

Recovery Academy of  
Ireland



# Peer Led Action Research:

A Community Assets Scoping Exercise in Dublin's North

Inner City

October 2016



# Our Vision for Recovery in North Inner City Dublin

## Community Researchers Taking Action:

### An Asset-Based Approach

The community researchers who conducted this assets-based<sup>1</sup> study undertook a course in Community Participatory Action Research<sup>2</sup>. The research formed part of the course.

#### Research Participant (Abbreviations)

This document uses the following abbreviations to indicate the source of the material.

- Community Researchers (cr)
- Academic Support (as)
- People in Addiction (a)
- People in Recovery (r)
- Service Providers (sp)
- Members of the Public (mp)

#### Authors:

Julie Brady

Keith Corcoran

Carl Ducque

Martin Gelston

Joey Murtagh

Brian O’Neill

Katie Slator

#### Facilitators: Dr Patricia Doyle and Dr Jo-Hanna Ivers

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<sup>1</sup> An approach to community development that builds on the assets that are already found in the community and mobilises individuals, associations and institutions to come together to build on their assets – not concentrate on their needs. Dorfman, D. (1998) *Mapping Community Assets Workbook*.

<sup>2</sup> Community-Based Participatory Action Research CBPR is a collaborative approach to research that involves all stakeholders throughout the research process, from establishing the research question, to developing data collection tools, analysis and dissemination of findings. It is a research framework that aims to address the practical concerns of people in a community and fundamentally changes the role of researcher and who is being researched. Burns, J.C; Cooke, D.Y & Schweidler, C (2011) *A short guide to community-based participatory action research*.

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## Foreword

Recovery Academy Ireland's release of its report *A Community Assets Scoping Exercise in Dublin's North Inner City* provides vivid evidence of the rise and maturation of an international addiction recovery advocacy movement. The cultural awakening and political mobilization of people in recovery marks a potentially transformative chapter within the history of addiction, addiction treatment, and addiction recovery. This growing movement is introducing new kinetic ideas, challenging addiction-related social stigma and its harmful progeny, expanding recovery mutual aid options, spawning new recovery support institutions, and calling on people who were once viewed as part of "the problem" to offer themselves as living proof that:

- 1) long-term addiction recovery is a reality,
- 2) there are many pathways of recovery and all are cause for celebration, and
- 3) recovery flourishes within supportive communities.

As people in recovery and their families and allies come together, they are inevitably struck by centuries of research on addiction-related pathologies but an extreme paucity of actionable scientific knowledge about the prevalence, pathways, styles, stages, and processes of long-term addiction recovery. This realization has triggered three responses: 1) calls for an international recovery research agenda, 2) people in recovery seeking advanced education with the expressed purpose of leading recovery-focused research studies, and 3) peer-led action research through which the recovery experience and its community contexts are illuminated through the eyes of people in recovery conducting research with other people in recovery. *A Community Assets Scoping Exercise in Dublin's North Inner City* offers a vivid example of the potential value of the third of these responses.

What the following pages offer is an introduction to the potential value of peer-led action research designed and conducted in collaboration with the academic community. It offers a glimmer of how a mobilized vanguard of recovery research activists might well change the future of addiction recovery within local communities. In capturing the essence of the recovery experience in North Inner City Dublin and through its initial recovery resource mapping results, this report suggests a vision of an ecumenical and vibrant culture of recovery and the creation of community landscapes in which recovery is not just welcomed and supported but which also becomes socially contagious. I applaud this first peer-led action research of the Recovery Academy of Ireland and commend it to the international recovery advocacy community as a model for refinement and widespread replication. Such partnerships between recovery advocates, academic researchers, and local communities hold great promise.

William L. White

Author, *Let's Go Make Some History: Chronicles of the New Addiction Recovery Advocacy Movement*

## Background

### Our Vision for Recovery in North Inner City Dublin

During an open meeting of Recovery Academy Ireland in 2015, a member of the Academy's research committee proposed exploring the possibility of training people in recovery to conduct their own community research.

Early in 2016, Recovery Academy Ireland extended an open invitation, via social media, to invite those who were interested in being trained as researchers to attend a meeting. This meeting took place in Soilse and was attended by members of both the research and social committees of Recovery Academy Ireland. The meeting was also attended by thirty men and women who were at varying stages in their recovery journey.

Following the meeting we had seventeen expressions of interest with seven people eventually beginning the course in community research.

Developed and facilitated by two professional academics, Dr Patricia Doyle (research committee) and Dr Jo-Hanna Ivers (research committee), it was decided that the course would be conducted over a twelve week period and would introduce the students to the Community Participatory Action Research Approach together with the principles underpinning Asset-Based Community Development.

With the broad area of research interest in mind, that is, 'What Assets for Recovery are available for people in North Inner City Dublin', academic facilitators and community researchers worked collaboratively throughout the entire research process.

