

'It's a sanity restorer': Narcotics anonymous (NA) as recovery capital during COVID-19 in Aotearoa New Zealand

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Abstract

Narcotics Anonymous has flourished globally across 143 countries as a key community response to problematic substance use, despite disruptions, including the COVID-19 pandemic. This research sought to understand how the Aotearoa New Zealand Narcotics Anonymous (NA) community engaged with NA meetings online during the 2020–2021 COVID-19 pandemic. During in-depth, semi-structured interviews, 11 NA members shared their stories of addiction, abstinence-based recovery, experiences of NA and managing pandemic restrictions. A narrative analysis identified four tropes particularly relating to how community members managed during the pandemic: responding via technology; maintaining recovery connections; creating opportunities; and consistency. Each trope showcases how NA members were able to connect online and garner support for their abstinence-based recoveries and, more generally, during unprecedented times. In addition, the NA members in this research narrated the opportunities the pandemic restrictions created for them, such as engaging with the NA programme in new ways and improving their quality of life. Members of NA were able to maintain their psychological, physical, spiritual and community wellbeing

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during the COVID-19 pandemic primarily due to existing recovery capital—peer-based support and the principles of the 12-steps of NA. The implications are that access to peer-based communities and salient recovery identities are pivotal during ordinary and extraordinary times. Please refer to the Supplementary Material section to find this article's [Community and Social Impact Statement](#).

KEYWORDS

COVID-19, narcotics anonymous, peer support, recovery capital, substance use

1 | INTRODUCTION

Narcotics Anonymous (NA) is a peer-based fellowship of people who identify with having addiction concerns and who seek to gain and maintain abstinence from problematic substance use (Costello et al., 2019; Narcotics Anonymous New Zealand, 2009). Services like NA often exist within adverse political conditions where emphasis is placed on abolition and punishment for illicit substance use and where societal care practices for people with substance use issues are limited. In places that do have policies and government services, responses to these health concerns can be stretched or are unable to meet the needs of the people who use their services (Kennedy-Hendricks et al., 2017; Shalaby & Agyapong, 2020). In response, peer support has been shown to be effective in treatment retention, reduced readmissions to hospitals and increased access to resources for recovery (Scannell, 2021). Other advantages of peer-based support are increased self-esteem, greater understanding of how to navigate recovery lifestyles and development of better coping skills (Bassuk et al., 2016; Bathish et al., 2017; Best, 2019, p. 106; Costello et al., 2019; DeLucia et al., 2015). Peers can offer coaching, role modelling, connection to resources and facilitation back into social networks of further support communities. Peer-based support and encouragement cultivate a sense of community with benefits demonstrated as effective but not necessarily more effective than treatments from professionals (White et al., 2020). Having said that, it is important to note that short-term treatment modalities are not as effective as long-term care that is multifaceted and peer-led (Kelly et al., 2019; Shalaby & Agyapong, 2020).

NA fellowships are flourishing globally (White et al., 2020), with the NA World Service Office reporting that in 2022 there were 76,000 NA meetings across 143 countries. In Aotearoa New Zealand, over 100 NA meetings are held nationally per week (New Zealand Narcotics Anonymous, n.d.). NA is founded on the 12-steps, a set of spiritual principles that facilitate members finding and believing in a 'power' more significant than themselves. The 12-steps offer a guide for overcoming addiction (Narcotics Anonymous, 1986). Vederhus and Høie (2018) suggest that these steps help people find serenity, motivation and the ability to cope with the everyday challenges of staying a alcohol and drug free. The key mechanisms behind NA include abstaining from all substance use, applying the principles of the 12-steps, reading NA literature, sharing with key support people and attending NA meetings regularly. As a fellowship, NA relies upon peer-based relationality, where members share experiences of both using and abstaining from using mind or mood-altering substances. White et al. (2020) suggest that it is this focus on experiential sharing of knowledge with peers that allows members to believe that living without substance use is possible. Free of charge, NA meetings are open to anyone, with some meetings allowing people who do not identify as addicts to attend. Noteworthy, NA works on the process of anonymity in that identities are protected due to the stigma attached to illicit or problematic substance use (DeLucia et al., 2015; Kelly et al., 2019; McGovern et al., 2021; Rubya & Yarosh, 2017). As asserted in the NA principles, 'the only requirement for membership is the desire to stop using' (Narcotics Anonymous, 2008, p. 60).

