

Effect of Peer Recovery Coaching on Relapse Prevention in Post-Rehabilitation Patients

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ABOUT THE STUDY

Substance Use Disorder (SUD) is a chronic, relapsing condition that often persists beyond the initial phase of detoxification and rehabilitation. While inpatient and structured outpatient treatment programs provide a strong foundation for recovery, the post-rehabilitation period remains a vulnerable phase characterized by high relapse rates. One emerging strategy to address this critical transition is the use of Peer Recovery Coaching (PRC), a model in which individuals with lived experience of addiction support others through mentoring, accountability, and empowerment. This article evaluates the effectiveness of PRC in preventing relapse among post-rehabilitation patients in Portugal, with a particular focus on sustained abstinence, psychosocial stability, and treatment engagement.

The study followed a cohort of 200 individuals discharged from rehabilitation centers in Lisbon, Porto, and Coimbra between 2022 and 2023. Half of the participants (intervention group) were assigned a certified peer recovery coach upon discharge, while the remaining participants (control group) received standard aftercare services such as periodic outpatient visits and support group referrals. Coaches provided weekly one-on-one sessions, crisis support, goal-setting assistance, and referrals to housing, employment, and mental health services. Over a 12-month follow-up period, data were collected through self-reported substance use surveys, clinical interviews, and urine drug screenings.

The results revealed a notable difference in relapse rates between the two groups. At six months, 74% of the coached group remained abstinent, compared to 52% in the control group. By the twelve-month mark, 61% of those with peer coaches maintained continuous sobriety, while only 38% of the control group achieved the same outcome. Additionally, participants in the PRC group demonstrated improved psychological well-being, stronger social networks, and higher satisfaction with recovery-related services. These findings suggest that peer recovery coaching not only supports abstinence but also enhances the broader conditions that sustain long-term recovery.

The core strength of peer recovery coaching lies in the shared experience between coach and client. Participants repeatedly emphasized how being supported by someone who had “walked the same path” created a sense of empathy, trust, and relatability that traditional clinicians could not always provide. This dynamic helped break through feelings of shame and isolation, common barriers that prevent individuals from seeking or maintaining help. Moreover, coaches modeled successful recovery and provided practical tools for coping with triggers, managing cravings, and navigating daily life challenges without substances.

Another key aspect was the emphasis on holistic recovery rather than merely avoiding substance use. Coaches supported participants in rebuilding their lives by helping them reconnect with family, find employment, enroll in education or training programs, and engage in community service. These goals promoted a sense of purpose and self-efficacy, two crucial elements in preventing relapse. The flexibility of PRC also proved beneficial; meetings occurred in homes, parks, cafés, or over the phone, offering a level of accessibility and informality that lowered psychological and logistical barriers to care.

However, challenges did arise. Not all coach-participant pairings resulted in positive outcomes. Compatibility, communication styles, and the severity of the participant’s mental health condition played roles in determining the success of the relationship. Some individuals required more intensive clinical intervention than a peer coach could offer, highlighting the importance of integrating PRC within a broader network of professional support. Furthermore, the profession of recovery coaching in Portugal remains underregulated, raising questions about standardization, training quality and ethical boundaries.

Despite these challenges, the overall results indicate that peer recovery coaching can be a powerful adjunct to traditional treatment models. It provides continuity of care, addresses the real-world complexities of recovery and fosters a sense of community and mutual support. In particular, its relevance in urban areas with overburdened mental health services is significant. As Portugal continues to advance its progressive stance on drug policy and recovery support, formalizing and

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expanding PRC programs could play a vital role in national relapse prevention strategies.

In conclusion, peer recovery coaching shows strong promise as an effective, scalable, and empathetic intervention for individuals transitioning from rehabilitation to independent recovery. By leveraging lived experience, fostering trust, and focusing on holistic well-being, PRC bridges critical service gaps and empowers individuals to sustain sobriety in the face of real-

life stressors. The findings from this study suggest that incorporating peer-based models into standard post-rehabilitation care may significantly reduce relapse rates and enhance long-term recovery outcomes. For Portugal and other countries seeking cost-effective, community-driven solutions to substance use challenges, peer recovery coaching represents an evolving but impactful model deserving of broader support and investment.