

Effectiveness and Key Components of Recovery Communities: A Rapid Review

American Society of Addiction Medicine (ASAM) 57th Annual Conference – April 23, 2026

Devoe, Dan^{1,A}; Grubac, Vanja^{1,A}; DiMarzo, Alessia^{1,A}; Kovacs, Aidan^{1,A}; Day, Nathaniel^{1,A}

1. Canadian Centre of Recovery Excellence, Calgary, AB, Canada, A. Nothing to Disclose

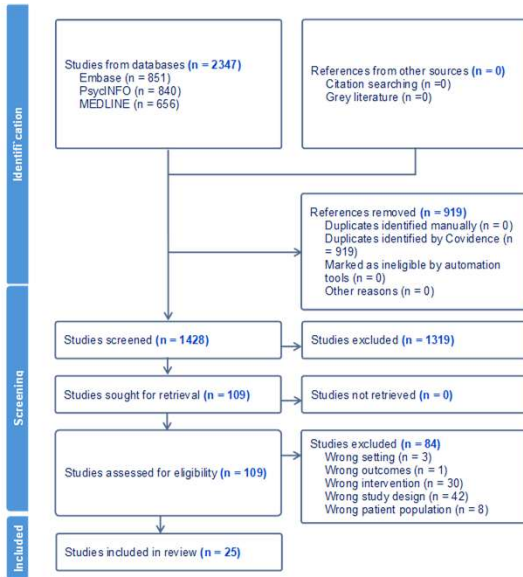
INTRODUCTION

- Recovery communities (RCs) provide holistic, community-based support that addresses physical, mental, social, and spiritual dimensions of long-term addiction recovery.
- Models include recovery housing, recovery residences, and peer-led communities with peer-driven structures and person-centred supports extending beyond clinical treatment.
- Despite growing implementation, recent syntheses of outcomes and effective components of recovery communities are limited, particularly in high-income Western settings.
- This rapid review was conducted to inform the implementation and evaluation of 11 RCs in Alberta, including five Indigenous-led sites emphasizing cultural safety, holistic wellness, and equitable access.

METHODS

- Search:** A literature search was conducted in MEDLINE, Embase, PsycINFO.
- Selection:** Studies published between 2015-2024 were screened for inclusion by two independent reviewers.

Figure 1. PRISMA Flow Diagram



RESULTS

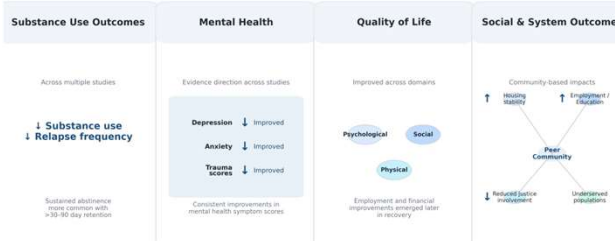
Participant and Study Characteristics



Table 1. Program characteristics

Model type	Typical setting/structure	Common population features
Therapeutic communities	Long-term, drug-free residential, phased programs, strong peer norms	Adults with severe SUD, often justice-involved, polysubstance use
Recovery Residences	Recovery-oriented housing, varying staffing intensity, community-based	Individuals exiting treatment/justice, housing instability
Mutual-aid/peer models	Peer-run groups or residences emphasizing shared lived experience	Broad SUD populations, often with co-occurring mental health issues

Outcome Across Recovery Community Studies



CONCLUSION

Key Findings

- RCs improved substance use, mental health, social functioning, and quality of life.
- Peer support, program structure, and sense of belonging emerged as core mechanisms driving multidimensional recovery, with recovery capital gains strongly linked to sustained abstinence and stability.
- Retention beyond 30-90 days was associated with better long-term outcomes.
- Qualitative themes highlighted identity transformation, empowerment, and reconnection with family/community as key to non-linear recovery processes.
- Standardized tools facilitated multi-domain assessment, with peer-embedded models showing high satisfaction among underserved groups.

Limitations

- Most studies were observational with heterogeneous designs. Outcome measurement varied across studies, which limited the ability to compare findings directly.
- Recovery capital and substance use were measured frequently, but mental health, identity, social functioning, and long-term stability were assessed less consistently.

Equity Considerations

- RCs counter stigma, racism, housing precarity, and criminalization through culturally grounded, peer-driven supports.
- Alberta's 11 sites center lived experience to advance equity and align with the Truth and Reconciliation Commission of Canada (TRC) calls to Action 19 and 22.

REFERENCES

- Ashford RD, Brown A, Canode B, Sledd A, Potter JS, Bergman BG. Peer-based recovery support services delivered at recovery community organizations: predictors of improvements in individual recovery capital. *Addict Behav.* 2021;119:106945.
- Best D, Sondhi A, Best J, Lehman J, Grimes A, Conner M, et al. Using recovery capital to predict retention and change in recovery residences in Virginia, USA. *Alcohol Treat Q.* 2023;41(2):250-62.
- Garritty C, Hamel C, Trivella M, Gartlehner G, Nussbaumer-Streit B, Devane D, et al. Updated recommendations for the Cochrane rapid review methods guidance for rapid reviews of effectiveness. *BMJ.* 2024;384:e078112