al (2020) identified how peer-led support groups have two main “active ingredients”; social identity and involvement in group activity (community engagement). Through their research, they found that the development of a social identity of recovery is as important as the actual involvement of individuals in the community. This identifies the importance of promoting these two factors when looking at peer support models. We know from previous research that addiction often results from or is exacerbated by social isolation (Bliuc et al., 2020). Mead and MacNeil (2006) identified that often those with lived experience can offer one another practical advice which is a crucial vantage point when supporting individuals who have had a disconnecting experience to rebuild their sense of self. When looking at the benefits of peer support for veterans, it was found that peer support supported the transition from military personnel to civilians allowing the veterans to receive higher levels of social support and integration into the community (Drebing et al., 2018). Research has found that peer-based hybrid recovery community organisations have had

positive results through this model which incorporates peer support within a recovery community. These models have been found to support with the engagement of underseen populations in the addiction community such as those who are homeless or use substances intravenously (Ashford et al., 2021).

Tracey and Wallace (2016) identified that there is limited data on peer support groups despite an increased adoption of these frameworks within addiction services. Tracey and Wallace (2016) identified that peer support groups have been found to be beneficial for not only substance use but also treatment engagement, HIV/HCV risk behaviours, and secondary substance-related behaviours. It was found from a review of literature that peer support groups were linked to reduced rates of relapse. Laudet (2008) identified that 12-step recovery programmes have demonstrated strong empirical evidence. Laudet (2008) identified that 12-step programmes are particularly important after the treatment has concluded with aftercare being a strong predictor of abstinence. There has been evidence to suggest that individuals who experienced less social support prior to the 12 step groups benefited more from the social support these groups provided.

Recovery support services, particularly those facilitated by peers are found to be effective (Davidson et al., 2010). Davidson et al. (2010) furthered the findings that the 12-step programmes promote prolonged recovery and reduced substance use. While Reif et al. (2014) identified that peer support groups show empirical evidence, this evidence is only assessed to be at a moderate level. Despite this, peer support groups fill a gap in addiction recovery as they are able to provide continuum care to individuals in recovery. Reif et al. (2014) identified that peer support groups are effective as they allow individuals in recovery to receive a guide to strive to achieve and maintain recovery. While Reif et al. (2014) acknowledge the benefits which peer support groups can provide, they identify that more

research is needed to thoroughly assess the empirical evidence for peer support groups. There are numerous peer support models within addiction recovery research with the main two being 12-step programmes and peer support teams within larger recovery settings. While there is a common agreement amongst professionals that peer support programmes are beneficial, more research is needed to outline the specific functions of peer support as well as the underlying psychological mechanisms which are present.

Barriers to Recovery

Duffy and Baldwin (2013) identified that some risks associated with substance use can also increase barriers for accessing support. It was identified that while there is a risk of homelessness associated with substance use, homelessness can also increase the risk of substance use. One such barrier is social exclusion. Social exclusion can be defined as situations where an individual may feel either physically or emotionally separate from others (Wesselmann et al., 2023). Those experiencing substance use disorders display high rates of social isolation (Dingle et al. 2015a). While some studies have suggested that social isolation occurs as a result of substance use, some studies also suggest it plays a role in the development of substance use disorders (Dingle et al. 2015a). Wesselmann and Parris (2021) identified that trauma can result due to chronic social isolation. While it has been identified that substance use can aid in the initial numbing of the psychological pain associated with social exclusion, as an individual continues their use of substances, they can have a diminished ability to deal with this psychological pain. In some cases, this ability can be significantly less than prior to the substance use beginning.

An individual's social network have been found to be negatively affected during active addiction resulting in many of individuals' social networks being severed during this time. This process has been linked to feelings of isolation and a lack of support from those

who are important to individuals when they do enter the recovery stage (Dingle et al., 2015a). When individuals begin to enter this recovery stage, their social relationships are often made up of those still in active addiction which can act as a trigger for those seeking recovery from addiction. Stigma can be especially damaging to not only those in active addiction but also those in recovery from addiction (Corrigan et al., 2017). Stigma can create multiple barriers to recovery from addiction through self-stigmatisation whereby those struggling with addiction may internalise the prejudice they witness and experience from others making them less likely to seek treatment and experience higher levels of depression and anxiety. It was also identified by Duffy and Baldwin (2013) that for many individuals in recovery from addiction, there is an increased barrier to gaining employment which may further isolate an individual socially.

Aims and Objectives

Research illustrates that community engagement and the development of a positive social identity are fundamental components of addiction recovery. Emerging research has also found that peer supported community engagement may further enhance addiction recovery. However, community engagement and identity development are relatively new areas of study in addiction research, and the mechanisms by which peer led community engagement assist recovery are not fully understood. Therefore, this project aimed to identify the degree to which community engagement plays a role in recovery from addiction.

Specifically, the objectives of this project were to explore:

- How peer supported addiction recovery programmes (PSARP) facilitate community belonging and connectedness.
- What specific components of peer supported addiction recovery programmes facilitate recovery.

- How peer supported recovery programmes differ from other sources of support.

Methods

Study Design

The study employed a qualitative design where the researcher conducted separate in-depth interviews with the participants to explore the impact of community support on recovery from addiction. Due to the sensitive nature of the study, it was deemed an in-depth interview would allow the researcher to gain the relevant information while allowing the participant to feel a sense of empowerment (Stokes & Bergin, 2006). This is a methodology that has been utilised effectively in previous research to explore experiences related to recovery from addiction (Neale et al., 2018; Dekkers et al., 2021; Kollath-Cattano et al., 2018; Dekkers et al., 2020).

Participants

Interview participants were recruited through the Speed Freaks Charitable Trust (hereafter Speed Freaks), which is a community-based organisation providing coach and peer-supported running and walking activities as a component of addiction recovery in Aotearoa New Zealand. The study recruited a total of seven Speed Freaks runners for qualitative interviews. This number was deemed appropriate due to previous literature which incorporated similar sample sizes. Inclusion criteria required participants to be between 18 and 65 years old, have lived experience of addiction, be proficient in English, and have maintained at least 12 months of sobriety without relapse. For the purposes of participant anonymity, particularly with such a small cohort of interviewees, the demographic details of participants (e.g., age, gender, time in recovery) were noted for inclusion purposes but not recorded or detailed in this project in order to limit the possibility of identification of participants. Participants were identified solely by a number (ranging from 1 to 7) and for

data provision in the results section illustrative quotes from each participant were identified with this number.

Methodology

Within the qualitative design, a thematic analysis approach was used to identify patterns across the participants' lived experience of recovery from addiction as well as identifying the views and beliefs which participants held of said experience (Clarke & Braun, 2017). Clarke and Braun (2017) defined thematic analysis as “‘experiential’ research which seeks to understand what participants’ think, feel, and do”. Thematic analysis has been used on both small and large data sets with the sample size ranging from 1-2 participants to studies employing 60 participants or more (Clarke & Braun, 2017). This supported the researcher’s use of thematic analysis due to the study having a small sample size. These factors combined with the design’s ability to be flexible allowed the researcher to effectively explore the impact of community support on recovery from addiction.

The study design aimed to look at the meaning of the phenomena of recovery to participants. Qualitative research employs an assumption that what is real is also socially constructed thus what participants attributed meaning to specific phenomena was built by their own experience of the social world and people around them (Jason & Glenwick, 2015). Throughout the study design the researcher aimed to allow participants flexibility and safety to express their own experiences of the phenomena that is recovery from addiction. Throughout the research, the researcher maintained a focus on participants’ experiences while allowing for the opportunity of differential interpretations.

Procedure

The researcher liaised with a Speed Freaks programme coordinator on their Tāmaki Makaurau (Auckland) site to support with the distribution of flyers advertising participation

in the study (See Appendix 1). The researcher contacted participants who indicated their interest through a phone call which gave more information around the study and initial screening questions were asked (See Appendix 2). The researcher then arranged a time to conduct the interview with participants. Participants were given the option to participate in the interview via zoom or in person in the Speed Freaks office in Tāmaki Makaurau. Two participants chose to participate in person while the remaining five participants chose to participate in the study via zoom. Following expressions of interest, participants were given information sheets (See Appendix 3) which contained a more detailed description of the study and a consent form (See Appendix 4).

The interviews were approximately an hour in duration to ensure that all information could be collected. The researcher began the interview by explaining the process briefly to participants before beginning recording. The researcher then offered to open the space with a Karakia or prayer to allow the participants to feel comfortable and to respect any cultural practices which the participants may have. The researcher had six indicative questions (See Appendix 5) to help guide the interview process. The interview was conducted in a semi-structured format to allow participants to guide the direction of the interview.

