Let's Talk About Recovery

Conference highlights and presentations

Contents

Overview

More than 100 people from a wide variety of community and statutory services in Dublin's north inner city attended a recent conference on addiction recovery in the Aisling Hotel, Parkgate Street.

Organised by the Northwest Inner City Network and Soilse, the conference was entitled 'Let's Talk About Recovery'. It opened with an overview of a ground-breaking study, *Addiction Recovery: A Contagious Paradigm*. This was followed by a moving testimonial from a former Soilse participant who is now a recovery coach.

Four workshops on 'recovery and services' and 'recovery and communities' brought a range of insightful contributions from those attending the conference. After a feedback session, the conference heard two further presentations, one looking at the experiences and views of people in recovery, the other exploring how national policy supports the recovery agenda. The conference concluded with remarks from Gerry McAleenan, head of Soilse.

Highlights of the various presentations are given below. You can read the speakers' full presentations in the appendices.

Addiction Recovery: A Contagious Paradigm!

Martin Keane, Health Research Board

This study puts the case for reorienting Irish drug treatment and rehabilitation services away from a harm reduction model to a recovery model. It was produced by Keane, Prof. Joe Barry of Trinity and Gerry McAleenan of Soilse and published earlier this year.

According to Martin, meaningful, sustained recovery takes place in communities. He said there has been a shift in recent years in the US, UK and increasingly in many European countries to place recovery at the centre of national policy.

In Ireland, rehabilitation is the 'fifth pillar' of the national drugs strategy. However, he said, the notion of rehabilitation has become entwined with medical treatment over the years. Moving to a recovery paradigm would move rehabilitation beyond entanglement with medical treatment, he said.

Martin outlined the 12 principles of recovery and said that addiction services needed to follow these principles to reintegrate people into their communities. He quoted people in recovery as saying that "services need to give people hope".

He went on to explain the concept of recovery capital which is the sum of resources that people need to begin and sustain recovery. It has four dimensions: social, physical, human and cultural capital. These are explained in Martin's presentation in Appendix 1.

Martin also described the Rat Park experiments and the lessons they offer for both communities and addiction services. When caged rats were placed under stress and then given the opportunity to relieve their stress through morphine, they all did so. However, when the rats were placed in a 'park' with good conditions (for rats!) and offered morphine, none of them took it. This indicates that the difference between becoming addicted or not addicted might be the difference between seeing the world as your 'cage' (where you are trapped and stressed) or seeing it as your 'park'.

In conclusion, he called for a fresh way of thinking about recovery.

Journey to recovery coaching

DJ, former Soilse participant who has trained as a recovery coach

"I grew up in a family of nine in the south inner city flats. There was a lot of crime and poverty, drink and drug use in the area. I didn't get much education, no school. I didn't really have any good relationships. I'd bad communication skills. There was a lot of violence. I'd no knowledge of a better life.

I moved to Crumlin to try get away from the madness of all the drama in the flats but the problem only got worse. I started to use harder drugs. I had dabbled in the flats (in soft drugs) before I moved to Crumlin and took more and more. I committed more crime too. Soon I was getting into a lot of trouble and going to prison.

I became a young father but wasn't there [for my child]. I was too busy taking drugs and not stepping up to the plate. The problem just got worse. I was powerless over the drugs and not caring about anybody else.

There was a lot of death in my family due to drug use and drink, suicide, drink-related death. At the end of my using I thought I was going mad. I was so lonely, scared and afraid, paranoid. I thought I was going to die. I ended up in a padded cell looking at the window and thinking about killing myself. That's when I knew I needed help.

I went and did a detox, got off the phy [methadone]. I met someone that was in recovery and that understood me and he suggested a few things to me. From there I went and asked for help. I ended up going to High Park, got a better understanding about life and learned about Daniel and who I was. I did my life story and dealt with a lot of issues that I had.

From there I went Soilse where I learned how to live on the outside without using drugs and what I needed to do to stay clean. I was willing to do anything because I was in hell and didn't want to go back. So I did aftercare, went to meetings, got a better education. In Soilse, I learned I was dyslexia. I used to think there was something wrong with me, I thought
I was stupid. But I went on to do a Return to Learning [course] in Soilse in addiction studies and health and fitness.

From there I went on to college and furthered my education in sports and fitness. I also did a recovery coaching course in DCU. I went back to Soilse to work on

placement and share some of my experience with some of the clients there and give them some hope.

Today I want to give somebody hope. If you hear nothing else from this talk, take this on board. I didn't know I had hope but as Sonya always said I just kept turning up. That taught me every day that I would learn or achieve something, no matter how big or small. My education started the day I gave up the drugs and it continues every day in recovery. Life is not a destination but a journey and it can be one you enjoy."

About how difficult it was to start his dream…
"I tried many times. I don't think I was ready. I did detoxes everywhere. I was broke at the end. I had lost half my family through addiction and suicide. I just had enough, I suppose."

About the most significant challenge he faced…
"Learning to go into my family and community because the family and community aren't changing. I still have family in active addiction. Recovery on a daily basis is a challenge for me."

About where he needed support…
"I needed support everywhere, for example how to go into a shop and buy stuff without feeling ashamed. I needed a lot of help around education. I always felt stupid."

About how he would change services to make them more productive…
Provide child support for young mothers and housing for people coming out of addiction.

Workshops

Recovery and Addiction Services
How can our services be part of the recovery journey?

