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Life in Recovery from Addiction in Canada

Technical Report

May 2017

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- Helena Kennedy Centre at Sheffield Hallam University, U.K.

Conflicts of Interest

None of the listed authors have any conflicts of interest to declare.

Executive Summary

It is becoming increasingly understood that recovery from addiction to alcohol and other drugs is a personal journey comprising many different pathways (Kaskutas et al., 2014; Kelly & Hoeppner, 2015; Notley et al., 2015; White, 2007). In an effort to gain an understanding about the experiences of individuals in recovery from addiction, a number of countries have conducted Life in Recovery (LIR) surveys, including the United States in 2012 (Laudet, 2013), Australia in 2014 (Turning Point et al., 2015) and the United Kingdom in 2015 (Best et al., 2015). Results from these surveys suggested that the transition from active addiction to recovery is associated with improvements across many areas of life affecting individuals, families and communities. In Canada, there was very little evidence about the experiences of individuals in recovery from addiction, so the Canadian Centre on Substance Use and Addiction (CCSA) together with our partners conducted the first ever nationwide survey of individuals in recovery from addiction in Canada.

The Canadian survey was informed by the previous LIR surveys, but adapted to reflect the Canadian context. Additional questions were added to the Canadian survey that had not been previously assessed. For example, the Canadian survey was the first to examine barriers to initiating and sustaining recovery with the intent that this information could help identify issues related to treatment. The Canadian LIR survey also examined participants' perceptions of stigma and discrimination prior to initiating and during recovery to assess how these issues, which could potentially impact individuals' recovery journey, were perceived. The online survey was offered from April 18, 2016, to June 1, 2016, in English and French, and comprised both quantitative and qualitative questions. A total of 855 participants who reported being in recovery from addiction completed the survey. This LIR survey highlights individuals' personal journeys and stories of addiction and recovery. Analysis of the survey results led to some of the following key findings about Canadians in recovery who completed the survey:

- Canadians in recovery who were surveyed reported an early age for first substance use (median age of 13 years) and addiction (median age of 18 years), which did not differ according to gender.
- Individuals surveyed reported many negative effects during addiction on their health, finances, family and social life, work and study, as well as many more legal issues.
- Alcohol, reported by 93.3% of participants, was the most common substance used during active addiction. Moreover, alcohol was also the most common drug of choice during active addiction used by 50.5% of respondents.
- The majority of respondents in recovery report having a positive quality of life, with 90.7% rating their quality of life as either excellent, very good or good.
- Respondents' definition of recovery included abstinence, improved health, social connections and functioning, as well as enhanced quality of life.
- More than half of survey respondents (51.2%) achieved stable recovery without experiencing a single relapse.
- Respondents used a variety of pathways to initiate and sustain recovery, with many choosing a combination of family, professional and mutual support resources.

- The factors respondents considered most important in initiating recovery were 1) quality of life, 69.1%; 2) mental or emotional health, 68.0%; 3) marital, family or other relationships, 64.9%; and 4) physical health, 45.5%.
- The most common recovery resources or programs used were 12-step mutual support groups (91.8%) and specialized addiction treatment programs (ranging from 60.6% of participants for residential treatment to 5% for First Nations addiction treatment programs).
- 82.5% of respondents reported barriers to **initiating** recovery, with the most common barriers including: 1) not being ready or not believing the problem was serious enough; 2) being worried about others' perceptions of people in recovery; 3) not knowing where to go for help; 4) lack of supportive social networks; and 5) long delays for treatment.
- 47.1% of respondents identified system-related barriers to accessing treatment, including long delays for treatment, a lack of professional help for mental health or emotional problems, cost of recovery services, a lack of programs or supports in their community, the quality of services in their community, and the lack of programs or supports that met their cultural needs or were in their preferred language.
- While the majority of participants reported barriers to **initiating** recovery, 54.2% did not report experiencing barriers to **sustaining** recovery.
- Perceived stigma or discrimination was reported by 48.7% of respondents during active addiction, compared with 33.2% who reported these experiences during recovery.
- Compared with life during active addiction, when describing recovery respondents were more likely to report having stable housing (95.9% versus 65.4%), participating in family activities (90.3% versus 31%), remaining steadily employed (79.1% versus 52.6%), paying bills (93.5% versus 42.2%) and taxes on time (77.4% versus 43.4%), regularly volunteering for community service activities (66.8% versus 14.4%) and planning for the future (88.8% versus 22.3%).
- The positive outcomes of recovery reported in the Life in Recovery from Addiction in Canada survey are similar to those found in surveys of individuals in recovery that have been conducted in the United States, the United Kingdom and Australia.

For the first time in Canada, we have a comprehensive understanding of what life in recovery looks like. This survey provides a wealth of information about the experiences of individuals in recovery in Canada. For example, participants used on average six of 17 different recovery programs, as well as a number of informal supports during their recovery journey, supporting the view that recovery is unique to the individual and includes many different pathways. Moreover, 47.1% of participants reported barriers to initiating recovery that were specific to accessing treatment, such as long delays, a lack of programs or supports in their community and cost of recovery services. This information can be used to inform healthcare providers, decision makers and the public as to the resources and supports involved in facilitating recovery and the system-related barriers that stand in the way.

The LIR data will also help address stigma by providing a better understanding of the lives of individuals living with addiction and during their recovery journey. In this regard, these data reveal that long-term recovery is attainable and sustainable even when addiction is marked by high severity, complexity and chronicity. Moreover, many individuals in recovery can and do lead meaningful lives. These findings provide hope for individuals and families affected by addiction and help inform professionals seeking to assist them, as well as policy makers considering the value of providing funding for treatment and recovery programs for this population. While celebrating the achievements made by those living in recovery in Canada, targeted investments to address the

system-level barriers could significantly improve the lives of individuals struggling with addiction and beginning their recovery journey.

Future analyses of the existing LIR data to examine recovery pathways according to gender and cultural diversity will be conducted in follow-up reports. Such work is important because it can help identify how pathways to recovery differ for these groups, thereby informing the need for gender and culturally appropriate recovery resources and programs.

Introduction

Recovery from addiction to alcohol and other drugs is becoming recognized as a journey that is unique to the individual with many different pathways (Kaskutas et al., 2014; Kelly & Hoeppner, 2015; Notley et al., 2015; White, 2007). Thus far, there has been little evidence about these experiences in Canada. Countries such as the United States (U.S.), Australia and the United Kingdom (U.K.) have conducted Life in Recovery (LIR) surveys to better understand individual recovery journeys (Laudet, 2013; Turning Point et al., 2015; and Best et al., 2015, respectively). Results from all three LIR surveys suggest that recovery from addiction among the survey respondents is associated with improvements in many areas, including improved financial status, physical and mental health, higher rates of employment and education, fewer interactions with the criminal justice system, higher likelihood of harmonious relationships and family unity, and greater contribution to their communities compared with during active addiction.

It was not known whether the experiences of Canadians in recovery from addiction to alcohol and other drugs were consistent with those reported in the previous LIR surveys. Considering the vast differences between these countries in terms of the healthcare and legal systems, as well as the political and socio-cultural contexts, it was unclear whether differences across the surveys might emerge. Therefore, the Canadian Centre on Substance Use and Addiction (CCSA) together with the National Recovery Advisory Committee (NRAC) and the Recovery Expert Advisory Group (REAG) conducted the first ever nationwide survey of persons in recovery from addiction in Canada. The NRAC was established by CCSA to work collectively on promoting awareness of recovery in Canada and consists of leaders from across the Canadian recovery community (see Appendix A for the list of members). The REAG consists of experts in survey development and recovery from addiction (see Appendix B for a list of members), and was formed to provide guidance on all aspects of the project from survey development to interpretation of the study's results.

The development of the Canadian LIR survey was informed by the LIR surveys previously conducted in the U.S., U.K. and Australia. Efforts were made to maintain a degree of comparability with the previously conducted national surveys, while also modifying and adding questions to reflect the Canadian context. The Canadian survey was the first to examine barriers to initiating and sustaining recovery with the intent that this information could help identify issues related to treatment. Moreover, the Canadian LIR survey also examined participants' perceptions of stigma and discrimination to initiating and sustaining recovery to assess the extent to which these issues were perceived, which could potentially impact individuals' recovery journey. The results of the survey will also provide an understanding of the personal journeys and different recovery pathways among Canadians. These findings will be used to educate healthcare providers and decision makers about the programs and supports that facilitate recovery and the system-related issues that serve as barriers to recovery. The intent of this survey is also to help address stigma by providing a greater understanding of the lives of individuals living with addiction and during their recovery journey, demonstrating that recovery is attainable and individuals living in recovery lead meaningful and fulfilling lives.

Method

The current study used an online survey methodology. The survey and recruitment materials were available in both English and French. The study received ethics approval from Institutional Review Board (IRB) Services, an independent research and ethics board, and was funded by Health Canada's Substance Use and Addictions Program (SUAP).

Development of Survey

The survey was based on the surveys conducted in the U.S. (Laudet, 2013), Australia (Turning Point et al., 2015), and the U.K. (Best et al., 2015). (See Appendix C for the complete text of the Canadian survey.) Permission was granted by each author or organization to use these surveys as a foundation for the Canadian survey. The REAG, working with CCSA, provided extensive methodological and content expertise in the development of the survey questions to reflect the Canadian context, while maintaining a degree of comparability to the other national surveys. The survey consisted primarily of closed-ended questions, although a number of open-ended questions were included. The survey collected general demographic information as well as data related to quality of life, health status and disease diagnoses, past and current alcohol and drug use, recovery experiences, experiences with stigma and discrimination, and recovery resources. It also compared individual experiences in active addiction to those in recovery in various areas, including family and social life, health and legal issues, work or study, and finances. To allow for international comparisons between the various surveys, similar questions about demographic information, health, and quality of life experiences in active addiction and in recovery were included in the Canadian survey. The survey took about 30 to 40 minutes to complete.

Pilot Test

The draft survey was pilot tested in both English and French to ensure the questions were clear, as well as to determine the time required for individuals to complete the survey. Eight individuals within the recovery community who were not associated with the project completed the survey (six in English and two in French). No changes were made to the survey as a result of the pilot test.

Recruitment Strategy

Non-probability snowball sampling was used to recruit participants for the survey. This sampling procedure was necessary as a traditional sampling frame comprising all individuals in recovery was not possible. This approach taken relied on an initial group of stakeholder organizations, as well as other stakeholders, to disseminate the survey to eligible participants, who in turn further disseminated it among their own networks of Canadians in recovery. Information about the survey and the survey link was also sent to CCSA's Board of Directors, CCSA's Federal, Provincial and Territorial Committee on Problematic Substance Use and disseminated by CCSA via social media. This approach was taken to allow a large, diverse number of stakeholder groups and individuals in recovery to disseminate the survey to maximize the survey's coverage across Canada and among harder-to-reach segments of the recovery population.

Prior to the survey launch, CCSA sent a summary to stakeholder organizations, communicating the key objectives of the survey and the important role that stakeholder groups play in the success of the research. At the launch of the survey, CCSA sent these stakeholder groups a link to the landing page of the survey and encouraged the groups to forward the link to their professional and personal

networks of individuals in recovery. A link to the survey was also posted on the CCSA website and circulated through CCSA's social media pages (including Twitter and LinkedIn). In addition, the survey was posted to two online communities sponsored by CCSA: the Treatment Space and Prevention Hub communities include professionals working in the fields of addiction treatment and prevention.

The first page of the survey provided general information, including information required for informed consent.[1] All pages of the survey included a button that linked to a list of addiction help lines for each province or territory in Canada in the event that taking the survey resulted in any discomfort for the participants. After completing the survey, participants received a debriefing form. All data for this study were collected between April 18, 2016, and June 1, 2016.

Data Analysis

The survey data were cleaned and analyzed using the Statistical Package for the Social Sciences (SPSS) version 19 and the data analysis software package, R version 3.2.5.

Analysis of the survey data consisted of descriptive statistics, which are used to describe the properties of the sample. Gender differences were examined on six specific outcomes of interest: overall quality of life, physical health, mental health, age at first drug use, age at first addiction and relapse. The questions analyzed by gender allowed for a chi-square analysis or analysis of variants (ANOVA) to be run. However, other more complex questions, in which participants were able to choose many response options, will be analyzed in future reports. Although the present survey allowed for self-identification of gender identities other than male and female, insufficient responses from other gender identities were provided (n=10) to make comparison reliable, so only the responses of males and females were compared.

Results from previous LIR surveys (Best et al., 2015; Turning Point, Easternhealth, & South Pacific Private, 2015) indicated that individuals' experiences during addiction differed from those during recovery, so these comparisons were also conducted for the current study.

Qualitative data were analyzed using inductive thematic analysis (Braun & Clarke, 2006). A codebook of identified themes was developed based on a sample of responses to each question. The themes were re-examined for consistency and the codebook was then revised. Following the revision of the codebook, the codes were applied to the remainder of the open-ended responses. The coded data were subsequently analyzed in SPSS. In some instances, verbatim quotes were used to illustrate main themes. Where necessary, minor corrections to grammar and spelling were made to enhance the readability of the verbatim responses.

[1] See Appendix C; ethics materials are available upon request

Results

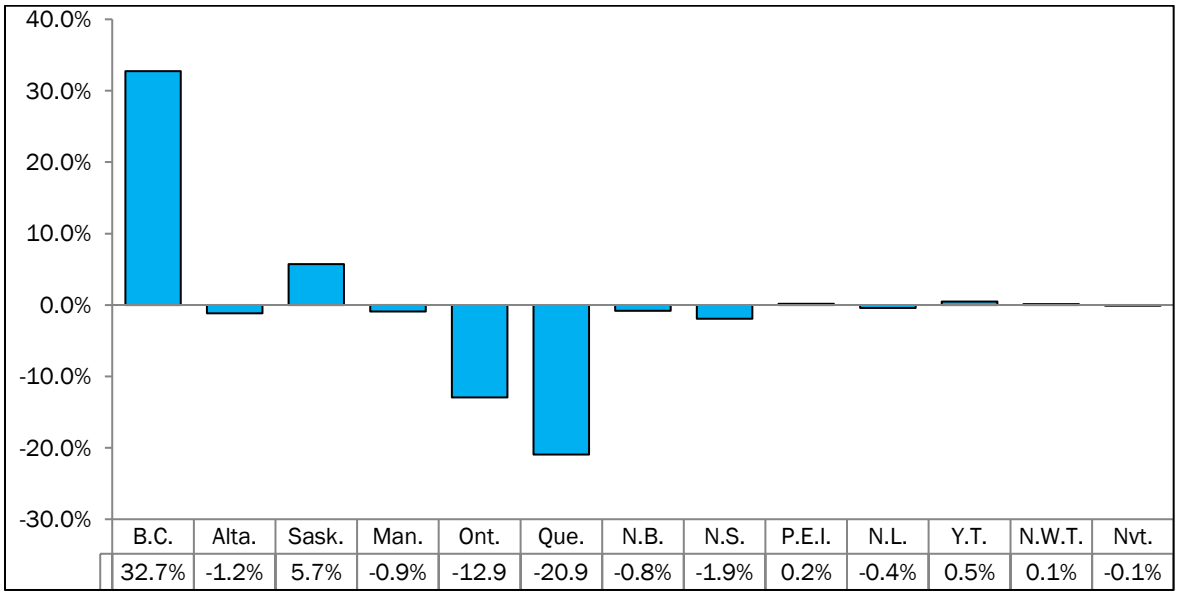
Participants

Eight hundred and fifty-five individuals completed the survey and met the inclusion criteria, which included being 18 years of age or older, living in Canada, and self-defining as being in recovery from addiction. For a detailed discussion of the breakdown of the survey respondents and comparisons of completed versus non-completed surveys, see Appendix D.

Of the 855 respondents, 45.7% (*n*=391) identified as male, 53% (*n*=453) as female, 1.3% (*n*=11) as other. The mean age of respondents was 47 years (*SD*=13), although participants ranged in age from 18 to 85 years. Most of the respondents were born in Canada (92%, *n*=787), while 7.8% (*n*=67) were born outside of Canada, and 0.1% (*n*=1) did not respond. On average, those born outside Canada had lived in Canada for over 20 years.

Just under half of respondents lived in British Columbia (45.7%, *n*=391), followed by Ontario (25.5%, *n*=218), Alberta (10.5%, *n*=90), Saskatchewan (8.9%, *n*=76), Manitoba (2.7%,*n*=23), Quebec (2.1%, *n*=18), New Brunswick (1.3%, *n*=11), Newfoundland and Labrador (1.1%, *n*=9), Nova Scotia (0.7%, *n*=6), Prince Edward Island (0.6%, *n*=5), Yukon (0.6%, *n*=5), and Northwest Territories (0.2%, *n*=2). As shown in Figure 1, the distribution of respondents did not parallel provincial/territorial population levels. For example, British Columbia and Saskatchewan are over-represented based on the population, whereas Ontario and Quebec appeared to be underrepresented. It is uncertain the degree to which it should be expected that respondents would be proportional to population levels.

Figure 1: Difference between actual and expected survey participation by province and territory



Note: Expected participation based on proportional representation from each province/territory based on 2015 population values (Statistics Canada, 2015a).

The majority of respondents resided in urban or suburban settings (84.3%, *n*=721), while 14.5% (*n*=124) lived in rural settings, 0.8% (*n*=7) in remote or isolated locations, 0.2% (*n*=2) in an institutional setting (treatment facility or recovery house), and 0.1% (*n*=1) did not respond.

Almost all respondents completed the survey in English (98.3%, *n*=843), while only 1.4% (*n*=12) completed it in French. In an open-ended question asking respondents to indicate their ethnic background, respondents identified primarily as Caucasian (78.9%, *n*=675), while 9.8% (*n*=84) identified as Canadian, 8.4% as Indigenous (*n*=72) and the remainder as various other ethnicities (see Table 1).

Table 1: Self-reported ethnic background (*n*=855)

Caucasian ("Caucasian," "white," European* ethnicities)	78.9%
Canadian	9.8%
Indigenous ("First Nations," "Métis," "Native")	8.4%
Quebecois, French Canadian, Acadian	2.7%
Mixed, unspecified	0.6%
East Asian (Chinese, Japanese)	0.5%
South Asian (East Indian, Pakistani, Sri Lankan)	0.4%
Southeast Asian (Philippine, Malaysian)	0.1%
Other	1.4%
No response	2.1%

Note: Respondents could provide more than one answer; total can sum to more than 100%.
*Excluding Quebecois, French Canadian and Acadian.

For a separate question in which respondents were asked directly if they identified as First Nations, Métis or Inuit, 9% of respondents (*n*=77) identified as Indigenous, including 3.5% (*n*=30) who identified as First Nations, 5.5% (*n*=47) as Métis and 0.4% (*n*=3) as Inuk (Inuit).

Of respondents, 62.4% (*n*=534) had completed college, university or a higher level of education (Table 2).

Table 2: Highest level of education completed (*n*=855)

Less than high school	6.9%
High school diploma/General Educational Development or Adult Basic Education	10.6%
Some college or technical school/some university	17.5%
College or technical school graduate/undergraduate university degree(s)	49.9%
Professional degree (e.g., law, medicine)/graduate degree (Master's, PhD)	12.5%
Skilled trade, journeyman, apprenticeship	0.7%
Other	1.6%
No response	0.1%

Note: Total might not sum to 100% because of rounding.

The majority of respondents were employed (78.9%, *n*=675). Retired or semi-retired individuals (11.3%, *n*=96) and students (6.5%, *n*=56) made up the next largest groups. However, as shown in Table 3, there were many other work statuses reported. Those who indicated their hours of work (72.9%, *n*=623) worked, on average, 38.2 hours per week (SD=12.5, range 1–84 hours per week).

Table 3: Current work status (*n*=855)

Employed full-time	53.1%
Self-employed	12.4%
Employed part-time	12.0%
Retired	10.8%
Student	6.5%
On long-term disability leave (ODSP, CPP disability)	5.4%
On social assistance	5.0%
Unemployed/volunteer	4.1%
Homemaker	2.8%
On medical leave	2.1%
Seasonal employment	1.4%
On maternity leave	0.7%
Semi-retired	0.5%
Temporary/casual/on-call	0.5%
Other	0.7%

Note: Respondents could provide more than one answer; total can sum to more than 100%.