## Executive Summary

The Community Participation Action Research (CPAR) committee, which is the research committee of the Recovery Academy Ireland, wants to see people in recovery become a lot more visible in their community.

The CPAR came about as there was a need for people in recovery to be seen as positive in themselves and in what they could do for people and communities alike. People in recovery knew that there was more they could do to show people in similar communities that there was more to them such as: they can be great parents, employees, employers, friends, partners, etc and they can be responsible, trustworthy, honest and overall be a very positive asset to their community.

The core group of the CPAR learned through the 16 weeks how to research (that is, search and understand the literature, develop a vocabulary and understand terms, design and develop a questionnaire, data, analyse data, interpret and write up findings). Participants were shown how to compile it and how to go into the public and survey. We split the group up and surveyed different people in the community. People in active addiction, people in recovery from addiction, members of the public and service users were all targeted. The interviewers learned how to be ethical in their approach and how not to be biased in their surveys. The CPAR group learned all about assets that were available in the community such as “social capital”, “physical/cultural” assets and “human capital”.

The group found that there is a huge gap for single parents, especially women, to come into recovery as there are other factors in play such as childcare (cost) and less places in recovery to cater for women, such as recovery houses (gender specific needs). The group also came to the conclusion that stigma around people in recovery needs to be challenged and not only challenging the perception of recovery but to challenge ourselves to change that.

*Written by Martin Gelston (Community Researcher)*

# Introduction

## Locating the study in the literature

“Participatory research attempts to present people as researchers themselves in pursuit of answers to the questions of their daily struggle and survival.” (Tandon, 1988: 7)

This study is the outcome of participation on a training course in community research by a group of men and women who are in recovery. The course content is located in three broad areas of literature.

### Community-Based Participatory Research

Israel *et al* (1988) undertook a comprehensive review of Community-Based Participatory Research literature. Many of the key principles identified by these authors are utilized in the training community researchers’ course. For example, students are encouraged to view themselves as a community whose members hold a sense of common identity and shared fate (Israel *et al* 1988). As a result, community researchers now view themselves as being part of the ‘recovering community’ which itself forms part of the broader ‘recovery movement’ (White, 2000).

In terms of the relationship between researcher and the community, Holkup *et al* (2004) have pointed out that community-based participatory research (CBPR), with its emphasis on joining with the community as full and equal partners in all phases of the research process, makes it an appealing model for research with vulnerable populations. This approach to research recognises the inherent imbalance that can exist between professional researchers and marginalized communities and seeks to redress this imbalance (Kapoor and Jordan, 2009). This is consistent with the work of Friere in *Pedagogy of the Oppressed* (1972) wherein it is argued, in relation to educators, that learners can learn from educators and educators must learn from learners. The latter are often in possession of local theories and knowledge that are not immediately accessible to educators. As part of this course, community researchers have formed a collaborative relationship with the professional researchers, with the latter being allowed access to the world of those in recovery and the former acquiring skills in how to conduct research.

### Asset-Based Community Development (ABCD)

Another broad area of literature consulted for the purpose of delivering the course content is Asset-Based Community Development (ABCD). According to Burke *et al* (2009), this is an approach which involves working

with the strengths, skills and resources of a community as a way to build engagement and jointly defined goals, rather than starting from a needs-assessment or deficit perspective.

According to Preston City Council, asset-based community development is an easy concept to understand; it's all about the positives. People in such communities are positioned as engaged citizens capable of shaping their future (Kretzman and Mc Knight, 2003). Strong communities are places that recognise people's capacities and gifts. The most powerful communities are those that can identify the gifts of those people at the margins and pull them into community life (Henderson *et al*, 2007).

At the core of ABCD is its focus on social relationships. Formal and informal associations, networks and extended families are treated as assets and also as the means to mobilise other assets of the community (*ibid*). A key feature of this approach is the recognition that we cannot build strong communities unless we unlock the potential of the community members. The ABCD approach starts with discovering the assets and gifts already present in the community, then asking people to share their gifts and connecting people with the same passions to act collectively and provide care – [www.dan@resultsleadership.org](mailto:www.dan@resultsleadership.org).

Moreover, the task of community builders is to expand the list of potential gift-givers and create methods to connect those gifts to other individuals, local associations and institutions. In this course, community researchers are encouraged to focus on the assets for recovery and the strengths that are inherent in the North Inner City communities and to build on these strengths to create a supportive community for recovery.

## **Recovery Literature**

Both the Community Participatory Action Research and Asset-Based Community Development literature are consistent with the growing body of 'recovery literature' with its focus on personal and social transformation – [www.facesandvoicesofrecovery.org](http://www.facesandvoicesofrecovery.org). The 'Training Community Researchers' course, which has culminated in this piece of research, is part of an initiative to encourage Ireland to follow the example of the USA and the UK. These countries are now promoting recovery as the central organizing principle of treatment for drug dependence (Keane *et al*, 2014).