Some of the themes to emerge in relation to services were the need for:

- ongoing needs assessment and the use of long-term care plans;
- achievable short-term, medium-term and long-term goals;
- positive reinforcement and encouragement for service users;
- better integration of services to avoid duplication, in particular improved links between mental health and addiction services to cater for clients with a dual diagnosis;
- more services for women, especially around childcare, and a focus on the barriers that women face in trying to engage with recovery;
- elimination of gaps in services, for example aftercare. Where there are gaps, a client is more vulnerable to relapse;
- housing options for people at all stages of the recovery journey, not just for those who are drug-free.

See Appendix 2 for more responses from the recovery and services workshops.

Recovery and Communities
How can our community promote and build awareness of recovery?

Among the ideas coming from the workshops on communities about how to promote recovery, were:

- using positive, recovery language;
- promote positive options out of recovery;
- promoting recovery coaches especially as role models in schools, treatment centres and so on;
- developing recovery forums
- educating and uniting communities around recovery.

See Appendix 3 for more responses from the recovery and communities workshops.

Understanding recovery and recovery initiatives
Barbara Condon, Finglas Addiction Support Team

This presentation was based on research conducted by Barbara Condon of FAST to explore understandings of recovery from addiction. It involved focus groups with people in recovery, family members and stakeholders.

The research found that recovery was a unique personal process and much more complex than just obtaining abstinence from drugs. Recovery involved self-awareness, identity change and stigma. Communities played an important component in recovery and were full of assets and resources that could be used to support recovery. The study concluded that building recovery capital was the way forward. See Appendix 4 for Barbara's full presentation.

How does national policy support the recovery agenda?
Aoife Davey, National Social Inclusion Office, HSE

Aoife outlined 40+ years of drug policy and noted that the principles of recovery have been reflected in national policy since 1971. However, the concept of recovery was more relevant now for two reasons: the 2010 National Drugs Rehabilitation Framework (NDRF), which places the service user at the centre of services, and the introduction of the Quality in Alcohol and Drugs Services (QuADS) organisational standards. Both are named in the HSE Service Plan and in service level agreements (SLAs) that the HSE holds with many community services. Both will lead to improved services for recovering drug users, she said. See Appendix 5 for Aoife's full presentation.

Closing remarks

Gerry McAleenan, Soilse
"Today's full attendance, the fact we had to turn so many people away, and the message from our speakers and recovery coaches shows there is a real momentum behind recovery.

September is International Recovery Month and this conference is the culmination of that sequence of activities to highlight recovery. We had recovery workshops in two Task Force Areas, TRP in Tallaght and NWICN here. We had a Boot camp in Phoenix Park with 150 attending. The HOPE ceremony of commemoration in Sean McDermott St also saw a large attendance, including the Lord Mayor of Dublin, with the past being remembered but also an emphasis on recovery and the future. The Recovery Walk again saw a substantial attendance walking around Dublin City Quays. There was community radio coverage on recovery, many other events and our conference today for service providers with a community focus. We may be behind the UK with Manchester's Recovery Walk having 8,000 in attendance, but the challenge is to catch up fast.

Today's conference was hosted by the North West Inner City Network. Its aim was to bring local services together: to inform the debate on recovery, to put recovery at the centre of our discussion on drugs and to inform policy. We have a poor record of conferences, meetings and networks in Ireland so an event like this is a useful opportunity to inform opinions and exchange views.

You heard today of the growing evidence and policy base on recovery. Granfield and Cloud's (1999) study shows there are many ways to recovery including natural recovery. Many people can and do independently recover outside [the addiction] services. Cloud and Granfield (2008) also conceptualised recovery which identified the capital that allows this to happen.

The work of Martin Keane (2011) in Soilse on education and recovery and the research published demonstrate how recovery capital is accumulated. The NDRIC Framework (2010) and the Northern Area Review (2013) led by Siobhán Rooney both aim to put structures and systems in place to facilitate the recovery journey. Indeed, Soilse is part of a continuum of care that includes detox, residential treatment and day programmes that facilitates this recovery journey where people can move in or out of these options as need requires.

Policy in the US, England and Wales, and Scotland puts recovery as the organising construct for addiction services. The recovery report (*Addiction Recovery: A Contagious Paradigm!* 2014) which you can get a copy of at the door was designed to inform the treatment debate in Ireland and show how beneficial putting recovery at its centre can be.

I want to thank Grainne Foy and the staff in NWICN and the Drug Working Group for organising this event; Sonya Dillon and the staff in Soilse for their contribution; Martin Keane for his tour de force; DJ for the eloquence and power of his story which will burn in my mind for a long time; Barbara Condon for sharing her research; and Aoife Davey for outlining the NDRIC Framework and showing how it complements

recovery. I also want to thank the workshop facilitators, note takers, recovery coaches and all of you for attending.

For every recovery coach you saw here today, there are a multiple of people in recovery. NWICN intends to run a conference in January for service users. As Barbara stated, Soilse, FAST and other parties will host a major recovery forum this time next year. To conclude, if you take one message from here today it is the 12th principle – recovery is a reality. Thank you."

Appendix 1 – Addiction Recovery: A Contagious Paradigm!