About half of the respondents were either currently married (33.5%, *n*=286) or in a common-law relationship (15.8%, *n*=135). Another 28.2% (*n*=241) were single and never married, while 20.7% (*n*=177) were either divorced or separated (Table 4).

Table 4: Marital status (*n*=855)

Legally married (and not separated)	33.5%
Single, never married	28.2%
In a common-law relationship	15.8%
Divorced	14.9%
Separated, but still legally married	5.8%
Widowed	1.8%
No response	0.1%

Note: Total might not sum to 100% because of rounding.

Almost two-thirds of respondents (61.4%, *n*=525) had children, while 38.5% (*n*=329) did not, and 0.1% (*n*=1) did not respond. The median number of children was two (range 1–6).

The *ICD-10 Classification of Mental and Behavioural Disorders*, which contains diagnostic criteria for research on dependence syndrome, were used and adapted in the current study (World Health Organization, 1993). Table 5 shows the proportion of respondents who reported experiencing each of the ICD-10 criteria for dependence syndrome. As outlined in the ICD-10, any respondent who reported experiencing three or more of these criteria was considered to have an addiction. The majority of respondents (88.8%, *n*=759) met the ICD-10 criteria for addiction, reporting at least three ICD-10 criteria.

Table 5: Self-reported experience of ICD-10 criteria (*n*=855)

Had a strong desire or sense of compulsion to take alcohol or other drugs	89.5%
Often used alcohol or other drugs in larger amounts or over a longer period than intended	85.0%
Experienced symptoms of withdrawal when you cut down or quit using	71.1%
Needed to use more to get the same desired effect	79.2%
Use caused you to reduce or give up important alternative pleasures or interests	83.3%
Continued to use alcohol or other drugs even though you were aware it was causing harmful consequences	88.2%
Don't know	.9%
No response	.9%

Note: Respondents could provide more than one answer; total can sum to more than 100%.

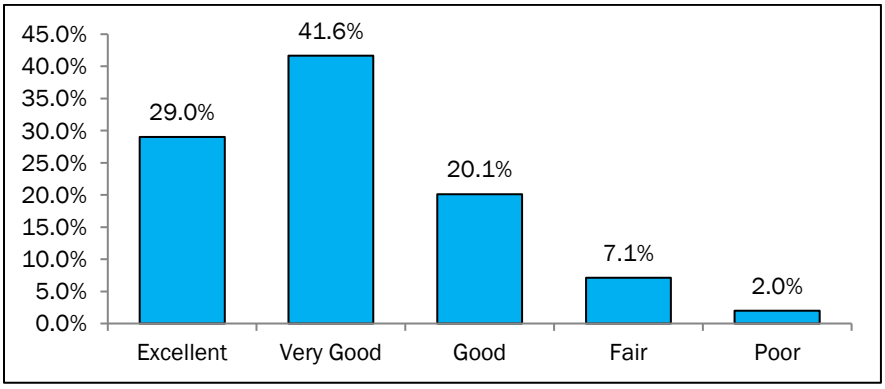
Health and Quality of Life

Questions about health and quality of life were assessed in three domains: overall quality of life, mental health and physical health. No gender differences were observed on quality of life, mental and physical health or the other outcomes examined (age at first drug use, age at first addiction and relapse).

Current Quality of Life

The majority of respondents, 90.7% (*n*=776), reported their quality of life as "good" or better (Figure 2).

Figure 2: Self-reported ratings of overall quality of life



Substance Use and Mental Health

The majority of respondents indicated that they had received a professional diagnosis of, or experienced symptoms of, some form of substance use issue (78.0%, n=667)[2] or mental health issue (66.3%, *n*=567).[3] Of those, addiction, substance use disorder or substance dependence

[2] Participants who reported experiencing an addiction, substance use disorder, substance dependence or substance abuse were considered to have experienced a substance use issue.

[3] Participants who reported experiencing a mood disorder, anxiety or panic disorder, post-traumatic stress disorder, suicidal ideation, attention deficit or attention deficit hyperactivity disorder, chronic pain disorder, eating disorder, high-risk sexual activity, personality disorder, compulsive shopping, spending or hoarding, problem gambling, psychotic episode or disorder, or schizophrenia were considered to have experienced a mental health issue.

(70.3%, *n*=601) and substance abuse (45.8%, *n*=392) were the most prevalent. Mood disorders (44.7%, *n*=382) and anxiety or panic disorders (34.6%, *n*=296) were also commonly reported (Table 6).

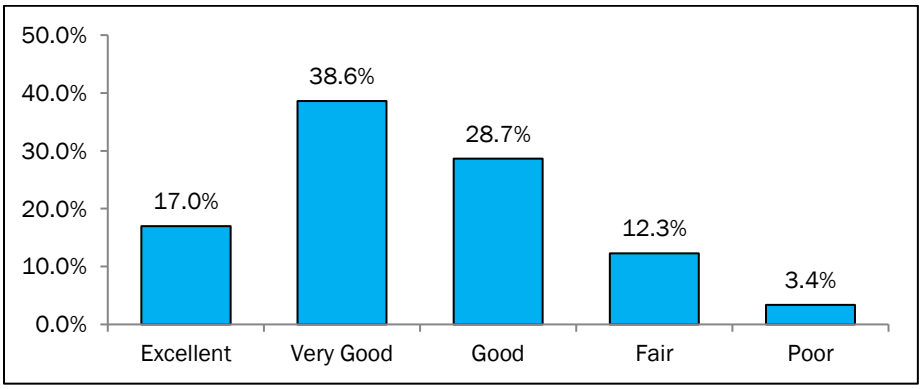
Table 6: Substance use and mental health, diagnoses or symptoms (*n*=855)

None of the below	11.2%
Addiction, substance use disorder or substance dependence	70.3%
Substance abuse	45.8%
Mood disorder (depression or bipolar disorder)	44.7%
Anxiety or panic disorder	34.6%
Post-traumatic stress disorder, emotional trauma or occupational stress injury	22.8%
Suicidal ideation	15.7%
Attention deficit disorder or attention deficit hyperactivity disorder	11.1%
Chronic pain disorder	10.4%
Eating disorder (anorexia, bulimia, compulsive overeating) or compulsive exercise	10.4%
High-risk sexual activity	7.0%
Personality disorder	5.8%
Compulsive shopping, spending or hoarding	4.8%
Problem gambling	3.2%
Psychotic episode or disorder	2.6%
Schizophrenia	1.6%
No response	0.9%

Note: Respondents could provide more than one answer, so total can sum to more than 100%.

A large percentage of respondents, 84.2% (*n*=720), rated their mental health as "good" or better (Figure 3).

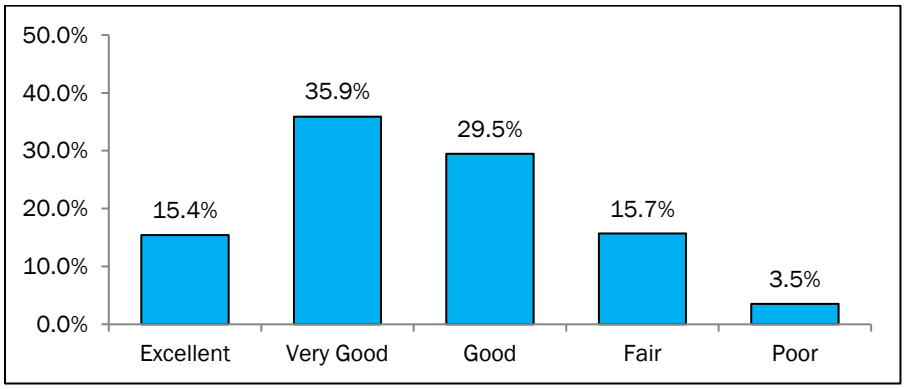
Figure 3: Self-reported ratings of mental health



Physical Health

A similar pattern emerged with respect to physical health, in that respondents generally considered themselves to be healthy, with 80.8% (*n*=691) reporting their health as "good" or better (Figure 4).

Figure 4: Self-reported ratings of physical health



About half of respondents (50.2%, *n*=429) reported having been diagnosed with a physical health issue (Table 7). The most common diagnoses were for cardiovascular (18.5%, *n*=158), musculoskeletal (17.9%, *n*=153) and gastrointestinal diseases (13.2%, *n*=113).

Table 7: Physical health, medical diagnoses (*n*=855)

None of the below	48.8%
Cardiovascular diseases	18.5%
Musculoskeletal diseases	17.9%
Gastrointestinal diseases	13.2%
Chronic respiratory diseases	12.9%
Neurological conditions	12.9%
Infectious diseases	6.9%
Diabetes	6.8%
Cancer	4.3%
No response	1.1%

Note: Respondents could provide more than one answer, so total can sum to more than 100%.

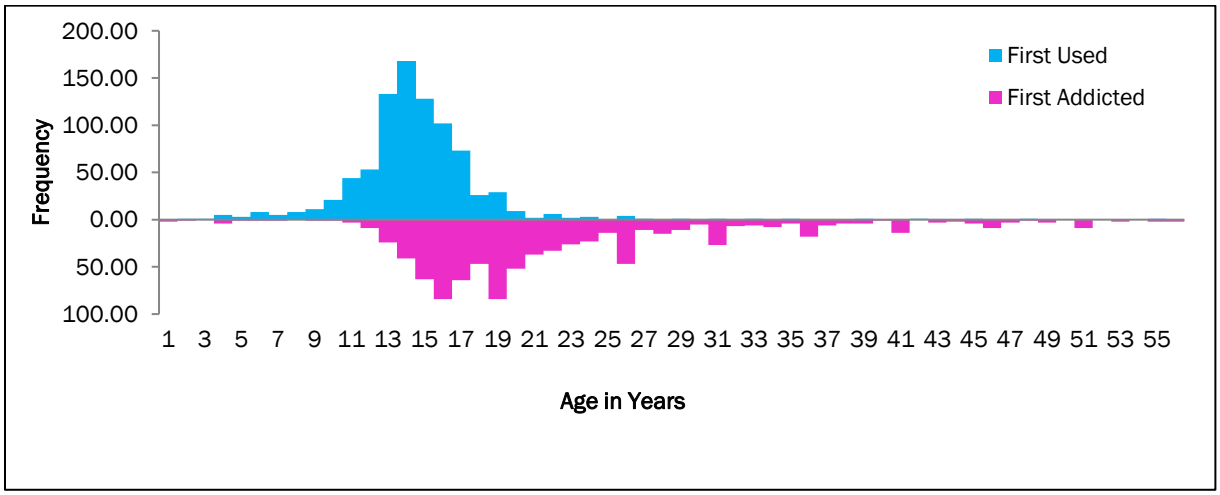
Substance Use

The following section contains information about respondents' use of substances, including their age at first drug use and addiction, as well as the substances used both in active addiction and in recovery.

Age at First Drug Use and Addiction

Respondents' mean age at first drug use was 13.5 years, with the median age being 13 years (SD=4). As shown in Figure 5, the mean age of addiction reported was 21.3 years, while the median age was 18 years (SD=8.8).

Figure 5: Age of first drug use and addiction



Substances Used

Respondents most often reported alcohol as the drug they first used (64.2%, *n*=549), followed by tobacco/nicotine (24.9%, *n*=213) and cannabis (marijuana, hash) (6.9%, *n*=59). Less frequently, respondents reported using other drugs first (3.4%, *n*=29), including cocaine/crack, hallucinogens, inhalants, sedatives/sleeping pills, prescription opioids and unspecified drugs. One respondent indicated things that were not drugs (e.g., sex, food, shopping, or video games; 0.1%), two individuals did not know (0.4%, *n*=2), and one (0.1%) did not respond.

As shown in Table 8, respondents reported using a variety of drugs during active addiction. Alcohol (93.3%, *n*=798), tobacco/nicotine (81.8%, *n*=699), cannabis (61.5%, *n*=526), and cocaine powder or crack (55.2%, *n*=472) were the most prevalent.

Over half of participants reported not currently using any drugs (57.3%, *n*=490). Among those respondents reporting current drug use, the most common drug currently being used was tobacco/nicotine (30.8%, *n*=263), with 23.5% of respondents (*n*=201) reporting that tobacco/nicotine is the **only** drug they currently use. A minority of respondents (18%, *n*=154) reported that they currently use a drug **other than** tobacco/nicotine, which was most often alcohol (8.0%, *n*=68) and cannabis (6.4%, *n*=55). Very few respondents reported currently using other types of drugs.

Table 8: Drugs used during active addiction and drugs used currently (*n*=855)

	Active Addiction	Currently
Not currently using	n/a	57.3%
Alcohol	93.3%	8.0%
Tobacco/nicotine	81.8%	30.8%
Cannabis (marijuana, hash)	61.5%	6.4%
Cocaine powder or crack	55.2%	0.7%
Hallucinogens	42.7%	0.9%
Sedatives or sleeping pills	31.1%	4.3%
Ecstasy	30.8%	0.6%
Prescription opioids	29.2%	2.3%
Methamphetamine	24.6%	0.4%
Heroin or other street opioids	22.0%	0.4%
Prescription stimulants	12.7%	1.4%
Inhalants, glue, solvents	7.4%	0.2%
Synthetic cannabinoids	1.2%	0.2%
Other	2.6%	2%
No response	0.1%	1.2%

Note: Respondents could provide more than one answer; total can sum to more than 100%.

The most common drug of choice during active addiction was alcohol (50.5%, *n*=432). Much less frequently, respondents reported cocaine (18.8%, *n*=161), cannabis (7.7%, *n*=66) and heroin (7.1%, *n*=61) as their drug of choice. Although tobacco/nicotine was frequently used in active addiction and continues to be used by 30.8% of respondents in recovery, it was very infrequently a drug of choice (2.3%, *n*=20) (Table 9).

Table 9: Drug of choice during active addiction (*n*=855)

Alcohol	50.5%
Cocaine powder or crack	18.8%
Cannabis	7.7%
Heroin or other street opioids	7.1%
Prescription opioids	5.5%
Methamphetamine	4.7%
Tobacco/nicotine	2.3%
Sedatives or sleeping pills	1.3%
Hallucinogens	0.6%
Ecstasy	0.5%
Prescription stimulants	0.2%
Synthetic cannabinoids	0.1%
Other	0.2%
No response	0.4%

Note: Respondents could provide more than one answer; total can sum to more than 100%.

As shown in Table 10, most respondents have not used their drug of choice in years. More than half of participants (53.4%, *n*=456) have not used their drug of choice in more than five years.

Table 10: Respondents by time since last use of drug of choice (*n*=855)

Less than one year ago	15%
1 year to 5 years ago	31.6%
>5 years to 10 years ago	15.6%
>10 years to 20 years ago	17.1%
More than 20 years ago	20.7%
No response	0.1%

Note: Total might not sum to 100% because of rounding.

Of respondents, 3.4% (*n*=29) reported still using their drug of choice, of which 12 individuals reported using less frequently and seven individuals reported using in smaller amounts. The remainder of individuals described currently using their drug of choice in various ways, including both less frequently and in smaller amounts; medically for pain management; and only under certain circumstances.

Respondents were asked if they are currently using prescription drugs prescribed by a doctor to treat a health issue, to which 59.6% (*n*=510) answered yes. Of respondents, 37.2% (*n*=318) reported using prescription drugs to treat physical health issues, 35.2% (*n*=301) reported using prescription drugs to treat mental health issues, and 1.8% (*n*=15) reported using prescription drugs to treat addiction (Table 11).

Table 11: Current use of prescription drugs (*n*=855)

Prescription drug(s) to treat my addiction	1.8%
Prescription drug(s) to treat a physical health issue	37.2%
Prescription drug(s) to treat a mental health issue	35.2%
No response	0.4%

Recovery

Questions examining recovery explored respondents' own definitions of recovery, factors that were influential in starting and maintaining their recovery, barriers to starting and maintaining their recovery, and experiences of relapse.

Definitions of Recovery

Table 12 summarizes the key themes identified from participant responses to an open-ended question about their definition of recovery. Abstinence was the most frequently reported concept, mentioned by more than half (52.4%, *n*=448) of respondents.

Table 12: Themes and concepts in respondents' definitions of recovery (*n*=855)

Abstinence	52.4%
Good quality of life	14.4%
Using an addiction program	14.3%
Spirituality/religion	12.3%
Emotional health, coping and well-being	9.9%
Physical health and well-being	7.6%
Absence of thoughts about or cravings for drugs	7.4%
Productive/functional member of society	7.0%
Control/choice	6.7%
A lifestyle change	6.5%
Active – continuous process	6.5%
Participation in supportive social network	6.5%
Freedom	6.3%
Mental health and well-being	6.1%
Self-awareness and acceptance	6.0%
Helping others	5.0%
Achieve potential, self-improvement	4.6%
One day at a time/living daily	3.7%
Understanding/addressing root causes	3.5%
Healthy living	3.4%
A transformation or transformational	2.3%
Acceptance of addiction	2.3%
Controlled use of substance	1.3%
Difficult	0.9%
Hope	0.8%
Investing/planning for the future	0.5%
Other	4.8%
No response	3.3%

Note: Respondents could provide more than one answer; total can sum to more than 100%.

As a follow-up to their own definitions of recovery, respondents were asked to respond to the following question:

> Although there is no standard definition of recovery from addiction, many definitions include changes in lifestyle and behaviours to address the biological, psychological, social, and spiritual troubles because of addiction. In addition to abstinence or stopping uncontrolled substance use, recovery implies improved health, function, and quality of life. Does this reflect your understanding of recovery?

Almost all respondents endorsed this definition (96.3%, *n*=823), while only 3.5% (*n*=30) answered "no" and 0.2% (*n*=2) did not respond.

Factors in Starting and Maintaining Recovery

Respondents were asked about the factors involved in starting and maintaining their recovery. The most common reasons reported for starting recovery centred on quality of life (69.1%, *n*=591), mental and emotional health (68%, *n*=581), marital, family or relationship reasons (64.9%, *n*=555), and physical health (45.5%, *n*=389) (Table 13).

The results reveal that these four factors remain the most common reasons for respondents in maintaining their recovery (Table 13). Quality of life (85.4%, *n*=730) and physical health (57.1%, *n*=488) were both reported more often during recovery maintenance, while mental or emotional health, and family and relationship reasons were rated equally by participants both starting and maintaining recovery. Notably, religious or spiritual reasons were reported much more often during the maintenance phase of recovery (47.5%, *n*=406 compared with 15.8%, *n*=82).

Table 13: Factors in starting and maintaining recovery (*n*=855)

	Starting	Maintaining
Quality of life reasons	69.1%	85.4%
Mental health or emotional reasons	68.0%	67.3%
Marital, family or other relationship reasons	64.9%	64.0%
Physical health reasons	45.5%	57.1%
Employment reasons	36.8%	40.9%
Financial reasons	36.4%	39.8%
Legal reasons	17.2%	10.6%
Religious or spiritual reasons	15.8%	47.5%
Cultural reasons	3.2%	9.6%
Other	3.5%	6.1%

Note: Respondents could provide more than one answer; total can sum to more than 100%.

In addition to indicating which of the above factors made them start or stay in recovery, some respondents identified other factors that were important to their own experience of beginning recovery. These included, in descending order of frequency, desperation or "hitting rock bottom"; fear of death; suicidal thoughts or actions; homelessness; pregnancy; being involuntarily institutionalized; desire to break the cycle of addiction in their family; fear for personal safety; and knowing someone else in recovery. Each of these factors was identified by 3.0% of respondents or fewer. Similarly, other factors identified by respondents as being important to maintaining recovery included, in descending order of frequency, having a positive self-identity; participating in a 12-step program; the desire to help others or be a role model; lack of desire to use substances; happiness, freedom and being at peace; fear of death; and wanting to live.