This study, which has been conducted by newly-trained community researchers, will form part of an evidence base that will seek to document what constitutes recovery and what is effective in initiating and sustaining recovery journeys for those in North Inner City Dublin.

# Methodology

## Study Design:

Eight participants undertook a Community Participatory Action Research Course (of whom seven completed the course). The objective of this was twofold: (i) to gain the necessary knowledge and skills to undertake 'community research', and (ii) to simultaneously conduct a community-based assets audit. The research was peer-led, that is, each of the community researchers developed the questionnaire, conducted the research, and wrote up their interpretation of findings. In addition, one participant wrote the executive summary.

## Data Collection:

Two sources of data are included in the current study: (i) questionnaires completed by people working or living in Dublin's North Inner City and (ii) individual case studies completed by the Community Researchers.

### Questionnaires

One hundred survey interviews (open-ended questions) were conducted with people in North Inner City Dublin. It was envisaged that three groups of participants would complete the questionnaire:

- I. People in recovery
- II. People with a family member in recovery
- III. People from a community impacted by recovery.

For the purposes of analysis, upon completion of the questionnaire participants were asked to identify which group they belonged to.

### Case Studies

Seven participants completed a case study, which documented the research process from their perspective.

## Data Analysis:

Data analysis consisted of two phases.

### Phase 1

All questionnaires were collectively analysed during two group sessions that were facilitated by the academics.

Each response was thematically coded (see Appendix 1 for raw data). Five major themes emerged:

- Personal Recovery
- Relationships

- Community Supports
- Supportive Environments
- Cultural Supports/barriers

## Phase 2

Following initial analysis, the community researchers returned to the field to investigate whether assets were available to those in recovery under these core categories. Several assets and gaps were identified. However, upon further reflection a bigger piece emerged – the community researchers moved beyond this deficit-focused model and identified a need to document a vision for recovery in North Inner City Dublin. Thus, the methodology was adapted to include a ‘Reflective Research Case study’ for inclusion in the findings, with the refined research question *‘What is Our Vision for Recovery in North Inner City Dublin’*.

Findings and analyses were written up in draft form by academic facilitators and copies were distributed out in the community for feedback. Each community researcher enlisted at least two people (friends, relatives, recovery peers) to read the draft and give feedback on findings. The findings and analysis were amended in light of this feedback.

# Findings

## Perceptions of Recovery in the Community

It would appear that for the people who participated in this study, recovery operates at four different levels. These levels include:

### The Personal Level (Personal Recovery Capital)<sup>3</sup>

The terms that research participants use to describe recovery at the personal level include:

- A new start to something better (mp)
- Longing to get better (a)
- Freedom from fear/sickness/isolation(r)
- Healing mind/body/relationships after struggling with addiction (r/sp)
- Breaking the chain of addiction (r)
- Living normal (a/mp)
- Long process and very difficult that results in freedom from all drugs (mp)
- Staying clean and sober by any means (mp)
- Living honestly (r)
- Peace of mind and reaching potential (r/sp)
- Sense of pride and achievement (r/sp)
- Free from dependence (r) not just medical (mp)
- Very brave (mp)
- A better quality of life (r)
- Growing old with dignity (r)
- Happiness (r/sp/mp)

\*We see here a perception that recovery does not simply mean giving up drugs and alcohol but represents a journey culminating in a vastly improved quality of life.

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<sup>3</sup> Personal recovery capital can be divided into physical and human capital. A client's physical recovery capital includes physical health, financial assets, health insurance, safe and recovery-conducive shelter, clothing, food, and access to transportation. Human recovery capital includes a client's values, knowledge, educational/vocational skills and credentials, problem-solving capacities, self-awareness, self-esteem, self-efficacy (self-confidence in managing high-risk situations), hopefulness/optimism, perception of one's past/present/future, sense of meaning and purpose in life, and interpersonal skills. White, W. & Cloud, W. (2008). *Recovery capital: A primer for addictions professionals*.

## The Relationship Level (Family/Social Recovery Capital)<sup>4</sup>

The terms that research participants use to describe recovery at the level of relationships include:

- Healing/improved relationships (r/sp/mp)
- Being a better partner/mother/daughter/father/son (r)
- Feeling love and being able to love (r)
- Seeing family and friends doing well in recovery (a/mp)
- Seeing people living a programme (r/sp)
- Needing social support for recovery (a/r/sp).

\*The perception that social relationships and social networks are both a requirement *for* and a result *of* recovery is clear to see here.