Recovery and communities

- **Recommendations: Recovery and communities**
- Undertake work with local communities to inform them that people do recover from addiction.
- Undertake work with local communities to address the stigma that people in addiction recovery perceive and experience.
- Support communities to develop recovery forums to build awareness of recovery.
- Support communities to develop networks with relevant stakeholder groups, for example medical professionals, to promote recovery.
- Promote the role modelling of recovery in communities to motivate and inspire others towards recovery.
- Promote the development of recovery sub-committees in local and regional drugs task forces.
- Promote the development of social inclusion and social economy options to facilitate recovery.

Addiction Recovery: A contagious paradigm

- The policy context: EU Action Plan on Drugs (2013-2016) calls on member states to implement recovery and social re-integration services
- The views of stakeholders: Mid-term review of NDS 2005 and Rehab pillar
- A conceptual framework for promoting recovery: Recovery Capital
- The 12 principles of recovery
- The Soilse Symposium and workshops
- Narratives of people in recovery
- Conclusions and next steps

The MACRO Gaze

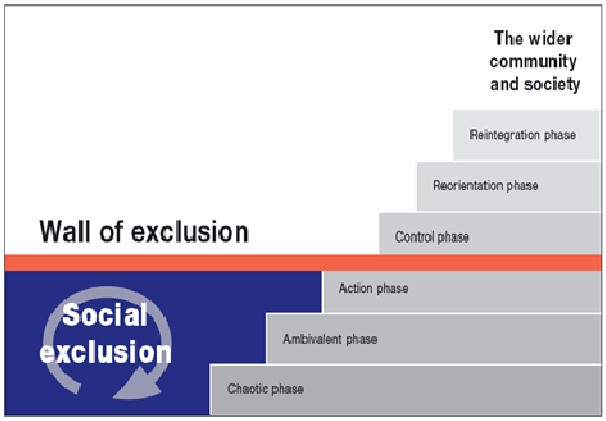
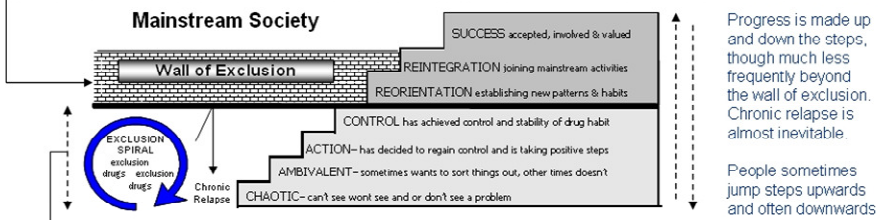


Figure 10.1 Steps to social reintegration (Buchanan 2004)

STEPS AND BARRIERS TO REINTEGRATION

Bricks in the Wall of Exclusion

1. Government Voices - *'hardly a family is unaffected by the evil of drugs … ruin individual lives, tear open families and blight whole communities… vicious circle of drugs and crime … dealers will face harsher sentences where they prey on children … Drugs are a scourge on the world'*
2. Community Voices - *'there's always junkies … they fight people are aggressive, do dealing in houses, break-ins and steal from cars … …get rid of all the junkies… nuke the junkie scum'*
3. Drug User Voices - *'They look down on me as scum of the earth and as someone not to be associated with' another said 'They see me as a drug addict, a smackhead and they think I'd rob them'*
4. Media Voices – *'Cannabis caused a 14-year-old to kill' …. 'Woman murdered was deliberately run down by suspected drug addicts'*



Progress is made up and down the steps, though much less frequently beyond the wall of exclusion. Chronic relapse is almost inevitable.

People sometimes jump steps upwards and often downwards

The vast majority of drug interventions are focused upon helping people who are below the wall of exclusion: *Drug information and harm reduction advice; drug counselling; prescribing; detox; needle exchange, DTTOs etc*

Services often fail to acknowledge or address the personal, cultural and structural disadvantage and discrimination that makes it extremely difficult for recovered problem drug users to progress beyond the wall of exclusion and become socially accepted and integrated

The MESO Gaze

1. There are many pathways to recovery.
2. Recovery is self-directed and empowering.
3. Recovery involves a personal recognition of the need for change and transformation.
4. Recovery is holistic.
5. Recovery has cultural dimensions.
6. Recovery exists on a continuum of improved health and wellness.
7. Recovery emerges from hope and gratitude.
8. Recovery involves a process of healing and self-redefinition.
9. Recovery involves addressing discrimination and transcending shame and stigma.
10. Recovery is supported by peers and allies.
11. Recovery involves (re)joining and (re)building a life in the community.
12. Recovery is a reality.

12 principles of Addiction Recovery: Sheedy and Whitter; 2009

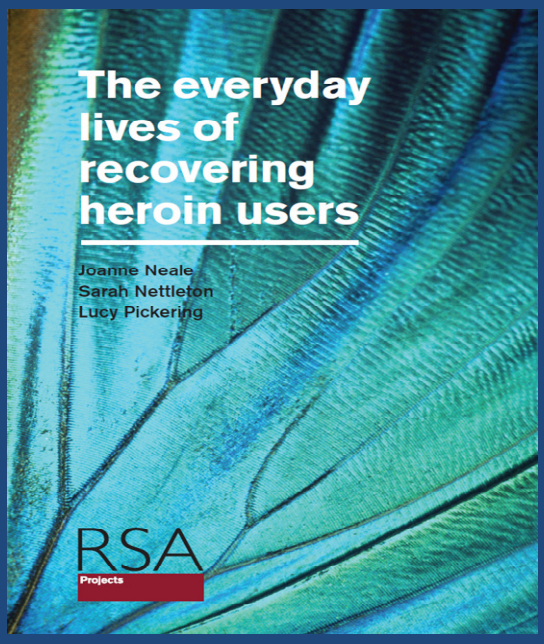
The MICRO Gaze

1. Social capital	The sum of resources that each person has as a result of their relationships with, support from and obligations to groups to which they belong.
1. Physical capital	Tangible assets such as property and money that may increase recovery options.
1. Human capital	Personal skills and education, positive health, aspirations and hopes.
1. Cultural capital	Values, beliefs and attitudes that link the individual to social attachment and the ability to fit into mainstream social behaviour.

