The Ripple Effect: Addiction, Recovery, and the Power of Peer Support

Sonya Johnson, *CRPS*
Adult Peer Program Manager
NAMI Sarasota-Manatee
DOI: https://doi.org/10.5038/usfdj.1.4

Point of View Commentary

When people talk about the impacts of substance misuse, the focus often lands on the individual who is trapped in the cycle. But from what I have lived, and what I witness daily in my professional role, addiction has an infinite ripple effect through systems, institutions, families, and communities. The effects are profound, long-lasting, generational, and deeply human.

In 2019, my family and I entered the child welfare system. I was a parent struggling terribly with substance misuse. The ripple effect of unaddressed trauma had led me into a cycle of addiction that I could not escape. Eventually, it resulted in my children being removed from my care and a repeated cycle of incarcerations. What I remember most vividly is not just the pain of losing them, but the isolation and desperation that followed. I was terrified, ashamed, and overwhelmed. The system had expectations of me changing my life for the better, but I did not believe in myself back then, and no one explained what I was going through in a way I could understand. I was given a case plan but not a roadmap. I had no idea what success looked like or how I was supposed to get there.

Had it not been for a series of unfortunate events, I might never have found my path to recovery. The truth is that the dependency system didn't help me get sober; meeting people with lived experience did. While I was incarcerated, the jail allowed volunteers with lived experience to come in and speak with us. They were people who had once been where I was and had found a way out. They didn't speak from authority or judgment; they spoke from understanding. After

twenty years of struggling with substance use and feeling hopeless, I finally saw proof that recovery was possible. Their stories gave me hope, language, and direction when nothing else could. That encounter sparked something in me, a belief that change was possible and a desire to help others the way someone once helped me.

Today, I serve as the Adult Peer Programs Manager at NAMI Sarasota and Manatee Counties, where I oversee the Parents for Parents Program (P4P) and the Overdose Prevention and Education Program (OPEP). Both programs share a common purpose: connecting lived experience with people in need who are often navigating systems that feel impersonal or impossible. Every day, I see how lived experience bridges the gaps that leave individuals and families floundering in the courtroom, in treatment programs, and in everyday life. It is not just about offering services; it is about creating trust within systems that many have come to fear. When people feel seen, heard, and truly supported, transformation becomes possible.

Addiction fractures more than one life at a time. It affects individuals, their children, their partners, their parents, and everyone connected to them. Childhood trauma can change the trajectory of a life. Parents face the dual challenge of finding recovery while navigating systems that are complex, fragmented, and often punitive. Families frequently lose not just custody, but housing, employment, and stability along the way.

Communities feel the strain too. Child welfare agencies are overwhelmed and understaffed, courts are backlogged, and behavioral health systems are under-resourced. Case managers juggle more referrals than they can manage, often mandating people to a one-size-fits-all service plan that does not meet their real needs. These systemic gaps do not just delay progress; they can keep individuals and families from achieving stability or recovery altogether.

Addiction is not an isolated problem. It is a public health crisis that touches schools, hospitals, neighborhoods, and every corner of our community.

From my own journey, and from supporting hundreds of individuals and families, I have learned that recovery is possible, but that no one does it alone. Systems of care work better when they treat people as partners rather than problems. Lived experience is not just helpful, it is essential for building trust and modeling hope.

I have also learned that effective support meets people where they are. If housing is the barrier, that is where we should start. If transportation or childcare is the issue, that is where we should focus our energy. When recovery support reflects someone's actual circumstances, outcomes improve. It is about humanizing the process and ensuring that every plan, service, and policy promotes stability, not shame.

We need to reimagine how we respond to substance use and mental health challenges at every level, from prevention to intervention, from recovery to reunification. Instead of punitive, cookie-cutter approaches, we must ground our system of care in compassion, creativity, and dignity. Professionals, policymakers, and researchers should not only invite lived experience to the table, they should work alongside it. Nothing about us without us! Real change happens when we co-create solutions with the people who have survived these systems and understand what actually works.

To move toward that vision, I believe in three priorities. First, we must expand peer support across systems. Every individual or parent navigating recovery or the child welfare process should have access to a peer who understands their journey. Embedding peers into courts, hospitals, treatment centers, and community organizations can transform outcomes. Peer

roles are not add-ons; they are essential components of every system that touches behavioral health.

Second, we need to individualize support and services. Plans should reflect real circumstances, whether the core issue is housing, employment, mental health, or substance use. Tailoring services reduces wasted resources, improves engagement, and helps individuals and families move forward more quickly. Recovery is not one size fits all, and our systems should not be either.

Finally, we must go upstream. Too often, our systems respond only after a crisis has occurred. We need to shift from being reactive to proactive by investing in prevention. This is not just a systems issue; it is a community issue. Substance misuse, family separation, and untreated mental health challenges affect all of us, and lasting change requires all of us. We must build and incentivize programs that strengthen families before they reach the breaking point, empower youth to make healthy choices, and create communities where prevention is not an afterthought but the foundation of well-being.

I stand today as both a mother in recovery and a professional leading programs that change lives. My story could have ended very differently, but because I found support, I was able to rebuild. Now, I have the privilege of walking beside others as they do the same. I see the courage it takes to start over, to face systems that once seemed impossible, and to rebuild trust with one's family, one's community, and oneself.

Addiction may begin with pain, but recovery begins with connection. If we invest in people, lead with compassion, and center lived experience in every system of care, we can build a future where prevention, recovery, and hope are possible for everyone.