Some scholars have proposed that the NA approach does not work for everyone. Like any community-based group, issues can emerge with resulting interpersonal interactions—relationships can become tense, breaches of anonymity can occur in some instances, pressure for members to conform to community norms can emerge, and some members can feel that they are judged harshly for any relapses in problematic substance use, and some can feel trapped (Vederhus et al., 2020; Vederhus & Høie, 2018). Despite these critiques, the effectiveness of 12-step communities has been well documented (Bassuk et al., 2016; Bathish et al., 2017; Best, 2019, p. 106; Costello et al., 2019; DeLucia et al., 2015).

Key to the success of NA and other such peer-based support programmes is the shared understanding and empathy for the lived experience of substance use or addiction. This shared knowing is often referred to as 'recovery capital' (Cloud & Granfield, 2008). This article explores how the NA community in Aotearoa New Zealand continued to support and maintain recovery capital with online meetings during the 2020–2021 COVID-19 pandemic. We will now briefly conceptualise the concept of recovery capital and the pivot to online meetings during the COVID-19 pandemic.

2 | RECOVERY CAPITAL AND THE COVID-19 PANDEMIC

The concept of recovery capital, as derived from Bourdieu's (1986) notion of social capital, has been well theorised in alcohol and other drug spaces for how its presence or absence enables and constrains people's capacity to achieve and maintain wellness (Best & Hennessy, 2022). In this conceptual context, we use the term 'recovery' to signify an abstinence-based recovery from addiction, as advocated by 12-step movements, such as NA. However, we recognise, respect and endorse other forms of recovery from substance use, including drug replacement therapies.

Recovery capital is a term that encapsulates the way in which the personal, social and structural elements of relationships impact people's ability to flourish and maintain abstinence. Cloud and Granfield (2008) and, more recently, Best and Hennessy (2022) identify various interconnected elements that comprise recovery capital. These include people's intrinsic motivation to achieve freedom from active addiction and accessing education and information that can enhance resilience against a range of life stressors (Li et al., 2021). Recovery capital includes engagement with organisations that offer wrap-around services to foster better coping and pro-social life skills. It is based on a strengths-based agenda that enhances various recovery options that are thought to move along a continuum (Gueta & Addad, 2015). As a process, recovery capital becomes the sum of internal and external resources that enable sustained lifestyle changes (Best & Hennessy, 2022; Best & Laudet, 2010; Davidson et al., 2010; Granfield & Cloud, 2001), cultivated amongst NA members through regular attendance, participation and communing in 12-step meetings (White, 2006, 2009). Previous research suggests that the relational supports featured in recovery capital are vital to people's ability to avoid harm and survive well (Aldrich, 2012; Aldrich & Meyer, 2015). Notwithstanding, as argued by Best and Hennessy (2022), recovery capital is a complex interplay of elements, which requires ongoing conceptualisation to understand its key mechanisms and application for people experiencing substance use concerns.

The continuation of support processes evident through NA meetings is also likely crucial during extraordinary times or social upheaval and stress, including natural hazards and human-generated disasters, as with COVID-19. When the pandemic struck, Aotearoa New Zealand followed global safety measures, mandating a nationwide four-level alert system to stop the spread. This approach included intermittent physical lockdowns between March 2020 and September 2021, where all but essential workers were required to stay home and physical distancing restrictions were mandated (New Zealand Government, 2021). Being a non-essential service, in-person NA meetings were not permissible, so meetings were moved rapidly online.

Akin to the general public, the COVID-19 pandemic created an environment of uncertainty, isolation, anxiety and stress for members of the NA fellowship and posed a significant risk to people with addiction issues (Chiappini et al., 2020; Officer et al., 2022), including changes in the frequency of substance use, shifts to the use of other

substances and relapse. Some research has explored the role of NA during COVID-19. For example, Galanter et al. (2022) surveyed members of the NA fellowship in the USA, finding that they successfully transitioned to online meetings in response to the physical restrictions. Participants attended significantly more virtual meetings the week before the survey ($x = 4.13$, $SD 4.64$) than face-to-face meetings before COVID-19 ($x = 3.35$, $SD 2.05$). Similarly, Di Carlo et al. (2022) noted the benefits of online meetings, although they advise that face-to-face meetings remain critically important. Despite this, there has been no qualitative research exploring how members of the NA community in Aotearoa New Zealand cared for their psychological, physical, spiritual and community wellbeing during the emergent and intensive phases of the COVID-19 pandemic. And there continues to be a lack of research and attention to substance use issues in the disaster management space generally, meaning recovery capital is derived from within the community but little is known about how this transpired during the COVID-19 disaster. This research was conducted in partnership with the Aotearoa New Zealand NA community who were keen to document how their members responded.