Four dimensions of Recovery Capital: Cloud and Granfield; 2008

Emphasising the biographical narrative

- '…Personal accounts are very good for generating debate, highlighting common concerns, and combating unhelpful myths and stereotypes. They can also reassure, inspire and motivate others…By reporting the actual words of [people in recovery] we [can] produce an accessible resource for those who want to understand how recovery is really experienced from the perspectives of drug users themselves…' (Neale *et al*. 2012:14)



Recovery perspectives

•I began to feel accepted and that I belonged to a community in Finglas. This was wholly reaffirmed by the support from locals in our community. I had chances to rob but wouldn't as **I didn't want to let [the] community down**, have cops knocking at the door, lose the house. People saw something we couldn't see – it was recovery.

•**I just needed to be shown how to live**, how to deal with the misery of my past and of my addiction, how to cope with life, how to have true friends, how to be a true friend, how to love, how to eat properly, how to maintain personal hygiene, how to have a routine, how to interact with my family, how to interact with society, how to have ethics, morals and values.

•The freedom I have received from recovery is immense

Recovery perspectives

- "…I saw the good life of those in recovery and began to buy into the process…" **Recovery is contagious**
- "…I saw the recovery process as a job. I put a lot of effort into [my recovery]…" **Recovery labour**
- "…My neighbours leave their keys with me when they are going on holidays…I get Christmas cards from all my neighbours and I get invited to weddings. Prior to this, I only ever attended funerals…" **Social capital**

Recovery perspectives

- Recovery appeared to mean different things to each participant and ranged from simply getting onto 'methadone maintenance' towards 'complete life change involving new friends, new environments, new relationships, employment prospects';
- "Two years ago it would have just meant, going into detox and coming off drugs, but recovery to me is a lot more than that, **recovery to me is getting back to the issues, that led you to the drug taking**...There are all different reasons. I don't believe anyone can just stop methadone without putting everything into order before hand, otherwise you still have the civil war in the head that you have had for years…use or not use. Recovery is an individual thing, recovery isn't just coming off methadone, its a hell of a lot more than that, its about occupying time, trying to get back into society, trying to get back to the normal things, its filling the void that the heroin and everything that comes with the heroin use, the friends , parties." Male aged 29-33 years
- Van Hout, Marie Claire and Bingham, Tim (2011) **Holding pattern**: an exploratory study of the lived experiences of those on methadone maintenance in Dublin North East. Dublin North East Drugs Task Force, Dublin .

Recovery perspectives

- I feel that SAOL has helped me a lot in my recovery. It showed me **a new way of life.** It was a great influence in **my education**, gave me **hope** and encouragement and also forced me to challenge and acknowledge **health issues**
- They learned me **the tools** to see that I am worth recovery and a great life. And move away from an abusive relationships. They helped me realise I was worth more.
- Seeing people getting clean, I wanted it for myself and kids **(Recovery Contagion)**
- SAOL, participants and staff, create an environment that makes recovery a desirable thing. As the customer once said, "***I'll have what she's having!***"
- McCarthy D and Broderick G (2013) 'I'll have what she's having': the experience of SAOL as researched by the women of the SAOL project. Dublin: The SAOL Project.

The RAT Park experiments!

- What can we learn from the work of Bruce Alexander?
- Severely distressed animals, like severely distressed people, will relieve their distress pharmacologically if they can
- What if the difference between becoming addicted and not addicted was the difference between seeing the world as your 'park' or seeing the world as your 'cage'?
- Social dislocation and the Globalisation of Addiction

Concluding remarks

Appendix 2 – Workshops – Recovery and Services

How can our services be part of the recovery journey?

Workshop 1

- Ongoing needs assessment
- Continuum of care (stages)
- Smart → (specific, measurable, attainable, realistic, timely)
- Keyworking (professional), care planning
- Across all services (statutory + community + voluntary)
- Outcome oriented!
- Support for families
- Women in recovery
- Cultural responses – minority groups

Workshop 3

- Better integration
- Mh services: disjointed, can overlap, duplication
- Lack of co-operation between services – to be more client-focused
- Solution – case management by primary care agent/lead
- Currently worker dependent/not policy
- Block in system because of lack of communication
- Emphasis on 'case mgt.'? Vs. Individual?