## The Community Level (Community Recovery Capital)<sup>5</sup>

The terms that research participants use to describe recovery at the community level include:

- The need for visible role models for recovery, coaches, champions (a/r/sp/mp)
- Giving back to people/family/community/society (mp/r/sp)
- Community re-integration (r/sp)
- Building strong communities of trust and support (r/sp)
- Access to drug-free housing, education (formal and informal, learning support), childcare (r/sp/mp)
- Recovery housing, enterprises, leisure activities

\*There is recognition in the data that the North Inner City community needs to become an environment of trust for all those who are impacted by recovery.

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<sup>4</sup> Family/social recovery capital encompasses intimate relationships, family and kinship relationships (defined here non-traditionally, i.e., family of choice), and social relationships that are supportive of recovery efforts. Family/social recovery capital is indicated by the willingness of intimate partners and family members to participate in treatment, the presence of others in recovery within the family and social network, access to sober outlets for sobriety-based fellowship/leisure, and relational connections to conventional institutions (school, workplace, church, and other mainstream community organizations). White, W. & Cloud, W. (2008). *Recovery capital: A primer for addiction professionals*.

<sup>5</sup> Community recovery capital encompasses community attitudes/policies/resources related to addiction and recovery that promote the resolution of alcohol and other drug problems. White, W. & Cloud, W. (2008). *Recovery capital: A primer for addiction professionals*.

## The Community/Cultural Level (Community/Cultural Recovery Capital)<sup>6</sup>

The terms that research participants use to describe the external resources that will support recovery include:

- Community enterprise and employment schemes (cr)
- Re-orienting value system (Recovery Culture)<sup>7</sup>.

\*It would seem that the people who participated in this piece of research and who are most impacted by this issue can 'see the bigger picture' and recognise that things will have to change in the North Inner City Community if people are to initiate and sustain recovery.

## What will need to change in the North Inner City Community?

### The Language of Recovery

The way in which language is used can have a profound impact on how people experience their social realities. At a personal level, to be called names such as 'dypso' or 'junkie' can have a very negative effect on a person's self esteem. This way of referring to people who are experiencing addiction problems can also have a serious impact on how they are viewed in society. For example, it is no secret that people in addiction are viewed negatively by the general public, a view that is reinforced by an often hostile media which focuses on links between public disorder, crime and drugs. As a result, addicts in our culture are often 'written off' and are seen as 'a problem' that society has to deal with.

Although reflection on the meaning and importance of language has not been developed in traditional action research toolkits,<sup>8</sup> the community researchers who conducted this study have, through their own lived experience, come to recognise how powerful language use can be.

As a result, in this piece of research they have made a simple switch, that is, they have simply replaced the language of *addiction* with the language of *recovery*. This has had an immediate effect and has

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<sup>6</sup> Cultural recovery refers to the healing of a culture whose values and folkways have become corrupted and illness-producing. Cultural healing involves a return to wellness-promoting ancestral traditions or reformulation and reapplication of ancestral traditions to contemporary life. Simonelli, (2002) quoted in White, W.L. 2002, *An Addiction Recovery Glossary: The Languages of American Communities of Recovery*.

<sup>7</sup> Recovery culture is a social network of recovering people that collectively nurtures and supports long-term recovery from behavioural health disorders. This culture has its own recovery-based history, language, rituals, symbols, literature, institutions (places) and values. It affords a particularly helpful reconstruction of personal identity and social relationships for those extracting themselves from deep enmeshment with drug and criminal subcultures. White, W.L. 2002, *An Addiction Recovery Glossary: The Languages of American Communities of Recovery*.

<sup>8</sup> This is a point which highlights the unique contribution that a study such as this may make to the fields of both recovery studies and community participatory action research.

influenced both the questions asked by the team of community researchers and the responses that have been elicited from research respondents.

In the data we see, in the language used by the people of North Inner City Dublin, a clear recognition that recovery is a dynamic process. The substitution of negative for positive terminology is evident in these examples taken from the data. People substitute terms such as:

‘dependency’ *for* ‘freedom’ (a/r/sp/mp)

‘fear and isolation’ (r) *for* ‘bravery and loving relationships’ (r/sp/mp)

‘chains of addiction’ (r) *for* ‘peace of mind and reaching full potential’ (r/sp)

‘sickness’ (a/r) *for* ‘healing/dignity/happiness and quality of life’ (r/sp/mp).

In the course of the research process, community researchers have discovered that as the language has changed so too has the public perception of people who are in addiction/recovery. This finding is consistent with the international research which has confirmed that there has been:

“a shift in focus from the pathology of addiction to a focus on the internal and external assets required to initiate and sustain long-term recovery from alcohol and other drug problems (White and Cloud 2008: 9).<sup>9</sup>

It would appear that community members in the North Inner City – as evidenced in their language use – demonstrate an implicit understanding that addiction and recovery exist on a continuum.<sup>10</sup>

### **Vision for Recovery**

Terms such as ‘freedom’, ‘reaching full potential’, ‘dignity and quality of life’, that is, the language of recovery, will replace the language of addiction in North Inner City Dublin.