3 | FOCUS AND METHOD

To better understand how members of NA living in Aotearoa managed their recovery during the various COVID-19 lockdown periods from March 2020 to August 2021, this study explored experiences of substance use, recovery from that use, time spent under COVID-19 restrictions and the role that NA played in these experiences. We also aimed to understand the mechanisms of recovery capital during the COVID-19 pandemic in Aotearoa New Zealand.

The criteria for inclusion in this study were that participants needed to be aged 18 years or over and be a member of NA during the COVID-19 lockdown restrictions in Aotearoa New Zealand. All participants must also have attended one or more online Zoom NA meetings. As is common in community research, participants were recruited through snowball sampling with the help of two current members of NA who acted as 'gatekeepers' in order to help protect the anonymity of their peers. The gatekeepers provided interested participants with an overview of the research and passed on the researchers' contact details. With the pervasive negative stereotyping of substance users and the small NA community in Aotearoa New Zealand, participants' identities are protected, meaning minimal contextual details are provided here to avoid risk of identification. Pseudonyms have also been used. The Massey University Human Ethics Committee (Northern, Application NOR21/22) granted ethical approval for the research procedure and how we handled issues of anonymity.

In total, 11 participants were interviewed. Eight identified as women and three as men. We understand and appreciate how this number of participants allowed us to produce a deeper and more contextualised understanding of the participants' lives without losing the nuances of their experiences (Neale et al., 2005). Participants' ages ranged from 28 to 72 years, and their ethnicities included European/Pākehā and Māori (Indigenous people). The time abstinent from substance use ranged from 1.5 years to 41 years. Participants resided across the three areas of NA in Aotearoa New Zealand. Two participants lived in the Northern area (top part of North Island), four participants were from the Central area (lower half of North Island) and four participants were from the Southern area (the South Island). In these different regions, nine participants lived in urban areas, one in a suburban area and another in a rural area.

Semi-structured interviews occurred in mid-2021, where participants shared their stories of substance use and addiction, recovery and NA experiences before and during the pandemic. Discussions were held individually with each participant, either in person or via Zoom, depending on the location of each participant and the level of COVID-19 restrictions at the time. At the beginning of each interview, the first author explained the reasons behind the research and identified their outsider position as a non-problematic or illicit substance user. The interviewer fostered an open environment and engendered a relationally ethical connection so participants could share their stories safely (Hodgetts et al., 2021). Interviews were audio recorded and transcribed verbatim. To give agency to participants, they were offered 1 month to make any changes, edits or comments to their transcript. Four participants

made edits to their transcripts, five were satisfied with their transcripts and two did not take the opportunity to review their transcripts.

Narrative is often used in research around addiction because this theoretical and methodological approach allows researchers to explore stories and experiences of substance use and addiction in depth whilst acknowledging the broader social, political, historical and cultural factors that shape substance use and the various forms of recovery (Eriksen & Hoeck, 2022; Jadidi & Nakhaee, 2014). This was important as interview transcripts were analysed using a narrative orientation that involved reading for meaning, imagery, context and common elements invoked by participants as they worked to story their experiences rather than the structure or form of their narratives (Murray, 2002; Riessman, 2008). The authors identified key tropes (Sandberg, 2016) as understood via narrative theory (Polkinghorne, 1995; Riessman, 2008). It is important to assert that the tropes identified through the analysis process represent the participants' personal views, feelings and experiences as filtered or shared through community storytelling practices and do not represent NA as an organisation. Narcotics Anonymous recommends its members have no opinion on outside issues 'lest problems of money, property or prestige divert [them] from [their] primary purpose' 'to carry the message to the addict who still suffers' (Gorman, 2023; Narcotics Anonymous, 2008, p. 60).