What works

- Self-refer, maturity of the person, education as key aspect
- Client can mistrust GPs, statutory agencies
- Recovery – very much an individual thing
- Fragmentation of communication between services – deterioration
    - Common sense approach
    - Who is accountable? (how to bring more accountability into the system?
    - Relationships can be damaged – if case falls down

Funding

- Question what's being done
- Question the outcome potential
- Joined-up thinking
- Assessing service level agreements

Review Service Level Agreements

- NDRSA framework – Where does this question fit into this?
- Principles, not details, of local level services
- National framework → to complement this
- Split in services – MH vs. Treatment
    - Dual diagnosis

    - historical split
- Are there enough services? Is there someone to navigate the person through this (housing etc)?
- Collective approach
- People in recovery as drivers of change
- Who drives change? Does it come from services? How to change this?
- Ask service users
- Through evaluation:
    - What works
    - Quality of…
    - Inclusion
    - How to do better
- 90% effect own recovery
- Recovery capital as driver of change
- Aftercare brings people 'outside' of services
- How to support people in recovery to develop networks?
- How to expand recovery coaching?
- Create options – How to?
- Social outlets group not based solely on addiction

Barrier - Childcare

- Very little services → i.e. to spend overnights with children
- Household skills are poorly resourced
- Childcare options for women going into education
- In addition – Learning difficulties not being resourced
- Gaps in level of education i.e. 3-5 FETAC
- Poor progression paths
- Not enough women-only programmes for personal development, parenting
- Awareness of services is slim
    - Information limited to service alternatives
    - More information in clinics
- Services 'plugging' own services?
- Lack of awareness
    - Streetwork
    - Outreach
- Money into condensed services at start of recovery but when someone 'gets through' there is minimal choice in next step
- Bolster aftercare
- secondary + subsequent steps in recovery
- Whole person – housing piece is missing, closures in Services in drug-free aftercare, i.e. hostel accommodation following detox programmes leads to vicious circle for people
- Aftercare – very hard to capture in 2-hr group
- Longer-term aftercare services needed
- Practical assistance is needed, one-to-one's
- Drug free workers!
- Not enough short to long-term housing

- Not enough move-on options plus the lack of private rented accommodation
- Not enough housing for active users + lack of stability /impact of this + consistent non-judgemental support

Appendix 3 – Workshops – Recovery and Communities

How can our communities promote and build awareness of recovery?

Workshop 2

- Promoting idea of HOPE
- Using recovery / positive language
- Outreach to schools
- Promoting recovery coaches
- Definition of 'community'
- What are blocks to awareness and how to address them
- Stigma for siblings of drug users
- Difference – recovery and treatment
- Recovery forum
- Services to get on board with recovery
- Educating local reps around recovery
- Unite communities nationwide around recovery
- Displacement / homelessness – huge barrier
- Anti drug / negative feelings in communities
- Communities – more than addiction, there are other parts to it
- Develop services for people in recovery that would be leading to reintegration
- Fear plays part
- Access all parts of communities
- Recovery coaches to clinics:
    - Get information out there
    - Weekly sessions for clients
- Stigma – media reporting - positive not negative
- Visibility of recovery model
- Need services, local reps etc. to work together
- Model needs to be all inclusive
- Recovery coaches – prison service
- Develop package for users: addiction to recovery
- Case management
    - North Inner City
- GPs looking for info
- Evidence based approaches
- Look at causes of addiction
- Use people in recovery to make changes
- Low expectations for children in working class areas
- Engage communities in wider way
- Address conditions

- Promote way out of drug use
- Promote options
- Not to stigmatise users further by promoting recovery
- Recovery vs. harm reduction continuum
- Role of education in people's lives is unquestionable
- Promote people's strengths
- How do we engage with statutory agencies, government, communities etc.
- Network services
- Commonality between recovery and adult education
- Working with people from where they are
- Benefit of recovery coaches taking part in task forces and subgroups
- Opportunity to get involved in local communities
- Need to promote coaches, circulate the info
    - What do they do that is different?
    - How to integrate them into services?
- Blend coaches into services
- Recovery coaches work at all levels
    - No boundaries
    - Been there
    - Have experience

Workshop 4

- How can we get our communities?
- Local services to promote (posters, events, café, newsletters…)
- People / families are heart of our communities
    - Communities change over time - it is necessary to move with the times.
- Recovery is not visible
- Family - Irish context (Ireland →drink/drugs)
    - Social aspect is OK at the minute
- Stigma → alcoholism in the community – openly in recovery
    - Info → recovery – experience
    - Open meeting NA→AA – NAA (people who are not in addiction but affected by experience)
    - Stories of struggle shared, but of hope too
- Every family in this day and age is affected by addiction
- Celebrity status – media – Why not public domain?
- Drawing a line between alcohol and drugs is not helpful
- Sub-group around recovery? Within a task force structure?.
- Are people interested if they are not affected?
- Services not available
- Court – Treatment (Medical Services) – had doctor suggested treatment
- Readiness Scale → Not ready
- Recovery Care – Should be used to:
    - Promote recovery
    - Put positive out there
    - Police stations
    - GPs – surgeries – HSE