The interviews were audio recorded on the researcher's iPhone and laptop. Participants were advised of this prior to the commencement of the recording. A thematic analysis was then conducted to identify themes which emerged from the interviews as it was considered to be the most appropriate method for identifying themes and patterns which may have emerged in the data (Braun & Clarke, 2006).

Data Analysis

A step-by-step guide was followed by the researcher to conduct the thematic analysis using a six-stage process (Braun & Clarke, 2006). The first step which was followed was the

researcher familiarising their self with the data through the transcription process. During this process, the researcher read through the data multiple times while making initial notes on the themes which may be emerging. The next step which was followed was the coding stage, this involved the researcher generating initial codes and grouping the data into the relevant codes. Following this, the researcher identified themes which had emerged from these codes. The researcher then reviewed these themes and removed any themes which did not accurately represent the data or creating new themes which may be more fitting. Finally, the last step of the thematic analysis involved defining the themes and giving them labels.

1. Familiarising with the data

Prior to conducting the thematic analysis, all interviews were transcribed from the recorded audio of the interviews and de-identified. Throughout this phase, the researcher made notes regarding initial code ideas.

2. Initial coding

After reading through the data and noting down initial ideas, relevant quotes regarding the impact of community support on recovery from addiction were grouped into codes.

3. Searching for themes

After the initial codes were generated, the researcher then began categorising these codes into themes. In these themes different codes were clustered together based on a shared meaning which they help or a similar concept. For example, codes which encapsulated concepts such as shared goals, peer support, and belonging were grouped under the broader theme which looked at a sense of connectedness.

4. Reviewing themes

The researcher then reviewed all of the themes to ensure they accurately reflected the data. This included the researcher reviewing both the individual coded data and the overall data. Any themes which did not accurately reflect the data or overlapped with another theme were removed or included in another theme. This phase also included identifying any relevant subthemes within the data to ensure that all aspects of the data were represented.

5. Defining and naming themes

Following the final themes being identified, the researcher concluded that four themes were an accurate representation of the data. These themes were *building connections and belonging, the role of identity in recovery, navigating social perceptions and stigma, and empowerment and personal growth*. Within the theme of building connections and belonging, one of the subthemes, the role of peer support, was considered to be its own theme however it was decided that this theme did not contain enough data to justify its own separate theme.

Ethics

Informed consent was obtained from all participants prior to beginning the interview process. Participants confidentiality and anonymity was ensured through the removal of all identifying information from the transcripts. Through the transcripts participants were referred to as P1 through to P7 and the researcher as R. Quotations from the interviews were used in the findings section of the study but ascribed to participants via this anonymised number. The study was reviewed and approved by the Massey University Human Ethics Ohu Matatika 1 (Application OM1 24/53).

Results

This study aimed to identify the impact of community support on recovery from addiction through the conduction of qualitative interviews which explored participants' experience of community support which was mainly facilitated by a running for recovery group called Speed Freaks. Through seven in-depth interviews, we were able to explore in-depth participants' experience. Following a thematic analysis (Braun & Clarke, 2006) of the data, five main themes were identified. The four themes identified were (1) Building Connections and Belonging, (2) The Role of Identity in Recovery, (3) Navigating Social Perceptions and Stigma, and (4) Empowerment and Personal Growth. Each of these themes were further broken down into subthemes and nested subthemes to represent the complexity of participants' experience of their recovery journey.

Theme 1: Building Connections and Belonging

Building connections and belonging was identified as central to the participants narrative concerning addiction recovery. This broad theme was split into three distinct subthemes which reflected (1) participants' connection to others, (2) the sense of belonging facilitated through community connection, and (3) the role of peers in facilitating this process. These subthemes were labelled 'Connection', 'Speed Freaks' environment' and 'Peers'.

Subtheme 1: Connection

Connection played a central role in the narrative of participants concerning the impact of community support. Specifically, connection to others constituted an integral part of

participants experience of community support for recovery from addiction. As the following quotes highlight, participants' experience of addiction was of isolation, and this was consistently contrasted with the experience of genuine connection with people.

P2: Opposite of addiction is connection

P4: Opposite of addiction is connection

While connection was a critical component of participant narratives on recovery, they often described this initially in terms of feeling a clear sense of disconnection to others or connection to others who were harmful for them while they had been in their period of addiction:

P1: [Speed Freaks] sort of connects me to the right people um back in my addiction days, I was connected but not with the right people.

Whether initially described as the absence of good connections or the existence of harmful ones, this emphasises that recovery from addiction itself reflects a period within which participants needed to build back strong and positive connections to others. This need likely underpins the reiteration by participants of Speed Freaks acting like a family to support positive connections, and is best reflected in the following simple yet clear quote:

P1: [Speed Freaks} is like a family

Specifically, participants consistently identified that Speed Freaks facilitated a familial connection, and to this end the staff, volunteers and tāngata whai ora themselves may be seen to offer unconditional positive support similar to that offered by a family. Participant narrative also highlighted that Speed Freaks provided them not only a connection with those in the programme (staff, volunteers, and tāngata whai ora) but also a broader set of

connections both to the running community and to the general community. Specifically, participants expressed that the immediate disconnection they had experienced in addiction was resolved through their involvement with Speed Freaks but that this programme also facilitated a metaphorical bridge for participants to the wider community which prior to this had not existed for them:

P2: Just sort of broadening my world view and making me feel more connected to not just the recovery world, but connected to the actual wider community, you know, which obviously had a detachment from for, you know, 20 plus years.

However, this was not the only opportunity for Speed Freaks to facilitate community connection which was identified. It was found that Speed Freaks also facilitates a connection to the running community, which for all participants was a new community with which they had not previously had any connection with. This facilitation allows participants to connect with those outside of their “usual” circle and connect with those who hold a shared interest to them of running.

P1: [Speed Freaks] just it's expanded to the wider the whole running community.

Subtheme 2: Speed Freaks Environment

In addition to the broad concept of connection, participant narratives consistently highlighted that the Speed Freaks environment itself facilitates connection. Participants often referenced the overall environment of Speed Freaks as being conducive to the facilitation of connection between participants themselves, with the general population more broadly, and that it reflects the ideal of a supportive and uplifting community.

P4: being right in the middle of a healthy, happy community

P2: each week that I go along, sort of, like, have a chance to get to know someone else there more intimately, you know. And as that happens, we're definitely finding more support.

Particularly evident in participant feedback was that Speed Freaks enabled connections because it was a safe space within which participants felt accepted and included. This emerged as the participants often noted the safe and non-judgemental environment as playing an important role in allowing participants to feel a sense of belonging to the space.

P4: it's a very safe environment to go and wear a Speed freaks shirt. Because there's [inaudible] there, there's safety ropes, there's walkways, there's trodden paths, well-worn paths for you to get in there. And people along you, the whole way along.

P6: It's inclusive of everyone, no matter what.

Further, participants expressed that connection was facilitated by the provision of unconditional positive regard and a focus on holistic approaches to connection.

P6: you can be you can be vulnerable, and you won't get judged for it you'll just get support for it.

Throughout participant narratives was the reference to a holistic approach to connection which is facilitated by Speed Freaks. Often reflected in mention of the Te Whare Tapa Whā model of Māori hauora, Speed Freaks was identified as enhancing participants' mana and hauora through the promotion of participants' taha hinengaro, taha wairua, taha tinana, and taha whānau.

P1: Yeah, I'll go back to Te Whare Tapa Whā. it's as well as the mental, it's getting you the physical and for me, it gives me the spiritual um with my long runs, which I

really enjoy, that's a spiritual high for me. So, I mean it's giving me three things. And whānau. I yeah, it is my whānau, uh with the running community

Speed Freaks allows participants to access not only the practical support for recovery but also the emotional, mental and social support as it fosters an environment where participants are encouraged to share their experiences and feelings.

Subtheme 3: Peers

A further theme which emerged from participant interviews was the central role that peers (i.e. those who have been through recovery themselves) play both in providing a connection in recovery journeys and also in broadly supporting the recovery journey of others. Specifically, through Speed Freaks, participants identified feeling part of a team which allowed them to experience camaraderie and accountability.

P4: being accountable. If you're a member of the community, you're taking from that community, but you're also giving back to it. And it's a two-way street. It keeps you plugged in.

P4: We're all just a group of people who are trying to get well. And it's that shared effort, like that combined effort of showing up for each other and supporting each other.