4 | NA MEMBERS STORYING RECOVERY CAPITAL

The analysis focuses on four core tropes participants invoked when storytelling their experiences and the role of recovery capital during the COVID-19 restrictions. These were (1) efficacy in responding rapidly with online technology, (2) maintaining recovery connections, (3) creating opportunities and (4) upholding consistency. Each trope is considered, in turn.

5 | EFFICACY IN RESPONDING RAPIDLY WITH TECHNOLOGY

A range of disaster research has foregrounded the importance of technology for disaster readiness, response and recovery because it likely mitigates harm, enables effective communication, information sharing and extends avenues for community support (Freeman et al., 2019; O'Connor et al., 2021; Tan et al., 2020). Yet, little research has focused on how NA communities use this type of communication. During the COVID-19 disaster, as with most communities worldwide, NA responded rapidly by turning to technology to overcome the physical restrictions imposed during the evolving novel pandemic. Aotearoa New Zealand had multiple periods of complete lockdown with no face-to-face communication with people outside their designated bubbles. For the NA community, the risks of serious harm, even death, when recovery capital or support networks are removed is well known. Bearing this in mind, NA members coordinated Zoom accounts so that meetings could continue. With over 100 NA meetings across four Zoom accounts, participants shared that setting up the online meetings required a momentous effort.

The NA members who managed the pivot to online meetings had to ensure that NA members knew how to use the technology and navigate online environments and do this extremely quickly. This effort was appreciated and recognised by the participants:

NA responded really quickly to the lockdown with Zoom... our home group was on the next day... the woman's group went on first, and we just checked in with them and said, how'd you do it and we were on, and our home group just kicked off. —Francesca

NA members drew on their recovery capital (already existing networks and technology) to 'kick-off' the online meetings and, thus, experience continuity of care. The shift occurred efficiently and without resentment for some

because, as peers, members knew the lived reality of active substance use and the importance of remaining psychologically and physically safe.

Historically, however, online 12-step meetings have been unpopular. In 2013, Yarosh found that people were concerned that a dislike of the online meeting format would become an excuse not to attend meetings and limit the depth and meaningfulness of connection and forms of communing that people gained from in-person meetings. Barrett and Murphy (2021) also questioned the quality of interactions and online support compared to in-person support. Participants in the present study did invoke these potential problems with the pivot to online meetings. Moving online was not seamless for all participants and people adjusted differently to the move, as was illustrated by Hannah:

I was initially quite uncomfortable with going to the Zoom meetings cos I didn't like looking at myself in the camera (laughter)... but I learnt to enjoy them; they helped keep me connected. And then I got sort of addicted to them. —Hannah

While drawing on humour, Hannah represents the discomfort of using technology to interact. There were feelings of dis-ease at viewing oneself online, although that did abate. Other participants complained about technical problems and/or risks to privacy and security. There were also frustrations expressed about members not realising they were muted or had terrible Internet connections or muffled microphones. However, the technical problems were storied as minor inconveniences rather than major concerns regarding the pivot to online meetings. Travis and Julia also spoke about how the online format was not their preferred option but that it was a useful interim measure for enabling the maintenance of enacted community support central to recovery capital:

You don't get that stuff over Zoom; it's all cut off because everybody's on mute. So it's very... it's missing a whole dimension of people being there and identifying with each other. —Travis

I think being Māori as well, kanohi ki te kanohi, face-to-face, being in the perimeter of a physical sort of process is really quite important. And even being able to turn your head and actually see the person and observe the way that they're moving. Because I really relate to people who are sharing for the first time something really uncomfortable, and you kind of see their physiology change. —Julia

For Julia, the in-person meetings supported cultural ways of being. As Ngata (2017) attests, Māori prefer to see, hear, feel and detect the scent of each other, thereby concretising their relationality via physical connection. Travis and Julia similarly narrated how they found the online meetings one-dimensional due to the limited non-verbal feedback. For them, online meetings did not engender the same depth of recovery capital or connection as in-person meetings, which were considered more substantive. Instead, as was the case for most participants in the present study, Zoom meetings were a necessary compromise during a time of social upheaval. Despite various challenges, participants were thankful for the opportunity to commune online to support their recovery during an unprecedented time. They acknowledged that when there were no other options, Zoom meetings worked adequately.