Through open-ended questions, respondents were given an opportunity to provide more detail about the factors that made them start and maintain their recovery. Upon describing the factors that influenced them to start their recovery, many elaborated on quality of life reasons, referring to their life during active addiction as being unmanageable, chaotic, out of control or devoid of meaning. For example, one participant wrote, "My life was out of control and I was near death." While another respondent stated, "I was miserable and broken. I did not want to live anymore and I was a slave to alcohol. Every aspect of my life was in turmoil because of my addiction."

In a related vein, many individuals reported that they had reached a point where recovery seemed to be the only option. Participants used phrases such as, "sick and tired of being sick and tired," "out of options" and "no other choice." One participant wrote, "I was at a crossroads: death or recovery," while another stated, "I was going to die if I didn't stop."

Some respondents referred to feelings of hopelessness, embarrassment, self-loathing, depression and a lack of self-worth or reported being suicidal. One respondent wrote, "I felt depressed and worthless because of the life I was leading," while another participant suggested, "I was becoming more and more disgusted with myself and was contemplating suicide." Lastly, one individual stated, "I was broken, empty, and suicidal."

Family reasons were also commonly described motivating factors for respondents to begin recovery. In particular, respondents expressed the desire to save their marriage or relationship with their children, or to avoid exposing their children to a life of addiction. One respondent stated, "I was unable to stop drinking on my own and I desperately wanted to stop. My wife was going to leave me and take my children away." Another wrote, "I grew up in an alcoholic family and wanted my young children to have a different experience."

Some respondents described employment reasons, financial difficulties, physical health reasons, legal reasons or homelessness as factors that influenced them to begin recovery; however, these were often cited in combination with quality of life or relationship reasons. One individual wrote, "I was losing my health, my family, and my profession," and another respondent stated, "I was suicidal and felt hopeless. I was unemployable, homeless, and had alienated myself from family support."

When describing the factors that have kept individuals in recovery, the most common theme was a vastly improved quality of life compared with life during active addiction. One participant wrote:

> "Without sobriety, I have zero quality of life. I became a liability to society. I now love myself and have compassion for others. I'm honest and dependable. I respect myself and am respected. I am a professional and love what I do for a living. I am loved by those closest to me. I trust myself."

Many respondents also referred to improved self-esteem and positive self-identity, as well as happiness, freedom, peace and hope as reasons for maintaining recovery. One respondent reported, "Recovery gives me freedom. It gives me choice. It allows me to follow my dreams. I am no longer chained to my addiction." Another participant stated, "I'm finally the person I always wanted to be."

Relationships with friends and family were also frequently described as motivating factors for maintaining recovery. A participant reported, "My family means the world to me," and another wrote, "I have a wonderful husband and two little boys that I give my best to. I have my life back and I'm keeping it."

Many respondents referred to 12-step programs as a critical factor in maintaining their recovery. In this regard, one participant stated, "The main reason for staying in recovery is my attendance at AA meetings," and another individuals wrote, "The 12 steps of AA and NA are keeping me in recovery." Spirituality was also frequently mentioned as an important factor, often, but not always explicitly within the context of 12-step programs. For example one participant wrote, "Using the 12 steps and reliance on my higher power is a great way to live!" Another respondent stated, "The joy and contentment I have achieved through living a spiritual life based on the principles of AA and working the 12 steps is something I did not believe possible." Moreover, one individual stated, "I feel that the greatest factor keeping me sober is that I have a God in my life."

Somewhat less often, respondents described their will to live, desire to stay alive, fear of returning to their former life in addiction or even dying as motivating factors in maintaining their recovery. Others referred to their desire to help others or be a role model as important motivating factors.

Barriers to Recovery

The Canadian LIR survey was the first LIR survey to include questions about barriers to initiating and maintaining recovery. A large majority of respondents indicated that they had experienced one or more barriers to initiating recovery (82.5%, *n*=705). A little over half of participants described a lack of personal readiness or preparedness as a barrier (54.9%, *n*=469) and approximately half of participants reported being worried about how they would be viewed by others as a barrier (49.7%, *n*=425). As shown in Table 14, respondents also reported encountering a variety of other barriers, including not knowing where to go for help (35.8%, *n*=306) and lack of support from members of their social networks (30.4%, *n*=260).

As shown in Table 14, a number of system-related barriers were reported by respondents. 47.1% (*n*=403) of participants reported barriers specific to accessing treatment, which included long delays for treatment, a lack of professional help for mental health or emotional problems, cost of recovery services, a lack of programs or supports in their community, the quality of services in their community and the lack or programs or supports that met their cultural needs or were in their preferred language.

Other barriers identified by respondents to starting recovery included self, ego or fear of failure; being uncomfortable with 12-step programs (evidently the only programs available in their community); fear of professional or legal consequences; being in an abusive relationship; not fitting the stereotype of individuals with addiction (e.g., being too young or functional); financial hardship; health professionals who were uninformed about addiction; lack of supports or programs specifically for women; being rejected by detoxification or treatment programs; and fear of isolation or separation from family. Each of these barriers to starting recovery were mentioned by 1.5% of respondents or fewer.

Table 14: Barriers to recovery (*n*=855)

Did not experience any barriers to starting recovery	17.4%
Not being ready, not believing you had a problem, or not believing the problem was serious enough	54.9%
Being worried about what people would think of you	49.7%
Not knowing where to go for help	35.8%
Lack of supportive social networks	30.4%
Long delays for treatment	25.0%
Lack of professional help for mental health or emotional problems	24.1%
Cost of recovery services	21.6%
Lack of programs or supports in your community	20.4%
Quality of services available in your community	19.9%
Not receiving the right treatment for your addiction	13.0%
Not having stable or adequate housing	12.6%
Receiving the wrong diagnosis	10.8%
Receiving an incomplete diagnosis	10.4%
Lack of programs or supports that met your cultural needs	5.3%
Lack of programs or supports in your preferred language	1.1%
Other	3.7%
No response	0.1%

Note: Respondents could provide more than one answer; total can sum to more than 100%.

As shown in Table 15, just over half of the respondents (54.2%, *n*=463) reported not experiencing any barriers to maintaining recovery.

Table 15: Barriers to sustaining recovery (*n*=855)

Did not experience any barriers to staying in recovery	54.2%
Lack of professional help for mental health or emotional problems	16.7%
Being worried about what people would think of you	13.7%
Lack of supportive social networks	11.9%
Lack of programs or supports for maintaining recovery	11.3%
Cost of recovery services	10.3%
Problems getting or maintaining stable or adequate housing	9.5%
Problems getting or maintaining employment	9.1%
Being prescribed an addictive medication	7.7%
Other	3.7%
No response	2.5%

Note: Respondents could provide more than one answer; total can sum to more than 100%.

Relapse

Just over half of respondents (51.2%, *n*=438) reported never relapsing back into active addiction once beginning recovery, 14.3% (*n*=123) reported a single relapse, 19.4% (*n*=166) two to five relapses and 15.0% (*n*=128) reported six or more relapses (Table 16).

Table 16: Number of relapses (*n*=855)

0	1	2 to 5	6 to 9	10 to 13	14 or more	No response
438	123	166	39	42	42	5
51.2%	14.3%	19.4%	4.5%	4.9%	4.9%	0.5%

Note: Total might not sum to 100% because of rounding.

Recovery Resources, Programs and Supports

Questions pertaining to recovery resources, programs and supports examined respondents' use of formal resources and programs, as well as informal supports, during recovery.

Recovery Resources and Programs

Consistent with the view in the recovery literature that there are multiple pathways of recovery, survey respondents have drawn on a wide range of recovery resources and programs as they progress during their recovery experiences. Respondents reported using, on average, 6 of 17 different recovery resources and programs (M=5.6, SD=3.5). Table 17 reveals the proportion of respondents who reported using various recovery resources and programs. The vast majority of respondents (91.8%, *n*=785) have at some point participated in a 12-step mutual support group. Over half of respondents have been engaged in a residential addiction treatment program (60.6%, *n*=518), group or individual counselling by a psychologist or psychiatrist not specializing in addiction

(56.8%, *n*=486). Moreover, 56.5% (*n*=483) of respondents reported participating in group or individual counselling by an addiction professional.

In addition to the recovery resources and programs included in Table 17, other types of resources that respondents reported using included counselling or therapy (not necessarily related specifically to addiction or recovery; 5.4%, *n*=46); a specific facility (2.9%, *n*=25); peer support or work peer support (0.9%, *n*=8); and aftercare, post-treatment continuing care or relapse prevention (0.7%, *n*=6). In addition, 13.1% of respondents (*n*=112) reported using a variety of informal recovery supports, and these are described separately in the next section.

Table 17: Use of recovery resources and programs (*n*=855)

12-step mutual support group	91.8%
Residential addiction treatment program	60.6%
Group or individual counselling by a psychologist or psychiatrist not specializing in addiction	56.8%
Group or individual counselling by an addiction professional	56.5%
Outpatient addiction treatment program	41.4%
In-patient detoxification program	35.1%
Therapeutic community	34.9%
Program specific to dual diagnosis	31.8%
Support recovery house	30.3%
Employee assistance program for addiction	26.1%
Non-12-stop mutual support group	22.5%
Acupuncture specifically for addiction or detoxification	21.2%
Medication-assisted addiction treatment	20.2%
Professional employment group recovery support program	16.7%
Outpatient detoxification program	13.9%
Aversion therapy for use of alcohol or other drugs	8.1%
First Nations addiction treatment program	5.0%

Note: Respondents could provide more than one answer; total can sum to more than 100%.

Respondents were also asked to rate the importance of the resources and programs they had used in their recovery. As shown in Table 18, a large majority of individuals described residential addiction treatment programs (83.2%, *n*=431), support recovery houses (82.2%, *n*=213), 12-step mutual support groups (79.7%, *n*=626) or in-patient detoxification programs (75.3%, *n*=226) as “very important” to their recovery. As well, over half of respondents described therapeutic communities (70.1%, *n*=209), First Nations addiction treatment programs (69.8%, *n*=30), programs specific to dual diagnosis (65.1%, *n*=177), group or individual counselling by an addiction professional (63.4%, *n*=306), and group or individual counselling by a non-specialist (50.6%, *n*=246) as resources and programs that were “very important” to their recovery.

Notably, some of the programs and resources used by a minority of respondents received high ratings for importance. For example, 5.0% (*n*=43) of respondents had participated in a First Nations addiction treatment program, but more than two-thirds (69.8%, *n*=30) of those who did participate considered this experience to be very important to their recovery.

Table 18: Importance rating of recovery resources and programs used by respondents

	Number who used program or resource	Very important	Somewhat important	Not important
12-step mutual support group	785	79.7%	12.2%	8.0%
Residential addictions treatment program	518	83.2%	14.9%	1.9%
Group or individual counselling by a psychologist or psychiatrist not specializing in addiction	486	50.6%	36.0%	13.4%
Group or individual counselling by an addiction professional	483	63.4%	29.0%	7.7%
Outpatient addiction treatment program	354	46.3%	41.0%	12.7%
In-patient detoxification program	300	75.3%	18.3%	6.3%
Therapeutic community	298	70.1%	26.2%	3.7%
Program specific to dual diagnosis	272	65.1%	24.6%	10.3%
Support recovery house	259	82.2%	14.7%	3.1%
Employee assistance program for addiction	223	46.6%	38.6%	14.8%
Non-12-step mutual support group	189	30.7%	35.9%	33.3%
Acupuncture specifically for addiction or detoxification	181	21.0%	42.0%	37.0%
Medication-assisted addiction treatment	173	41.6%	33.5%	24.9%
Professional employment group recovery support program	143	47.6%	30.1%	22.4%
Outpatient detoxification program	119	37.8%	37.8%	24.4%
Aversion therapy for use of alcohol or other drugs	69	17.4%	37.7%	44.9%
First Nations addiction treatment program	43	69.8%	20.9%	9.3%

Note: Importance rating percentages are calculated out of those who reported using each resource or program.

In an open ended question asking for other comments about the impact of addiction or recovery, many respondents used this opportunity to reiterate the importance of 12-step programs to their own recovery (a theme that has been clearly emphasized above). However, some individuals took the opportunity to express discomfort with these programs, or reported that they had reached a point in their recovery where these programs no longer met their needs. In this context, there was a call for more options beyond 12-step programs for individuals seeking to recover from their addiction:

> "I feel like abstinence programs like AA … are great for everyone in the beginning. It brings community to the person and can help them look at themselves and change for the better. But I have found over time that the program is not necessarily for me personally. If you tell that to anyone in one of those programs, they make you feel like you are on the verge of relapsing and it feels a bit like escaping a cult."

> "I am at another turning point in my recovery. I feel that the 12-step program of AA has not much to offer me anymore. My life had become rather small in that most of my social life was with members of AA. This has never been very satisfying."

> "I got clean in the 12-step ideology-based environment. … However, the faith-based premises were not sufficient for the mental and emotional needs that I (and a great many people dealing with addiction) have/had."

> "Most of my peers are addicts (MtF trans female) and there is significant discrimination in AA or other programs."
>
> "There needs to be more options. I went to AA and NA because they're free and everywhere, but the program itself isn't helpful. Spirituality, at least in the way these programs use it, does not solve your addiction. There is no one way to get clean. … Addicts tend not to have much money, so it needs to be free and government subsidized."
>
> "Twelve-step programs are cults, yet are the only real consistent recovery program available. More investment in other programs would be beneficial."

More generally, a number of respondents emphasized a need for more treatment facilities and options, without specifically referring to 12-step programs:

> "We need more accessibility to help our youth."
>
> "Finding treatment during my youth when I needed it the most was next to impossible and my family couldn't afford a private treatment centre."
>
> "I think Canada should have more youth treatment programs."
>
> "Without access to methadone/suboxone, my opiate addiction would have killed me. Access to harm reduction services and harm reduction workers is essential to improving quality of life."
>
> "There should be more support for harm reduction and non-abstinence therapy available. I would like to explore the option of having a glass of wine, but the stigma, fear, and shame the recovery community puts on that is limiting. I find it frustrating that I have to remain 'in recovery' to have a support group or friends."
>
> "[There] needs to be more treatment facilities. … No waits when going from one stage to the next. Better and easier financial support when in facilities. More funding for smaller support groups like Smart and LifeRing. … Access to meds for alcohol. More group functions in community, so we stop hiding in rooms of anonymity. Being seen in community will stop stigma."
>
> "My hopes are that the government will fund treatment centres for all people, and that we will start using 'drug courts.'"
>
> "If more emphasis was placed on in-patient centres or outpatient counselling in the First Nation holistic approach to recovery, then maybe so many of us wouldn't end up a statistic."

Medication-Assisted Treatment

Of respondents, 20.2% (*n*=173) reported having used medication-assisted treatment (MAT) to assist with withdrawal symptoms and to facilitate treatment. What is considered MAT varies according to how this term is defined. For the purpose of this report, MAT is defined as treatment with drugs that act on the opioid system (i.e., receptors). Given this definition, respondents who indicated using MAT were divided into three groups. The MAT group consisted of individuals using methadone, naltrexone or buprenorphine/Suboxone®. The "drugs to assist in early recovery" group included individuals who used disulphiram (Antabuse®), topiramate or acamprosate, and the "other" category includes any other drugs identified by respondents. These included anti-depressants, benzodiazepines, antipsychotics,

nicotine replacement drugs, anti-anxiety drugs and other drugs (i.e., drugs that are not indicated specifically for treating addiction).

Table 19 shows the reported duration of use for each of these three groups of drugs. The MAT drugs were used for two years on average, although reported usage ranged from one day to 25 years. Use of drugs to assist in early recovery averaged one year, ranging from one day to five years of use. Other drugs were used on average for two years, ranging from one day to 20 years of use.

Table 19: Drugs used in medication-assisted treatment

	Number of respondents	Mean days of use	Range (days)
MAT drugs			
Overall	8.7%	806.2	1 to 9,125
Buprenorphine/Suboxone	2.2%	359.4	5 to 1,825
Methadone	5.0%	1192.7	7 to 9,125
Naltrexone	1.4&	128.7	1 to 600
Drugs to assist in early recovery			
Overall	3.0%	437.3	1 to 1,825
Disulfiram	1.2%	408.9	30 to 1,825
Topiramate	1.3%	400.6	1 to 912
Acamprosate	0.6%	575	120 to 1,825
Other drugs	7.4%	821.4	1 to 7,300

Recovery Supports

In addition to the formal recovery programs and resources discussed previously, survey respondents were also asked what informal supports they had used and found important to their recovery. As shown in Table 20, respondents used a wide range of informal supports during their recovery process. Relationships with both friends and family were used as supports by almost all respondents (96.8%, *n*=828 and 95.4%, *n*=816, respectively). Several other recovery supports were also frequently used by participants (Table 20).

Respondents also identified additional supports used during recovery. The most common included, in descending order of frequency, working or volunteering with other people in recovery; peer supports or relationships with others in recovery or within the recovery community; employment or education; hobbies; and psychedelic drugs or cannabis. Each of these were mentioned by 1.9% or fewer of respondents. In addition, 5.8% of respondents (*n*=50) identified a recovery program or resource that was discussed in detail in the preceding section.

Table 20: Use of recovery supports (*n*=855)

Relationships with friends	96.8%
Family relationships	95.4%
Religion or spirituality	87.4%
Meditation or mindfulness practice	85.6%
Regular recovery reading practice	85.5%
Regular exercise program	84.8%
Relationship with animals or pets	71.8%
Recovery nutritional plan or diet	69.9%
Art, poetry, writing as part of recovery	68%
Relationship to land or natural environment	66.8%
Websites that support recovery	64.4%
Social media to support recovery	56.1%
Cultural values and traditions	51.7%
Yoga for recovery	41.6%
Smartphone apps to support recovery	39.3%

Note: Respondents could provide more than one answer; total can sum to more than 100%.

Table 21: Importance rating of recovery supports used by respondents

	Number who used support	Very important	Somewhat important	Not important
Relationships with friends	828	74.0%	23.4%	2.5%
Family relationships	816	72.2%	24.0%	3.8%
Religion or spirituality	749	67.7%	24.8%	7.5%
Meditation or mindfulness practice	732	64.8%	32.8%	2.5%
Regular recovery reading practice	731	62.4%	32.4%	5.2%
Regular exercise program	725	52.3%	42.1%	5.7%
Relationship with animals or pets	614	55.9%	32.2%	11.9%
Recovery nutritional plan or diet	598	44.5%	45.0%	10.5%
Art, poetry, writing as part of recovery	581	47.7%	40.8%	11.5%
Relationship to land or natural environment	571	48.5%	39.8%	11.7%
Websites that support recovery	551	28.5%	54.6%	16.9%
Social media to support recovery	480	29.4%	48.3%	22.3%
Cultural values and traditions	442	28.3%	41.4%	30.3%
Yoga for recovery	356	32.6%	46.3%	21.1%
Smartphone apps to support recovery	336	21.4%	46.1%	32.4%

Note: Importance rating percentages are calculated out of those who reported using the support.

The survey also asked respondents to rate the importance of these supports to their recovery (Table 21). Over two-thirds of respondents described relationships with friends (74.0%, *n*=613), family members (72.2%, *n*=589), and religion or spirituality (67.7%, *n*=506) as "very important" to their recovery from addiction. Furthermore, at least half of participants also considered meditation or mindfulness practice (64.8%, *n*=474), recovery reading practice (62.4%, *n*=456), regular exercise (52.3%, *n*=379), and relationships with animals or pets (55.9%, *n*=343) as very important. Other types of recovery supports were considered "very important" by fewer than half of respondents.

Many respondents reported that they continued to employ recovery supports and resources on an ongoing basis to maintain their recovery (see Table 22). For example, more than two-thirds of participants reported currently relying on relationships with friends (75.9%, *n*=649) and family members (73.1%, *n*=625), or participating in 12-step mutual support groups (69.2%, *n*=592) to maintain their recovery, while at least half continued to use meditation or mindfulness practice (61.4%, *n*=525), religion or spirituality (55.6%, *n*=475), or regular exercise (53.0%, *n*=453).

