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Exploring cultural dynamics of Black Asian Minority Ethnic (BAME) women in addiction recovery: a comparison of three women from different ethnic backgrounds

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ABSTRACT

Background: The existing recovery capital (RC) literature primarily focuses on white males. This study aims to fill this gap by exploring addiction recovery among three culturally diverse UK women, utilizing CHIME-D (Connectedness, Hope/Optimism, Identity, Meaning, Empowerment, and Difficulties) and RC frameworks. It seeks to compare their recovery paths, combining quantitative data with lived experiences, and barriers specific to women in recovery.

Methods: The article will deploy a case study design involving a mixed methods approach to explore recovery pathways and resulting RC, based on in-depth interviews and recovery capital assessments with three women from white, black and Asian ethnic backgrounds.

Results: While one of the three participants, reports very strong and positive RC on the REC-CAP, the other two are at a much earlier stage in their journey. In contrast to the white female participant, who lacks personal RC and has significant barriers around ongoing substance use, the Black and Asian Minority Ethnic (BAME) participants report cultural challenges and difficulties engaging with mainstream services.

Conclusion: Recovery is a personal and individualized journey, but one that is predicated on social support, belonging and access to cultural and community resources. For BAME participants, accessing and engaging with appropriate peer support is essential in building RC and fulfilling the requirements of CHIME.

Introduction

The journey of substance addiction recovery encompasses transformations in identity, behavior, and way of life, contributing to enhanced well-being, personal development, and engagement within the community. However, existing research has often inclined towards examining the recovery journeys of White people, primarily men (Patton & Best, 2022; Abreu Minero et al., 2022; Martinelli et al., 2021; Dekkers et al., 2020; Best et al., 2018). Even though there are suggestions that recovery encompasses a ‘cultural’ aspect (Gainsbury, 2017; Rowan et al., 2014) and there is an acute requirement for addiction treatment services to cater to the needs of the ethnic communities (Vandevelde et al., 2003), most of the recovery literature primarily focuses on white, male and Anglo populations (Collinson & Hall, 2021; Van Steenberghe et al., 2021; Slade et al., 2017; Hennessy, 2017).

Although the US Substance Abuse and Mental Health Services Administration (SAMHSA) believes recovery services should be ‘culturally informed, aligned, sensitive, congruent, competent, and personalized to meet the unique needs of everyone’ (SAMHSA, 2012, p. 6), earlier research has overlooked the factors associated with the recovery experiences of Black Asian Minority Ethnic (BAME) women in the UK (Pouille et al., 2022). Ethnic minorities encounter greater challenges compared to their White counterparts when it comes to accessing and sustaining alcohol and drug treatment programs (Guerrero, 2013; Unger, 2012). There is an unspoken use of alcohol within Punjabi households, where adverse effects of alcohol use may harm them. For example, Sikh religion prohibits the use of alcohol but as they became modern, the Punjabi community embraced higher alcohol and substance use. A Punjabi cohort articulated a judgement of societal norms whereby males were permitted to engage in alcohol consumption, while females, were subjected to prohibitive constraints in this regard (Galvani & Manders, 2013). Embedded within this milieu are cultural barriers to help-seeking resulting from shame and stigma (Gainsbury, 2017) where families feel compelled to send their loved ones to their home countries for treatment (Duffin, 2007). Shame and stigma tied to substance use led many ethnic women to use secretly (May et al., 2019; Lee & Boeri, 2017). These hidden practices impose a substantial burden on BAME communities who usually live in closely-knit societies where people are familiar with each other (Bécares et al., 2011). This phenomenon resonates deeply with them as they are often a

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minority community within a female community within a community of problem substance users (Shahid, 2023).

Around 14% of the UK population comes from an ethnic minority background with unique values and it is vital for those in recovery to re-establish and attach to their culture (McCarron et al., 2018). For example, an Afro-Caribbean woman struggling with addiction may find strength and support by reconnecting with her cultural traditions and community to enhance her recovery towards a healthier lifestyle. Some ethnic women experience additional stressors such as language barriers, discrimination, cultural shock, lack of social and healthcare support, and stress in adapting to the societal norms developed by the majority (Hardy, 2019). Several studies have documented a trend where the likelihood of substance use escalates as minority groups assimilate into the prevailing culture of the West (Gainsbury, 2017; Bethel & Schenker, 2005; Choi et al., 2008). Upon transitioning to Western nations, women may explore behaviors that were formerly regarded as taboo in their home cultures such as substance use.

The magnitude of recovery-supportive social networks for women is clear: the spread of hope and access to good resources are critical for women who are stigmatized and disadvantaged (Best et al., 2015). BAME communities often place a premium on conformity to authority, with family members wielding substantial influence over women’s decisions—especially marriage, education, and career trajectories, encountering pressures to conform to conventional gender roles and losing their ability to assert personal needs and boundaries (Shahid, 2023). Additionally, instances of racism, hurtful language, and judgmental attitudes contribute to a sense of isolation and diminish trust in the mainstream healthcare system (Gonzalez & Skewes, 2023; Hall et al., 2022; McKnight-Ely et al., 2021; Matsuzaka & Knapp, 2020; Farahmand et al., 2020; Owen et al., 2017). This erosion of trust hinders the process of seeking help and engaging in the journey of recovery.