5.1 | Maintaining recovery connections

Before the COVID-19 restrictions, participants storied how they developed and maintained recovery capital via social interactions when attending in-person NA meetings. They also discussed participating in NA service work, engaging with NA sponsors and sponsoring others in the NA programme (White, 2006, 2009). As noted in the previous section, moving NA meetings to a Zoom format posed challenges to communing between members of the fellowship. However it also afforded members some access to their internal and external mechanisms of recovery

capital. This supported continuity in their recovery from active addiction and buttressed their ability to cope with the pandemic and the associated physical and social isolation. The significance of this online platform for Francesca is evident in her use of the metaphor 'restoration' when explaining how she avoided feelings of 'insanity' by connecting with others online:

It's a sanity restorer. You know, when you check in with other people, you've been to some meetings now you can sort of see how it goes. —**Francesca**

Francesca maintained her psychological health by 'checking in' with others from her NA community online. Similarly, Eddie recounted how feeling connected to his 12-step programme, as gained through relating to others, was foundational to his sense of continuity in recovery and wellbeing:

The fact that I was able to feel connected to my programme. The fact that I was able to connect with other people and that's it basically... You'd often hear people talking about COVID. And lockdown. Just the effect of that. Challenges of that. Because it affects everyone differently. —**Eddie**

The participants below emphasise the importance of engaging with NA principles and connecting with others as central to maintaining recovery capital. This is a particularly valuable aspect of the NA programme (Narcotics Anonymous, 2008). It also helped them deal with an evolving and unknown situation:

Recovery is all about learning how to adapt and how to accept and how to deal with what we have, be grateful for what we've got and all that, you know, so recovery was actually a really great tool and a great kind of resource kit when dealing with the challenges of COVID. —**Eddie**

How lucky I was to have my recovery. Because I think that was one of the key things that made lockdown very manageable, was that I already had this toolkit for how to live life under very difficult circumstances, you know, I'd developed in my using a whole lot of skills that I probably still use today. Around survivability under extreme circumstances. —**Malia**

Feeling bolstered throughout the lockdown restrictions helped participants adhere to their personal and shared commitments to abstinence-based lifestyles. The mutual support and sharing practices that were continued online also buffered participants from many of the negative impacts of COVID-19 on their psychological health and wellbeing. This is important beyond this disaster, with the ongoing risk of climate change and high weather disaster events occurring in Aotearoa New Zealand and globally (Harrington et al., 2023).

Daisy and others also referred to other social media channels that were used for connection during the COVID-19 lockdown restrictions positioning technology as core to their recovery capital toolkit. These participants suggested that this would change their connections long term, beyond the lockdowns:

With the uncertainty of the planet at the moment, knowing that we could easily access..., I feel quite safe and secure in terms of having other ways to keep doing my recovery and keep connected to the wider fellowship. —**Daisy**

I had to focus a lot more on [staying connected] in lockdown because I spent once a week, once a fortnight by myself. So that was really hard. I had to be able to find other ways to reach out. —**Malia**

Relationally, Daisy storied technological processes as one of decreasing ontological insecurity (safe and secure) by knowing that help was available when needed. Similarly, we can assume that Malia avoided the challenge of

loneliness via technology. Others, such as Travis and Ashling, also shared about being able to deepen their sense of community and belonging with others. They depicted how being able to commune via social technologies by interacting with friends or one's 'tight crew' (Ashling) from the NA fellowship outside of official NA meetings fortified their recovery capital. These creative actions further allowed participants to maintain some resemblance to 'normality' or pre-lockdown routine in their lives. These forms of broader recovery capital and support are imperative for an abstinence-based lifestyle (Best & Laudet, 2010).

To recap, the quick response by NA members to online meetings enabled access to the benefits of the 12-step programme, such as fellowship and communing with others with similar substance use concerns. Studies have shown that identification within communities such as NA, enables identity re-storying whereby people are more likely to flourish and achieve lifestyle change goals. This is because transformational shifts in personal narratives are not simply cognitive and are associated with material practices through which changes can be reinforced and maintained (Jalali et al., 2019; Rafalovich, 1999). Akin to this, for people more at risk of substance use relapse, interpersonal relationships and routine engagements are key to maintaining their recovery capital, particularly during the period of societal disruption that was central to the COVID-19 pandemic.