Table 22: Supports and resources currently used to maintain recovery (*n*=855)

Not currently using any resources or supports to maintain recovery	3.0%
Relationships with friends or peer support	75.9%
Family relationships	73.1%
12-step mutual support group	69.2%
Meditation or mindfulness practice	61.4%
Religion or spirituality	55.6%
Regular exercise program	53.0%
Regular recovery reading practice	48.2%
Relationship with animals or pets	44.4%
Relationship to land or natural environment	35.6%
Social media to support recovery	31.1%
Art, poetry, writing as part of recovery	31.0%
Recovery nutritional plan or diet	30.9%
Websites that support recovery	27.7%
Smartphone apps to support recovery	18.7%
Group or individual counselling by a psychologist or psychiatrist not specializing in addiction	17.1%
Group or individual counselling by an addiction professional	14.7%
Yoga for recovery	13.9%
Cultural values and traditions	13.8%
Non-12-step mutual support group	5.5%
Other	2.1%
No response	0.1%

Note: Respondents could provide more than one answer; total can sum to more than 100%.

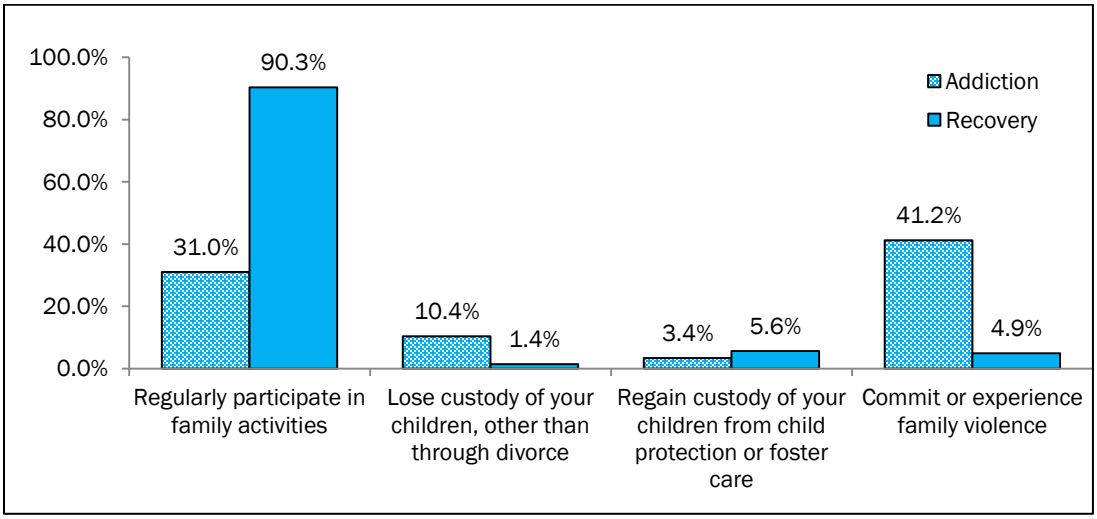
Life Experiences during Addiction and Recovery

In line with the previous LIR surveys, life experiences were compared during active addiction and recovery across a number of outcomes. For each event or experience, respondents indicated whether they had or had not experienced it during active addiction or recovery.

Family and Social Life

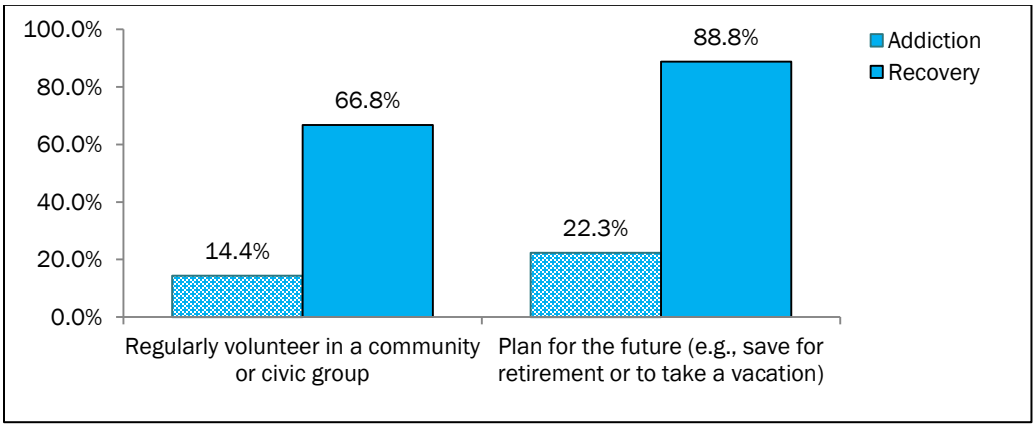
Upon examining differences in family and social lives during active addiction and recovery, respondents reported experiencing fewer negative events and more positive events during recovery (Figure 6). For example, the proportion of respondents reporting that they regularly participated in family activities was greater during recovery (90.3%, *n*=772), compared with when in active addiction (31%, *n*=265). In addition, fewer individuals reported experiencing family violence during recovery (4.9%, *n*=42), compared with during active addiction (41.2%, *n*=352).

Figure 6: Family events during addiction and recovery



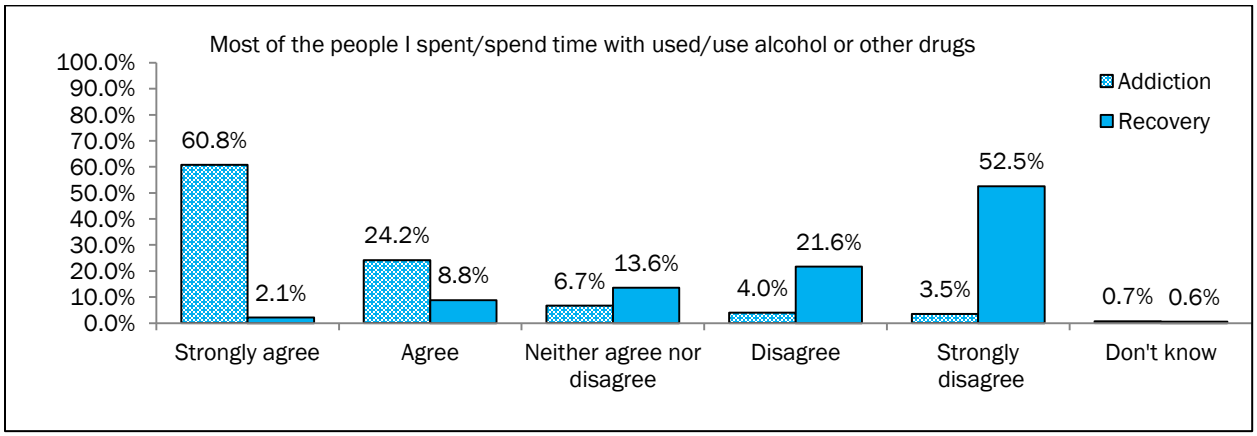
Additionally, as shown in Figure 7, a greater proportion of individuals reported regularly volunteering and planning for their futures during recovery compared with when in active addition.

Figure 7: Activities during addiction and recovery



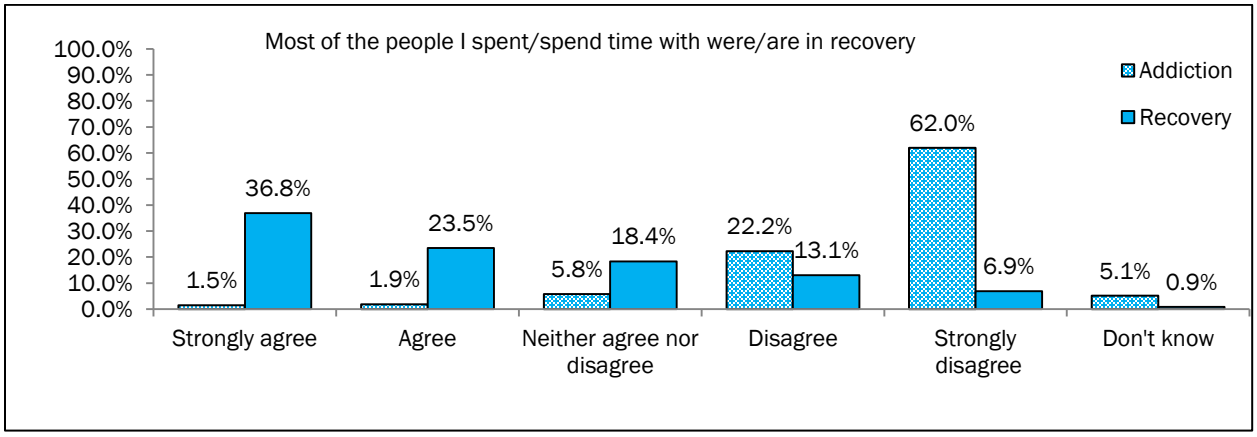
During recovery, respondents rarely reported that they spent most of their time with people who used alcohol or other drugs, while 85% (n=727) of respondents "agreed" or "strongly agreed" with this statement during active addiction (Figure 8).

Figure 8: Use of drugs by social groups during addiction and recovery



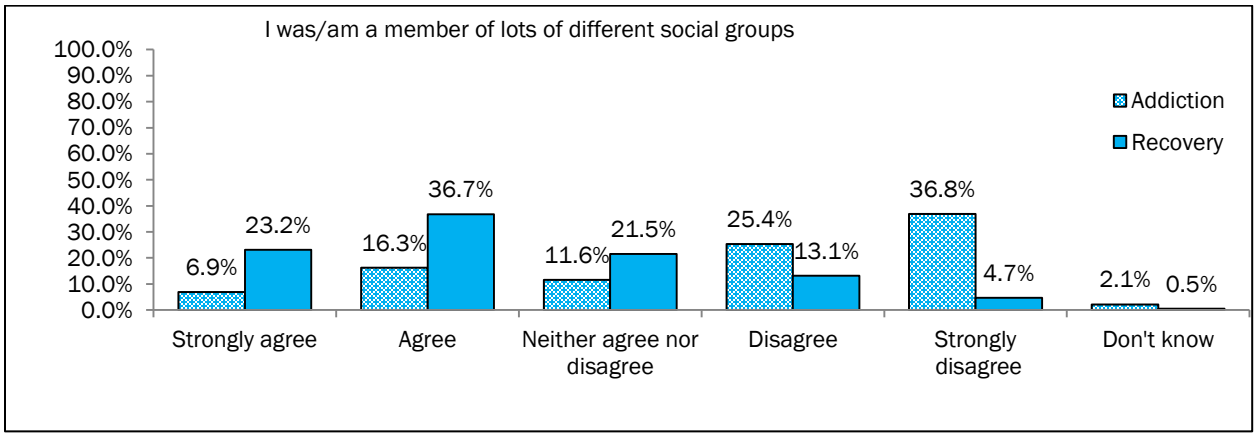
Moreover, during recovery, 60.3% of respondents "strongly agreed" or "agreed" that they spent time mostly with other individuals in recovery, whereas during active addiction very few respondents (3.4%) "strongly agreed" or "agreed" with this statement (Figure 9).

Figure 9: Recovery status of social groups during addiction and recovery



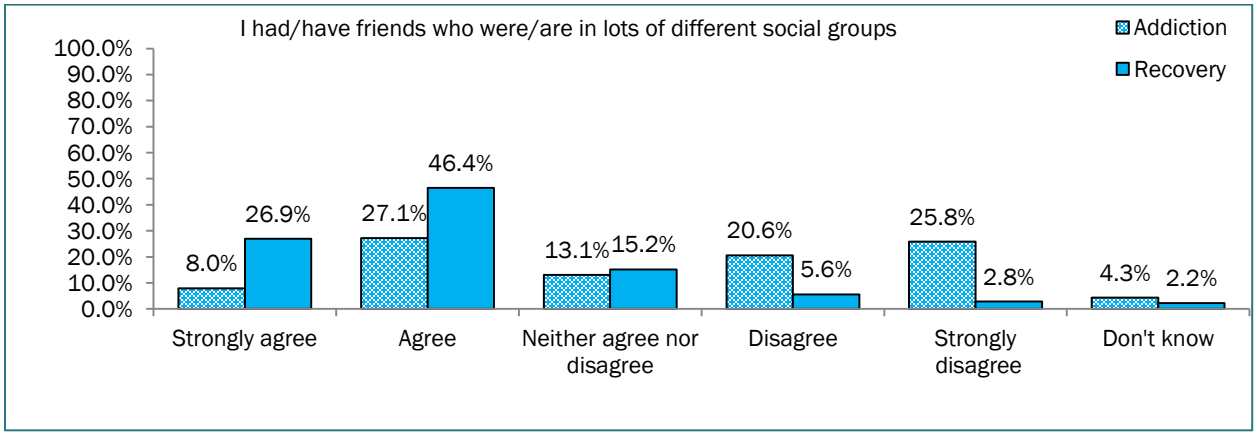
More than half of respondents in recovery reported being a member of many different social groups (59.9%, *n*=512, "agree" or "strongly agree"). While in active addiction, the majority of respondents did not report being a member of many different social groups (62.2%, *n*=532, "disagree" or "strongly disagree" with this statement) (Figure 10).

Figure 10: Diversity of social groups during addiction and recovery



The number of different social groups in which respondents' friends participated during active addiction and recovery was also assessed (Figure 11). During recovery, 73.3% (*n*=627) of individuals "agreed" or "strongly agreed" that they have friends who participate in lots of different social groups. This compares to only 35.1% (*n*=300) of participants during active addiction who "agreed" or "strongly agreed" with this statement.

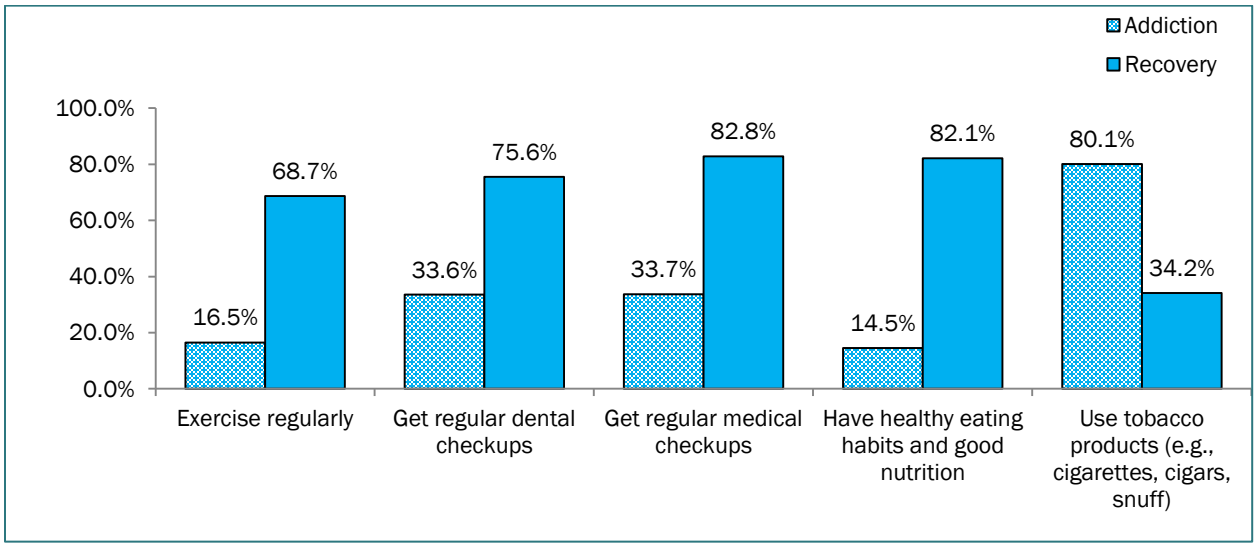
Figure 11: Diversity of friends' social groups during addiction and recovery



Health

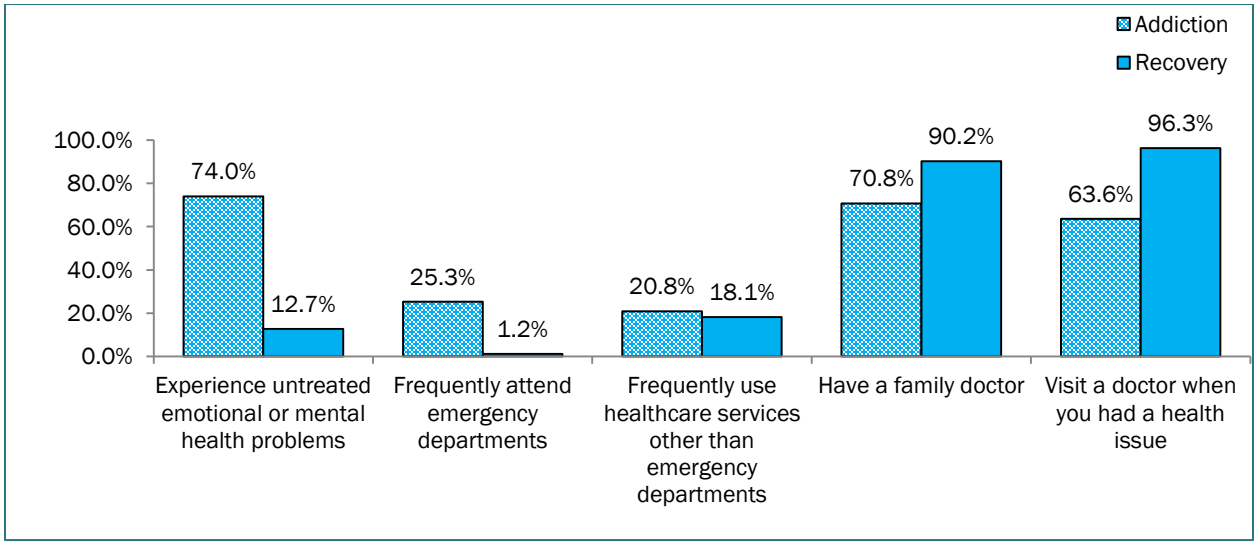
Higher rates of a number of healthy lifestyle practices were reported during recovery as compared with during active addiction, including regular exercise, regular dental and medical checkups, and healthy eating habits (Figure 12). Furthermore, tobacco use appeared to be much lower during recovery compared with during addiction (34.2%, *n*=292 versus 80.1%, *n*=685).

Figure 12: Healthy lifestyle practices during addiction and recovery



As shown in Figure 13, participants also experienced fewer untreated mental health issues during recovery and reported less frequent use of emergency departments compared with individuals during active addiction.