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<sup>9</sup> White, W & Cloud (2008) *Recovery capital: A primer for addictions professionals*. Pathology is a word to describe the way a disease works. <https://www.vocabulary.com/>

<sup>10</sup> A scale spanning two extremes with ‘addiction’ at one end and ‘recovery’ at the other

## Labelling, Stigma and Criminalisation

### Challenging the Culture of Addiction

People who are experiencing drug and alcohol problems are often viewed as having no gifts or capacities so they are called names like 'wasters' 'leeches' and 'junkies'. The consensus among community researchers is that such labels are:

“hurtful, degrading and embarrassing” (cr).

These are labels that focus on the needs rather than the assets and capacities that they possess. As a result of these labels, they have been excluded from communities and either confined to mental institutions or incarcerated in prisons that are not equipped to deal with them. According to the community researchers who conducted this study, sending drug offenders to prison is counterproductive. Cloud and Granfield go further and argue that in the American context, the cultural value system that they adopt in prison as a way of surviving ensures that:

“they emerge from prison having been convicted on drug related offences with an identity as an ex convict, return to chronic substance misuse, having been inculcated into the ways of a hardened criminal” (2008: 1980).<sup>11</sup>

Turning drug offenders into more hardened criminals has ensured the further labelling and stigmatisation of those who have experienced drug and alcohol-related problems on the basis of their *now* having a criminal record. By viewing themselves as passive, powerless and dependent they inadvertently fit the criteria set out in the Asset-Based Community Development Toolkit (ABCD), that is, 'glass half empty rather than glass half full people'.<sup>12</sup> This in turn reinforces the myth that people who are experiencing addiction have nothing to offer and are a 'drain' on community resources.

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<sup>11</sup> Cloud, W. & Granfield, R. (2008) *Conceptualising Recovery Capital: Expansion of a theoretical construct*.

<sup>12</sup> ABCD is a strategy for sustainable community driven development. ABCD builds on the assets that are already found in the community and mobilizes individuals, associations and institutions to come together to build on their assets. ABCD's community-driven approach is in keeping with the principles and practices of participatory approaches to development, where active participation and empowerment (and the prevention of disempowerment) are the basis of practice. [www.neighbourhoodtransformation.net](http://www.neighbourhoodtransformation.net)

## Vision for Recovery

People will recognise that society cannot 'incarcerate' its way out of addiction. Decriminalisation is a welcome first step but does not go far enough to address the issue. The real solution will be the creation of strong communities that will not label and stigmatise but will identify and value what people in recovery have to offer. These communities will adapt themselves to accommodate those who wish to reintegrate into community life.

## Substituting Personal Needs for Personal Assets

On the contrary, rather than being a 'drain on the community', the community research team have found that by switching the focus from the *needs* of the person to the *assets* that the individual possesses, a very different picture emerges. For example, members of the North Inner City Community clearly recognise that people in recovery are gifted, resourceful and independent. As some of the participants point out:

"It's great when you can see people getting better and showing a good example" (mp).

"People in recovery are very good role models for young people in the community" (mp).

People who are in recovery themselves argue in favour of the *visibility* of recovery in the community:

"What we need are strong members with a positive message" (r).

In relation to *recovery coaches*,<sup>13</sup> people in recovery point out that:

"people model good recovery" (r).

Indeed, it has been pointed out by a member of the community research team that a recovery coach should be allocated a position in clinics in the community.

When asked what a *recovery advocate*<sup>14</sup> might look like, the community research team responded collectively:

"this would be a respected individual who is visible and has a public profile, who has good contacts and networks, who has the experience, resources and passion to be a really good role model" (cr).

Clearly, the switch from individual needs to assets highlights:

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<sup>13</sup> Recovery coach (Recovery Support Specialist)...is a person who helps remove personal and environmental obstacles to recovery, links the newly recovering person to the recovery community, and serves as a personal guide and mentor in the management of personal and family recovery. White, W.L. 2002, *An Addiction Recovery Glossary: The Languages of American Communities of Recovery*.

<sup>14</sup> Recovery advocacy is the process of exerting influence (power) toward the development of pro-recovery social policies and programmes. Recovery advocacy activities include: 1) portraying alcoholism and addictions as problems for which there are viable and varied solutions, 2) providing living role models that illustrate the diversity of those recovery solutions... White, W.L. 2002, *An Addiction Recovery Glossary: The Languages of American Communities of Recovery*.

“the problem-solving capacities, self-awareness, self-esteem and self-efficacy have been acknowledged to constitute key components of human capital which is part of the internal resources that can be drawn on to initiate and sustain recovery” (White and Cloud 2008: 2).<sup>15</sup>

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<sup>15</sup> White, W & Cloud, W. (2008) *Recovery capital: A primer for addictions professionals*.