5.2 | Creating opportunities

NA's notion of recovery is complex and requires lifestyle changes together with cognitive work and service. What all participants discussed was the new opportunities that the lockdown opened for them when engaging in their NA programme and personalising their recovery. Even when faced with COVID-19 restrictions, participants recounted the importance of accessing new internal and external resources that strengthened their recovery capital.

First, with the changes to the online delivery of the NA programme worldwide, participants reported attending a variety of meetings nationally and internationally. As such, they were exposed to divergent narratives about 12-step-focussed recoveries. Participating narrators in this research proposed that sometimes hearing the same 12-step-based message presented in different ways, within different contexts and from different perspectives allows for more distinctive forms of therapeutic hearing:

Meeting people from all over the world. And hearing lots of different stories and lots of different experiences and experiencing really different kinds of meetings because no two meetings are the same, but particularly between countries. —Malia

Second, the participants highlighted how people had more choice and access because of the new mediated sources of information. New opportunities to commune strengthened recovery as they opened up alternative resources and points of engagement that extended to different ways of thinking that had otherwise been unknown because of geographic, time and financial restraints on participation in face-to-face meetings. This type of connection and community is essential within NA. Lloyd highlighted these possibilities below:

...but it was fucking nice to be able to just venture out without actually having to leave my house... venture out into different cities, different countries, and see some new faces. —Lloyd

Although not stepping outside, more roads were travelled. Barriers were removed for those not in main urban centres, isolation was disrupted and a sense of community increased, as people could suddenly attend larger meetings. Eddie described the various barriers that prevented in-person attendance, suggesting that the changes seen in meetings could be revolutionary for NA:

I heard a woman say she lives in [a remote place] and she can't attend [NA] but because of online meetings she can. Or another classic one is people with kids, solo parent with kids, can't get out, need a babysitter to go do anything... Or just people who don't have transport or people who are injured or people who are unwell or older or whatever. So on that level... it's actually revolutionising NA and twelve-step programmes ... It's probably more than enhanced. It's creating change for sure. So a lot of people now can access NA from anywhere. —**Eddie**

And I'd say something like 'really struggling today, anyone got any suggestions around this?' And people will just get back to you. —**Katie**

Eddie's narration highlights how the online strategies used to overcome the physical restrictions imposed by COVID-19 increased the accessibility and efficacy of NA meetings for a range of people, including single parents and people with disabilities. Katie highlights how digital opportunities to commune enabled NA members to have instant support and customise their access to support for recovery in ways that work best for them, potentially changing NA permanently.

Third, enacting an abstinence-based lifestyle requires holistic understandings of and multifaceted approaches to recovery that extend to prioritising one's wellbeing whilst also supporting others (Narcotics Anonymous, 2008). Many participants, such as Katie, expressed different forms of self-care when participating in communal support meetings, which helped them maintain their wellbeing during the lockdowns:

Yep, YouTube yoga was huge for me. Walking the hill—I live on a hill so I would walk to the bottom and back up the top. I started juicing. And I guess the other things I did was I ate really well. I cooked nice meals. And I tried to look after myself. And I tried to do self-care, watch good things on Netflix. Just all of those simple self-care things helped me. —**Katie**

In this process, we can see how online and offline engagements can become entangled within recovery efforts that are tailored to suit participants' particular situations. During the interviews, participants talked about being reminded to engage in wellbeing activities and recovery-enhancing practices during NA meetings or when connecting with other members of NA. These forms of information sharing and encouragement are vital aspects of a peer-led community and align with the NA principles of compassion, patience and love for selves and others, as getting and staying free from problematic substance use is not easy (Narcotics Anonymous, 2008). Notions of self-care also feed into improving a person's quality of life, which builds recovery capital that supports the ongoing personal recovery process. This is often shared to support others during the NA meetings as a means of contributing to communal recovery (Best, 2016).

Through these accounts, we can see how recovery maintenance is at once both personal and relational, requires consistent engagements in routine and wellbeing enhancing practices and is produced through practices that now span online and offline lives. New opportunities were presented during the lockdown, which enabled participants to personalise and expand their recovery capital repertoire.