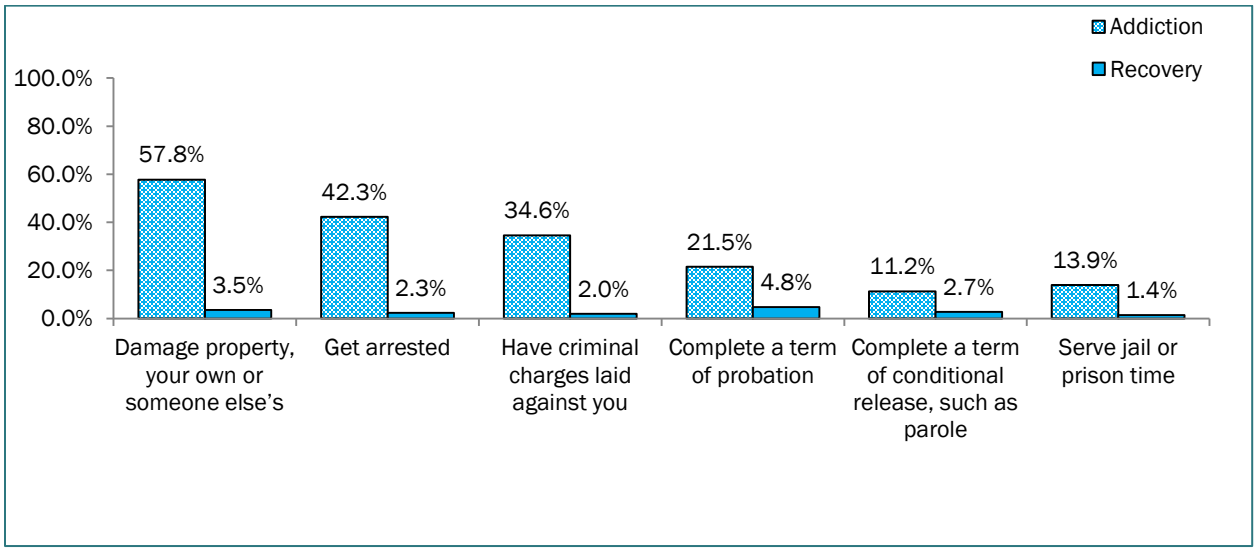
Figure 13: Health and interactions with the healthcare system



Legal Issues

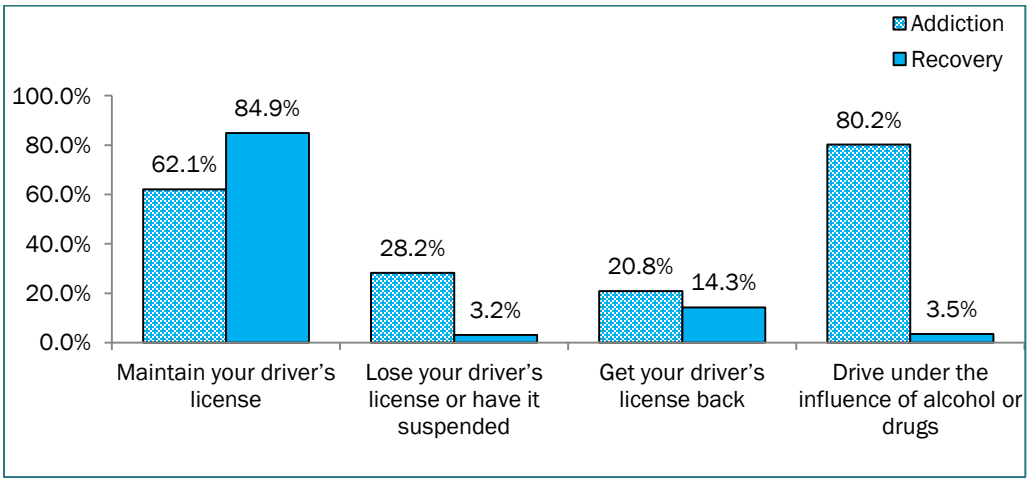
Respondents reported fewer negative interactions with the legal system during recovery compared with during active addiction (Figure 14). Specifically, during recovery fewer respondents reported getting arrested or criminally charged compared with during active addiction.

Figure 14: Legal issues during addiction and recovery



During recovery, very few respondents reported driving while under the influence of alcohol or drugs and having their licence revoked or suspended (3.5%, *n*=30, and 3.2%, *n*=27, respectively). In contrast, during active addiction, the majority of respondents reported driving while under the influence of alcohol or drugs (80.2%, *n*=686), and 28.2% (*n*=241) reported having their licence revoked or suspended (Figure 15).

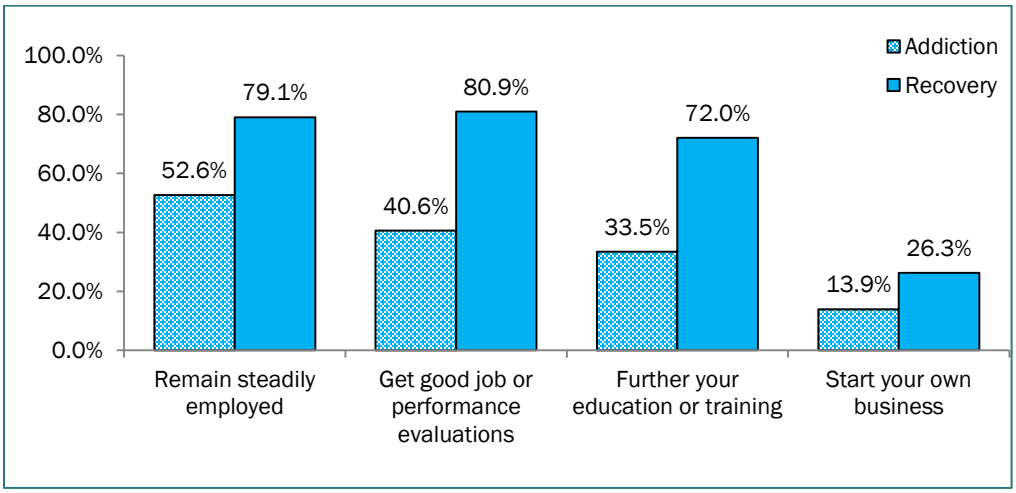
Figure 15: Driving and associated legal outcomes during addiction and recovery



Work and Study

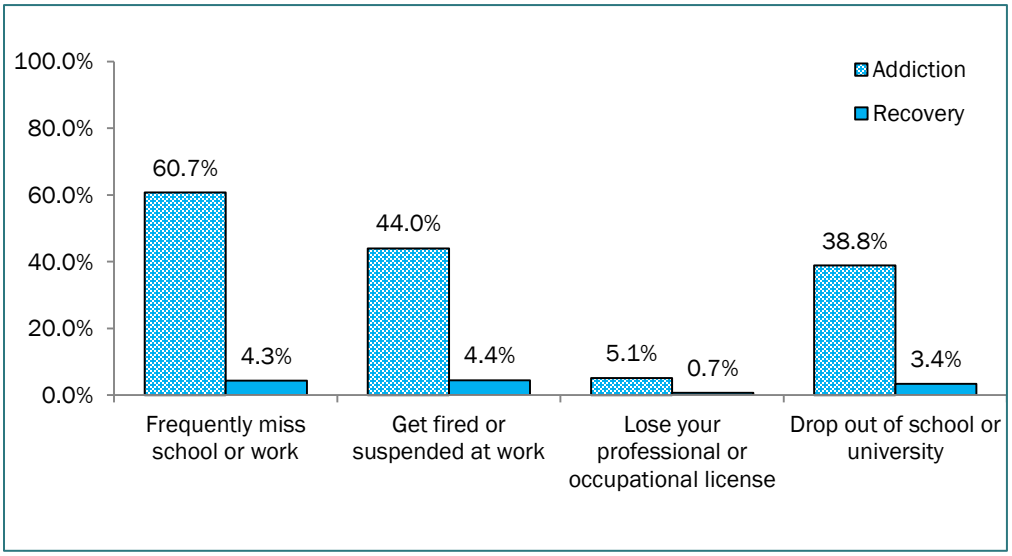
During recovery, respondents reported a higher rate of steady employment (79.1%, *n*=676 versus 52.6%, *n*=450), and a higher rate of furthering their education or training (72%, *n*=616 versus 33.5%, *n*=286) compared with during active addiction (Figure 16).

Figure 16: Work and study during addiction and recovery



Similarly, individuals reported lower absenteeism (4.3%, *n*=37 versus 60.7%, *n*=519), disciplinary actions (4.4%, *n*=38 versus 44%, *n*=376) and drop-out rates (3.4%, *n*=29 versus 38.8%, *n*=332) during recovery compared with during addiction (Figure 17).

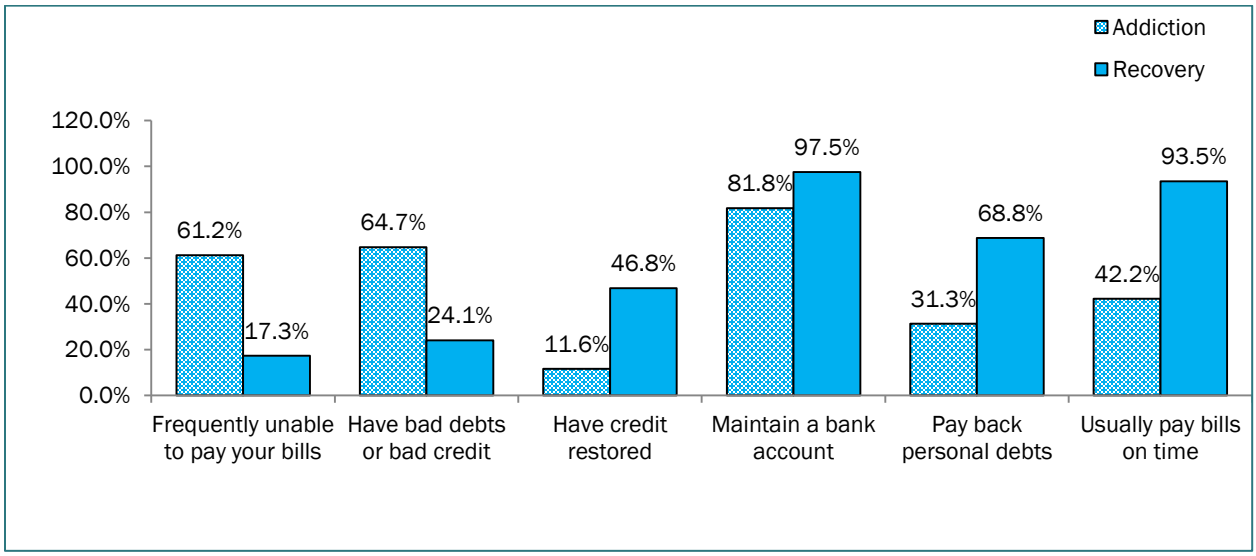
Figure 17: Work and study — absenteeism and disciplinary events during addiction and recovery



Finances

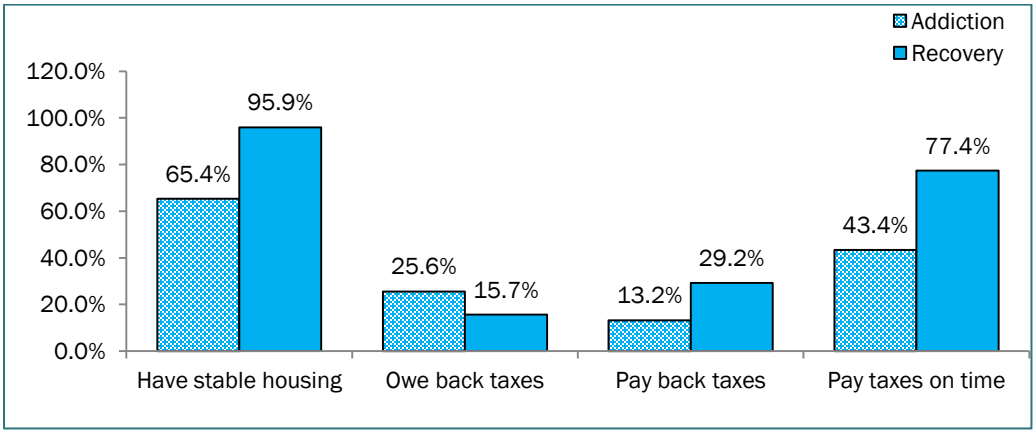
Respondents reported that personal finances were better during recovery as compared with during active addiction (Figure 18). During active addiction, respondents frequently reported being unable to pay bills (61.2%, *n*=523) and having bad credit (64.7%, *n*=553), whereas almost half of participants had their credit restored during recovery (46.8%, *n*=400).

Figure 18: Personal finances during addiction and recovery



Almost all respondents reported having access to stable housing when in recovery (95.9%, *n*=820), compared with only 65.4%, (*n*=559) who reported this during active addiction. Moreover, during recovery the payment of taxes on time (77.4%, *n*=662 versus 43.4%, *n*=371) and payment of outstanding back taxes (29.2%, *n*=250 vs. 13.2%, *n*=113) were found to be higher as compared with during addiction (Figure 19).

Figure 19: Taxes and housing during addiction and recovery



International Context

The following section of this report reflects a summary of the results from the current study, along with those from the previous international surveys. Table 23 presents the frequencies from all four LIR surveys for questions examining experiences during addiction and recovery, where questions were similar. However, any comparisons made should be interpreted with caution for several reasons. Some of the wording of questions varied slightly between studies. As well, in some instances the response options differed between studies. Specifically, in the current study as well as the Australian study, "Yes," "No" and "Not applicable" response options were provided, while the U.S. and U.K.

studies provided only “Yes” and “No” response options, which would have impacted how proportions were calculated. Finally, and perhaps most importantly, there are important differences in the legal, political, socio-cultural and healthcare contexts across the four jurisdictions. Therefore, some of the observed differences might be related to jurisdictional differences, in combination with any differences that might be specific to differing recovery experiences in those countries.

Table 23: International context

		Addiction	Recovery
Family and social life			
Lose custody of children	Australia	8%	2%
	Canada	10%	1%
	U.K.	18%	4%
	U.S.	13%	2%
Regain custody of children	Australia	2%	7%
	Canada	3%	6%
	U.K.	6%	12%
	U.S.	4%	9%
Commit or experience family violence	Australia	51%	9%
	Canada	41%	5%
	U.K.	39%	7%
	U.S.	41%	9%
Health			
Frequently attend emergency departments	Australia	31%	7%
	Canada	25%	1%
	U.K.	39%	5%
	U.S.	22%	3%
Frequently use health care other than emergency	Australia	42%	20%
	Canada	21%	18%
	U.K.	53%	17%
	U.S.	27%	14%
Experience untreated emotional or health problems	Australia	84%	34%
	Canada	74%	13%
	U.K.	76%	32%
	U.S.	68%	15%
Legal issues			
Get arrested	Australia	53%	3%
	Canada	42%	2%
	U.K.	58%	3%
	U.S.	53%	5%

		Addiction	Recovery
Legal issues			
Serve jail or prison time	Australia	15%	1%
	Canada	14%	1%
	U.K.	20%	1%
	U.S.	34%	5%
Work and study			
Remain steadily employed	Australia	32%	71%
	Canada	53%	79%
	U.K.	40%	74%
	U.S.	51%	83%
Further your education or training	Australia	33%	65%
	Canada	33%	72%
	U.K.	32%	80%
	U.S.	36%	78%
Get fired or suspended at work	Australia	38%	4%
	Canada	44%	4%
	U.K.	50%	3%
	U.S.	51%	10%
Start your own business	Australia	15%	26%
	Canada	14%	26%
	U.K.	12%	18%
	U.S.	15%	28%
Finances			
Have a good credit rating	Australia	33%	69%
	Canada	12%	47%
	U.K.	43%	74%
	U.S.	41%	76%
Pay back personal debts	Australia	68%	70%
	Canada	31%	69%
	U.K.	42%	76%
	U.S.	40%	82%
Pay taxes	Australia	53%	72%
	Canada	43%	77%
	U.K.	47%	70%
	U.S.	55%	80%

Perceptions of Stigma and Discrimination

Perceptions of stigma and discrimination were also examined during active addiction and recovery. Almost half of respondents (48.7%, *n*=416) reported perceiving stigma or discrimination during active addiction, compared with one-third (33.2%, *n*=284) who reported such experiences during recovery.

In two open-ended questions, respondents were asked to describe their experiences during active addiction; Table 24 summarizes the main themes identified from their responses.

Table 24: Perceptions of stigma and discrimination during active addiction (*n*=416)

Judged, looked down on, harassed or ridiculed	27.9%
Shunned and excluded by friends, family or society in general	16.6%
Discrimination within the healthcare system	8.7%
Difficulties relating to employment	7.9%
Feelings of shame, guilt or embarrassment	6.0%
Discrimination in other social domains (housing, social services, utilities, stores, etc.)	4.8%
Lack of understanding of addiction by others	4.3%
Discrimination within the criminal justice system	4.1%
Shunned or judged by work colleagues	3.4%
Experienced stigma combined with racism	1.7%
Taken advantage of by others	1.0%
Too many or too painful to describe	1.2%
Other	9.6%
No response	22.6%

Note: Total might not sum to 100% because of multiple responses.

The most common theme identified by respondents was being judged, looked down upon, or harassed or ridiculed by others (27.9%, *n*=116):

> "I was judged. People looked at me like I wasn't even human."
>
> "I was often looked at like the lowest of the low."
>
> "[I] was deemed a useless, going nowhere junkie."
>
> "I was constantly treated as a second-class person."
>
> "Ridicule and criticism constantly, only enforcing my desire to use."
>
> "I would be treated like a criminal and people would talk down to me like I was less than them."
>
> "I was a junkie and treated as such."

Respondents also described being shunned or excluded by friends, family or society in general (16.6%, *n*=69):

> "I became a social outcast."
>
> "[I] lost all family and friends."

> "I was treated like a leper … people I had known for years personally and professionally pretended not to know me."
>
> "When people discovered I was an addict, they wanted nothing to do with me."
>
> "My family wanted nothing to do with me. I had no friends. I was so lonely and depressed, I wanted to die."

Less commonly, respondents reported perceiving discrimination within the healthcare system, such as differential access to healthcare services and poor treatment by healthcare professionals (8.7%, n=36):

> "I have been denied a normal course of health care (i.e., denied pain management) while attending emergency rooms."
>
> "[I received] poor treatment during hospitalizations related to mental health crises."
>
> "[I was] told I did not deserve medical treatment."
>
> "The most stigma I experienced (and still do) is open judgment from doctors, dentists, nurses, and other medical professionals."

Similarly, a minority of participants reported perceiving discrimination relating to employment, such as difficulties gaining or maintaining employment, damaged careers and reduced career opportunities (7.9%, n=33):

> "After informing my employer of my addiction issue, every performance issue was related to my addiction history."
>
> "I was told to go away when I tried to apply for a job."
>
> "[I] have been treated disrespectfully at work, treated like I am incapable and inadequate."

A small number of respondents reported perceiving discrimination in the criminal justice system (4.1%, n=17) and in other social domains, such as housing, social services, utilities and stores (4.8%, n=20):

> "[I was] treated by police as just a drunk. [They] never offered to help."
>
> "Police officers harassed and assaulted me."
>
> "Store employees would look at me in disdain."

Six percent (n=25) of respondents reported perceiving feelings of shame, guilt or embarrassment. Other less commonly described perceptions included lack of understanding of addiction by others, being shunned or judged specifically by work colleagues, experiencing stigma combined with racism (Indigenous respondents), and being sexually taken advantage of by others or bribed with substances. Many respondents reported multiple forms of stigma and discrimination:

> "Towards the end, I was harassed and abused pretty consistently. People would not hide their contempt during regular interactions at stores and on the street. Doctors and police officers in particular treated me like I was not a human being [who] deserved explanations, recognition, or consent for anything. People would yells (sic) thing like "Craaaack!" from their balconies as I walked past."

> "I was not welcome in stores, and banned from cafes with washrooms where I used drugs. People avoided me on the street and would not talk to me, based on my appearance. I was unemployable."

Although fewer respondents reported perceiving stigma and discrimination during recovery compared with during active addiction, this was still reported by one-third of participants, (33.2%, *n*=284). Table 25 reveals the main themes identified from respondents' perceptions during recovery.

Table 25: Perceptions of stigma and discrimination during recovery (*n*=284)

Persistent judgmental attitudes and negative views about addiction and individuals with addiction	23.2%
Subtle forms of discrimination (people uncomfortable around those in recovery)	10.9%
Difficulties relating to employment	10.2%
Lack of understanding of addiction and recovery by others	9.9%
Loss of friends and family, lack of support from friends and family	8.5%
Ridiculed or judged for not using substances or participating in a recovery program	7.7%
Avoid disclosing fact of recovery	7.4%
Discrimination and lack of awareness of recovery by system actors	5.3%
Other	14.8%
No response	18.3%

Note: Total might not sum to 100% because of multiple responses.

The most frequently reported perception among individuals in recovery was of persistent judgmental attitudes and negative views about addiction and individuals with addiction (23.2%, *n*=66):

> "People assume that once an addict, always an addict."

> "Some people assume that people in recovery are dangerous and not to be trusted."

> "People look down on me and see me as a waste of space. They don't trust my judgment."

Individuals also reported perceiving subtle forms of discrimination, noting in particular that others are often uncomfortable around those in recovery (10.9%, n=31):

> "People appear uncomfortable when I identify as a person in recovery. They change the subject very quickly."

> "Some people tend to be over-cautious, or even embarrassed, when speaking of their own use of alcohol or drugs."

> "People treat you as if you are fragile."

A similar number of respondents discussed difficulties relating to employment (10.2%, n=29):

> "[At] work, I feel labelled as incompetent."

> "Work, when I told them during the interview, was hesitant to hire another person in recovery."

> "Honesty about being in recovery irreparably damaged [my] career."