    - Care teams – remove blockages
- Seamless recovery pathways are required – (voluntary, statutory and communities)
- Housing – excluded by Dublin City Council
- Women – barriers: crèches/childcare – social capital
- Education – addiction – info available
    - Health services
    - Mental health
- Concerned parents / stood up / community lead
- Motivation of community
- Recovery evening group
- **Family Support**
    - Intervention
    - Schools / education
    - Have to be admired for getting help
- **Community** – Change – People → Domino Effect
- Inspiration to promote recovery
- Mental Health: Needs to be addressed
- Networking – can provide more together
- Recovery rorums: How?
- People have to get together
- Recovery coaches, organisations
- Agencies, parents and families
- **Holistic Package for Recovery:**
    - Aftercare
    - Meetings
    - Info
    - Education
    - Family
    - Word of mouth – planting seed
- **Schools: Part of cure**
- Primary School (age relevant – really young)
- Schools - education, family, drugs, effects, health – all interconnected
- Learning disabilities
- SPHE – School: young people talk – better effect on kids
- Mobilising communities (parents and kids programme – adaptable to all ages, removes the stigma)
- Note: Don't have to be in gutter to be an addict / alcoholic
- Methadone services are bottlenecked
- Communities need to talk lead
- For Recovery ---polar opposites → Not Ready
- Don't frighten people to change
- Has to be community led!
- Our community expectations – needs to be delicate
- Creating recovery culture in communities

Recovery Service

- Funding
- Support
- Giving back
- Childcare: Build up trust for this service to reduce stigma / recovery + children being part of that
- Young People Services: 14 – 21 years
    - reduce the stigma
    - change media messages
    - probation / SW see drugs as means to an end
    - young people need to be educated

Appendix 4 – Understanding recovery and recovery initiatives

An Understanding of Recovery in Addiction and the Potential of Recovery Initiatives

Barbara Condon
Finglas Addiction Support Team (FAST)

FINGLAS ADDICTION SUPPORT TEAM

"Recovery from addiction is a complex and dynamic process, with considerable variations across individuals. Despite historical and a recent surge of interest in recovery among many stakeholders in the addiction field, empirical research on recovery has been limited" **(Hser and Anglin, 2011)**

- Addiction is a complex and contested phenomenon
- Recovery from addiction is also complex

Drug Policy

"From an ideological perspective the major dilemma for the Irish, as for all, drug policy makers is to decide where and how explicitly to choose a place on the spectrum of possible drug policy positions. At one end of the spectrum there is a highly moralistic option of waging 'a war on drug'…the middle ground consists of the pragmatic preference of using strategies…aimed at reducing drug-related harm…while the other extreme…is the libertarian ideal of legalising all psychoactive drugs"

(Butler, 2007)

Research

Aim:

- To discover the experiences, perceptions and views of people in recovery and key stakeholders on addiction recovery and recovery initiatives at FAST

Objectives:

- To explore what understanding exists of the concept of recovery from addiction
- To ascertain participants' views on the recovery process and to see what weight or importance they attach to various initiatives – such as addiction counselling, family support, aftercare and peer or mutual support systems – of this process

Methodology

Research Design: Qualitative
Exploratory Research Method

Data Collection: Focus Groups

Data Analysis: Template analysis &
Phenomenological analysis

Profile of Participants

Stakeholders

- 90% of participants experienced practitioners in the field of addiction and 80% help senior positions
- Cross Section – medical, policy, academia, therapeutic, administration and management

Service Users – Individuals in self-defined recovery and family members

- Majority came from a working class background
- Some of the families have more than one family member with a substance misuse problem
- Not all individuals in self-defined recovery were drug free

The meaning of Recovery

Does recovery mean different things to different people, e.g. *does being off heroin but stable on methadone constitute recovery?*

or

Does one have to be drug free?

If someone is drug free but drinks alcohol – are they in recovery?

Perception of abstinence often differs:

Does abstinence mean no drug use, controlled drug use, and or certain types of drugs?

Is being abstinent *now and forever; now but not in the future*;

or *not now but in the future?*

Key Findings

Concept of Recovery

Definition of recovery

- Difficult to define
- Unique personal process
- Recovery is more complex than just abstinence
- Quality of Life

"***The road to self-discovery***" R4

"*Recovery to me equals happiness*" R5

"*…recovery is a much wider thing than just recovery for the person who is using…my recovery was me, my relationship with my sister and my relationship with the wider family…*" F1

Concept continued

Self Awareness

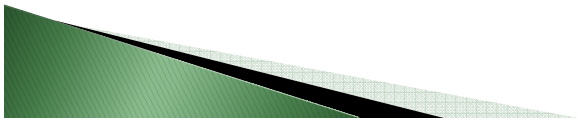
"Being fully awake" R2

- Awareness of self → critical in recovery journey
- Motivation and Belief
- Multiple recoveries (Keane, 2011)

Identity Change

- Identity transformation
- Half of respondents perceived link between personal identity and addiction recovery

"I needed to change me identity because me identity was killing me…normality was insanity, and insanity was normal…and that's what was killing me…so recovery is a major part of my identity" R4

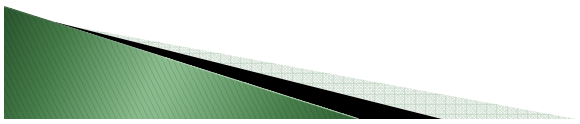


Stigma

- Study demonstrated deep level of stigma associated with addiction
- Stigma →major barrier to seeking help

"If I walk in there [addiction centre], I am labelled, or if I am seen walking out, I am labelled" **R4**

- Pain



Abstinence/Drugfree

- Mixed views on role of abstinence within recovery process
- Abstinence may be the ultimate goal but recovery was much more complex than just abstinence

"…I think for a lot of people it's an ideal…but I think if we label it as being just drug free, it can be counterproductive as well" S1

"…Everybody's recovery is different. But I think to do it right…eventually you do have to get rid of everything, yeah definitely…" R2

Community

- Important component in recovery model
- Advantageous to come from a working class (50% respondents)
- Recovery opportunities closely aligned to recovery capital
- Communities are full of assets and resources, service providers can help utilise these resources

"We can't do well serving communities…if we believe that we, the givers, are the only ones that are half-full, and that everybody we're serving is half-empty…there are assets and gifts out there in communities, and our job as good servants and as good leaders…[is] having the ability to recognise those gifts in others, and help them put those gifts into action".