This clearly identifies the importance of lived experience for those in recovery and the mutual support which this can give. The role of peer support was seen as vital for those in recovery due to the level of reliable connection it provides, and the beneficial nature of being around others on the same journey as themselves. Further, participant narratives on peer support highlighted that while clinicians without lived experience of addiction can provide support to those struggling with addiction, the support which can be provided through those

who have lived experience encompasses an area which clinicians would often be unable to reach. While clinicians hold knowledge through educational sources, those with lived experience hold knowledge which was learnt through personal experiences.

P5: [Peers] can relate to you more. The clinician will try and give you sort of ways to help improve yourself, like different techniques, I guess. And someone with lived experience will be a good listener. Yeah.

Theme 2: The Role of Identity in Recovery

It became clear throughout participant interviews that identity plays an important role in the personal recovery journey. More specifically, there are different types of group identities they experience, and that positive group connection and group identity supports a redefining of their self-identity in recovery.

Subtheme 1: Group Identity

Group identity played an important role in recovery from addiction in numerous ways. There were elements of group identities that consisted of unique processes related to recovery; these unique group identity processes included a group identity towards recovery and a group identity towards Speed Freaks. Throughout discussions, participants appeared to display a clear identity that was recovery specific which the following quote illustrates.

P2: I have the recovery [identity] with them as well too, because they're both in recovery as well.

This recovery allowed participants to experience something which was familiar to them, giving them a sense of belonging. With recovery often being described as a “journey”,

the identity towards recovery created a group identity with all those experiencing said journey.

While participants exhibited a group identity towards recovery, they also showed a group identity which was specific to Speed Freaks. An important observation of this was the participants' view of Speed freaks as a defining part of who they were and not only an activity which they participated in. This view of "being a Speed Freak" was represented in the following quote:

P1: I am a speed freak. that's me. That is part of me, and I love being a speed freak and recommend it to anybody.

Within this it was also noted by the researcher that a group identity towards Speed Freaks had two defining features; the ability of participation in Speed Freaks to offer a defining group identity and the tangible identity which Speed Freaks provides through the blue Speed Freaks t-shirt.

P1: even because I've worked with speed freaks now, but even when I'm not working, I'll be in my T shirt if it's an event, I run as a speed freak,

Subtheme 2: Self-Identity

While group identity offered an important cognitive component, self-identity emerged as a central feature of recovery from addiction. Within this, three further elements of self-identity emerged from participant narratives: distance from addiction identity, redefining self-identity, and continuous involvement. Participants detailed the process of distancing themselves from their addiction identity while in recovery from addiction. Within this, participants exhibited distancing themselves from those still in addiction while also exhibiting behaviours related to physically distancing themselves from their addiction

identity. This physical distance was also exhibited through geographical ways whereby participants would not go to areas they viewed as high risk.

P3: they [people still using drugs] look terrible and um and that sort of you know you think well I don't want to look like that.

P6: It wasn't until I cut all my ties and started actually giving up drugs that it made my connection a bit better.

Participants also spoke to an experience of redefining their self-identity. Participants described having to redefine who they were following separation from their addiction identity. Primarily participants reflected on their shift away from group identities defined by drug use and criminal behaviour, and toward identities with groups defined – at a minimum – without these factors.

P2: my whole identity is sort of attached to drugs and crime, you know, and so since I've been clean, I've been sort of, you know, trying to figure out, you know, what, who I am without drugs and without addiction.

However, within this redefining of their self-identity an anomaly emerged whereby one participant identified a relationship which had existed for them while in active addiction and following treatment this relationship was reestablished. This relationship is described in the following quote which highlights that there remains exceptions to experiences which are commonly experienced by those in recovery from addiction.

P2: that definitely the dynamic of the relationship completely changed. But we do have that, we always have that shared history of, you know, we know the world that we've both of us have come from, you know, and we know how far that we've come to

be where we are now as well, I think we're probably both are quite proud of each other. And there's a lot of respect there

Finally, in addition to identity transition as a foundation for recovery, participants noted a need for continuous involvement in their new identity role. Specifically, participants noted the need for constant work at remaining in recovery highlighting the need for an identity centred around recovery from addiction.

P6: And also like when you're not consistent and after a while, like, you know, even being clean, you get complacent

Theme 3: Navigating Social Perceptions and Stigma

Many of those struggling in active addiction identify loneliness and exclusion as a common feeling (Ingram et al., 2020). Participant narratives in this study identified the role which society plays both in their addiction journey and in their own recovery from addiction. In particular, fear of judgement and stigmatization from the general public was a driver of addiction and a barrier to community reengagement, but connecting with a recovery community provided a platform for community engagement which helped participants act as agents of truth and to breakdown community misunderstandings of addiction and recovery.

Subtheme 1: Fear of Judgement as a Central Theme

Central to the process of navigating social perceptions and stigma was the participants fear of judgement in which participants displayed avoidant behaviours to help them maintain their safety. Avoidance emerged as a clear characteristic of this fear of judgement. Within this, participants identified an avoidance of experiences that may be uncomfortable for them due to the possibility of judgement, triggers, or unpredictability.

P5: It's definitely been a struggle to leave the recovery community to do something else.

Participants noted a significant concern for what others may think of them due to being in recovery and the judgement which could potentially come along with that perception from others. It was clear that participants maintained a fear of judgement from the general public.

P2: Um, just thinking that, you know, that being judged for, you know, for being, you know, having been in addiction or having been to prison, been in rehab, all those sort of things, you know, basically just, you know, that I'd be judged or treated differently because of that, you know, or that they might, yeah, if they found out that then they might not want to talk to me or, you know, that sort of anxiety.

Participants often identified triggers which exist within the non-recovery community. It was clear that participants were aware of things which may act as triggers for them and often participants displayed avoidance behaviours in an attempt not to be confronted with triggers.

P6: I tried doing it by myself and that lasted as long as it was until I was back out in the world.

Subtheme 2: Experiences of Social Stigma and Disconnection

The fear of judgement, triggers, and avoidance which participants experienced could be argued to be constructed by societal views of addiction. Participants noted a clear separation from the general community as well as an awareness of the stigma and perceptions which society hold around addiction. It was clear that stigma was experienced by participants

throughout their addiction and at times recovery journey, and that a barrier to connection for participants was the stigma which they endured from the general public.

P4: from the speed freaks point of view, and from the participants point of view, it's probably not that often that they walk into a space of total strangers and feel welcomed.

However, it also emerged that while this stigma was present, there was also an identification that this stigma was reducing which was partly facilitated by open discussions between Speed Freaks and the general public.

P1: attitudes have changed on both sides' um from their side, hey, you know, there's some good people there who may have done some wrong and done drugs and done that, but hey, they are some decent people.

Another aspect experienced by participants was distance from the normal community. While we are aware that people in active addiction experience a disconnection from the general public, participant narratives identified that this distance can also exist for them while in recovery, particularly through the curtailment of previous social behaviour.

P3: because I don't drink, and my world is getting smaller.

Participants noted how other health seeking behaviours, such as exercising, are often celebrated by the community however this celebration does not exist for health seeking behaviours centred around recovery.

P4: When people, they wouldn't feel the same about people going to an AA meeting.

Perceptions of addiction in society were found to be of significant relevance to participants. Participants spoke about the eggshells which are often present when speaking

about addiction and the normalisation of certain addictions, such as addiction to alcohol. Participants identified that often addiction is not spoken about which can result in participants being left to feel like they are the only ones who are dealing with it. Not only this, but it was also identified that alcohol, despite being an addiction which causes significant struggles, was often normalised within society.

P4: I thought I was the only one who did this.

P3: It's like it's in a way it's a bit of an elephant in the room. But everyone's walking around, I think alcohol because it's legal. about how normalized alcohol is. like in our DNA of our culture

Subtheme 3: Breaking Down Misconceptions

Despite the presence of stigma in the general public, participants noted that Speed Freaks facilitated a change in the general public's perception of addiction. This changing of perception was facilitated through two main mechanisms; the bridging of the social gap and the education of others and sharing of stories which occurred in Speed Freaks. This bridging of the social gap occurred as Speed Freaks participants not only attended runs which were run by Speed Freaks, but also attended runs organised by the wider community such as park run. Participants noted that through attending the park runs they were able to build social connections to the wider community due to the common shared experience of attending park run.

P1: and it's a good bridging in our community groups and then get into park run and get to some events and slowly broaden.

P7: And then I found out and I was like usually I would have hated her or had nothing to do with her, but I started seeing her as a person for the way that she is because that's just a job.