## Viewing Relationships as Assets

According to the Asset-Based Community Development toolkit (ABCD), treating relationships as assets is a practical application of the concept of social capital. It is clear from the data that the people from the North Inner City Community recognise the importance of 'healing and improving' relationships in recovery. We also see evidence in the data of how important interpersonal relationships are to those who have been affected by addiction, are in recovery themselves or whose friends or family are in recovery. One of the major findings in this piece of research is that the creation of environments of trust for recovery<sup>16</sup> is particularly important for women, who have indicated that they have additional needs as they are, for the most part, the primary caregivers to their children. These include:

“the provision of childcare facilities, educational workshops dealing with women’s issues in recovery, courses on holistics/mindfulness/spiritual development, nutrition, family support” (r).

Supportive networks for recovery are considered essential for all those in recovery but are particularly important to women in recovery. These include the provision of:

“more meetings and more fellowships” (r).

The need was also expressed for environments where:

“people will not feel judged, where there are friends who will listen” (r).

The women expressed a need for an environment of trust where they could:

‘discuss women’s things without embarrassment and where we can learn from each other’ (r).

It is clear that ‘fellowship’ is extremely important to those who are affected by recovery and is couched in the following terms:

“belonging, compassion, caring, minding, non-judgmental, friendship, insight, awareness, spiritual growth, personal maturation and social responsibility”(r/cr/sp).

Such values are part of the recovery culture and highlight the key role that social capital plays in the recovery process.

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<sup>16</sup> Recovery environment is a term indicating that recovery flourishes in communities that build the physical, psychological and social space where healing can occur...the growing sober house movement and the creation of drug-free zones within public housing projects are examples of efforts to create sober sanctuaries for the newly recovering. White, W.L. (2002) *An Addiction Recovery Glossary: The Languages of American Communities of Recovery*.

### **Vision for Recovery**

The community will recognise that the gifts and assets that people acquire in recovery include: self-efficacy; cognitive/emotional/spiritual maturity; encouraging others in problem-solving; co-operation; collaborative learning; intrapersonal and interpersonal skills; hospitality; networking and bringing people together. These skills are transferable and are the same gifts and assets that can be used to strengthen communities. Recovery coaches, champions and advocates will increase in number and become highly visible in the community.

The links between education and therapeutic programmes are also highlighted in the data. In discussing how programmes like Soilse contribute to the recovery/education process, the following attributes are mentioned:

“ it gives hope to people, there is a sense of belonging, it breaks the sense of isolation, it builds self-esteem, it provides educational value, it regulates and gives a sense of responsibility, it creates an environment of trust and shows participants a visible continuum of progression” (cr).

The focus on the creation of mutual aid groups and the collaborative learning that takes place within these groups has a long history in the field of addiction/recovery. The positive relationships that are forged in such groups can be considered assets to those who are seeking to initiate and sustain recovery. For example, the social capital that is generated within these groups can be “extended to networks of social relationships that are supportive of recovery” (White and Cloud, 2008: 2)<sup>17</sup>. Best and Laudet also provide evidence for the contagious nature of recovery as it spreads from person to person. This, they argue, can have a powerful effect on their families and their communities as well (2010: 3)<sup>18</sup>.

### **Vision for Recovery**

The community will ensure that there is equity between women and men in recovery by providing additional supports for the primary caregivers of children. The values of the recovery culture will be actively promoted in the community. Educational programmes will be designed with the holistic needs of people in recovery in mind. Networks of social relationships will be established that are supportive of recovery, which will increase the chances of people ‘catching’ recovery from each other.

<sup>17</sup> White, W. & Cloud, (2008) *Recovery capital: A primer for addictions professionals*.

<sup>18</sup> Best, D, & Laudet, A. (2010) *The potential of recovery capital*

## Community Assets

In the context of the community, social capital does not refer only to the social resources that an individual can draw upon – parents, families, friends and neighbours when times are hard:

“it also implies the person’s engagement with, and their commitment to, their community and their willingness to participate in its values” (Best and Laudet 2010: 3).<sup>19</sup>

As is pointed out in the Assets-Based Community Development toolkit (ABCD), social capital is built on a web of relationships that exist within any given community and is present in associations whose members work together in collaborative action. Drawing on the strengths and successes in a community’s shared history is the starting point for change – [www.neighbourhoodtransformation.net](http://www.neighbourhoodtransformation.net).

As part of the community research training process, community researchers were introduced to the history of the ‘recovery movement’.<sup>20</sup> Researchers learned that, historically, people in recovery have been responsible for initiating profound social change in the field of addiction recovery. Throughout the data we can see many references to the kinds of community assets which could potentially be supportive of recovery. These include access to:

- Community-based recovery education
- Community addiction centres
- Recovery housing
- Community enterprises
- Recovery initiatives
- Socialising venues
- Drug-free hangout spots (cm)<sup>21</sup>.