Since substance use is increasing among ethnic minorities in the UK (Bécares et al., 2011), there is enough evidence to suggest that the gaps in treatment provision are making it difficult for ethnic women to access the support they need (Shahid, 2023). Minority women may face unique challenges and barriers that cannot be adequately addressed through broad policies alone (Cameron, 2003). Earlier studies have shown that attitudinal and perceptual factors contribute to the underutilization of services among ethnic minorities (Verissimo & Grella, 2017). Moreover, many mainstream services are often unaware of the cultural and societal practices of the ethnic communities which leads to misinterpretation of their needs (Pouille et al., 2022).

Frameworks of recovery: RC and CHIME-D

The present study uses two frameworks to capture the recovery experiences of ethnic women: Recovery Capital (RC) and Connectedness, Hope/Optimism, Identity, Meaning, Empowerment, and Difficulties (CHIME-D). RC refers to the sum total of a person’s resources and capacities used to initiate growth and sustenance in their recovery from substance use (Granfield & Cloud, 1999) and it encompasses three clusters of RC factors—personal such as self-esteem and resilience, social such as connections with family and friends, and community capital (Best & Ivers, 2022; Patton et al., 2022; Best & Laudet, 2010). Recent studies (Patton et al., 2022) have linked RC to the CHIME model and have found its significance in promoting positive changes in recovery by linking RC to CHIME. It is imperative to understand the diverse recovery experiences and challenges to fully understand the recovery process. Therefore, the present study aims to shed light on the recovery pathways of three women in the UK of different ethnicities, unravelling both shared and unique aspects of their journeys. 1. To examine similarities and differences through the application of the CHIME framework in the recovery experiences of three women in the UK. 2. To analyze the role of cultural context within the CHIME framework in shaping the recovery experiences of ethnic women in the UK.

The first objective of this paper is to explore the similarities and disparities in the recovery pathways of ethnic women residing in the UK through application of CHIME-D and RC frameworks with specific focus on barriers to recovery. The second objective is to analyze the role of cultural context within the CHIME framework in shaping the recovery experiences of ethnic women in the UK. The intricate interplay of cultural, societal, and personal factors can shape the trajectory of recovery, influencing the challenges faced, coping mechanisms adopted, and ultimately sustaining recovery. By examining these experiences, we can gain insights into the ways in which ethnicity interacts with recovery, forming tailored interventions and support strategies, based on the CHIME-D and RC frameworks and the perceived utility of the support services available to develop an innovative and culturally appropriate treatment method for examining recovery pathways in diverse populations.

Methods

Design and procedure

The present study deploys a case study design involving a mixed methods approach. The study is based on purposive sampling with three women in recovery from illicit drug addiction from South Asian, African-Caribbean, and White communities in the UK because it selects specific individuals fitting the criteria for participation. Data collection took place in two steps which consist of a questionnaire using standardized measures to assess recovery capital followed by interviews with the participants. To protect the anonymity of the participants, their names have been changed and identifying details have been omitted. Informed consent forms from the participants were acquired and ethical approval for the study was granted by the University of Derby (Application ID: ETH2223-0478). No financial incentive was provided for study participation.

For the qualitative aspect of the study, a narrative life course interview was conducted one-on-one with the participants through Microsoft Teams. The aim of the life course interviews was to explore in depth each participant’s recovery journey and their understanding of the key components that supported or acted as barriers to achieving their recovery goals.
The three case studies generated a wealth of themes on the recovery experiences of ethnic women. Deploying the frameworks of RC and CHIME-D, below are the similarities and differences in the recovery pathways of three ethnic women- Jazz-South Asian, Laura-African-Caribbean, and Sharron-White. For each case, the qualitative findings are presented followed by a summary and interpretation of their REC-CAP profile.

**Jazz- South Asian case study**

Jazz is a second-generation British Asian who experienced first-hand racism when her family bought a corner shop. Growing up she recognized a deep-seated problem and relied on substances to numb pain from past traumas, including racism, childhood experiences and strained relationships with her parents. In her late 20s, she confronted the realization that her problems with alcohol had spiraled out of control and that marked the point where seeking help became imperative.

Jazz presents with exceptionally high RC with a total negative RC score on the REC-CAP of 0, indicating no barriers to recovery (around housing, crime, ongoing substance use, risk-taking and lack of meaningful activities) and no unmet service support needs. She reports very high wellbeing, personal and social capital, and motivation. The only domain that is slightly lower is around active participation in community recovery groups. Jazz has very strong RC and this is reflected in the qualitative findings below.

**Personal RC**

1. Practicing mindful living:

   Jazz said, ‘Mindfulness and meditation have been game-changers for me’ describing the benefits of integrating mindfulness into her daily routine, enabling her to stay present, focused, and grounded in her recovery. Jazz also mentioned the importance of prayer in her recovery journey. She learned how to connect with her spirituality and developed a relationship with the higher power. She mentioned ‘Learning how to pray, just this very simple thing about prayer is connecting with spirituality. My understanding and my relationship with God and the higher power I was able to sort of learn meditation’. Prayer became a tool for introspection, seeking guidance, and finding strength during her challenging times. She also emphasized the significance of gratitude in her recovery and for the positive aspects of her life. Being present for her children, being able to drive safely, and avoiding legal consequences were among the things she was grateful for ‘I had so much gratitude. Gratitude of today that I am not drink driving. I’m driving. I have my car to come to work. I have my children with me. They’ve not been taken off me from social services or anything like that. So those sort of things were an eye opener, the gratitude’.