The bridging of the social gap also coincided with the process of educating others which was mainly conducted through the sharing of stories and experiences of addiction with those who may have not been aware of these stories prior to this. Participants noted a sense of pride which they felt being able to share these stories to not only educate others without experience of addiction but to also provide a lighthouse to those struggling with addiction. Speed Freaks allows this process to take place due to its focus on recovery and ability to connect communities.

P1: I've been lucky enough and privileged enough to have conversations, and I've shared with my story with the other park runners and stuff

Theme 4: Empowerment and Personal Growth

Participants narratives made it clear that engagement with a supportive recovery community facilitated not only their recovery from addiction but also their personal development. The community support fostered by Speed Freaks allowed participants to feel a sense of empowerment due to the strengths-based focus it holds. This allowed Speed Freaks, as a community, to uplift its participants to further enhance their recovery journey.

Subtheme 1: Rebuilding the Self and Cultivating Inner Growth

Participants identified that through Speed Freaks they were able to rebuild their self-worth and view of themselves through positive internal processes. The community support which they received from Speed Freaks aided this process as well as cultivating an internal growth

One integral part of these processes was the process of self-connection which Speed Freaks facilitated. Participants' self-worth was increased due to the support which they received from Speed Freaks with one participant noting that Speed Freaks contains a grounding ability whereby participants could remain present and feel an alleviation of negative emotions.

P5: it takes you away from worrying about the past and about the future and it brings you into the now, brings you into the moment and gets rid of all that, a lot of anxiety.

A sense of achievement was seen to be exhibited by participants when speaking about the impact of community support on their recovery journey. When looking at empowerment and personal growth, it became evident that participants gained a sense of achievement related to their running which in turn helped promote positive internal views of themselves.

P4: it really did help change the way that I speak to myself and help sort of set a new, not identity, but it just it gave me something more than I would just be in the alcoholic.

Finally, within participants rebuilding of self and cultivating inner growth, participants were observed to speak to a more positive internal state which they correlated to the support they received within their community. This highlighted how Speed Freaks promoted participants' positive internal states through the conduction of activities which facilitated this such as gratitude rounds and open conversations. Participants noted that throughout their recovery journey, it became easier to experience this positive internal state.

P1: And I know in my real early recovery really hard to be grateful for anything. It really was. Now I've got a list, I'm grateful for everything

Subtheme 2: Speed Freaks Facilitates Routine and Life Advancement

The ability of Speed Freaks to facilitate routine and life advancement emerged through participants' conversations. Participants identified that Speed Freaks allowed them to establish a routine which helped to keep them accountable to themselves. This routine was in part facilitated by Speed Freaks ability to act as a holistic form of exercise. Specifically, Speed Freaks showed a unique ability to support its participants through the provision of resources and education that are not simply about addiction recovery, but involve support for wider endeavours. Participants noted that Speed Freaks enabled them to make not only contacts who would help them with their recovery but also contacts who could help them further their career, study, and life options. This was in line with research as it draws on the idea of recovery capital, a theory which looks at the personal and social resources which individuals can draw on throughout their recovery (Cloud & Granfield, 2008).

P1: it's added an extra layer to my recovery

Participants identified that through the exercise which Speed Freaks involves, they were able to strengthen other areas of their wellbeing thus establishing the mechanism of fitness as a holistic process.

P6: I never would have thought that, um, like I suppose, um... like just getting out and moving your body or whatever that would help you recover.

Subtheme 3: Strength Through Self-Determination and Contribution

Participants narratives about addiction recovery through Speed Freaks indicated that such community-based and community-engaged programmes clearly supported self-determination and resilience, and encouraged participants to contribute back to the group and to the wider community. Participants identified that while recovery has presented them with

challenges, they have been able to overcome these challenges within their recovery which may in part be supported by the community support which they receive.

P1: I still have my challenges, but I can deal with them.

Participants also spoke to the ability of Speed Freaks to promote autonomy. While the support provided to participants clearly aided them in their recovery, there was also an acknowledgement that recovery is a personal choice whereby the individual must ultimately make choices to benefit their recovery journey.

P3: I can only liken it to the somewhere in my head, there's a switch, a big switch and it's either on or off.

Altruism emerged as a key characteristic of Speed Freaks. This altruism appeared to be facilitated by Speed Freaks Kaupapa of giving back to others. One participant identified the Kaupapa of Speed Freaks as being one of no judgment where participants look after one another.

P1: [the Kaupapa of Speed Freaks is} no judgement, look after is looking after each other, you know, taking care of each other. um supporting, don't leave anybody behind.

Subtheme 4: Speed Freaks Addresses the Gaps in Traditional Recovery Supports

Participant narratives on the manner in which Speed Freaks has supported their recovery journey identified that Speed Freaks addresses gaps that are evident in more traditional recovery programmes. While NA and AA have roots in a religious form, Speed Freaks does not incorporate this element. This means that individuals who would have previously felt isolated from these religious forms of recovery now are presented with an alternative route.

P4: 12 step is very good for teaching you how to be sober in 12 steps, but there's nothing really there for being in the community.

One participant noted that due to their sexuality they struggled to engage with NA or AA.

P2: because I'm gay as well. So, like that, I really can't connect with that, with that sort of values.

In contrast to traditional recovery communities, participants commented on the ability for Speed Freaks to provide an opportunity for continuous growth, and they identified that Speed Freaks provides a new type of community to engage with in recovery (i.e., one not associated with religion or with typical recovery communities). This means that participants are able to engage, learn and grow in their recovery journey at their own pace and in a safe space.

P1: I need to try and get out on my comfort zone at times and give things to go because then I grow.

Discussion

This study aimed to identify the degree to which community engagement plays a role in recovery from addiction. Specifically, the objectives of this project were to explore the following: how peer supported addiction recovery programmes (PSARP) facilitate community belonging and connectedness; what specific components of peer supported addiction recovery programmes facilitate recovery; and how peer supported recovery programmes differ from other sources of support. Through a thematic analysis of the qualitative interviews with participants in the Speed Freaks addiction recovery programme, four main themes were identified. These themes included (a) building connections and belonging, (b) the role of identity in recovery, (c) navigating social perceptions and stigma, and (d) empowerment and personal growth. It is important to note here that the role of peer support (i.e., engaging with those who have also been or are in recovery) plays an extremely important role in recovery from addiction and was identified as a key factor in all four themes identified. This highlights the foundational ability of peers to flexibly facilitate psychological mechanisms associated with recovery from addiction.

Building Connections and Belonging

Throughout discussions with participants, community-based recovery programmes were critical for enhancing participants experience of belonging and connectedness. A lack of connection was identified as a key experience for many of those in recovery. However, the Speed Freaks community-based recovery programme facilitated connection, which appeared to grow throughout an individual's recovery journey, both through connection with others in recovery, with coaches, and with the wider community. This connection was found to be partially facilitated by the environment which Speed Freaks provides as it is an uplifting and safe environment where participants can go and receive support. This reflects the research on

social connection by Murray et al. (2023) who identified that when vulnerable individuals experience safety-affording attachment bonds, they will embrace this social connection allowing for an increased physical and psychological well-being. Finally, although the role of peers in recovery was identified throughout all four themes in participant narratives, it has been highlighted specifically in this primary theme because it was foundational in developing connection. The role of peers allowed for a promotion of connection as it was an informal role which held key aspects of shared experience, mutual support, and teamwork. This may reflect the rise of Recovery Community Centres which are staffed by peers which we have seen in the past decade as these centres support peer support to help establish connection, instil hope and role model what recovery can look like (Haberle et al, 2014).

Connection undoubtedly plays an important role in both the development and maintenance of addiction as well as recovery from addiction. Through our research, it was identified that connection played a vital role in the participants experience of recovery from addiction. However, participants identified that this did not only play a vital role in their recovery from addiction but also while they were in active addiction. The role which connection played in both of these stages was contrasting with a lack of connection being identified in active addiction while strong and meaningful connections were identified in the recovery stage. Research has highlighted that close human connection in early childhood is a predictor of substance use in later life (Clements et al., 2022). Connection, like many other psychosocial processes within addiction, can play a bidirectional role with certain types of connections, such that an affiliation with a network centred around substance use can facilitate substance use while a network centred around abstinence or recovery can steer individuals away from substances.

It was identified that while in active addiction participants' main experience of connection was a lack of this as the nature of addiction pushed them away from positive connections and further towards connections which were harmful or promoted the upkeep of their addiction. While research has looked at the social isolation which often occurs in addiction (Dingle et al., 2015b), little research has looked at the process of connecting with those who are harmful for individuals with addiction struggles. Future research would benefit from exploring the processes of these connections and how they may differ from positive connections as they may support in guiding peer support models. Our findings indicated that community support aided in supporting the upkeep of positive connections through providing a route of connection towards those who have similar experiences to participants but also to the broader community. Alexander (2015) emphasised the importance of establishing individuals who use substances in a welcoming community as it reduces the need for addictive substances.