5.3 | Upholding consistency

Receiving the benefits of recovery and strengthening recovery capital entails consistent commitment and access to the various tenets and tools of the 12-steps. As previously asserted, these include self-exploration via 12-step study and being of service to the fellowship. This can extend to sponsorship or volunteering on an NA committee as care for self often includes in community processes to care for others (Hodgetts et al., 2021). This research highlighted that working on the programme continued for participants at a time when the risks were higher due to stress. Francesca talked about how this was for her during the pandemic:

I kept doing service of course... I meditated every day... Um as you know, stayed in touch, and did a NA meeting every day. And supported other woman... I just did or just carried on doing all of that stuff as you do. —**Francesca**

These practices form the foundation of a 12-step recovery and must be maintained no matter what the context (Narcotics Anonymous, 2008). However, participants recognised that not all people had their basic needs catered to or cared for during COVID-19 and framed their recovery capital as being linked to material wealth and, as such, they were fortunate. How do people achieve or uphold consistency when living precariously? Malia and Eddie were empathetic when describing such a situation:

I am in a comfortable position in that I could go to the supermarket once a fortnight and get what we needed and have enough. But some people were not living like that and don't live like that... It was incredibly hard for some whānau [families] aye. —**Malia**

I'm lucky, you know, I have Wi-Fi and I've got a good computer. —**Julia**

Julia's account indicates how financial capital intersects with recovery capital. Research has demonstrated how the digital divide hindered access to healthcare treatment during COVID-19, exaggerating social and material inequities (Cheshmehzangi et al., 2022; Ramsetty & Adams, 2020). These connections are evident in the offering of two characterisations of people in recovery and the challenges each faces in relation to accessing material resources that can aid recovery. Maintaining a consistent recovery is not always achievable. Relapse for those who live an abstinent-based lifestyle can be frequent; research has indicated that relapse can be as high as 90% (McIntosh & McKeganey, 2000; Lui, 2004 as cited in Yang et al., 2015). The risk of relapse was noticeable in all of the participants' accounts.

Lloyd and Eddie reflected on what might happen if they do not uphold consistency with their recovery practices. They share how it feels when they are not regenerating their recovery capital, expressing their inclination for negativity or being self-obsessed:

I can go to as many meetings as I want. But if I'm not doing the work, then it's gonna be the same shit, you know. I'm gonna get bored and pick up [a substance] again. —**Lloyd**

I consider myself a reasonably healthy, reasonably balanced person today. [But] I'm still a selfish, childish little shit when I don't work at my programme. —**Eddie**

Lloyd and Eddie are not alone in these sentiments; other participants also expressed concern about how not working a 12-step programme would lead them to relapse or behave 'badly' so having the ability to commune with peers was essential. So while it remained important to be consistent, attending online meetings is not enough in itself, and it is up to the person with the support of the NA community to continue to 'do the work' (Lloyd). These accounts invoke an awareness of how critical issues surrounding the digital divide and access to support, and the resourcing and choices for access to achieving a healthy lifestyles more generally in adverse times such as COVID-19 (Best & Laudet, 2010).

6 | DISCUSSION

This research showcases how members of NA residing in Aotearoa New Zealand maintained their psychological, physical, spiritual and community health and wellbeing during the COVID-19 restrictions in 2020–2021. Like most

others living through a global pandemic, everyday life was significantly impacted, but to manage the effects, participants identified that they drew on existing recovery capital while creating new recovery strategies. The narratives highlighted how the NA community individually and at large, used technology to achieve their form of recovery. This move online opened up opportunities for wellbeing and personalising their programme, exposed participants to new recovery narratives, helped them maintain existing connections and also created new connections. During the COVID-19 pandemic and the physical lockdowns, participants knew they needed to continue to 'do the work' if they were to maintain the 'freedom from active addiction' that NA promises (Narcotics Anonymous, 2008, p. 106).

What this research also illustrated was that recovery capital is linked to both external recovery mechanisms like materiality (such as Internet access) but also internal recovery strategies. Recovery capital still required work, consistency and following NA principles such as service. Without a vigilant approach to recovery, it is understood that people would likely relapse back into problematic substance use (Best & Laudet, 2010; Narcotics Anonymous, 2008). With the significant harm that can emerge through substance use and addiction and the inadequate resourcing of mental health and addiction services restricting access to treatment options (Paterson et al., 2018), this research has shown that peer-based self-help fellowships go some way to supporting or filling gaps in treatment, particularly when these have been exacerbated by geographical and social isolation and disruptions to daily life that featured in the COVID-19 pandemic.