White has pointed out that social advocacy has the potential to transform the community environment. As part of this learning process, community researchers have been allowed to see the mechanisms whereby communities of recovering people, committed to the values of recovery, became activists in their efforts to facilitate the cultural revitalisation<sup>22</sup> of communities which had been traumatised by addiction.

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<sup>19</sup> Best, D, & Laudet, A. (2010) *The potential of recovery capital*

<sup>20</sup> White, W. (2000). *Toward a new recovery advocacy movement*. Presented at Recovery Community Support Program Conference “Working Together for Recovery” Posted at [www.facesandvoicesofrecovery.org](http://www.facesandvoicesofrecovery.org).

<sup>21</sup> Community recovery capital includes...local recovery community support institutions (recovery clubhouses, treatment alumni associations, recovery homes, recovery houses, recovery schools, recovery industries, recovery ministries/churches...White, W. & Cloud, W. (2008) *Recovery capital: A primer for addictions professionals*.

<sup>22</sup> The cultural revitalisation movement is a sobriety-based social movement that, while seeking to renew and revitalise a culture through the reaffirmation of lost values and ceremonies, also provides a therapeutic framework for recovery from addiction and the development of health and wholeness. Such movements most often arise within historically disempowered communities. White, W.L. 2002, *An Addiction Recovery Glossary: The Languages of American Communities of Recovery*.

Moreover, as this piece of research has demonstrated, the vulnerability to substance abuse and misuse problems once they occur is related to the environmental context in which a person is situated (Cloud and Granfield, 2008: 1972). People in recovery are often the products of disadvantage and find themselves having to face challenges including financial, housing, employment etc issues that have a negative personal and community impact. The people who participated in this research have shown us some of the ways in which these needs can be transformed into assets.

### **Vision for Recovery**

Building a strong, supportive community for recovery in the form of community assets will help to reverse the toll that addiction has taken on communities that are in urgent need of community and cultural revitalization.

While the process of revitalising traumatised communities is gaining international momentum, we in Ireland are at a very early stage of this development. However, it has been recognised in this piece of research that there are many types of people in the community with contributions to make to the generation of ‘community recovery capital’. We cannot build strong communities unless we harness the potential of community members. A key task of community researchers in the future is to establish a list of potential contributors and to create ways in which we can connect these contributions to other individuals, local associations and institutions.

This study is an attempt to begin the process of mapping the kind of assets that are required for initiating and sustaining recovery in the North Inner City Dublin Community. However, community mapping is not mapping *for* or *of* a community, it is mapping *by* the community of their values, assets and visions for the future. A key strength of this Community Participatory Action Research project is that it has been conducted by people who are in recovery, with people in addiction and in recovery, with service providers and with people who have been directly impacted by addiction/recovery in an effort to explore the values, assets and vision of Dublin’s North Inner City Community. As Lydon has pointed out:

“It is very important to evolve a vision before trying to insert community mapping into a planning process” (2000)<sup>23</sup>.

This research project is an effort to evolve such a vision.

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<sup>23</sup> Lydon, M. (2000) *Finding our way home: Community mapping helps residents define their worries and realize their dreams*.

## Ethical Considerations for Recovery

One of the key findings in this piece of research can be seen in the ethical codes that guide the process in Community Participatory Action Research and which is the approach that was taken in this piece of research. Ethics traditionally covers topics such as the overall harms and benefits of research, the rights of participants to information, privacy and anonymity, and the responsibility of researchers to act with integrity (Banks *et al* 2013)<sup>24</sup>.

Ethical guidelines generally use a number of touchstone principles for conducting an ethical review (Flicker *et al* 2007). For example, the principle of ‘do no harm to others’ in health research reflected biomedical frameworks and focused on assessing risk to ‘individuals’ and not to ‘communities’.<sup>25</sup> In doing so, these ethical review boards may have unintentionally allowed studies to proceed that were/are causing harm to communities.

On the other hand, while most ethical codes for research are concerned with the individual rights of human subjects, Community Participatory Action Research raises the challenge of extending rights to groups or communities (Quigley, 2006)<sup>26</sup>. Moreover, guidelines that are concerned simply with limiting the harm that we do to others are underpinned by the assumption that we as researchers are under no obligation to create improved conditions for individuals and communities (Price, 1996)<sup>27</sup>. On the contrary, Community Participatory Action Researchers, such as those who conducted this study, have an obligation to use their power for the direct advantage of individuals and communities. These are the ethical codes that have guided this piece of research. When such guidelines are applied to the field of addiction/recovery, we can see that in reality the principle of ‘doing no harm’ and ‘the obligation to do good’ operate on a continuum. A variety of harm reduction measures are located at different points on this continuum. Crucially, we need to accept that recovery goes beyond limiting the harm that is done to people who are experiencing addiction.