Other, less-commonly-described perceptions included a lack of understanding of addiction and recovery by others, loss of or lack of support from friends and family, being judged, ridiculed or mistrusted for abstaining from substances or participating in a recovery program (particularly 12-step programs), and discrimination and lack of awareness of recovery by system actors (e.g., health, law enforcement). A small number of participants also reported that they simply avoid disclosing the fact that they are in recovery to others.

Other Significant Life Events

Respondents were given an opportunity to describe other significant events they had experienced while in active addiction and during recovery. Overall, respondents tended to describe negative life events during addiction and positive experiences during recovery. The most common life events experienced during active addiction related to neglect of responsibilities as a friend, spouse or parent, or as a family member more generally. In some cases, friends and family members ultimately distanced themselves from the individual, leaving them increasingly isolated:

> "I recognized that drugs and alcohol had become more important than my family and the people I loved."
>
> "My family were often upset with me. They were also able to blame me for everything that went wrong. This was very discouraging."
>
> "[I] was often dismissive of my parental responsibility."
>
> "[I] was a terrible parent, [and] a bad friend, daughter, and sister."
>
> "I disappointed and caused family and friends to worry."
>
> "My son was born and I lost visitation rights. My relationship to my ex-fiancée ended."
>
> "My relationship to my next long-term girlfriend ended and I was no longer able to see two little girls [to whom] I had been trying to be a father."
>
> "My daughter refused to speak to me until I entered recovery."
>
> "My family did not want to be around me. My sisters banned me from coming around them or their children."

Survey respondents also frequently described experiencing or perpetrating violence and abuse while in active addiction. References to sexual abuse, including rape, were also reported:

> "Continuous physical violence between my ex-husband and I at the time. … If I were sober, I would have called the police, [and] taken my child away to a safe place instead of fighting back. That's a mistake I try to forgive myself for every day."
>
> "I experienced a lot of violence with other addicts, many fights."
>
> "My husband at the time, who was not an addict, refused to accept that I had a disease. He would not accept help. He said it was not his problem. He became increasingly frustrated with me, and physically and verbally abusive. He would call me names in front of the children. At one point he physically assaulted me, breaking my ribs and threatening to kill me. I begged for my life."
>
> "I had two (unrelated) older male friends who I relied upon to supply me with alcohol. Invariably, at the end of the night they would make sexual advances; they would refuse to acknowledge or respect my active non-consent."

> "[I experienced] sexual, physical and emotional assault … on more than one occasion. [This] would not have happened if I had not been using, as I would not have been in those circumstances."
>
> "I was sexually assaulted while under the influence of alcohol."
>
> "I got raped many times."

Respondents also spoke about how their struggles with addiction led to legal issues, including participation in criminal activity and involvement with the justice system:

> "I embraced a criminal lifestyle that was completely new to me."
>
> "I was caught by undercover police buying [cocaine], which scared me a lot."
>
> "After multiple arrests I was given the choice of jail or treatment and I chose treatment. Once I was there, I signed [a] form that said that I could not leave without the consent of my parents and clinical counsellors. I attempted to leave multiple times, but could not due to treatment being involuntary from that point. It saved my life."

Some of the legal issues identified by participants stemmed from impaired driving, which led respondents to harm themselves or others, damage or destroy property (including their own), and lose their licences:

> "[I had] two impaired charges in nine days — [I] had never [previously] been in trouble with [the] law."
>
> "[I] lost [my] licence four times for driving over .08 [i.e., the maximum legal limit]."
>
> "I flipped my mother's car onto its roof, and the car wasn't even a year old."
>
> "[I] had a number of motor vehicle accidents, [and] injured myself."
>
> "[I] drank and drove, killed a man, and injured several others."
>
> "[I] lost [my] licence, [which] caused my company hardship as [they had to hire] a driver for me."

In addition to injuries sustained as a consequence of impaired driving, some respondents described the physical and mental health impacts of addiction. These were highly variable in nature, ranging from injuries sustained during (non-vehicular) accidents, to diseases transmitted through unprotected sexual activity or drug use, to health deterioration resulting from personal neglect:

> "[I experienced] alcohol poisoning on one occasion. Many close calls with physical injury due to overuse of alcohol."
>
> "[I] acquired Hepatitis C."
>
> "[I experienced] kidney failure caused by poor nutrition."
>
> "[I] suffered a severe head trauma while under the influence of alcohol."
>
> "[I engaged in] frequent unsafe sex practices leading to STDs."
>
> "Waking up in the hospital not remembering the night before was a very frequent occurrence".

Some respondents contemplated suicide and even attempted to take their own lives:

> "One night during a detox I felt that if I had had a gun I would have killed myself because I felt so hopeless."

> "I was going to commit suicide and just as I was planning on [overdosing] I received a call from a friend in the 12-step [program] and he came to take me to a meeting. I shared what I was thinking and feeling, and the group showed me much love and support, which made me want to keep coming back."

> "I attempted to take my life by drinking a large amount of alcohol and getting behind the wheel of my car. I drove out onto the highway and was heading straight towards the cement barrier of an off-ramp. Then the next thing I remember was waking up in my bed. I had every intention of taking my life that night. However, God had other plans for me."

In contrast to the experiences described by individuals in active addiction, the significant life events reported by individuals in recovery were largely positive. The most common theme related to the formation or repair of meaningful relationships:

> "My family relationships are much better and my nieces will never remember me intoxicated."

> "There have been many good/great events that have come to pass since I've been in recovery. The [highlights] are all the wonderful relationships I now enjoy."

> "I have restored relationships with my family. I was able to take care of my father for two years and let him die at my home with me."

> "I have been divorced as a result of my drinking. I am now engaged and have my children 50% of the time."

> "People are genuinely happy to see me. I get invited to events all the time. My phone rings all the time. People actually care how I feel."

> "My grown children and grandchildren visit more often now that my house is not filled with smoke and my behaviour is predictable. My daughter has commented on how much nicer it is here now."

> "Both of my sons that I abandoned when the oldest was 12 and the youngest [was] 6 years of age love and respect me. They now understand the illness of alcoholism, and understand that I gave them up for their safety."

> "Although I have had many personal successes, I am most proud of myself as a parent. My children are the first, in four generations of women, to not see their parents use drugs or alcohol. I have raised two successful university educated sons who are well on their way to [an] addiction free life, God willing!"

> "[I] gained custody of my daughter back. [I have] had family and family friends tell me how proud they are of me and what a great mother I am."

The birth of children or grandchildren was particularly meaningful to many respondents:

> "Every day is better. [I experienced the] birth of my granddaughter and being involved in her life."

> "I … got married and gave birth to two wonderful children."

> "[I] became a grandfather through my stepdaughter and love that little girl more than anything."
>
> "The marriages of my two daughters and the births of their children — nothing is more significant."

In contrast to repairing relationships, for some individuals committing to recovery has meant distancing themselves from family, friends and acquaintances who remain in active addiction:

> "[I] divorced [my] first wife ([she was] not willing to look at her personal need for recovery)."
>
> "I got the courage to leave my husband of 22 years. He still uses."
>
> "[I] had to eliminate friends that were not supportive or don't understand my addiction or recovery."
>
> "[I] lost 'friends' who did not want to be around me [when I became] clean [and] sober."

A large number of respondents also described having furthered their education or progressing in their careers. Some participants appeared to have been inspired to study and work in the area of addiction as a consequence of their experiences:

> "Graduating from university was a huge deal and completely changed my life. I would not have been able to do that in active addiction. And I am continuing my education by entering graduate studies in the fall of 2016."
>
> "I had a grade 7 education when I came into recovery. I have since taken my GED and some college courses."
>
> "I have gotten my GED, a college diploma with honours, become employed in my field of study, excelled at my job, [and] received a significant raise when I sought other employment because my employer wanted to retain me."
>
> "I went to university as a mature student, although I did not have a high school diploma, and was accepted at law school. I have been practicing law in my own firm for over 15 years."
>
> "[I] completed a Masters in Counselling degree from [a post-secondary educational institution] …, a Harm Reduction Certificate from [another institution] …, [and] the international licensing program for Addiction Counsellors."
>
> "[I] received my Diploma in Mental Health and Addictions Worker, [and am] actively employed as [an] addictions counsellor."

Individuals referenced improvements in their mental health or identification of mental health issues that they are currently managing — although, for at least some respondents, this remains an ongoing struggle:

> "It's been a year. Not being depressed anymore is very significant. I was so miserable. I had no idea how bad it was because I lived in it every day."
>
> "I used to always feel depressed. I haven't been depressed for a long time, even on stressful days … and I've gotten my sense of humour back."

> "I found out that I have medically diagnosed ADHD, severe anxiety disorder and depression. So now I actually use my drugs as intended."
>
> "[My] mental [health] issues [are] addressed and [I am] working on them."
>
> "I have had recurrent panic attacks, bouts of depression, [and] feelings of intense joy and pain. I had brutal night terrors for the first year. Generally, I have had many PTSD symptoms. I have not sought treatment for any of my mental health issues. I have been experiencing [withdrawal] symptoms on a daily basis for almost a year as I detox slowly off methadone."
>
> "[I have] received/[am] receiving treatment for agoraphobia, depression, anxiety and PTSD."
>
> "I've been able to get a better understanding of my mental health. It's an ongoing journey, but it's better than it was."
>
> "[I] cannot get mental health services. I need help and it simply is not available to me because I'm on the Ontario Disability Support Program; I dream of living at the poverty line."
>
> "Developing PTSD … has severely impacted my life."
>
> "PTSD came at me from out of the blue when I was five years clean. I felt I was going insane. I did go to residential treatment for this. A year later, I attempted suicide. I have since [been] released of suicidal ideation."

Increased financial security was experienced by other respondents, as exemplified by opportunities to enjoy travel and homeownership:

> "[I] have gotten to do lots of travelling, make upgrades to our house, own recreation vehicles and have a comfortable retirement."
>
> "I travel all the time, whether on my motorcycle or by air. I have my own home business and I love life today."
>
> "I returned to university and graduated at the top of my class; upon graduation I obtained a high-earning, stable job. I recently remarried. I have travelled extensively, including a lengthy trip to China."
>
> "[I] travelled overseas multiple times, maintained 17 years with same employer, bought a condo low, sold high. Moved back to [my] hometown and bought a house."
>
> "I graduated from law school, started my own successful law practice, and married my high school sweetheart, who is also in recovery. I have rebuilt my relationships with my children and I have a few good friends. I am a homeowner and I have RRSPs."
>
> "I just got pre-approval for a $350,000 mortgage. Before, I couldn't even pay a phone bill."
>
> "Finances have been stabilized, [and I] bought a house, [and] have a dependable car."
>
> "Since coming into recovery I have amassed enough money to travel and volunteer around the world. I now dedicate my time to serving others in need."

> "I have completed a master's degree, have many meaningful jobs, am able to help others in a similar position, was accepted into a PhD program, met amazing, wonderful people, [and] bought my own house."

Despite the positive reports above, a number of respondents emphasized that initiating and successfully sustaining recovery does not mean that positive experiences will not, at least sometimes, be interspersed with experiences that are challenging or stressful:

> "I moved to another city with my partner. I have not managed to find part-time work, I have no close friends or colleagues here, I have been lonely, [and] I have little personal income, which means that I am virtually financially dependent on my partner. I got married. If I were still drinking, I would probably be drinking a lot. I have been depressed a lot, which has to do with my living circumstances (no friends, no job)."

> "Marriage, divorce, grad school, meeting my current partner, faculty job, the death of my best friend from cancer, deaths of family members, deaths of clients by suicide, the birth of my daughter, running a marathon, leaving my academic career to pursue private practice and have more time with my family … 22 years of life has happened."

> "I still suffer from severe depression [and] have had some rocky [times], but I have the tools to work through anything as long as I stay clean. Over all, I have been happier with my life in the last 20 years than I was the 20 before. My [worst] day in recovery has been better [than] my best day using."

> "Many painful things: deaths in family, domestic violence against me by a partner I caught cheating on me, difficulties financially. Many joyous things: getting married, being there for people who matter in my life."

> "People in AA really hurt me and wronged me. As a result I don't go there anymore."

Some respondents reported that sustaining recovery has meant increased capacity to confront adversity without reliance on addictive substances:

> "I am able to live freely both mentally and physically. I am in charge today of my life and choices. I can think of only positives, quite honestly. I did lose both my parents while in recovery and never once felt the need to drink. [This is] nothing short of a miracle to me."

> "My son was hospitalized for a suicide attempt three months into my sobriety. I stayed sober."

> "It's been a long climb and I thought when my mom died I would 'fall off the wagon,' but I didn't."

> "[I experienced] getting married, witnessing the birth of my child, and then getting divorced — doing all these things, clean and sober."

> "[Within] a span of two months, at eight years clean, I discovered my [significant other] was having an affair, my grandfather was diagnosed with cancer and quickly passed away, and my cousin committed suicide. And I had also started my [business] three months prior to this. I never used any drugs or alcohol."

Final Comments from Respondents

In a final survey question, respondents were asked for any additional comments about the impact of addiction or recovery on their life. The majority of individuals who answered this question took the opportunity either to describe the negative experiences of addiction or to highlight the positive changes that being in recovery has brought to their lives, with many expressing that recovery has saved their life or is the reason they are alive today, or that recovery has transformed their life, led to improved quality of life, or given them a life worth living. Many expressed feelings of gratitude for the changes they have experienced. Finally, several respondents expressed gratitude for the opportunity to complete the survey.

Discussion

The current study, for the first time in Canada, provides a comprehensive understanding of what life looks like in recovery. The Life in Recovery Survey in Canada provides a wealth of information about the different journeys and experiences of individuals living in recovery. The Canadian survey, which comprised 855 individuals in recovery from addiction, was informed by previous LIR surveys conducted in the U.S. (*n*=3,208), Australia (*n*=573) and U.K. (*n*=802). This was, however, the first survey to examine barriers to initiating and sustaining recovery with the intent that this information could help identify issues related to treatment. Moreover, the Canadian LIR survey also examined perceptions of stigma and discrimination to initiating and during recovery to assess the extent to which these issues were perceived, which could potentially impact individuals' recovery journey. The LIR survey highlights individuals' personal journeys and stories of addiction and recovery. The key findings from the LIR survey include:

- Canadians in recovery who were surveyed reported an early age of first substance use (median age of 13 years) and addiction (median age of 18 years), which did not differ according to gender.
- Individuals surveyed reported many negative effects during addiction on their health, finances, family and social life, and work and study, as well as many more legal issues.
- Alcohol, reported by 93.3% of participants, was the most common substance used during active addiction. Moreover, alcohol was also the most common drug of choice during active addiction used by 50.5% of respondents.
- The majority of respondents in recovery report having a positive quality of life, with 90.7% rating their quality of life as either excellent, very good or good.
- Respondents' definition of recovery included abstinence, improved health, social connections and functioning, as well as enhanced quality of life.
- More than half of survey respondents (51.2%) achieved stable recovery without experiencing a single relapse.
- Respondents used a variety of pathways to initiate and sustain recovery, with many choosing a combination of family, professional and mutual support resources.
- The factors respondents considered most important in initiating recovery were 1) quality of life (69.1%); 2) mental or emotional health (68.0%); 3) marital, family or other relationships (64.9%); and 4) physical health (45.5%).

- The most common recovery resources or programs used were 12-step mutual support groups (91.8%) and specialized addiction treatment programs (ranging from 60.6% of participants for residential treatment to 5% for First Nations addiction treatment programs).
- 82.5% of respondents reported barriers to **initiating** recovery, with the most common barriers including: 1) not being ready or not believing the problem was serious enough; 2) being worried about others' perceptions of people in recovery; 3) not knowing where to go for help; 4) lack of supportive social networks; and 5) long delays for treatment.
- 47.1% of respondents identified system-related barriers to accessing treatment, including long delays for treatment, a lack of professional help for mental health or emotional problems, cost of recovery services, a lack of programs or supports in their community, the quality of services in their community, and the lack or programs or supports that met their cultural needs or were in their preferred language.
- While the majority of participants reported barriers to **initiating** recovery, 54.2% did not report experiencing barriers to **sustaining** recovery.
- Perceived stigma or discrimination was reported by 48.7% of respondents during active addiction, compared with 33.2% who reported these experiences during recovery.
- Compared with life during active addiction, when describing recovery respondents were more likely to report having stable housing (95.9% versus 65.4%), participating in family activities (90.3% versus 31%), remaining steadily employed (79.1% versus 52.6%), paying bills (93.5% versus 42.2%) and taxes on time (77.4% versus 43.4%), regularly volunteering for community service activities (66.8% versus 14.4%), and planning for the future (88.8% versus 22.3%).
- The positive outcomes of recovery reported in the Life in Recovery Survey from Addiction in Canada are similar to those found in surveys of individuals in recovery that have been conducted in the U.S., the U.K. and Australia.

The Canadian LIR survey provides a wealth of information about the experiences of individuals in recovery in Canada. Almost half of respondents during active addiction and approximately one-third of respondents during recovery perceived sigma or discrimination. For example, one participant stated, "people assume that once an addict, always an addict." The current data reveal that recovery is achievable and that individuals in recovery can lead meaningful lives. Such findings might help to address stigma by providing a greater understanding of the lives of individuals struggling with addiction and on their recovery journey.

The current findings support the view that recovery is an individual journey that includes many different pathways as participants used on average six of 17 different recovery programs as well as a number of informal supports during their recovery journey. The survey findings also highlight new resources, such as the use of technology (e.g., apps and online websites), that a number of respondents reported using to help initiate or maintain recovery. Moreover, 47.1% of participants reported barriers to initiating recovery that were specific to accessing treatment, such as long delays, a lack of programs or supports in their community, and the cost of recovery services. This information can be used to inform healthcare providers and decision makers as to the resources and supports involved in facilitating recovery and the system-related barriers that stand in the way.

In general, the Canadian survey reveals similar trends to those documented in the previous LIR reports, which reveal more positive life events and fewer negative events experienced during recovery compared with during active addiction. For example, in Canada, 41% of participants reported

committing or experiencing family violence during active addiction, whereas only 5% reported this event during recovery. Similarly, in the U.S., Australia and U.K. surveys, rates of family violence during active addiction ranged from 39–51%, but family violence was only reported by 7–9% during recovery. In Canada, 42% of respondents reported legal issues, such as getting arrested during active addiction, while only 2% of respondents reported such issues during recovery. Similarly, in the U.S., Australia and U.K., 53–58% of participants reported getting arrested during active addiction, while only 3–5%, reported this outcome during recovery.

Trends similar to these were also apparent when examining health, work and study, and finances. Across all four studies the percentage of emergency department visits ranged from 22–39% during active addiction, but were only reported by 1–7% of respondents during recovery. Furthering education or training was reported by 32–36% of respondents across all the studies during active addiction, but was reported by 65–80% during recovery. Finally, 45–55% of respondents across each study reported paying taxes during active addiction, while 70–80% reported doing so during recovery. While there are many legal, political, socio-cultural and health care differences between the four countries, these findings appear to be robust trends across the four studies that highlight the positive outcomes experienced in recovery.

The findings from this study should be interpreted in light of its limitations. There was a geographical sampling bias, where some provinces such as British Columbia and Saskatchewan were overrepresented, while other provinces, such as Ontario and Quebec, were underrepresented. This is likely due to the method used for obtaining the sample. Furthermore, the survey was only offered online, which might have impacted participation. For example, the sample was largely Caucasian, highly educated and employed, and the possibility cannot be excluded that this was a result of the means through which the survey could be accessed. Finally, as with all self-report surveys, it is important to be cautious of reporting bias. It is possible that respondents might have been more likely to report positive outcomes in recovery and negative outcomes when answering questions about addiction.

The LIR survey results provide new evidence that address some previous gaps in knowledge about recovery experiences in Canada. Considering that recovery is a unique process that can vary due to a number of factors such as gender and ethnicity, future analyses working with the existing LIR data to examine recovery pathways according to gender and cultural diversity will be conducted in follow-up reports. Such work is important because it can help identify how pathways to recovery differ for these groups, thereby informing the need for gender and culturally appropriate recovery resources and programs. Analyses examining recovery outcomes according to geographical location will also be valuable to help determine if responses differ in this regard. If differences are extensive, it will be considered as to how to expand or increase representation of provinces that were underrepresented in the current study.