2. Self-Discovery

Jazz emphasized the significance of awareness of her feelings in her recovery journey – ‘I’m very grounded and very sort of aware of my feelings, and I can tap into them any time and I think that’s really important that I’m able to do that and bring my tools to play if I was to have a very difficult time or...’

**Pilot testing**

Open-ended interview questions were crafted to encourage participants to freely express their experiences. The initial semi-structured interview questions were tested with two addiction recovery coaches who were instructed to examine the interview questions, to make comments on any ambiguities in those questions, and to revise any relevant questions. After integrating their feedback, the revised version of the instrument consisted of eight semi-structured questions that delved into each woman’s lived experience and enabled them to share their recovery story, for example What services, tools and supports did you use throughout your recovery journey? During this journey, what worked and what didn’t work for you? The interviews were recorded and transcribed between February 2023 to March 2023 and lasted between forty-five to sixty minutes. Abductive analysis was performed to generate plausible explanations to understand the complexity of their recovery journeys which are shaped by gender-specific challenges and socio-cultural factors. Abductive thematic analysis is a specific approach to thematic analysis for analyzing qualitative data within the social sciences. It incorporates many concepts from seminal works in thematic analysis, while maintaining the balance of theorizing with empirical data which is the core of abductive research (Thompson, 2022). NVIVO was used to analyze qualitative data. The three interviews were transcribed and imported to NVIVO, appropriately categorized and labeled. After reading the transcripts several times, nodes were created to represent key themes for each transcript using the CHIME-D and recovery capital frameworks. Thematic analysis was then conducted to identify overarching themes and sub-themes that emerged from the coded data. After analyzing the data, findings were shared with each participant to confirm the accuracy of themes and analysis, receiving positive feedback that validated the study design and approach with no further modifications.

The qualitative aspect of the study implemented the REC CAP Questionnaire (Cano et al., 2017; Hård et al., 2022; Best et al., 2023) which assesses demographic characteristics, strengths and barriers to recovery using predefined categories (Bunaci et al., 2023). These barriers encompass housing requirements, past and present substance abuse, risk behaviors, involvement with the criminal justice system, and lack of engagement in meaningful activities such as volunteering, and unmet needs for support and treatment. To assess psychological and physical health, quality of life, support network and satisfaction with accommodation, a Likert scale ranging from 0 to 20 is used. There are scales measuring personal and social RC, community RC involving recovery support groups and motivation. The results are then combined to generate an overall well-being score ranging from −100 to 100 (Best et al., 2023). Data was collected through Qualtrics and was self-completed by the participants.

**Results**

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day and recognize them very quickly and sort of do the self-care. For Jazz, self-care became a vital tool for maintaining balance and preventing relapse. She further discussed the relevance of prioritizing her physical, mental, and emotional well-being through activities such as exercise, healthy eating, practicing hobbies, and seeking therapy. Jazz mentioned, ‘I have accepted and learned to love myself and accept who I am, and I’m able to be free from the pain and the suffering that I was carrying and having.’

3. Motivation to change
Jazz’s motivation to change resulted from witnessing her brother’s health deteriorate due to alcohol addiction. She shared, ‘What motivated me a lot was to see my brother. My brother was a big part because we lived across the road from each other, and I could see how his health was deteriorating with the alcohol. He passed away 10 years ago through his addiction.’ This deeply affected and motivated her to avoid a similar fate.

Social RC
1. Restoring family bonds:
Jazz discussed the process of restoring strained relationships and highlighted the importance of taking responsibility as a mother, making amends, and rebuilding trust with her family. She shared ‘I’m just being a mom and you know, and that’s the most beautiful thing I have my family around me. I still have my husband would be married twenty-one years. I’m grateful that I have my family and my children. And I speak to my parents, my siblings, even though what I’ve put them through. And so yeah, they’re still here and we’re all here. And grateful for that.’

2. Supportive peers in recovery:
Jazz actively worked with her support workers who provided a safe space to be her true self: ‘He [support worker] asked me ‘What mask have you got on today?’ I was good at putting masks on. And it was just that opportunity to strip down and be able to actually engage with someone who could relate to me who had an experience of what I was going through or what I had been feeling on.’ Through this, she found authentic, non-judgmental support provided by her support workers at a culturally sensitive treatment service.

Community RC
1. Utilizing lived experiences by helping others in recovery:
Jazz emphasized the transformative impact of helping others in her recovery journey. She said, ‘I still have the vision of BAC-IN’ being in different cities. I feel like we still need to do a lot more in our communities and sort of have that emphasis on that message and be able to develop others to have an organization very similar to ours. In different cities to say, ‘Look, this is what we’ve done and we’re giving this over to you and you guys can do this, have faith in yourselves’. She shows contentment in providing support, guidance, and inspiration to others who are struggling with addiction to bring a sense of purpose and fulfillment in life.