While a lot of research on connection has focused on connections to peers, it has also been evidenced that this connection can also include family members. Research has noted that substance use can affect the family systems from which the affected individuals are a part of (Naeim et al., 2021). Family-like connection was found to be a significant part of many participants' experiences of recovery and the peer support group, Speed Freaks. Speed Freaks was found to facilitate a connection which allowed participants to view Speed Freaks as their whānau. This concept will be explored further later when looking at the differences between peer support addiction recovery programmes and traditional supports.

It emerged during discussions that the environment which an individual who is recovering from addiction is in can act as a facilitator for recovery. It was identified that the Speed Freaks environment is particularly conducive for recovery as it contains numerous elements

which facilitate recovery from addiction. The Speed Freaks environment is a safe space for individuals which allows for the facilitation of connection as it allows participants to express their true selves and build connections with those who share similar qualities and experiences to them. In research looking at social impairment in individuals with social anxiety disorder, it was found that expressing one's "authentic self" facilitated social connection (Plascenia et al., 2016). However, there remains little research on this phenomenon in relation to addiction and addiction recovery. This is extremely important in the study of addiction recovery as the results from the qualitative interviews suggested that the process of participants expressing their authentic selves was linked to connection and the safe space which Speed Freaks provides however the directions of this are not known. Participants noted that Speed Freaks allowed them to express a vulnerability which they may not have been able to express before.

The Speed Freaks environment aims to uplift and support its members which helps to prioritise connection between its members. Members of Speed Freaks identified that Speed Freaks offers an indirect support to build connections with both the recovery community and broader community. Research into this however has been limited with little research focusing on the impact of a connection to the broader community on those in addiction recovery. Through our findings we were able to identify that this is an area which is of benefit to those in addiction recovery as it is an area where the underlying psychological mechanisms are not clear. Our findings indicated that Speed Freaks' uplifting nature, ability to provide a safe space, unconditional positive regard, and holistic approach are the mechanisms which allowed the environment of Speed Freaks to facilitate connection.

The need for belonging in a recovery setting has been demonstrated through research which emphasises that engagement with social networks facilitates a sustained recovery (Ingram et al., 2020). It is evident that peer supported recovery programmes support in

allowing the participants to feel a belonging towards a community. Often, this community centres around the “community” who may be in close proximity to the individual.

Participants identified feeling a belonging towards the Speed Freaks community as well as the general community. While this belonging towards the Speed Freaks community was an expected outcome, the belonging towards the general community emerged as a more surprising form of belonging to a community. Participants identified that they felt a belonging towards this community due to the presence of this community at running events. This belonging was facilitated through a close geographical proximity to the community and the common interest of exercise between the otherwise contrasting communities. This idea of belonging is not a new concept within recovery treatment. Belonging has been identified to be a part of other treatment recovery frameworks such as AA (Grim & Grim, 2019). The therapeutic community is another example where belonging is facilitated through the recovery framework (Dingle et al., 2015a).

Belonging can also be facilitated through social connectedness (Dingle et al., 2015a). Within substance use disorders, social isolation, also known as having a lack of peer connectedness, has been found to be a common experience amongst those in active addiction (Dingle et al., 2015a). As previously mentioned, Speed Freaks supports participants to experience this social connectedness, evidencing that Speed Freaks is a crucial support in recovery from addiction.

Our findings support the idea that peer support workers are an essential component on recovery from addiction. It was identified that peer support provide not only a source of connection for those in recovery but also offer a broader range of support. As peer support is defined as “the process of giving and receiving nonprofessional, nonclinical assistance from individuals with similar conditions or circumstances to achieve long-term recovery from

psychiatric, alcohol, and/or other drug-related problems” (Tracy & Wallace, 2016, p. 143). This definition demonstrates the dual process which is central to peer support whereby both peer support and those receiving the support experience a mutual benefit. It should be noted that this reciprocal peer support is done in a voluntary capacity to address a shared problem (Hutchinson et al., 2018).

As previously mentioned, altruism emerged as a component of Speed Freaks. This altruism could be seen to represent the giving back process of peer support. Interestingly, Bathje et al. (2020) noted that those with addiction struggles who have few resources are often motivated to engage in altruism and mutual aid however societal and structural factors can limit the ability to engage. Altruism has been argued to be stemming from a “moral gene” (Khalil, 2004). This would suggest that the moral model of addiction is not an accurate representation of addiction as it views addiction as a moral failing. 12-step based programmes are effective in part due to the opportunity they offer participants to not only receive support from their peers but also to give back that support to others in the group (Hutchinson et al., 2018). This process may be promoted by the facilitation of sharing stories and experiences with others in the group. This opportunity to share stories was identified by participants of Speed Freaks however not in this context. Participants identified that this sharing of experiences and stories allowed for the breaking down of misconceptions and societal stigma which will be discussed further later on.

The peer support model of Speed Freaks allows participants to experience a feeling of being a part of a team and a community. It could be argued that the approach which Speed Freaks employs is similar to the community reinforcement approach developed by Miller and Meyers (1999). This approach, while originally developed for use with populations with problematic alcohol use, now has been used with a wide variety of substance use disorders

(Myers et al., 2011). This approach supports individuals to restructure their lifestyles to allow for the individual to be rewarded for a healthy, drug-free lifestyle. This approach utilises substance free social activities and works to enhance the enjoyment which individuals who have struggled with substance use experience in their community. When speaking with participants of Speed Freaks, it was noted that they expressed a more positive internal self which may be facilitated by Speed Freaks.

The team aspect which Speed Freaks provides allows for comradery between participants and a process of holding each other accountable. This accountability could be felt by participants and allowed them to remain consistent to their routine and to recovery. Previous research has looked at the mutual accountability which can be experienced through peer support in recovery from addiction. In a sample of nurses who experienced substance use disorders, mutual accountability was found to enhance both treatment and recovery (Horton-Deutsch et al., 2011). This mutual accountability was also found in a peer supported recovery residential setting (Polcin & Korcha, 2015). Mutual accountability models incorporate an agreement where members work towards shared objectives and commitments (Steer et al., 2009).

A key component of peer support is the emphasis it places on lived experience. Scannell (2021) argued that this lived experience is the “cornerstone” of peer relationships in recovery from addiction. Participants identified that those with lived experience hold qualities which are beneficial to those in recovery with one participant identifying that they hold the quality of being a “good listener”. Francia et al. (2023) identified that having lived experience allows for trust to be built, an ability to have an informal approach, and a continuous access to peer support. The informal approach allows for a process of engagement which is outside the normal structure of support (Jacobson et al., 2012). Lived experience is a continuously

growing concept and peer support workers have expressed a sense of pride in how the value of lived experience has increased (Scannell, 2021). This sense of pride was also present in conversations with participants as they spoke highly of how Speed Freaks allows them to share their stories with those who may not otherwise get to hear such stories.

Clinicians with lived experience is an emerging concept in addiction recovery. There can be barriers however to clinicians with lived experience where there may be restrictions on the common language which they can use, outreach, and sharing of personal stories (Francia et al., 2023). Peer support models often allow peer support workers to have the time and ability to engage in informal ways while clinicians have restrictions due to time restrictions and role requirements (Francia et al., 2023). This was highlighted in discussions with participants where it was emphasised that roles which require lived experience encompass an area of support which clinicians are unable to reach. While both clinicians without lived experience and with lived experience hold knowledge, this knowledge is gained through alternative sources such that the non-lived experience clinician often gain their knowledge through educational sources such as university while the lived experience clinician gains their knowledge through their life experiences. Both of these sources offer benefits and hold essential places in treatment for recovery from substance use.

The Role of Identity

This sense of belonging and connection leads into group identity as Dingle et al. (2015a) identified that within active addiction, an individual develops both a new identity focused around substance use and a sense of belonging and acceptance within this new social network centred around substance use. Group connections also support in facilitating the identity change which research has linked to recovery (Best et al., 2017b).