In sum, the LIR data reveal that long-term recovery is attainable and sustainable even when addiction is marked by high severity, complexity and chronicity. Moreover, many individuals in recovery report a good quality of life and lead meaningful lives contributing to their families and to society. These findings provide hope for individuals and families affected by addiction, and help inform professionals seeking to assist them, as well as policy makers considering the value of providing funding for treatment and recovery programs for this population. While celebrating the achievements made by those who are living in recovery in Canada thus far, targeted investments to address the system-level barriers could significantly improve the lives of individuals struggling with addiction and beginning their recovery journey.

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Appendix A: Members of the National Recovery Advisory Committee

- Rita Notarandrea, Canadian Centre on Substance Use and Addiction (Chair)
- Geri Bemister, Vancouver Island University (B.C.)
- Dr. Peter Butt, University of Saskatchewan (Sask.)
- Dr. Colleen Anne Dell, University of Saskatchewan (Sask.)
- Ann Dowsett Johnston, Author (Drink), FAVOR Canada (Ont.)
- Annie McCullough, FAVOR Canada (Ont.)
- Stacey Petersen, Fresh Start Recovery Centre (Alta.)
- Marshall Smith, Cedars at Cobble Hill (B.C.)
- Rand Teed, Drug Class (Sask.)
- Dr. Ray Baker, MD, University of British Columbia Faculty of Medicine (B.C.)
- Dr. Michael O'Malley, Addiction Medicine Specialist (B.C.)

Appendix B: Members of the Recovery Expert Advisory Group

- Dr. Amy Porath Waller, Director, Research and Policy, CCSA (Chair)
- Dr. Ray Baker, Health Quest Occupational Health Group
- Neal Berger, Cedars at Cobble Hill
- Geri Bemister, Vancouver Island University
- Ann Dowsett Johnston, Author (Drink), FAVOR Canada
- Dr. Paul Maxim, Wilfrid Laurier University
- Dr. Colleen Anne Dell, University of Saskatchewan

Appendix C: Survey of Life in Recovery from Addiction in Canada

Welcome to the Survey of Life in Recovery in Canada.

Who is conducting this survey?

The survey is being conducted on behalf of the Canadian Centre on Substance Use and Addiction (CCSA) and the National Recovery Advisory Committee (NRAC) by PRA Inc., an independent research firm. You can find out more about CCSA and the NRAC by clicking on the button below.

Who are CCSA and the NRAC?

[See endnote 1 for content]

What is the purpose of the survey?

The purpose of the Survey of Life in Recovery in Canada is to gather information on the life experiences of individuals in recovery from addiction to alcohol and other drugs in Canada, including information on the personal journeys and the different pathways to recovery that exist for Canadians.

The survey findings will be used to educate health service providers, decision makers and the public about the experiences of individuals in recovery. The intent is to increase understanding and to help address stigma associated with addiction and recovery.

Who can participate?

The survey is open to individuals aged 18 and over who reside in Canada and who previously had an addiction involving alcohol or other drugs that is no longer active. Throughout this survey, we will refer to this concept as being "in recovery."

How long will it take to complete the survey?

Depending on your answers and the amount of time you choose to spend, the survey takes approximately 30-40 minutes to complete.

What will happen to the information I provide?

This project has been reviewed and approved by IRB Services, a research ethics board.

The survey will be housed on a secure server located in Canada. Your individual responses are confidential and completely anonymous. The data collected by the survey will be reported as group results only, and individual information will not be identifiable in any reports that are produced. The anonymous group data may be shared with researchers who have conducted similar surveys in other countries in order to compare experiences of those in recovery across different countries.

The results of this study will be presented in reports and publications available from CCSA. You may email recovery@ccsa.ca if you would like information about the survey results.

What if I am not comfortable answering a survey question?

At any time in the survey, if there are any questions you do not feel comfortable answering, please click the **Next** button to continue to the next question. You are also free to withdraw from the survey at any time.

If at any point during the survey you would like to speak to an addiction treatment professional, click on the button below to access a list of help lines you can contact for assistance. This button will appear on every page of the survey.

Addiction Help Lines

[See endnote 2 for content]

Who can I contact about the survey?

If you experience technical difficulties with the survey, please contact recoverysurvey@pra.ca.

If you have any concerns about the survey or how it is being conducted, please email recovery@ccsa.ca.

If you have any questions about your rights as a research participant, you can contact IRB Services at subjectinquiries@irbservices.com or 866-449-8591 (toll-free).

If you would be interested in participating in future research related to recovery, please email recovery@ccsa.ca.

How do I participate?

If you understand the information above and would like to complete the survey, please indicate your consent to participate by clicking the button below.

The survey will close on Wednesday, June 1, 2016.

I consent to participate in the survey

We are grateful that you are interested in sharing your experiences with us. To begin, please answer the questions below to ensure that you are eligible to complete the survey.

1. What is your current age? Age in years: _____

2. Do you live in Canada?

O_1 Yes
O_0 No

3. Are you in recovery from addiction to alcohol or other drugs? For the purpose of this survey, being "in recovery" means that in the past you had an addiction to alcohol or other drugs, but now that addiction is no longer active.

O_1 Yes
O_0 No

[IF Q1 = UNDER 18 OR Q2 = 0 OR Q3 = 0] Thank you for your interest in completing this survey. Unfortunately, the survey is intended for individuals 18 and over who reside in Canada and who consider themselves to be in recovery from addiction to alcohol or other drugs. (END)]

[IF Q1 = 18 OR OVER, AND Q2 = 1 AND Q3 = 1] Thank you for your responses. You have met the eligibility requirements. Please click "Next" to continue with the survey.

To navigate through the survey, please make sure to use the "Back" and "Next" buttons on the survey page. Do not use your browser's "Back" and "Forward" options.

A. BACKGROUND INFORMATION

The first few questions gather some background information.

4. In what country were you born?

O_1 In Canada
O_2 Outside of Canada (please specify): _____

5. [IF Q4= 2] In what year did you move to Canada?

Year: _____

6. In which province or territory do you live?

- O_{01} British Columbia
- O_{02} Alberta
- O_{03} Saskatchewan
- O_{04} Manitoba
- O_{05} Ontario
- O_{06} Quebec
- O_{07} New Brunswick
- O_{08} Nova Scotia
- O_{09} Prince Edward Island
- O_{10} Newfoundland and Labrador
- O_{11} Yukon
- O_{12} Northwest Territories
- O_{13} Nunavut

7. In which of the following settings do you live? *Please check one response only.*

- O_{01} An urban or suburban setting (in a city or town)
- O_{02} A rural setting (within a short drive of a city or town)
- O_{03} A remote or isolated setting (a great distance away from the nearest city or town)
- O_{04} An institutional setting (such as a long-term care facility or a correctional facility)

8. [IF Q7 = 4] You indicated that you live in an institutional setting. Which of the following best describes the type of institutional setting in which you live?

- O_{01} Long-term care facility
- O_{02} Treatment facility or recovery house
- O_{03} Correctional facility
- O_{66} Other (please specify): _____

9. What is your ethnic background? _____

10. Do you identify as First Nations, Métis, or Inuk (Inuit)?

- O_{01} Yes, First Nations
- O_{02} Yes, Métis
- O_{03} Yes, Inuk (Inuit)
- O_{00} No

11. What is your current marital status?

O01	Single – never married
O02	In a common law relationship
O03	Legally married (and not separated)
O04	Separated, but still legally married
O05	Divorced
O06	Widowed

12. What is the highest level of education that you have completed?

O01	Less than high school
O02	High school diploma
O03	General Educational Development (GED) or Adult Basic Education (ABED)
O04	Some college or technical school (no certificate or diploma)
O05	College or technical school graduate
O06	Undergraduate university degree
O07	Professional degree (e.g., law, medicine)
O08	Graduate degree (Master's, PhD)
O66	Other (please specify): _____

13. Which of the following represents your current situation? Please check all that apply.

O01	Employed full time
O02	Employed part time
O03	Seasonal employment
O04	Self-employed
O05	Unemployed
O06	On social assistance
O07	On medical leave
O08	On maternity leave
O09	On long-term disability leave
O10	Student
O11	Homemaker
O12	Retired
O13	Incarcerated (in jail or prison)
O66	Other (please specify): _____

14. [IF Q13 = 1, 2, OR 4] Thinking about your employment, about how many hours do you work per week, on average?

Number of hours: _____

15. Do you have any children?

O_1	Yes
O_0	No

16. [IF Q15 = 1] How many children do you have?

Number of children: _____

17. Please indicate your gender.

O_{01}	Male
O_{02}	Female
O_{66}	Other (please specify): _____

B. Health and Quality of Life

This section of the survey asks questions about your physical and mental health and your quality of life.

18. How would you rate your **overall quality of life** (ability to enjoy life, get along with family members, satisfaction with living conditions)?

O_{05}	Excellent
O_{04}	Very good
O_{03}	Good
O_{02}	Fair
O_{01}	Poor

19. In general, how would you rate your **physical health** (physical fitness, freedom from physical symptoms of illness)?

O_{05}	Excellent
O_{04}	Very good
O_{03}	Good
O_{02}	Fair
O_{01}	Poor

20. Have you ever received a professional diagnosis for any of the following medical conditions? *Please check all that apply. If you have not received a professional diagnosis for any of the conditions, please check "none of the above."*

O01 Cancer
- Breast cancer
- Esophagus, voice box/throat, stomach cancer
- Lung cancer

O02 Cardiovascular (heart) disease
- Stroke
- High blood pressure
- Enlarged heart
- Peripheral artery disease (narrowing of the peripheral arteries)
- High cholesterol, high triglycerides

O03 Diabetes

O04 Chronic respiratory diseases
- Chronic rhinitis, sinusitis
- COPD, bronchitis, emphysema
- Sleep apnea

O05 Gastrointestinal diseases
- Liver disease, hepatitis, fatty liver, cirrhosis, elevated liver enzymes
- Esophageal reflux

O06 Musculoskeletal diseases
- Arthritis
- Osteoporosis
- Gout

O07 Neurological conditions
- Seizures
- Brain degeneration (ataxia, incoordination)
- Peripheral neuropathy
- Sleep disorder
- Sexual dysfunction

O08 Infectious diseases
- HIV
- Hepatitis B, C

O00 None of the above

21. In general, how would you rate your **mental health** (psychological and emotional well-being)?

- O_{05} Excellent
- O_{04} Very good
- O_{03} Good
- O_{02} Fair
- O_{01} Poor

22. Have you ever received a professional diagnosis for any of the following issues? *Please check all that apply. If you have not received a professional diagnosis for any of the issues, please check "none of the above."*

- O_{01} Addiction, substance use disorder or substance dependence
- O_{02} Substance abuse
- O_{03} Chronic pain disorder
- O_{04} Mood disorder (depression or bipolar disorder)
- O_{05} Anxiety or panic disorder
- O_{06} Eating disorder (anorexia, bulimia, compulsive overeating) or compulsive exercise
- O_{07} Compulsive shopping, spending or hoarding
- O_{08} Problem gambling
- O_{09} High risk sexual activity
- O_{10} PTSD (post-traumatic stress disorder), emotional trauma or occupational stress injury
- O_{11} Attention deficit disorder or attention deficit hyperactivity disorder
- O_{12} Psychotic episode or disorder
- O_{13} Personality disorder
- O_{14} Suicidal ideation
- O_{15} Schizophrenia
- O_{00} None of the above

C. Substance Use

This section of the survey asks questions about your use of substances.

23. How old were you when you first used alcohol or other drugs?

Age: _____

24. What was the first drug you used? *Please check one response only.*

O01	Alcohol
O02	Tobacco
O03	Marijuana
O66	Other (please specify): _____
O88	Don't know

25. Thinking about your use of alcohol or other drugs, did you experience any of the following together for a continued period (i.e. for at least one month straight or on-and-off over 12 months)?

You may have experienced one or more of the following. Please check all that apply.

O01	You had a strong desire or sense of compulsion to take alcohol or other drugs
O02	You often used alcohol or other drugs in larger amounts or over a longer period than intended, or you had a persistent desire to cut down or control your use
O03	You experienced symptoms of withdrawal when you cut down or quit using
O04	You needed to use more to get the same desired effect, or you experienced less effect with continued use of the same amount
O05	Your use caused you to reduce or give up important alternative pleasures or interests, or you spent a great deal of time on activities necessary to obtain, take or recover from the effects of alcohol or other drugs
O06	You continued to use alcohol or other drugs even though you were aware it was causing harmful consequences
O88	Don't know

Based on the *ICD-10 classification of mental and behavioural disorders: Diagnostic criteria for research*, copyright 1992, page [70]. Accessed on January 28, 2016, from www.who.int/classifications/icd/en/GRNBOOK.pdf.

26. How old were you when you became addicted to alcohol or other drugs?

Age: _____

27. Below is a list of alcohol and other drugs. *Please indicate which ones you used **when you were in active addiction**, and which ones, if any, you **currently** use. If you are not currently using any of the drugs on this list, please check "not currently using."*

	Used when in active addiction	**Currently using**
Tobacco/nicotine	O01	O01
Alcohol	O02	O02
Heroin and other street opioids (e.g., non-prescription oxycodone or fentanyl)	O03	O03
Prescription opioids (e.g., codeine, methadone, oxycodone, morphine, fentanyl, hydromorphone, tramadol, buprenorphine)	O04	O04
Cocaine powder or crack	O05	O05
Prescription stimulants (e.g., methylphenidate (Ritalin©, Concerta©), dexamphetamine (Dexedrine©), mixed amphetamine salts (Adderall©), lisdexamfetamine (Vyvanse©))	O06	O06
Methamphetamine (ice, crystal meth, tina) or other amphetamines (speed)	O07	O07
Sedatives or sleeping pills (e.g., zopiclone or benzodiazepines such as Xanax©, Valium©, Serapax©, clonazepam)	O08	O08
Inhalants, glue, solvents	O09	O09
Cannabis (marijuana, hash)	O10	O10
Synthetic cannabinoids (e.g., K2, Spice)	O11	O11
Ecstasy (MDA, MDMA)	O12	O12
Hallucinogens (e.g., LSD, acid, mushrooms, PCP, Special K, GHB)	O13	O13
Other (please specify):_____	O66	O66
Not currently using		O00

28. What was your **drug of choice** when you were in active addiction? *Please check one response only.*

O_{01}	Alcohol
O_{02}	Heroin and other street opioids (e.g., non-prescription oxycodone or fentanyl)
O_{03}	Prescription opioids (e.g., codeine, methadone, oxycodone, morphine, fentanyl, hydromorphone, tramadol, buprenorphine)
O_{04}	Cocaine powder or crack
O_{05}	Prescription stimulants (e.g., methylphenidate (Ritalin©, Concerta©), dexamphetamine (Dexedrine©), mixed amphetamine salts (Adderall©), lisdexamfetamine (Vyvanse©))
O_{06}	Methamphetamine (ice, crystal meth, tina) or other amphetamines (speed)
O_{07}	Sedatives or sleeping pills (e.g., zopiclone or benzodiazepines such as Xanax©, Valium©, Serapax©, clonazepam)
O_{08}	Inhalants, glue, solvents
O_{09}	Cannabis (marijuana, hash)
O_{10}	Synthetic cannabinoids (e.g., K2, Spice)
O_{11}	Ecstasy (MDA, MDMA)
O_{12}	Hallucinogens (e.g., LSD, acid, mushrooms, PCP, Special K, GHB)
O_{66}	Other (please specify):_____

29. [IF Q28 = response to Q27b] You indicated that you are currently using your drug of choice. Which of the following best represents how you use that drug?

O_{01}	I use my drug of choice less frequently than when I was in active addiction
O_{02}	I use my drug of choice in smaller amounts than when I was in active addiction
O_{66}	Other (please specify): _____

30. How long has it been since the last time you used your **drug of choice**? *Please indicate the length of time in days, months **or** years.*

Number of days: _____

Number of months: _____

Number of years: _____

31. Are you currently using prescription drug(s) prescribed by a doctor to treat a health issue? *Please check all that apply, or check "none of the above."*

- O01 Prescription drug(s) to treat my addiction (medication-assisted treatment)
- O02 Prescription drug(s) to treat a physical health issue
- O03 Prescription drug(s) to treat a mental health issue
- O00 None of the above

D. Recovery

This section of the survey is about recovery.

32. How do you define recovery?

_____
_____
_____
_____
_____
_____
_____

33. Although there is no standard definition of recovery from addiction, many definitions include changes in lifestyle and behaviours to address the biological, psychological, social and spiritual troubles because of addiction. In addition to abstinence or stopping uncontrolled substance use, recovery implies improved health, function and quality of life. Does this reflect your understanding of recovery?

- O1 Yes
- O0 No

34. What made you start your recovery? *Please check all that apply.*

- O01 Marital, family or other relationship reasons
- O02 Financial reasons
- O03 Employment reasons
- O04 Legal reasons
- O05 Physical health reasons
- O06 Mental health or emotional reasons
- O07 Religious or spiritual reasons
- O08 Cultural reasons
- O09 Quality of life reasons
- O66 Other (please specify): _____

35. Please tell us more about the factors that made you start your recovery.

_____
_____
_____
_____
_____
_____
_____

36. What is keeping you in recovery? *Please check all that apply.*

O01 Marital, family or other relationship reasons
O02 Financial reasons
O03 Employment reasons
O04 Legal reasons
O05 Physical health reasons
O06 Mental health or emotional reasons
O07 Religious or spiritual reasons
O08 Cultural reasons
O09 Quality of life reasons
O66 Other (please specify): _____

37. Please tell us more about the factors that are keeping you in recovery.

_____
_____
_____
_____
_____
_____
_____

38. Did you experience any of the following barriers to **starting** recovery? *If you did not experience any barriers, please check "did not experience any barriers to starting recovery."*

- O01 Not knowing where to go for help
- O02 Lack of programs or supports in your community
- O03 Quality of services available in your community
- O04 Long delays for treatment
- O05 Lack of programs or supports that met your cultural needs
- O06 Lack of programs or supports in your preferred language
- O07 Receiving the wrong diagnosis
- O08 Receiving an incomplete diagnosis
- O09 Not receiving the right treatment for your addiction
- O10 Lack of professional help for mental health or emotional problems
- O11 Not being ready, not believing you had a problem or not believing the problem was serious enough
- O12 Being worried about what people would think of you
- O13 Lack of supportive social networks (e.g., most people around you were using alcohol or other drugs)
- O14 Not having stable or adequate housing
- O15 Cost of recovery services
- O66 Other (please specify): _____
- O00 Did not experience any barriers to starting recovery

39. Have you ever experienced any of the following barriers to **staying in** recovery? *If you did not experience any barriers, please check "did not experience any barriers to staying in recovery".*

- O01 Lack of programs or supports for maintaining recovery
- O02 Lack of supportive social networks (e.g., most people around you were using alcohol or other drugs)
- O03 Problems getting or maintaining stable or adequate housing
- O04 Problems getting or maintaining employment
- O05 Being prescribed an addictive medication
- O06 Lack of professional help for mental health or emotional problems
- O07 Being worried about what people would think of you
- O08 Cost of recovery services
- O66 Other (please specify): _____
- O00 Did not experience any barriers to staying in recovery

40. Have you ever relapsed back into active addiction after starting recovery?

O_1 Yes
O_0 No

41. [IF Q0 = 1] About how many times did you relapse?

Number of times: _____

E. Recovery Resources, Programs and Supports

This section of the survey asks about the resources, programs, and supports you have used in your recovery.

42. How important have each of the following **resources and programs** been to your recovery?

If you have not used a particular resource, please indicate that. If you have used other resources or programs, please list them under "other" and indicate how important they have been to your recovery.