2. Support from culturally appropriate recovery services:
The support and understanding Jazz received from her recovery organization and the sense of belonging and empathy she experienced through interactions with her colleagues and peers is reflected in her assertion that, ‘I was amongst people. amongst my colleagues, my peers that were very much alike what I was feeling. They were very transparent, their thoughts and how they were communicating.’ She further added, ‘BAC-IN has been the best thing that ever happened to me.’

Jazz’s case study exemplifies the CHIME framework. The element of Connectedness was related to a higher power, restoring family bonds, and culturally sensitive peer-led recovery support groups that contributed to a sense of belonging with transparency and non-judgmental attitude. The domain of Hope and Optimism reflected in her motivators to change such as her late brother’s deteriorating health due to addiction that served as a powerful wake-up call, and her role as a mother when she realized her child had become more aware and dependent on her. The domain of Identity is reflected in her transformation by prioritizing her physical, mental, and emotional well-being through activities such as mindfulness, exercise, healthy eating, practicing hobbies, and seeking therapy. Jazz found Meaning and Purpose in giving back to her community as a support worker at BAC-IN and expressed gratitude for being able to become a clean, sober, grounded, and present mother to her children. The domain of Empowerment reflected the awareness of her feelings and the ability to utilize therapeutic techniques during a difficult time. Jazz is also actively working to break the generational stigma and toxic patriarchy faced by South Asian women by speaking about it and sharing her recovery stories with others.

Difficulties, barriers, and unmet needs in recovery
1. Lack of BAME treatment services and support:
Jazz highlighted the need for more support and understanding specifically tailored to women from ethnic communities. She shared, ‘There is a lack of support around families. The understanding and empathy around the community and culture, understanding the impact it has on them [families] because they [late brother’s family] didn’t get no family support, they didn’t get no counselling and the therapy for the children, what they witnessed and what they saw.’ She expressed that there were no culturally tailored services for South Asian family members in recovery within her community which made it more challenging for her to address her addiction problem and find the help she required.

2. Justification of alcohol use and denial in the patriarchal community:
She said, ‘You go to the temples they are saying ‘Everything’s OK. Oh no, it’s not in our community, we don’t have a problem. No, it’s just the men. It’s not the women.’ If you see, it’s a big thing for the women now. Alcohol problem is massive, absolutely massive because it’s easy to justify. You can have it in the house. It is OK for a man having it or, the fathers having it, the brothers having it. But really it’s around you. But alcohol has become a very big problem for women’. There
were double standards when it came to drinking habits between men and women in South Asian communities.

3. Role of shame and stigma:
   This theme refers to Jazz’s experience of societal judgment, negative perceptions, and feelings of shame associated with the addiction. She expressed, ‘Especially from my community and my culture, I feel like there aren’t many women coming out and talking about the problems that they’re having. Stigma, shame is still massive in the community. Men feel like they can undermine the women and make them feel like it is the home thing. Just keep it under wraps. We don’t want anyone to know because of the embarrassment and the shame. We’ve seen it in our communities like divorce and, even being widowed, that’s a stigma’. This cultural bias contributes to a sense of stigma surrounding women with addiction issues. She further added, ‘I made it more secretive because I didn’t want to face the questions and I made sure that my husband worked nights’. Subsequently, this led to a more discreet symptom of her drinking habits, along with arranging adjustments to her husband’s work schedule.

4. Ineffectiveness of mainstream recovery treatment for the South Asian community:
   Jazz recalled the ineffectiveness of the support offered by mainstream recovery services. She recalled, ‘Do a drink and drug diary. What’s your favourite song? To be fair, I think it was Amy Winehouse actually. It was not really gonna work. Am I really gonna think about how much am I drinking? I’m gonna write it down and remember this after my second, third bottle or whatever you know. So, I just felt like it wasn’t real. And there’s not that warmth, that empathy, the compassion, the understanding. There’s such a barrier’. This indicates lack of trust in the efficacy of addressing her drinking habits through conventional services.

Laura- African Caribbean case study

After having her son at the age of 22, Laura realized she had a problem with addiction. Initially, her motivation for change was her mental health and wanting to be a better parent. She tried various services and tools throughout her recovery journey, including mental health and substance abuse services. She found support in smaller services like Narcotics Anonymous (NA) and Dear Albert. Success in recovery has been a gradual process, marked by setbacks and learning.

   For Laura, the situation is much less positive than with Jazz. She has a total RC score of 16.4 as she has both significant barriers to recovery (both in terms of ongoing substance use and lack of meaningful activities) and significant unmet needs. She also has relatively low personal and social RC and, compared to typical recovery groups (Härd et al., 2022; Best et al., 2023), a relatively low score on motivation and only partial involvement in recovery community groups. Thus, while her Overall RC Score is positive, there remains a lot of work for Laura to do to build sustainable RC over time.

Personal RC
1. Awareness and recognition of the problem:
   ‘I knew it was a problem before that, but it was back when I had my son, I realized I was an addict’. This highlights a crucial turning point where she acknowledged the harmful effects of her addiction and the need for change. This further emphasizes self-reflection and understanding of the consequences of her substance use demonstrating a shift in perspective and a willingness to confront the addiction. This also represents Laura’s recognition of her own responsibility for recovery. The statement ‘It was me. I was the issue, the reason they didn’t work for me’ highlights her understanding of achievement or failure of the services she received depended on her own strengths and commitment.