The transition from an old identity (i.e., as someone in addiction) to a new identity (i.e., as someone in recovery) was seen as critical to participants recovery, but central to this transition was the role of a positive group identity provided by a community-based programme. This was clearly reflected in the participant narratives in this study and their alignment with the positive Speed Freaks identity. When individuals in recovery align their identity towards a group associated with recovery, they are often found to have better health outcomes as individuals will often adhere to group norms and behaviours (Buckingham et al., 2013). Separate to the identification of a positive group identity, was the participants experience of their own self-identity transition. Participants expressed that their self-identity involved both a distancing from their old identity associated with addiction and a redefinition of their present self-identity. This association with their self-identity was not a passive action and instead participants noted that this required continuous effort and involvement. This transition between self-identities in recovery reflects recent research on the social identity model of recovery, or SIMOR (Best et al, 2016). Specifically, SIMOR involves avoiding a framework which views addiction as a ‘moral failing’ and instead outlines recovery as a process of change in an individual’s social network which occurs in line with changes in the individual’s sense of self. As Speed Freaks reduces the view of addiction as a moral failing due to its presence in the general community while also increasing participants’ support network and sense of self, it holds a framework which encompasses the three main characteristics of the SIMOR.

Dingle et al. (2015b) identified that during stressful life transitions it can often be beneficial for individuals to maintain multiple social group identities. Speed Freaks supports this process through the maintenance of the recovering addict identity and the running identity for many members and also offering the opportunity for members to increase these

identities by providing support to access further study and job opportunities. Our findings supported previous research which looked at the growth in the recovery identity being linked to a reduction in the addict identity (Best et al., 2017a) as we found participants identified an identity which was recovery specific.

Unlike previous research however, we identified that Speed Freaks offers an ability to provide numerous identities. Participants noted a running identity along with a “Speed Freaks” identity where participants referred to themselves as a “Speed Freak”. It would be important for future research to look at this ability to establish numerous new identities in recovery and how this affects an individual’s recovery.

Best et al. (2017a) identified a difference in the psychological wellbeing between two groups who were no longer in active addiction. These differences were found between those who identified as “in recovery” and those who identified as “recovered” finding that those who identified with a “recovered” identity had higher rates of psychological wellbeing. This finding is interesting as it proposes an idea that an identity which is further from the identity of “addict” is a greater predictor of a higher psychological wellbeing. With this in mind, it could be proposed that the group identity towards Speed Freaks also facilitates these high levels of psychological wellbeing despite many participants identifying as being in recovery. This may be due to the Speed Freaks identity being further from the addict identity as it incorporates numerous aspects of identity including a running identity.

Research has revealed that individuals who identified as “recovered” were more likely to have social relationships with those still in active addiction while those in recovery are more likely to spend time with those also in recovery (Best et al., 2017a). It could be theorised that this is due to those who are recovered are less susceptible to negative peer influences. Best et al. (2017a) identified that further exploration of the relationship between

social relationships and identity is needed in order to gain a better understanding of the role in which involvement in groups which are not solely linked to recovery plays in recovery. Best et al. (2015) also identified that the frequency of a social network which is orientated around recovery is important as it allows individuals to receive more exposure to recovery values and processes and allows the individual to be shaped by the norms, values and expectations of said group. Best et al. (2015) also identified that when support is given by an individual who shares a similar identity to the individual receiving the support, it is often better received.

Navigating Social Perceptions

A third theme evident in this study was that individuals in addiction recovery have to navigate social perceptions of addiction and the social stigma associated with this, but that community-based programmes help bridge this social divide. This stigma and the social perceptions of addiction appeared to create a strong barrier for individuals with participants noting avoidant behaviours as a way to protect themselves from experiencing this. Participants noted that this stigma maintained a stronger presence while they were in active addiction. This stigma was identified to be reducing due to open discussions facilitated between Speed Freaks and the general public highlighting the need for community support which incorporates the general public. Without this integration, individuals with present or previous addiction struggles may continue to feel isolated from society. To the researcher's knowledge, Speed Freaks is one of the only community supports for recovery in Aotearoa which includes the general public. This unique feature may be a key driver of the breaking down of misconceptions which participants noted to be present in their experience of recovery as it allows participants of Speed Freaks to share their stories with those who may not have previously heard or had access to these types of stories. This allows for an education of not only the impact of addiction but also allows those without addiction experience to

understand the humanistic nature of addiction. Recent research on the impact of sharing recovery stories with the general public highlights how beneficial this can be both for those in recovery and as a destigmatization process. For example, research by Corvini, Golomski and Burns (2024) explored the impact which sharing stories of recovery with the public can have on members of the recovery community. They found that “96% of participants (all but one) said that sharing their recovery story was a positive experience grounded in a general sense of satisfaction (p., 485).” While it was found that the process of sharing stories can help to address stigma about recovery through education of what recovery is and looks like, it was also identified that participants perceived they may experience stigma at varying degrees from both inside and outside the recovery community as a result of sharing their story. This highlights both the need for the process of sharing stories to be facilitated and safety measures which reduce negative consequences. Through conversations with participants, the process of sharing stories with people both internal and external to the recovery community was highlighted suggesting that Speed Freaks allows these stories to be shared in a way which reduces negative impacts for participants. More research is needed to look at the direct mechanisms which ensure this safety.

Individuals who use substances often experience social exclusion and marginalisation (Clements et al., 2022). There are historical and societal factors which impact this and it is important to be aware of these causes when looking at such stigma and social isolation. The community-orientated view of addiction recovery may hold a focus which is too narrowly focused on the strenuous efforts of those with substance use issues and does not highlight the broad, historical causes within society (Alexander, 2015).

Many participants of Speed Freaks identified feeling distant from what many referred to as the “normal community”. As previously mentioned, those in recovery often have little

social connections when beginning this stage (Dingle et al., 2015a). This combined with the distance participants reported often feeling from the general public ascorbate the need for a community which aims to build these connections as substance misuse has been associated with social isolation (Dingle et al., 2015b).

Social isolation has been found to be associated with higher levels of mental health symptoms such as anxiety and depressive symptoms (Chou et al., 2011). As mental health symptoms have often been linked with substance use (Degenhardt & Hall, 2001), the relationship which social isolation plays in substance use is not just a simplistic relationship between two factors but instead is a multifaceted relationship which has a multitude of influencing factors which all have a bidirectional nature. Social isolation is a multidimensional concept with some previously considering it to be contrasting to loneliness however new research has proposed that loneliness is one part of social isolation along with social disconnectedness and perceived isolation (Farmer et al., 2022).

While some research has suggested that social isolation is a result of substance use, others have argued that it causes substance use (Dingle et al., 2015a). While it is good for us to gain a further understanding of how this process works, what this does highlight is the importance of combating this social isolation to support people with substance use issues. An interesting effect of loneliness on substance use was found in adolescents with both high levels of loneliness and low levels of loneliness being indicative of substance use with factors such as unliked isolation and isolation which was related to disengagement and outside orientation showed differing effects on substance use (Copeland et al., 2018). These findings emphasise the importance of identifying the factors within social isolation which influence substance use as a greater understanding of these factors can aid in tailoring effective substance use treatment.

Dingle et al. (2015a) identified that this support can come from family, peers, or social groups as they all have the ability to influence an individual's recovery however this is a two way process meaning they also have the ability to negatively influence. Interestingly, through our research, we identified that the same individual can act as both a positive influence and negative influence with one participant noting that someone who had previously been a negative influence while she was in active addiction had then become a positive influence in her recovery journey. This relationship however was not a consistent part of their journey as the participant noted that the individual had not been in their life at the beginning of their recovery journey indicating that a separation may need to occur in order for both individuals to possibly redefine their own identities.

The contemporary Native American Wellbriety Movement uses the metaphor of a healing forest to symbolise the connection between an individual, family, and their community which promotes the movement away from viewing the individual as sick but instead promotes looking at enriching the society which the individual is in to support recovery from addiction (White, 2009b). Speed Freaks encompasses this idea as it supports individuals to participate in general society through their presence at running events and in the running community itself. While it is clear that there is further work needed to be done to change the attitudes which many in society have towards those in active addiction or recovery from addiction, it appears Speed Freaks facilitates this changing of attitudes through their presence in the general community.

Empowerment and Personal Growth

The final theme evident in this study was that community-based recovery programmes provide a process of empowerment and personal growth which underpins a positive recovery journey. This may have been partially facilitated by the incorporation of exercise into Speed

Freaks as it allows for goals that are not purely related to recovery to be reached. Numerous participants noted a sense of achievement which they experienced from this process.