First Lady Michelle Obama www.abcdinstitute.org/faculty/obama

Recovery Initiatives

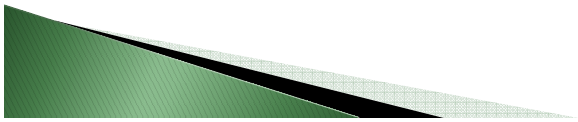
- Fellowships → critical peer support
- Recovery Champions e.g. Recovery Coaches
- Family
- Aftercare
- Open Access
- Mental Health
- Addiction Counselling
- Successful Narrative

Conclusion

- Study highlighted the complexity and variation of addiction recovery and recovery initiatives
- Define the concept? → Value in ambiguity
- Recovery paradigm has alot of potential to help motivated clients
- Building Recovery Capital is the way forward
- Narrative needs to disseminated more widely

Recommendations for Policy and Practice

- Develop an evidence base on the process and outcomes of recovery
- Measure recovery capital via assessment of recovery capital (ARC)
- Encourage service users in recovery to take on the role of recovery champions in their community
- Develop and expand aftercare support options
- Develop an inclusive model of care that incorporates harm reduction as an essential component of the recovery journey
- Develop family support options
- Facilitate a national symposium on addiction recovery regarding our policy response to substance use

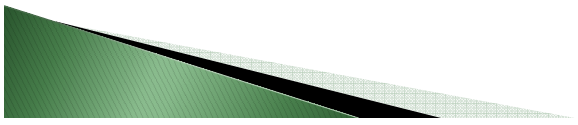


"Life is very interesting…in the end, some of your greatest pains become your greatest strengths"

Actress, Drew Barrymore, on overcoming her addiction

"If you are breathing, there is more right with you than wrong with you"

(Research participant in recovery)



Appendix 5 – How does national policy support the recovery agenda?

How does National Policy support the Recovery agenda?

How relevant is Recovery in Ireland?

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Recovery in national policy over the last 40 years…..

40+ years of National Policy…

- 1971 The Report of the Working Party on Drug Abuse: drug rehabilitation includes addressing accommodation, education, self-development, vocational guidance
- 1991 Government Strategy to Prevent Drug Misuse, treatment programmes linked to provision of social and employment skills. Was a lack of coordination between drug treatment, rehab and welfare services
- 1996 First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs- more needed on occupational and social skills training for recovering drug users.
- 2001 National Drugs Strategy 2001-2008 1,000 places for recovering drug users on special drugs Community Employment programmes
- 2005 Mid-Term Review of the NDS- focus on rehabilitation, not kept on methadone indefinitely but supported towards recovery
- 2007 Report of the Working Group on Drugs Rehabilitation- integrated rehab service to current, stabilised and former drug users
  - Vocational training, employment, education and accommodation needs

- 2009 National Drugs Strategy 2009-2016
  - Action 32: national treatment & rehab service that incorporates the recommendations from the Rehab Report.
- National Drug Strategy 2009 – 2016
  - Action 45: Quality & Standards for Addiction Services
- 2010 National Drugs Rehabilitation Framework
  - Integrated care pathways
  - Based on individual care plan
  - Multi-disciplinary team
    - 2017 National Drugs Strategy??.....

What it tells us about recovery in policy

This has been around for a long time……

The principles of recovery are not new to policy……

It's time for a new momentum……

2 things that make recovery more relevant in policy now…

1. The National Drugs Rehabilitation Framework
2. Quality in Alcohol and Drugs Services (QuADS)


National Drugs Rehabilitation Framework Document

July 2010

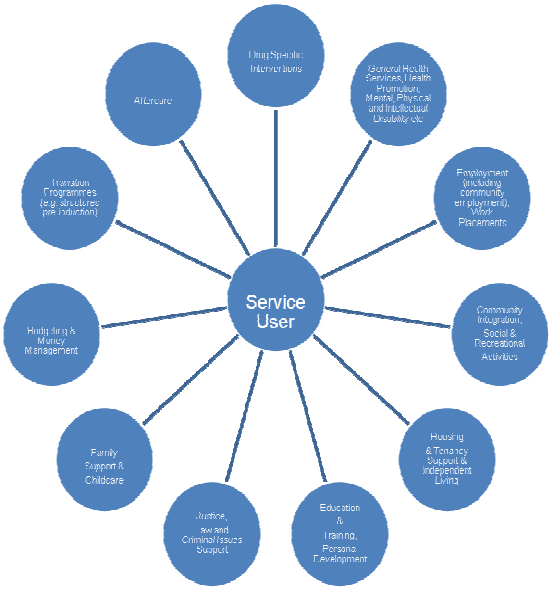
No. 1: the 2010 National Drugs Rehabilitation Framework

A framework through which service providers ensure people are offered a range of integrated options tailored to meet their needs and create for them an individual rehabilitation pathway for former and current drug users.