2. Hope and future aspiration:
   She acknowledged that recovery is an ongoing and evolving process and while she hasn’t achieved complete success, there have been noticeable developments along the way. Statements include, ‘Well, it’s a work in progress, isn’t it? So nothing’s actually worked yet, but there is a lot of improvement’. Laura’s thoughts and intentions regarding her future reflected on her present focus on taking each day as it comes. Her primary goal is to maintain recovery, ‘My future plans… I don’t have any other than go to AA Convention… Plan is to get clean. And stay clean because I can get clean’.

Social RC
1. Motherhood:
   Laura’s motivation to change initially was motherhood. She shared, ‘I wanted to try and change for my son, but that just went all wrong. And then later on in life, it was about me and wanting to change’. This encompasses her personal aspirations for a better life and the desire to change for the sake of her child.

Community RC
1. Utilizing all recovery services and tools:
   During her recovery journey, Laura reached out to mental health services, drug and alcohol services, and other resources, ‘Oh all of them. All services. Mental health services, drugs and alcohol services, and anything that’s been available to me’. This also shows her willingness to explore different options to facilitate her journey towards sobriety. However, as outlined in the barriers section below, they were not perceived to be effective.

2. Effective Approaches in Recovery:
   Laura emphasized peer-based such as NA and Dear Albert which have been more beneficial ‘It’s the little ones, like Narcotics Anonymous and Dear Albert and stuff like that… it’s been a case of just doing what I can with the little services available’.

   Laura’s case study reflects the domains of CHIME by reaching out and Connecting with the local recovery services and attending recovery meetings, and through the importance of restoring bonds with her son. The elements of Hope and Optimism were very prominent. The desire to change arose from personal motivations and aspirations and her perception of recovery progress was marked by ongoing improvements.
Sharon - White British case study

Growing up in a dysfunctional family environment surrounded by substance misuse, Sharon's early life was marked by witnessing violence and trauma. Despite initially trying not to drink, peer pressure led her to start drinking in her teens, eventually leading to secretive and solitary drinking habits. In her early 20s, attending drama college brought more drinking, often in isolation, to cope with borderline personality disorder and extreme emotional fluctuations. Losing both her parents to COVID and a relationship breakup, she was consuming two liters of vodka daily, leading to health issues. However, she took small steps towards recovery and is gradually making progress.

Sharon also had significant challenges to building RC in terms of both ongoing barriers (unstable accommodation, ongoing substance use and involvement with the criminal justice system) and unmet needs. She reported a low level of personal RC (in terms of internal resources, particularly in the domains of physical and psychological health) although higher levels of social and community capital, and a slightly higher level of commitment to sobriety. Her Overall RC Score is positive but low, and the summary from the REC-CAP findings would be that, as with Laura, there are considerable barriers and unmet needs to address before she could start to build sustainable RC.

Personal RC

1. Internal motivation for change and self-control:
Sharon said, 'I think initially it's always got to come from within, you've got to find the change from within here. I've made the mistake over the years of trying to do it for other people or to fulfil someone else's expectations of me. And it's never a good idea because it doesn't last. You know, ultimately, it's about healing what's going on inside, because I think that drinking or abusing any substance is just a way of masking some inner kind of turmoil or pain. I know for me it's been pain and which I've had a real difficulty expressing. And so for me that you know, it's the desire to change the need to change. And then I thought, you know, well what can help me if I'm to remain sober'. She acknowledged importance of focusing on her own emotional healing and realized that when people turn to drinking or substance abuse excessively, it's often a way to cope with their inner emotional struggles or pain that they find hard to express. She defines it as her success, 'Success for me is being able to open my eyes and not reach for a bottle and drink it neat and realise that I can get out of bed. That I can dress myself and that I can feed myself. Just those simple pleasures'.

2. Setting goals, taking risks, and achieving peace of mind
She mentioned, 'I think it's about setting yourself goals and new things to aim for and to stifle because life's about taking risks as well. If you don't take a risk, you don't learn'. She added, 'To actually find some peace of mind for me is magical because I've not had peace of mind for a lot of my life. So to have a little bit of peace of mind now in my life, is really, really great'.

3. Self-care and appearance:
This theme highlights Sharon's transformative journey, 'Now I care about how I present myself and what I wear. And I put makeup on now and I take pride in my appearance, something I didn't do when I was drinking and life for me now, is it's free. I feel freer, and I feel that I can breathe better and I can actually spend time on my own'. This newfound attention to her physical presentation reflects an increased sense of self-worth and a desire to project a positive image. She expressed pride in her appearance and expressed a sense of freedom and liberation.

Social RC

1. Connecting with peers:
This theme signifies Connection and social support in Sharon's recovery. 'I'm willing to try most things and I think the things that have really worked have been connection connecting with people. Because I know that for me, loneliness and isolation can be a massive trigger when it comes to substance misuse', she said. This theme further highlights the recognition of peer support as Sharon emphasized the understanding and connection that comes from interacting with people with lived experience. She shared, 'If I hadn't had the zoom calls, I
Those things that I’m doing, and I hope that I stay sober’.

Feedback from it, so I know it’s really worthwhile and so that’s what it’s like from a service users point of view, which I think to share my story with students, and so that they get to hear vice user, and so I go into [name of city] about twice a week.