	Very important	Somewhat important	Not important	Have not used
a. 12-step mutual support group (e.g., Alcoholics Anonymous, Narcotics Anonymous, Crystal Meth Anonymous, etc.)	O_{03}	O_{02}	O_{01}	O_0
b. Non-12-step mutual support group (e.g., SMART Recovery©, LifeRing©)	O_{03}	O_{02}	O_{01}	O_0
c. Professional employment group recovery support program (e.g., Health professional support (Caduceus Group), aviators (Birds of a Feather), lawyers support program (LAP))	O_{03}	O_{02}	O_{01}	O_0
d. Employee assistance program for addictions	O_{03}	O_{02}	O_{01}	O_0
e. Group or individual counselling by a psychologist or psychiatrist not specializing in addiction	O_{03}	O_{02}	O_{01}	O_0
f. Group or individual counselling by an addictions professional, such as an addiction medicine physician	O_{03}	O_{02}	O_{01}	O_0
g. Program specific to dual diagnosis (e.g., addiction and mental health problems, addiction and pain problems)	O_{03}	O_{02}	O_{01}	O_0
h. Medication-assisted addiction treatment	O_{03}	O_{02}	O_{01}	O_0

		Very important	Somewhat important	Not important	Have not used
i.	Acupuncture specifically for addiction or detox	O03	O02	O01	O0
j.	Aversion therapy for use of alcohol or other drugs	O03	O02	O01	O0
k.	Outpatient addictions treatment program	O03	O02	O01	O0
l.	Residential addictions treatment program	O03	O02	O01	O0
m.	Outpatient detox program	O03	O02	O01	O0
n.	Inpatient detox program	O03	O02	O01	O0
o.	First Nations addiction treatment program	O03	O02	O01	O0
p.	Therapeutic Community	O03	O02	O01	O0
q.	Support Recovery House	O03	O02	O01	O0
r.	Other (please specify):_____	O03	O02	O01	
s.	Other (please specify): _____	O03	O02	O01	
t.	Other (please specify): _____	O03	O02	O01	

43. [IF Q42h = 1, 2, or 3] You indicated that you have used medication-assisted treatment. Please indicate which drugs you have used in medication-assisted treatment, and the total length of time you have used each drug, in days **or** months. *Please include all treatment episodes in the total.*

			Total duration of use	
	Have used		**Number of days**	**Number of months**
Buprenorphine/Suboxone©	O01		_____	_____
Methadone	O02		_____	_____
Naltrexone	O03		_____	_____
Disulfiram	O04		_____	_____
Topiramate	O05		_____	_____
Acamprosate	O06		_____	_____
Other (please specify): _____	O66		_____	_____
Other (please specify): _____	O66		_____	_____

44. How important have each of the following **supports** been to your recovery?

If you have not used a particular support, please indicate that. If you have used other supports that are not on the list, please list them under "other" and indicate how important they have been to your recovery.

	Very important	Somewhat important	Not important	Have not used
Smartphone apps to support recovery	O03	O02	O01	O0
Social media to support recovery	O03	O02	O01	O0
Websites that support recovery	O03	O02	O01	O0
Regular exercise program	O03	O02	O01	O0
Recovery nutritional plan or diet	O03	O02	O01	O0
Meditation or mindfulness practice	O03	O02	O01	O0
Regular recovery reading practice	O03	O02	O01	O0
Yoga for recovery	O03	O02	O01	O0
Art, poetry, writing as part of recovery	O03	O02	O01	O0
Religion or spirituality	O03	O02	O01	O0
Cultural values and traditions	O03	O02	O01	O0
Relationship to land or natural environment	O03	O02	O01	O0
Relationship with animals or pets	O03	O02	O01	O0
Family relationships	O03	O02	O01	O0
Relationships with friends	O03	O02	O01	O0
Other (please specify): _____	O03	O02	O01	
Other (please specify): _____	O03	O02	O01	
Other (please specify): _____	O03	O02	O01	

45. Which of the following resources and supports are you **currently using to maintain your recovery**? *If you are not currently using any resources or supports to maintain your recovery, please indicate that.*

- O_{01} 12-step mutual support group (e.g., Alcoholics Anonymous, Narcotics Anonymous, Crystal Meth Anonymous, etc.)
- O_{02} Non-12-step mutual support group (e.g., SMART© Recovery, LifeRing©)
- O_{03} Group or individual counselling by a psychologist or psychiatrist not specializing in addiction
- O_{04} Group or individual counselling by an addictions professional, such as an addiction medicine physician
- O_{05} Smartphone apps to support recovery
- O_{06} Social media to support recovery
- O_{07} Websites that support recovery
- O_{08} Regular exercise program
- O_{09} Recovery nutritional plan or diet
- O_{10} Meditation or mindfulness practice
- O_{11} Regular recovery reading practice
- O_{12} Yoga for recovery
- O_{13} Art, poetry, writing as part of recovery
- O_{14} Religion or spirituality
- O_{15} Cultural values and traditions
- O_{16} Relationship to land or natural environment
- O_{17} Relationship with animals or pets
- O_{18} Family relationships
- O_{19} Relationships with friends
- O_{66} Other (please specify): _____
- O_{00} Not currently using any resources or supports to maintain recovery

F. Experiences during Addiction

These questions ask about events or situations you experienced while you were in **active addiction**.

46. Thinking about your **family and social life** while you were experiencing **active addiction**, did you:

	Yes	No	Not applicable
Regularly participate in family activities	O01	O00	O77
Regularly volunteer in a community or civic group	O01	O00	O77
Plan for the future (e.g., save for retirement or to take a vacation)	O01	O00	O77
Lose custody of your children, other than through divorce	O01	O00	O77
Regain custody of your children from child protection or foster care	O01	O00	O77
Commit or experience family violence	O01	O00	O77

47. Thinking again about your family and social life while you were experiencing active addiction, please indicate your level of agreement with each of the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
Most of the people I spent time with used alcohol or other drugs	O05	O04	O03	O02	O01	O88
Most of the people I spent time with were in recovery	O05	O04	O03	O02	O01	O88
I was a member of lots of different social groups	O05	O04	O03	O02	O01	O88
I had friends who were in lots of different social groups	O05	O04	O03	O02	O01	O88

48. Thinking about your **health** while you were experiencing **active addiction**, did you:

	Yes	No	Not applicable
Exercise regularly	O01	O00	O77
Have healthy eating habits and good nutrition	O01	O00	O77
Use tobacco products (e.g., cigarettes, cigars, snuff)	O01	O00	O77
Have a family doctor	O01	O00	O77
Visit a doctor when you had a health issue	O01	O00	O77
Get regular medical checkups	O01	O00	O77
Get regular dental checkups	O01	O00	O77
Frequently attend emergency departments	O01	O00	O77
Frequently use healthcare services other than emergency departments	O01	O00	O77
Experience untreated emotional or mental health problems	O01	O00	O77

49. Thinking about your **legal issues** while you were experiencing **active addiction**, did you:

	Yes	No	Not applicable
Maintain your driver's licence	O01	O00	O77
Lose your driver's licence or have it suspended	O01	O00	O77
Get your driver's licence back	O01	O00	O77
Drive under the influence of alcohol or drugs	O01	O00	O77
Damage property, your own or someone else's	O01	O00	O77
Get arrested	O01	O00	O77
Have criminal charges laid against you	O01	O00	O77
Complete a term of probation	O01	O00	O77
Complete a term of conditional release, such as parole	O01	O00	O77
Serve jail or prison time	O01	O00	O77

50. Thinking about your **work or study** while you were experiencing **active addiction**, did you:

	Yes	No	Not applicable
Remain steadily employed	O_{01}	O_{00}	O_{77}
Get good job or performance evaluations	O_{01}	O_{00}	O_{77}
Frequently miss school or work	O_{01}	O_{00}	O_{77}
Further your education or training	O_{01}	O_{00}	O_{77}
Get fired or suspended at work	O_{01}	O_{00}	O_{77}
Lose your professional or occupational licence	O_{01}	O_{00}	O_{77}
Start your own business	O_{01}	O_{00}	O_{77}
Drop out of school or university	O_{01}	O_{00}	O_{77}

51. Thinking about your **finances** while you were experiencing **active addiction**, did you or were you:

	Yes	No	Not applicable
Frequently unable to pay your bills	O_{01}	O_{00}	O_{77}
Have bad debts or bad credit	O_{01}	O_{00}	O_{77}
Have credit restored	O_{01}	O_{00}	O_{77}
Maintain a bank account	O_{01}	O_{00}	O_{77}
Owe back taxes	O_{01}	O_{00}	O_{77}
Pay back personal debts	O_{01}	O_{00}	O_{77}
Usually pay bills on time	O_{01}	O_{00}	O_{77}
Pay back taxes	O_{01}	O_{00}	O_{77}
Pay taxes on time	O_{01}	O_{00}	O_{77}
Have stable housing	O_{01}	O_{00}	O_{77}

52. Did you experience stigma or discrimination **as a result of your active addiction**?

O_1 Yes
O_0 No

53. [IF Q52 = 1] Please describe your experience.

54. Please describe any other significant event, good or bad, that happened to you while you were in active addiction.

_____
_____
_____
_____
_____
_____
_____

G. Experiences in Recovery

These questions ask about events or situations you experienced **since coming into recovery**.

55. Thinking about your **family and social life** since you came into **recovery**, do you or have you:

	Yes	No	Not applicable
Regularly participate in family activities	O01	O00	O77
Regularly volunteer in a community or civic group	O01	O00	O77
Plan for the future (e.g., save for retirement or to take a vacation)	O01	O00	O77
Lost custody of your children, other than through divorce	O01	O00	O77
Regained custody of your children from child protection or foster care	O01	O00	O77
Commit or experience family violence	O01	O00	O77

56. Thinking again about your family and social life since you came into recovery, please indicate your level of agreement with each of the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
Most of the people I spend time with use alcohol or other drugs	O05	O04	O03	O02	O01	O88
Most of the people I spend time with are in recovery	O05	O04	O03	O02	O01	O88
I am a member of lots of different social groups	O05	O04	O03	O02	O01	O88
I have friends who are in lots of different social groups	O05	O04	O03	O02	O01	O88

57. Thinking about your **health** since you came into **recovery**, do you:

	Yes	No	Not applicable
Exercise regularly	O01	O00	O77
Have healthy eating habits and good nutrition	O01	O00	O77
Use tobacco products (e.g., cigarettes, cigars, snuff)	O01	O00	O77
Have a family doctor	O01	O00	O77
Visit a doctor when you have a health issue	O01	O00	O77
Get regular medical checkups	O01	O00	O77
Get regular dental checkups	O01	O00	O77
Frequently attend emergency departments	O01	O00	O77
Frequently use health care services other than emergency departments	O01	O00	O77
Experience untreated emotional or mental health problems	O01	O00	O77

58. Thinking about your **legal issues** since you came into **recovery**, have you:

	Yes	No	Not applicable
Maintained your driver's licence	O01	O00	O77
Lost your driver's licence or have it suspended	O01	O00	O77
Gotten your driver's licence back	O01	O00	O77
Driven under the influence of alcohol or drugs	O01	O00	O77
Damaged property, your own or someone else's	O01	O00	O77
Gotten arrested	O01	O00	O77
Had criminal charges laid against you	O01	O00	O77
Complete a term of probation	O01	O00	O77
Complete a term of conditional release, such as parole	O01	O00	O77
Served jail or prison time	O01	O00	O77

59. Thinking about your **work or study** since you came into **recovery**, do you or have you:

	Yes	No	Not applicable
Remained steadily employed	O01	O00	O77
Get good job or performance evaluations	O01	O00	O77
Frequently miss school or work	O01	O00	O77
Furthered your education or training	O01	O00	O77
Gotten fired or suspended at work	O01	O00	O77
Lost your professional or occupational licence	O01	O00	O77
Started your own business	O01	O00	O77
Dropped out of school or university	O01	O00	O77

60. Thinking about your **finances** since you came into **recovery**, have you:

	Yes	No	Not applicable
Frequently been unable to pay your bills	O_{01}	O_{00}	O_{77}
Had bad debts or bad credit	O_{01}	O_{00}	O_{77}
Had credit restored	O_{01}	O_{00}	O_{77}
Maintained a bank account	O_{01}	O_{00}	O_{77}
Owed back taxes	O_{01}	O_{00}	O_{77}
Paid back personal debts	O_{01}	O_{00}	O_{77}
Usually paid bills on time	O_{01}	O_{00}	O_{77}
Paid back taxes	O_{01}	O_{00}	O_{77}
Paid taxes on time	O_{01}	O_{00}	O_{77}
Had stable housing	O_{01}	O_{00}	O_{77}

61. Have you experienced stigma or discrimination **as a result of being in recovery**?

O_1 Yes
O_0 No

62. [IF Q61 = 1] Please describe your experience.

_____
_____
_____
_____
_____
_____
_____

63. Please describe any other significant event, good or bad, that has happened to you since you came into recovery.

_____
_____
_____
_____
_____
_____
_____

H. Conclusion

64. Please add any other comments you have about the impact of addiction or recovery to your life.

_____
_____
_____
_____
_____
_____
_____

Next

Thank you for taking the time to pretest the survey**.** In the space below, please describe any issues or problems you had while completing the survey. These could be technical issues with the online survey, questions you found unclear or confusing, or any other area where you had problems.

_____
_____
_____
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_____
_____
_____
_____

Within the next day or two, PRA might contact you to make sure that we understand your feedback. Please provide an email address or telephone number that PRA can use to contact you for this purpose. PRA will not use your contact information for any other reason.

Email address: _____

Telephone number: (_ _ _) _ _ _ - _ _ _ _

We want to remind you that the responses you provided to this pre-test will not be included with the overall survey results. We encourage you to take the time to complete the survey when it is officially launched in March 2016. You will receive an invitation containing the survey link at that time.

Next

Thank you for your participation!

Please make sure to submit your survey responses by clicking on the "Submit" button below.

You can further support this research by forwarding the survey link below to your professional and personal networks of Canadians in recovery.

If you would be interested in participating in future research related to recovery, please email recovery@ccsa.ca.

The survey you just completed gathered information on the life experiences of individuals in recovery from addiction to alcohol and other drugs in Canada, including information on the personal journeys and different pathways to recovery that exist for Canadians.

The survey findings will be used to educate health service providers, decision makers and the public about the experiences of Canadians in recovery. The intent is to increase understanding and help address stigma associated with addiction and recovery. The results of the survey will be presented in reports and publications available from CCSA.

We want to remind you that your individual responses to the survey are confidential and completely anonymous. The data collected by the survey will be reported as group results only, and individual information will not be identifiable in any reports that are produced. CCSA may share the anonymous, group data with researchers who have conducted similar surveys in other countries in order to compare experiences of those in recovery across different countries.

If you have any further questions about this study, if you would like to receive a copy of the final report from this study, please email recovery@ccsa.ca.

If you have any questions about your rights as a participant, please contact IRB Services at subjectinquiries@irbservices.com or 866-449-8591 (toll-free).

If you have any technical questions about the survey, you can contact PRA at recoverysurvey@pra.ca.

Acknowledgements

We would like to acknowledge the following organizations involved in conducting the previous Life in Recovery Surveys in the U.S., Australia and the U.K. for granting permission for us to use their survey questionnaires as a starting point in the development of the Life in Recovery Survey in Canada:

- Faces & Voices of Recovery (FAVOR) U.S.
- Turning Point, Australia
- South Pacific Private, Australia
- Helena Kennedy Centre at Sheffield Hallam University, U.K.

Submit

Endnotes

Content for Endnote 1:

The Canadian Centre on Substance Use and Addiction (CCSA) is Canada's only national agency dedicated to reducing the harms of alcohol and other drugs on society, mobilizing knowledge, informing policy and practice and improving services and supports. Created by an Act of Parliament in 1988, CCSA has provided national leadership and advanced research knowledge and concrete solutions to address alcohol- and other drug-related harms, for over 25 years. For more information about CCSA please visit www.ccsa.ca.

The NRAC is a committee that was established following the first-ever National Summit on Addiction Recovery hosted by CCSA on January 27 and 28, 2015. The purpose of the committee is to work collectively to promote awareness of recovery from the disease of addiction in Canada based on evidence from research and experience in the recovery movement.

Content for Endnote 2:

Addiction Help Lines

British Columbia (Alcohol and Drug Information and Referral Service)
1-800-663-1441
604-660-9382

Alberta (Addiction Helpline, Alberta Health Services)
1-866-332-2322
780-427-7164

Saskatchewan (Healthline)
811
1-877-800-0002
306-766-6600

Manitoba (Addictions Foundation of Manitoba)
Adult services: 1-855-662-6605
Youth services: 1-877-710-3999
204-944-6200

Ontario (Drug and Alcohol Helpline, ConnexOntario)
1-800-565-8603
519-439-0174

Quebec (Drugs: help and referral)
1-800-265-2626
514-527-2626

New Brunswick (Addiction Centres, Department of Health)
506-674-4300

Prince Edward Island (Addiction Services, Health PEI)
1-888-299-8399
902-368-4120

Newfoundland and Labrador (Addictions Services, Department of Health and Community Services)
1-888-737-4668
709-729-3658

Yukon (Alcohol and Drug Services, Health and Social Services)
1-800-661-0408, Ext. 5777
After hours: 1-800-661-0408 Ext. 8473
867-667-5777

Northwest Territories (Department of Health and Social Services)
1-800-661-0844
867-873-7037

Nova Scotia (Addiction Services, Department of Health and Wellness)
1-866-340-6700
902-424-8866

Nunavut (Kamatsiaqtut Help Line)
1-800-265-3333
867-979-3333

Appendix D: Incomplete Surveys

Of the 855 participants, there were 726 individuals who completed the entire survey and clicked the final "submit" button and 129 respondents who had responded to most of the survey questions but did not click "submit." All of the 129 individuals had completed at least up to question 61 (inclusive) and were thus missing at most the final three open-ended questions. These surveys were considered "complete" for the purpose of analysis. With these respondents added, there were 855 completed surveys in total. There were an additional 252 incomplete survey responses.

The 252 incomplete surveys were examined to determine if there were systematic differences between the demographic profiles of those who had completed the study and those who had not. These differences must be considered with the caveat that the study was distributed through an open link that allowed respondents to continue an incomplete survey at a later time. If they chose to do so, an email was automatically generated and sent to them, containing a link that allowed them to resume their previous survey. Due to ethical and privacy considerations, that information was not retained on the server. Thus, there is the possibility that respondents could have initiated and completed a second survey, resulting in some duplication of data. However, if this occurred, it would be expected to have been infrequent, thus having little impact on the pattern of results.

Those who completed the survey were older, on average (M=47.3 years), than those who did not (M=45.13 years, n=252), $X^2(7) = 18.3$, p = .01 Cramer's V = .01; however, pairwise follow-ups were non-significant (all p's > .05), suggesting that there were no specific differences within each age group examined. Respondents who completed the survey differed according to residential setting compared with those who did not complete the survey, (n=239), $X^2(4) = 13.7$, p = .008, Cramer's V = .1; however, pairwise follow-ups were non-significant (all p's > .05). There were small differences in marital status between those who completed the survey and those who did not (n=232), $X^2(6) = 13.4$, p = .04, Cramer's V = .1; however, once more, pairwise follow-ups were non-significant, (all p's >.12). Finally, those who did not complete the survey (n=232) were slightly less educated, $X^2(9) = 25.5$, p = .002, Cramer's V = .15. Specifically, these individuals were less likely to have completed an undergraduate degree, $X^2(1) = 4.2$, p = .04, Cramer's V = .1.

Overall, although there were a small number of statistically significant differences between those who completed and those who initiated but did not complete the survey, in general the effect sizes were quite small. Overall Cramer's V in these comparisons ranged between .11 and .15, which places them in the small or very small effects according to conventional guidelines (Acock & Stavig, 1979). Therefore, it is unlikely that the findings in the current study would be changed if those respondents were included.

In addition, analysis of the points in the survey at which participants dropped out revealed no specific question or group of questions to be particularly problematic. Of the 252 individuals who initiated the survey but did not complete it, the largest number (n=21) left the survey at question 24 (What was the first drug you used?), followed by question 31 (n=19) (Are you currently using prescription drugs prescribed by a doctor to treat a health issue?). Thirteen individuals left the survey at question 36 (What is keeping you in recovery?) while 13 left at question 34 (What made you start your recovery?). Ten or fewer dropped out of the survey at any other question.