The provision of rehabilitation pathways is a shared responsibility of the education, training and employment sectors along side the health, welfare and housing sector, non-governmental organisations, communities, families and the individual themselves.

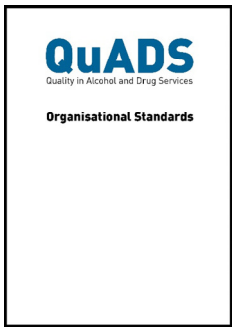
The range of supports required for an effective, integrated model of rehabilitation

No one agency has all the expertise or resources to provide the support needed by people who wish to move from problem drug use



SERVICE USER AT THE CENTRE

No. 2: Quality in Alcohol and Drugs Services (QuADS)



- Organisational standards
- Origin: UK, 1999
- Contextualised for Irish services
- Drugs.ie/quality

QuADS Organisation Standards

- A set of organisational standards for quality service provision in drug and alcohol services
- 37 QuADS Organisational Standards
- Each standard has a statement which sets out the standard to which an organisation should operate, e.g.
  - **No. 23 REFERRAL**: The service provides an efficient and effective response to all referrals
  - **No. 24 ASSESSMENT:** *Service users are provided with an assessment to identify their needs which should be addresses within the care process*
  - **No. 26 CARE PLANNING:** *Care planning is based on assessed need and actively Involves the service user*
  - **No. 27 CARE REVIEW:** *The needs of service users and the relevance of the care plan are reviewed on a regular and planned basis*

Section 3: Core care standards

26. Care planning

Standard statement:

Care planning is based on assessed need and actively involves the service user.

	Criteria	Evidence
26.1	There is a written procedure on care planning.[1]	
26.2	The care plan process is based on needs identified at assessment.	
26.3	The service user is at the centre of the care planning process and actively involved in the formulation of the care plan.	
26.4	The care plan is dated and signed by completing staff member and the service user, and a copy of the plan is provided to the service user.	
26.5	The service ensures that all service users: - receive a copy of a written care plan - have a nominated worker/ key worker - have a choice of key worker gender or ethnicity if appropriate	
26.6	The care plan sets outcomes with timescales for achievement.	
26.7	When the service user is involved in other care planning processes[2] the lead agency is identified and effective links established with it.[3][4]	
26.8	The care plan clearly lists the responsibilities of the service and service user.	
26.9	The care plan review date is set and recorded in the plan.	
26.10	Staff involved in assessing service users demonstrate competence in this area.	

Care Plan Template (NRDF)

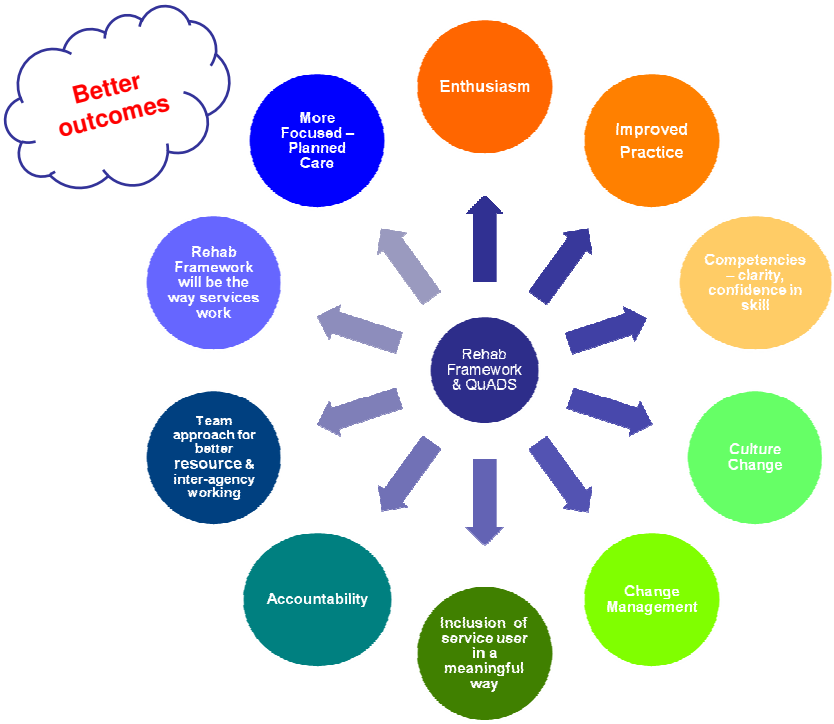
Date	Goal/ Objective	Timescale	How progress will be measured	Tasks required to achieve objective	Named worker supporting client with Tasks or when a referral is required	Objective Outcome & date Include reason if goal not reached

14

National Drugs Rehabilitation Framework

- Into the future service delivery will be service users focused (identified needs) –
  - Continuum of care with an inter-agency approach
  - Case Management
  - Protocols for inter-agency working
  - Quality Standards framework
  - Service Level Agreements
  - Coordination from Lead Driver as mandated by the TF Treatment and Rehabilitation Sub-committee

Both the Rehabilitation Framework and QuADS are named in the HSE Service Plan, and in Service level agreements that the HSE holds with community based services


Better outcomes
More Focused – Planned Care
Enthusiasm
Improved Practice
Competencies – clarity, confidence in skill
Culture Change
Change Management
Inclusion of service user in a meaningful way
Accountability
Team approach for better resource & inter-agency working
Rehab Framework will be the way services work
Rehab Framework & QuADS