She further added, ‘I also volunteer at xyz university as a service user, and so that’s what my life is looking like. And I just want to continue with feedback from it, because it’s talking with your peers that can give you the right advice for you to just keep going.’

Community RC
1. Connections with the community:
This theme represents how Christmas time became a haven because of the community and support. She shared, ‘At Christmas, I got involved with wreath making and realized I had a real talent for it and ended up teaching others how to make Christmas wreaths.’ She turned to the local community, where she discovered the art of wreath making and something that she was good at building a sense of self-esteem and self-efficacy.

2. Seeking support from recovery support groups:
This theme signifies Sharon’s recognition of the value of support groups in her recovery journey. She mentioned, ‘Getting involved with the SMART Recovery. I mean that’s really helped me and going to check-in groups at Five Ways, a drug and alcohol support organization, going there, getting involved with other groups.’ She has sought out various support programs to gain knowledge, tools, and support, which has contributed to her recovery journey.

3. Nature and outdoor activities:
She said, ‘I’m getting back to walking, we live in Yorkshire and just literally a train journey away and you can be in the middle of the hills, of the rolling hills. And that can be so beneficial for your, for your mental health… I get to walk around in nature every day and so I consider myself quite lucky to be able to access these resources’.

4. Satisfaction through volunteering:
She shared, ‘I go to a charity called the Saint Charles Trust, who is based in Chapel Allerton. I’ve been volunteering with ex-offenders, with prisoners that are just leaving prison and they may be having issues with substance misuse, and they haven’t managed to tackle it whilst they’ve been in prison. So we go there and pick them up and try and offer support and help in getting housing or getting their needs met. There’s something about knowing that somebody has walked in your shoes, that really does know how it feels, can make a big difference, you know. But if you can share that with somebody else, you can get an immense feeling of satisfaction from that.’ She further added, ‘I also volunteer at xyz university as a service user, and so I go into [name of city] about twice a week to share my story with students, and so that they get to hear what it’s like from a service users point of view, which I think it’s so beneficial to me as well as the students I get some great feedback from it, so I know it’s really worthwhile and so that’s what my life is looking like. And I just want to continue with those things that I’m doing, and I hope that I stay sober’.

5. Enrolling in education and other opportunities:
This theme reflects her decision to enroll in college and pursue courses and her commitment to personal development. She mentioned, ‘Qualifications which I never thought I’d study for again. These are the opportunities that are out there… I thought it’s never too late to learn. I’m enrolled at college and I’m studying for a Level 3 at the minute. I’ve just enrolled to do a counselling course, a certified counselling course at Northern College. And so it’s about those things that I’ve mentioned. Putting them in place, and that’s what’s really helped me get where I am in my recovery journey… I’m studying and I’m about to start my official placement in about 2 weeks.’ These educational pursuits have been instrumental in her recovery and provide a sense of purpose as she moves forward in her recovery.

Sharon’s case study also presents each element of CHIME. The dominance of Connectedness can be linked to Sharon reaching out to her peer support, local support groups, and her involvement in community engagement. The element of Hope and Optimism can be reflected in her internal motivation to change after losing her health, parents, and relationship.

Sharon's case study also presents each element of CHIME. The dominance of Connectedness can be linked to Sharon reaching out to her peer support, local support groups, and her involvement in community engagement. The element of Hope and Optimism can be reflected in her internal motivation to change after losing her health, parents, and relationship. The element of Identity can be seen in a transformative shift that has significantly impacted not only how she perceives and takes care of herself but also helped her rebuild a positive self-image. For Sharon, finding Meaning and Purpose in life involves experiencing freedom and attaining peace of mind, which is mirrored in her aspiration to become a certified counsellor and offer volunteer service to ex-offenders and prisoners. In the domain of Empowerment, Sharon realized the mistake of doing things for others rather than personal commitments. She also emphasized the importance of personal responsibility by setting goals, taking risks, and finding peace of mind; moreover, her newfound ability to spend time alone and overcome intrusive thoughts showcases a sense of control in managing her emotions.

Difficulties, barriers, and unmet needs in recovery
1. Experience of Alcoholics Anonymous (AA):
Sharon experimented with AA but it did not align with her preferred approach to healing and recovery. ‘I think I did about three sessions and AA wasn’t something that I thought was for me. I don’t want to put my faith in a higher power, and which is what can go along with that approach.’

2. Communication and financial challenges within support services:
She expressed, ‘I think that there often is a breakdown in communications between these services and I know that even within Forward Leeds, there have been times when I’ve been very disappointed by the lack of support. At times, I think there are still gaps in the system definitely. I think all these services in some ways can be made more accessible. I mean, I didn’t know about Five Ways. I didn’t know it existed for about 2 years of being with Forward Leeds. I should have known about that organization from the beginning. It’s these kinds of breakdown in communication that can have a detrimental impact on getting access to these services.’ Sharon further shows her concern about the financial struggles and
cutbacks faced by support services. She said, ‘I keep hearing about the cutbacks and it seems like so many of these services they’re being hit financially. And then that’s a big worry’.

