



FIRST CLASS
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A comprehensive plan consists of four major components

- ✔ **Medical** – professional healthcare which may include medication, in order to address physical issues.
- ✔ **Psychosocial care** (counseling/therapy) – the process of learning new techniques to effectively deal with addiction-free life and prevention of relapse. Also, counseling can help to meet immediate goals.
- ✔ **Family and friends support** (and religion if applicable) – non-addiction-related support is a reminder of what life is all about and what is preserved by treating an addiction. This activity replaces time spent seeking drugs by the afflicted individual.
- ✔ **Peer support** – help, understanding and encouragement from people who have shared similar experiences.


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Addiction Survivors

The Meaning of Peer Support

What is it?
Expectations.

AddictionSurvivors.org

AddictionSurvivors.org is a not-for-profit organization (501c3 tax exempt status pending) dedicated to providing peer support communities for those with addiction disorders and their families and friends.

Addiction affects many aspects of a person's life.

Whether it is drug or alcohol related, the outcome of untreated addiction can be devastating, debilitating and even fatal. Often, the friends and family of people with addictions are affected negatively as well. That's why a recovery plan must be comprehensive and address the key aspects of addiction in order to ensure long-term addiction remission. Since everyone is different, no one plan can be right for everyone.¹ People will need to construct their own custom plan with the help of their personal recovery team (doctor, counselor, family, outside support system).



This brochure focuses on the peer support component. Peer support can be found in non-healthcare provider groups such as: Alcoholics Anonymous, SMART Recovery, Alanon, SOS and online chat/discussion communities. "Peer support is based on the belief that people who have faced, endured, and overcome adversity can offer useful support, encouragement, hope, and perhaps mentorship to others facing similar situations."²



Overview

It is important to understand that peer support is not a substitute for any of the other components of a treatment plan. It does not replace professional therapy, medical attention or the support from family and friends. In other words, the choice is not peer support or therapy or medication or family support. All

may be needed to work in concert with one another because each provides different, yet important, components to the recovery process.



Benefits

Peer support gives people the opportunity to discuss their concerns and the experiences with others who are also going through the recovery process or have been through it. These discussions can help create realistic expectations of this new phase of life. The camaraderie and support from peers can help a person stay engaged in treatment.

Processes

There are two main types of peer support that both offer unique benefits.

- Live meetings
- Online discussion groups

Live meetings – provide an intimate venue and a sense of belonging. Often with addiction disorders, isolation is problematic. By attending live meetings, people can make connections, feel part of a group and have peers who can be called on when uncomfortable, vulnerable, frightening or anxious times arise.

Online peer support – offers 24/7 access to peers and complete anonymity. A person can decide how much support s/he needs. Online peer support can more easily accommodate larger groups, than live meetings. That increases the opportunity to connect with someone who genuinely understands the patient's specific situation.



Results

Studies have shown that people who engage in online peer support for addiction disorders have better outcomes than those who don't.³ Researchers speculate that this stems from the ability to better regulate just how much support one receives and from whom. Individuals who are of no support or who may trigger cravings, hostilities and/or urges can be ignored in online support; whereas in live meetings, it is more difficult to do so.

Online support affords an easy and convenient way to fact check. If something posted as 'fact' is questionable, the validity can be researched immediately right there on the internet. It is also easy to include the source of the information for verification and/or links to other resources when responding. Peer advice should serve to inspire further investigation using credible, verifiable sources. Remember, it is never prudent to take any online advice over that of a physician or therapist.

The 24/7 access and total anonymity makes online support a useful component in an overall treatment plan. Learning why people succeeded or failed and what to expect from a doctor's appointment, medication or other treatment can help reduce stress and anxiety and bring added comfort and confidence to addiction treatment.

Conclusion

As with many things in life, moderation is the key. People who have a tendency toward addiction are at higher risk of becoming addicted to the support system itself. This means that those same uncontrollable compulsions they once had toward drugs and/or alcohol can be transferred to either live or online support meetings. Although safer physically than a chemical addiction, it can be just as devastating to the neglected family, friends, and job. A balanced approach to treatment is optimal – especially one that continually reinforces what is truly important in life.



To see what online peer support is all about, please visit us at AddictionSurvivors.org

1. National Institute on Drug Abuse. *Principles of Drug Addiction Treatment – A research-based guide.* (1999) NIH publication No. 99-4180

2. Larry Davidson, Matthew Chinman, David Sells and Michael Rowe. *Peer Support Among Adults with Serious Mental Illness: A report from the Field.* Schizophrenia Bulletin 2006 32(3):443-450; doi:10.1093/schbul/sbj043. February 3, 2006.

3. Ritu Agarwal, *With a Little Help from Strangers: Social Support and Smoking Cessation in Online Communities.* University of Maryland, February, 2006