Throughout discussions it was noted that Speed Freaks facilitated routine which is often found to be lacking while in active addiction. The key features of Speed Freaks are quite contrasting to key features found in active addiction as Speed Freaks features contribution while addiction is often associated with more selfish behaviours. While Speed Freaks facilitates participants' self-determination, this is done through a mana enhancing approach as Speed Freaks supports this instead of pushing it. This empowerment and personal growth theme was also found to be related to the ability of Speed Freaks to address gaps which traditional recovery supports have. Participants noted that most other forms of community support hold a religious focus or a regimented aspect which may not appeal to many individuals with addiction struggles who require a more informal treatment approach.

The theme of empowerment aligns with previous research on addiction recovery which has looked at the process of self-empowerment in SMART recovery programmes (Horvath & Yeterian, 2016). Self-management and recovery training (SMART) frameworks are science-based mutual aid groups which aim to promote self-empowerment and abstinence from substances. SMART recovery programmes aim to empower participants to address the causes of their addiction to reduce the control they have on them. Sleem and Hamza (2025) found that higher levels of self-empowerment can support in motivation for treatment and lower relapse rates. Empowerment itself is a concept which is heavily rooted in theories of community psychology with previous research looking at empowerment through participation in community activities (Hunter et al., 2013). As noted in the results, Speed Freaks allows for personal growth of participants through the provision of resources to education and employment. This is in line with previous research which linked resource

knowledge to empowerment such that education level increased participants' empowerment (Barringer et al., 2017).

When recovering from addiction, individuals often look at external factors such as their support systems. It is also important for those recovering from addiction to look at internal factors such as resilience (Sari et al., 2023). When speaking about psychological resilience, we talk about an individual's capacity for adaption when faced with times of trauma, tragedy, or significant stress (Booth & Neill, 2017). Within psychological research, it is recommended that individuals develop positive coping strategies such as positive thinking and problem solving to allow them to build on psychological resilience (Booth & Neill, 2017). Calpe-López et al. (2022) linked resilience to the development of addiction through stress. There are numerous psychological mechanisms underlying resilience such as secure attachment, experiencing positive emotions, and having a purpose in life (Rutten et al., 2023). Speed Freaks may enhance psychological resilience indirectly as it provides an environment which supports the cultivation of the psychological mechanisms necessary to build resilience.

Participants expressed having a sense of psychological safety in Speed Freaks through the consistency which it provided them. This sense of psychological safety has also been found in other sober active communities such as The Phoenix which has emerged in North America (Heinrich et al., 2025). It was identified that this psychological safety facilitated numerous outcomes such as motivation for sobriety, mental health, and physical health. The concept of psychological safety appears to be limited in research on addiction however this idea has been researched in health care teams. Findings within these settings may be applicable to addiction settings due to the similarities which they share. In health care settings, it has been found that psychological safety can allow for learning behaviour and "engagement in quality improvement work" (Nembhard & Edmondson, 2006). Nembhard and Edmondson (2006)

also identified that leader inclusiveness is a predictor of psychological safety. It was identified by participants that peer support leaders will often check in with participants of Speed Freaks and ensure new members feel welcomed. Therefore, it could be argued that this psychological safety which participants identified as being present within Speed Freaks is in part facilitated by the inclusiveness which senior members of Speed Freaks employ.

The structure and routine which Speed Freaks provides members is supportive of participants' recovery. Kitzinger et al. (2023) identified that there is a need for consistency and structure within addiction recovery for the purpose of developing new routines. Participants identified that the framework of Speed Freaks facilitated in the establishment of routines which supported them to remain accountable to themselves. This belonging towards a new routine facilitated the members' consistency in participation and also opened up new resources and connections to them. Previous research has identified that routine and structure are protective factors for those in recovery from addiction as they allow those in recovery to regain a grip on life (Dekkers et al., 2021). In particular, structuring their spare time supported in the maintenance of their recovery.

Through the qualitative interviews it was identified that Speed Freaks also appears to incorporate a holistic component through the promotion of participants' mana and Hauora with one participant comparing the aspects of Speed Freaks to the components of Te Whare Tapa Whā. Adedoyin et al. (2014) identified that holistic treatment interventions are beneficial as they are able to meet the needs of the diverse range of individuals who access addiction treatment services.

The word holistic itself refers to herbal remedies or alternative medicine (Adedoyin et al., 2014), suggesting that treatment for substance use should potentially look at "alternative approaches". Traditional treatment options are often rooted in linear procedures however

research looking at relapse rates for those who have previously struggled with substance abuse have been relatively high (Glover, 1999). Within addiction, the holistic approach takes on a focus which looks at all aspects of a person including the aspects of physical, emotional, and social well-being. Breslin et al. (2003) identified that the chaos which often surrounds addiction can be shifted into a healthy lifestyle through a holistic approach which looks at personally modified methods of coping.

Adedoyin et al (2014) identified that holistic treatment interventions compliment the strategies which are employed in the disease model, medical model, and harm-reduction model as they employ an integrated perspective which focuses on the whole person. It could be argued that Speed Freaks supports this focus on the whole person through the incorporation of the social relationships which it supports and the physical exercise component. Speed Freaks also addresses the spirituality of the individuals who take part through the gratitude round which asks participants to express something they are grateful for. One participant noted that when in early recovery, it was difficult for them to find things to be grateful for however now noted they were grateful for everything stating that they now had a list of things to be grateful for. This may have been directly impacted by Speed Freaks ability to promote this process of looking inwards for fulfilment during recovery. This finding is interesting particularly when compared to the research on addiction which states that addiction has two main sources; gratification of needs and avoidance of internal discomfort (Goodman, 1990). It appears that the process of the gratitude round supports participants to meet their needs in an alternative way which is not harmful to them.

One participant directly referenced the Māori holistic model of Te Whare Tapa Whā in discussions. Te Whare Tapa Whā comprises of four dimensions; taha tinana, taha wairua, taha hinengaro, and taha whānau, with all four dimensions needing to be symmetrical to optimise

an individual's health (Durie, 1998). This model has been used to provide a guide for health practitioners when providing holistic healthcare (Sculley & Smith, 2023). Te Whare Tapa Whā has been found to be one of the most widely used treatment approaches when treating methamphetamine use in New Zealand (Gordan & Stephens, 2021). As it is important to look at which populations have the highest prevalence of use when targeting treatment options, this may account for the research which identifies Te Whare Tapa Whā as one of the most effective treatment methods due to the overrepresentation of Māori in addiction services.

This reference to Te Whare Tapa Whā spoke about the framework suggesting that Speed Freaks incorporates this framework through the embodiment of the spiritual, physical, mental, and whānau aspects which we see in the Te Whare Tapa Whā model. Huriwai et al. (2022) acknowledged the contemporary term, kaupapa whānau which reflects the idea of whānau as being not necessarily linked to the whakapapa (genealogy) of an individual but instead the social system or collective who share a common purpose which still reflects the responsibilities and obligations that are traditionally associated with whānau. This idea can be identified in the findings which support identity and connection as key components of recovery from addiction as it proposes that mutual values and goals allow for an enhanced recovery from addiction.

Another element of Speed Freaks which is contrasting to traditional recovery supports is the unique support of employment which Speed Freaks offers. Speed Freaks aims to provide members with advice on potential study opportunities as well as employing individuals as peer support leaders who initially joined Speed Freaks as participants. The development of a sense of future has been identified as a protective factor (Dekker et al., 2021). Within this sense of future, it was identified that goals around 'having a normal life'

are beneficial. Such goals can include having a meaningful job and working towards getting an education (Dekker et al., 2021).

Limitations

Despite the findings of this study, there are some limitations in the research process that provide for caution when interpreting the findings broadly. First, due to the nature of this research project, the researcher was unable to conduct follow up interviews. As recovery is not a linear process and requires continuous effort and growth, it may have been beneficial to measure the responses which participants had at different points in time to gain a further understanding of the processes within PSARP that facilitate recovery from addiction. Second, while in-depth interviews were deemed to be suitable for this research, this may have also restricted the sample to participants who felt comfortable sharing their experiences and providing this in-depth perspective. A mixed methods approach may allow for participants who do not feel comfortable participating in in-depth interviews to also have their views heard.

There may have also been limitations in regards to minimal demographics being gathered. It was deemed that due to the small sample size, demographics may not only allow participants to be identifiable but also may be redundant in nature as the sample size was not big enough to indicate differences between demographics. As this study looked at the experiences of those in PSARP who are in recovery from addiction, the use of demographics was not employed as the research did not look at differences between demographics.