The next section summarizes some of the key themes evident across the three women’s recovery journeys:

Discussion

The paper allowed us to shed light on similarities and differences in RC and barriers as experienced by three women of different ethnicities - Jazz, Laura, and Sharon. The REC-CAP scores showed an extremely positive score profile for Jazz and is evident from Table 1 that high RC enhanced her ability to cope with stress and overall life satisfaction. She is in a long-term and sustained recovery with a higher quality of life (Laudet & White, 2008). Laura comparatively scored lower as she had limited access to community support that could help her sustain recovery, and ongoing barriers to recovery indicating that she is in initial phase of recovery. With low social capital, it was hard to achieve high well-being, engage in community, or maintain sobriety (Best & Laudet, 2010). For Sharon who is also in initial recovery, health and building self-esteem were ongoing pains in recovery that dramatically affected the overall score profile which also contained barriers and unmet needs that were preventing the accrual of positive recovery capital. However, factors linked to sustaining a behavior often vary from those connected to starting it (Humphreys et al., 1997).

The next section will review the common features for all three women in their recovery journeys and then we will move to discussing the unique experiences of the two women from the BAME community. Tables 2 and 3 offer valuable insights into the diverse experiences and strategies employed by the participants in their recovery journey and seven themes emerged that unravel the shared and distinct aspects of their recovery- (1) motivators, (2) effective approaches, (3) practices to improve wellbeing, (4) self-empowerment, (5) family and social connections, (6) aspirations, and (7) barriers and unmet needs. Common themes such as motherhood as a motivator to change for Jazz and Laura (Gueta & Addad, 2015; Hardesty & Black, 1999), giving back to the community for Jazz and Sharon (Kruk & Sandberg, 2013), embracing self-care for all three participants (Finkelstein & Markoff, 2005), involvement with a community who share similar experiences (Lopez et al., 2018; McCarron et al., 2018) and maintaining sobriety (Van Steenenberge et al., 2021; Kruttschnitt & Otto, 2021; Rumford, 2022) have been consistent with earlier findings.

These findings support earlier work suggesting that nurturing children during recovery period served as a catalyst for maintaining sobriety for mothers (Schultz et al., 2018; Martin, 2011). In another study Brudenell (1997) found that mothers applied the techniques they learned during their recovery journey to balance and manage the responsibilities of maintaining recovery and motherhood. We could also postulate that since achieving this balance women embraced a new recovery identity, considering the array of meaningful activities in which women actively participated such as volunteering to sustain one’s recovery journey aligned with the insights collected from the Life in Recovery survey (Best et al., 2015).

Self-care for the three women was seen a fundamental aspect of personal growth and preservation to manage stress, handle obstacles and develop healthy coping mechanisms to maintain recovery. Self-care practices such as prioritizing self and physical appearances amidst the hurdles empowered them to gain control of their well-being. It’s not just about indulgence; self-care fosters mental resilience. Through practices like mindfulness and gratitude, embracing self-care cultivated the mental strength necessary to navigate the ups and downs of the recovery journey (Payne, 2010). Earlier studies (Dressel et al., 2020) have also characterized ethnic women in recovery as achieving clarity, contentment, and renewed confidence, enabling them to reclaim control over their lives and pursue a fulfilling existence they could take pride in. The establishment of a sense of security, stability, and structure has empowered Jazz and Sharon to build confidence, attain self-sufficiency, and actively participate in their recovery journey. Preference for peer-based mutual aid over mainstream specialist treatment was consistent across all groups, but this did not necessarily equate to engagement with 12-step mutual aid groups. Meeting others in a place that is free of judgement, where they can build mutual understanding through sharing their perspectives and learning from others’ experiences was crucial for initiating and maintaining recovery. Themes that differed for each woman were brother’s death due to substance use as a motivation to recovery for Jazz (Snoek, 2023), mental health for Laura (Goldberg et al., 2019; Webster et al., 2006) and self-dependence as a motivator to change for Sharon (Chhaya, 2013). Further, it was consistent from earlier findings (Neale et al., 2014) how this seemed as a useful marker of recovering well-being and hence facilitate a recovery journey.

We will now consider the unique experiences of the two women from the BAME community. Jazz found effective treatment approaches designed by culturally sensitive peer-led recovery organisations and more specifically, services led by BAME people with lived experiences were better able to apprehend and respond to her needs; and she made a plea in her interview for expanding the culturally sensitive service that was crucial to her journey. Laura too approached a local peer-led recovery organization who has diverse and culturally aware staff with lived experiences although she is

Table 1. REC-CAP score profile of Jazz, Laura and Sharon.