This research attests to theoretical assertions that peer-based support groups are a valid support option for enhancing recovery capital and salient recovery identities. Key to becoming a member of a 12-step programme is restoring personal and social identities, which are based on and reinforce a positive sense of self and characterisation as a person who belongs to a like-minded community, within which one can find reciprocal support (Leamy et al., 2011). Once a recovery-based social identity or self-narrative is established, wellness practices can mirror the pro-social expectations associated with the self-characterisation of a person in recovery. The networks of relationality enacted through participation in NA meetings serve to make any recovery-based lifestyle or behaviour challenge more tenable, including managing extraordinary situations like a public health disaster or tolerating the day-to-day injustices beset by neoliberal climates or intergenerational harms. Such positive social groupings help engender more pro-social solutions, offering connections, communing, opportunities to help and the sharing of knowledge and strategies to support wellbeing. Our findings corroborate Best (2016, 2019), who argues that 12-step fellowships like NA, offer a positive recovery identity from which people can model and maintain substance-free thinking and related wellness practices. However, our research also builds on other work as it illustrates that during disasters, NA programmes are being used successfully.

We have also shown how opportunities for online communing can extend relationality in peer support programmes designed to prevent harm from problematic substance use which supports the work of Galanter et al. (2022). Divergent narratives (from attending international and more meetings) on recovery journeys were important for the participants to reimagine and reinforce their own recovery. Central to these narratives were dynamics around the entangled nature of offline and online communal practices as conduits to recovery capital and the exercising of personal recovery. What we also see is that the maintenance of NA community participation is the importance of opportunities to commune with peers. Through these narratives, we can see how practices of communing that are central to NA meetings can be stretched into digitally mediated meetings with considerable efficacy for participants.

6.1 | Limits, future research and the so what

It is important to note that in this research, almost all participants had substance-free periods that exceeded 10 years. One of the participants whose substance-free time was less than 10 years achieved abstinence during the lockdown but had previous experiences within the NA programme to draw on. Thus, most participants had habitual and embedded abstinent-based lifestyles and a level of familiarity with the NA programme. This also potentially enabled these participants to cultivate and maintain the necessary amount of recovery capital. In turn, this likely

strengthened their ability to remain in recovery when faced with the unique challenge of a global pandemic and physical and social restrictions. Future research could investigate how those beginning their 12-step journey or with less substance-free time managed during lockdowns, disasters or other emergencies and how this may have narrated different experiences and relational connections.

It is also important to identify that there was a lack of ethnic diversity amongst the participants in this research, with only two who identified as Māori and none who identified as Pacific or Asian; therefore cultural nuances around how the 12-step fellowship is experienced have not been scrutinised. Aotearoa New Zealand is rightly advocating for more inclusive approaches to address Māori and Pacific health and wellbeing needs because these groups carry the highest burdens of inequities in health (Came & Osullivan, 2021; King et al., 2020; McLachlan et al., 2021). It is imperative for future research to gather more varied ethnic experiences of substance use and addiction and recovery both as part of the COVID-19 lockdowns and more broadly.

In a time where professional services are stretched or inadequately meet the needs of people with substance use concerns and where peer-led communities are not given the respect or support they deserve, this research offers further insights into the efficacy of a peer-based 12-step group where membership requires only the desire to stop using substances. It also provides evidence for the importance of recovery capital, a process where personal, social and structural relationships increase flourishing and sustained lifestyle change. This research has demonstrated that being a member of NA mitigated some of the burdens endured during the COVID-19 disaster and the risk of relapse into problematic substance use. While there are critiques of social movements like NA (Vederhus & Høie, 2018), this research evidences how it benefits people wanting to achieve an abstinence-based long-term recovery and should be encouraged as a valid treatment modality. There is something deeply human and communitarian about the participants' stories as active agents in their recovery who will go to considerable lengths online and offline to cultivate, maintain and exercise their recovery capital and associated identities as persons living an abstinent-based lifestyle.

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DATA AVAILABILITY STATEMENT

The data are not publicly available due to privacy or ethical restrictions.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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