Implications

This research has important implications in relations to its findings as it provides a guidance on the areas for future research to look at when assessing peer supported addiction

recovery programmes. Through our qualitative interviews, we were able to highlight the importance of peer support addiction recovery programmes such as Speed Freaks and their ability to provide a type of support which is contrasting to traditional addiction recovery supports. Research has evidenced the importance of moving beyond these traditional supports to allow support programmes for addiction recovery to support individuals recovering from addiction to maintain their recovery (White et al., 2014). It is clear that there are numerous biopsychosocial mechanisms underlying addiction and recovery from this with social mechanisms playing a particularly strong role. PSARP address these underlying mechanisms through providing a connection, identity, and purpose for those in addiction recovery.

Conclusion

This study explored the impact of community support on recovery from addiction. This study aimed to look at peer supported addiction recovery programmes and how they differ from traditional supports, what components they encompass, and the role they play in community belonging and connectedness. Through conversations with participants of Speed Freaks, it became clear that peer support holds a powerful role within recovery from addiction. Peer support models in recovery from addiction promote connectedness, a recovery identity, and a positive internal state. Speed Freaks also helped support participants to navigate social perceptions while helping to break down misconceptions which the general public often had of recovery from addiction. Overall it became clear that while peer supported addiction recovery models have evolved drastically in the past decade, there is still more research which is needed to clearly identify the role which they play within mainstream addiction recovery supports.

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Appendices

Appendix 1: Advertising flyer used for participant recruitment



TE KUNENGA | MASSEY
KI PŪREHUROA | UNIVERSITY
UNIVERSITY OF NEW ZEALAND

The Impact of Community Support on Addiction Recovery.

VOLUNTEERS NEEDED For Research Study!!!

Volunteers from Speed Freaks are needed to participate in a Masters of Science Research Thesis currently being completed through Massey University. This Research is examining the effect of community support on recovery addiction and is supervised by Dr. Andy Tower and Prof. Sarah Riley.

What you will be asked to do:

- Take photos which represent an aspect of your recovery. You will not be required to provide a copy of these photos as they will not be used in the final project.
- Take part in an interview with a duration of approximately 1 hour.
- Share whatever you feel comfortable sharing to help us further addiction research!

Participants will need to:

- Be aged 18 and over.
- Be a member of the Speed Freaks community in a peer support role (volunteer or paid).
- Identify as having lived experience of addiction.
- Be proficient in English.

This project has been reviewed and approved by the Massey University Human Ethics Ohu Matatika 1, Application OM1 24/53. If you have any concerns about the conduct of this research, please contact the Chairperson, Massey University Human Ethics Ohu Matatika 1, email humanethics1@massey.ac.nz.



Appendix 2: Participant recruitment screening questions

Screening Tool

The research will contact the potential participants in peer support roles (volunteer or paid) with Speed Freaks via a phone call and will use the following screening process.

“Thank you for expressing interest to take part in this research project. Before I begin with explaining the project, I would like to ask you a few screening questions.

1. Are you aged 18 and over?
2. Are you an active member of Speed Freaks who is in a peer support role in Speed Freaks which is paid or voluntary?
3. Do you identify as having lived experience of addiction?
4. Do you speak English fluently?
5. This final question is purely to ensure that all potential volunteers for this research project are being protected. Have you had any relapses within the past 12 months?”

Appendix 3: Participant information sheet

The Impact of Community Support on Addiction

Recovery

INFORMATION SHEET

Researcher(s) Introduction

The researcher, Lisa Browne will be conducting this research project as part of a Masters of Science in Psychology under the supervision of Dr. Andy Towers and Prof, Sarah Riley.

Project Description and Invitation

Addiction recovery is a complex journey, and experts often debate the best ways to approach it. When someone struggles with addiction, certain brain pathways strengthen their habits. Research suggests that two things are critical to addiction recovery: community engagement and sense of identity.

Making connections with hopeful people and positive influences is crucial for change. This suggests that community support is vital in recovery, however there is limited research on this in Aotearoa.

During recovery, individuals may start to identify more with their recovery than with their addiction, which can help prevent relapse. Groups focused on recovery are important for building this new identity and providing social support. However there has been little research into this in Aotearoa as well.

In this project we would like to explore how engagement with the Speed Freaks influences your sense of community engagement and recovery. We invite you to take part in this important research.

Participant Identification and Recruitment

We are looking for 8 to 10 Speed Freaks who are in peer support roles (paid or voluntary) to participate in the research project. Participation will involve an interview about the impact of community support on your addiction recovery. This number of participants will help us to gain an understanding of the impact of community support on recovery while remaining a manageable amount for the researcher's workload.

The following criteria is required for participation in the research project:

- Aged between 18 and 65 years of age
- Active members of Speed Freaks who are in peer support roles (paid or voluntary)
- Identify as having lived experience of addiction
- Proficiency in the English language
- No relapses in the past 12 months

Individuals who have experienced any relapses in the past 12 months are not invited to participate to ensure no harm is caused to any participants.

This research project involves minimal risks to participants.

Project Procedures

If you are going to be taking part in this project, there will be a few things that you will be asked to do.

- You will be asked to take photos which you feel represent an important part of your addiction recovery.
- During the interview, you will be asked to talk about these photos and how they relate to community support. You will not be required to provide a copy of these photos as they will not be used in the final project.
- You will be contacted prior to the interview to give you the opportunity to ask any questions you may have and to give you an overview of the topics which will be covered.

The whole process should take no more than two hours to complete which includes an interview of approximately one hour to allow us to discuss your recovery journey in details while having

a natural conversation. The interviews will take place in the Speed Freaks office in Tamaki Makaurau or via Zoom.

In the event of any psychological distress, all participants will be given resources to supports at the completion of the interview.

Your Interview Data

Your interview will be recorded on a password protected device. The researcher will then transfer the audio files to a secure laptop where they will then be transcribed. You will be given the opportunity to review and edit transcriptions to make sure they accurately reflect your experience.

I will then look for common themes in the transcribed files. All data will be kept until the completion of the research project, after which it will be properly disposed of. You will have the opportunity to receive an email of the finding of the project once it has been completed.

Throughout the research project, participants' names will be stored in a password protected computer owned by the student researcher. During the transcription process, names will be given aliases which will only be known to the researchers.

All information which is provided to the researcher on a confidential basis, any identifying names, and personal details will not be included in the final report in order to protect participant's privacy.

Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- Decline to answer any particular question
- Withdraw from the study until the authority for release of transcripts form has been signed.
- Ask any questions about the study at any time during participation
- Provide information which you feel comfortable sharing with the researcher
- Be given access to a summary of the project findings when it is concluded

- Ask for the recorder to be turned off at any time during the interview

Project Contacts

If the participant has any questions regarding the project, they are invited to contact the following individuals:

- Student researcher: Lisa Browne email address [REDACTED]@massey.ac.nz.
- Research co-supervisor: Dr. Andy Towers email address A.J.Towers@massey.ac.nz
- Research co-supervisor: Prof. Sarah Riley S.Riley@massey.ac.nz

Thank you for considering taking part in this research!

Committee Approval Statement

This project has been reviewed and approved by the Massey University Human Ethics Ohu Matatika 1, Application OM1 24/53. If you have any concerns about the conduct of this research, please contact the Chairperson, Massey University Human Ethics Ohu Matatika 1, email humanethics1@massey.ac.nz.

Appendix 4: Participant consent form

The Impact of Community Support on Addiction Recovery

PARTICIPANT CONSENT FORM - INDIVIDUAL

I have read, or have had read to me in my first language, and I understand the Information Sheet attached as Appendix I. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw at any point up until the Authority for Release of Transcripts form has been signed.

1. I understand that this interview will be sound recorded.
2. I understand that I can request these recordings at any time.
3. I understand that this interview is a part of a Master's thesis project and that the data will be used as part of this thesis project.
4. I agree to participate in this study under the conditions set out in the Information Sheet.

Declaration by Participant:

I [print name] _____ hereby consent to take part in this study.

Signature: _____

Date: _____

Appendix 5: Interview questions

Indicative Interview Questions:

1. Can you describe for me whether your sense of belonging and connectedness within the community has changed since engaging with Speed Freaks?
2. If this sense of belonging has changed, how has it changed?
3. In what ways has feeling a part of a community influenced your recovery.
4. In regard to a challenge which you experienced during your recovery, has there been an instance where advice or encouragement from the Speed Freaks community has significantly impacted your recovery?
5. Is the support you've received from Speed Freaks different from the support you've received from other sources and if so how is it different? Can you identify any other sources of support that are like Speed Freaks or are Speed Freaks a little bit different?
6. How has the community aspect of Speed Freaks influenced or changed your understanding of addiction and recovery?
7. What aspects of your recovery do you think community engagement has helped with the most?
8. In what ways do you think that other Speed Freaks have impacted your recovery.