<table>
<thead>
<tr>
<th></th>
<th>Barriers</th>
<th>Unmet Needs</th>
<th>Quality of Life</th>
<th>PRC</th>
<th>SRC</th>
<th>CRC</th>
<th>Motivation</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jazz</td>
<td>0/5</td>
<td>0/8</td>
<td>97/100</td>
<td>24/25</td>
<td>25/25</td>
<td>11/14</td>
<td>30/30</td>
<td>97.6</td>
</tr>
<tr>
<td>Laura</td>
<td>2/5</td>
<td>3/8</td>
<td>58/100</td>
<td>11/25</td>
<td>10/25</td>
<td>8/14</td>
<td>23/30</td>
<td>53.1 – 38.7 = 16.4</td>
</tr>
<tr>
<td>Sharon</td>
<td>3/5</td>
<td>4/8</td>
<td>56/100</td>
<td>9/25</td>
<td>16/25</td>
<td>10/14</td>
<td>26/30</td>
<td>62.8 – 50 = 12.8</td>
</tr>
</tbody>
</table>
at her initial recovery phase. The ethnic women felt that services led by people with lived experience were better able to understand and respond to their needs. Earlier studies (McCarron et al., 2018) have also highlighted the effective treatment approaches designed by culturally sensitive peer-led recovery organisations and more specifically, services led by BAME people with lived experiences who were better able to apprehend and respond to their needs. Sharon found peer support groups such as SMART Recovery and local peer-led services more effective (Zemore et al., 2018). Another interesting difference can be seen in the practices to improve their wellbeing - Jazz embraced spirituality, meditation, and gratitude (Kruk & Sandberg, 2013), Laura tried utilizing mental health and drugs and alcohol services but was unsuccessful in translating these efforts into her recovery.

The mainstream services were perceived as culturally incompetent indicating that the programs did not incorporate her culture, beliefs, and background. Additionally, a prevalent phenomenon is a widespread reluctance to acknowledge addiction issues and places of worship tend to dismiss addiction problems and such societal stigmas are often ignored in the treatment program. We found evidence that the presence of shame and stigma can influence the willingness to undergo treatment (Puri et al., 2020).

Laura struggled to sustain her recovery journey after unsuccessful attempts with the mainstream services. The high barriers and unmet needs score are evidence of how being non-White can play a role in perpetuating health disparities among Black and marginalized communities and is observed within the realm of predominantly White mainstream services.
(Synergi Collaborative Centre, 2018; Chew-Graham et al., 2002; Kapadia et al., 2017). Secondly, mainstream services are confronted with challenging decisions regarding communication and investments amid financial constraints. This is consistent with earlier studies that disinvestment impacts some underprivileged and marginalized communities, potentially exacerbating health disparities and specific aspects of the alcohol and drug treatment services appear to be affected by budget cuts (Roscoe et al., 2021).

Implications

A one-size-fits-all approach is inadequate, considering the intricate web of health, social, and structural disparities women from BAME communities face. Tailored treatments that consider cultural humility, necessitating collaboration with community leaders, those with lived experience, and religious figures. This could further include providing therapeutic materials in community languages and utilizing media such as radio, including community members in structuring holistic services for women, raising more awareness in the educational institutions, places of worship, etc. A handful of existing culturally appropriate services offer a model, but we must cultivate a diverse workforce in the field to drive authentic, community-driven solutions. Policy advocacy, coupled with cultural competence, is essential in rectifying racial disparities in substance use disorder care. Mainstream service providers, commissioners, and decision-makers should take account of the findings such study when commissioning, designing, or delivering treatment and support services for ethnic women. Mainstream services should review how they work with ethnic women to enable women to receive support from staff who understand their needs, experiences, and culture. More BAME services and information on the services available should be more widely available and accessible to ethnic women.

Limitations

In the context of this case study, it is essential to consider several limitations. The retrospective nature of data collection introduces potential biases in participants’ recall and perception of life events. Furthermore, there may be a propensity to present their experiences in a socially desirable manner. This case study involved only three participants’ recovery journeys which may have limited scope in capturing the diversity and complexity of recovery pathways. Since the three women belonged to different stages of recovery, the findings may have skewed insights into their recovery experiences. These women were also at different stages of their recovery journeys and so not only are there limitations to generalizability, but there are also challenges with direct comparisons of their experiences. Addressing these limitations could enhance the study’s relevance and applicability to a more diverse range of women in addiction recovery studies.

Conclusion

As a researcher, my own identity as a South Asian woman may have influenced the interactions with potential participants. This fostered building effortless rapport and trust among the female participants in both the ethnic groups. I was vigilant about my actions, behaviour, and language to not unintentionally encourage stereotypes in both the Afro Caribbean and the South Asian communities. Recognizing this, steps were taken to ensure that my positonal way did not inadvertently create biases during the process. Additionally, ethical considerations were prioritized, emphasizing the importance of obtaining informed consent and safeguarding confidentiality and privacy of participants, especially in smaller and more closely-knit communities.

Recovery is a personal and individualized journey, but one that is predicated on social support belonging and access to cultural and community resources. This study provided new insights into the addiction recovery experiences of three women from three different cultural background. Each woman identified their strengths and barriers to accessing support on personal level, social level and cultural level. Jazz, Laura, and Sharon dramatically illustrate their powerful experiences and strengths to contribute to the understanding of the process of substance addiction recovery. Recovery capital offers a new lens through which to provide strengths-based approach to understanding and framing the experiences of women from BAME communities that does not further stigmatize or shame through the process of research but offers a chance to celebrate what has been achieved.

It is imperative that comprehensive support is available for women embarking on a treatment journey but unfortunately, many BAME women who enter treatment fail to manage recovery. The current paper uses a case study approach to test a novel method that was effective in engaging participants and in delineating the parameters of recovery capital growth and barriers and provides a framework for larger scale studies in future.

Notes

1. BAC-IN is a peer-led drug and alcohol recovery support service specializing in supporting people from Black Asian and ethnic minority groups in Nottingham.
2. Dear Albert is a peer-based lived experience recovery service in Leicester.

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