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<sup>24</sup> Banks *et al* (2013) *Everyday ethics in community-based participatory research*.

<sup>25</sup> Results of a content analysis of forms and guidelines commonly used by institutional review boards (IRBs) in the USA and research ethics boards (REBs) in Canada show that ethical review forms and guidelines overwhelmingly operate within a biomedical framework that rarely takes into account common community-based participatory research (CBPR). They are primarily focused on the principle of assessing risk to individuals and not to communities. Flicker *et al* (2007) *Ethical Dilemmas in Community-Based Participatory Research: Recommendations for Institutional Review Boards*.

<sup>26</sup> Quigley, D. (2006) *A review of improved ethical practices in environmental and public health research: Case examples from native communities*.

<sup>27</sup> Price, J. (1996) *Snakes in the swamp: Ethical issues in qualitative research*

### **Recovery the Ultimate Vision**

Recovery means that we have an obligation to maximise the health and quality of life, and improve the living conditions of people in recovery. Recovery incorporates personal recovery capital, family/social recovery capital, community recovery capital and cultural community capital. Taken together, as White, W. & Cloud, W. point out, “recovery capital constitutes the potential antidote for the problems that have long plagued recovery efforts” (2008).

By becoming ‘recovery research activists’, Community Researchers in this study, have highlighted the need to take further action in order to begin the process of community and cultural revitalisation of the North Inner City Dublin Community.

## Case Studies

### Brian O'Neill

Katie and I were teamed up to interview people on the first day of our research trial run. As I was walking through the city centre I met a lad who I knew from recovery and I asked him if he would like to take part in the research. He obliged and we both got a coffee in Burger King. I began to ask him the questions. At times I found this chap to be going well off the subject and found myself continuously reverting back to the actual question. I found that because he had been through the services himself he had a tendency to drift off into other areas that he had personal issues with within the services he had used. Most of the time, these issues were irrelevant to the question. I had to continuously bring him back to the actual question, so the survey took 25 minutes to complete which I felt was too long.

Our second trial candidate was a girl who Katie approached and this girl was still actively using drugs while living in hostels. We both found this interview quite difficult as this girl was asking questions about treatment and was looking for help with her addiction. It was very hard not to reach out to this girl even though her questions were irrelevant to the survey. Since both Katie and myself are both in recovery and have contact with places that could help the girl, it created conflict as we were not there to 'twelve step' her or to do outreach work. We gave her some numbers and got the research done but it took almost half an hour. We realised that we needed more boundaries and a better plan for moving forward with the survey. We decided to only expose our anonymity at our own discretion. We also decided that if this type of thing happened again we should give a meeting list or our phone numbers to meet at a later date.

While conducting the rest of the research we interviewed a mix of people from both recovery and from the general public. I found that most people could name at least one or two services in their area or the North Inner City, even people who did not avail of the services themselves. The feedback about people's opinions of recovering addicts was very positive, with most saying they are brave, friendly, resilient, courageous and determined. Most people felt there should be more opportunities for education, employment, housing, hobbies and interests, and childcare was an issue for women in recovery, as without these opportunities it is difficult for people to move forward and maintain a recovery.

## Carl Ducque

Doing this research was a different experience for me. Going out to the public with a set cause and asking them questions wasn't that bad, once I knew I had a purpose in asking them questions, plus I had good guidance from my teachers. Doing the survey was surprising in some ways. Some of the answers were expected and others weren't. I asked one man what did he think of people in recovery and he replied "extremely brave". Asking people did they know what was out there for people in recovery? Most people just didn't know and most people were just naming all the services for people still in addiction – the likes of Soilse etc.

I had the job of seeing what was out there for people in recovery, must say that there is not much at all. You get the odd drink and drug-free dance with the fellowships but that's about it. Without fellowships and meetings, there wouldn't be much at all. I would love to see a few more events take place where we can go and have some fun, a few workshops set up here and there, but there is a big lack of funding in this area and we need more resources.

We saw that they are way ahead of us over in Birmingham, England. A guy called Steve Dixon set up a recovery house over there 13 or so years ago. It has grown so much over the years he now has a number of houses, recovery cafe, charity shop and detox centre. As part of my research, I went to a meeting for the recovery academy and I asked Steve a question: does he think people should drop their anonymity? I think it is very important that people do because if someone in your community is in recovery and active addicts don't know, how are they meant to know that there is a way out and that it is possible to live a life without drugs? I for one would never be ashamed to say I'm in recovery; I am proud of it and can walk with my head high. I would love to see some sort of movement towards recovery which if people dropped their anonymity around it, it could happen.

Doing this research opened my eyes. I got to see that it is even harder for women in recovery, especially with kids. There is nothing out there to help them. When you're on drugs, all the services are there to help you get off the drugs. Then you get off them and there is nothing there to help you stay off them. Got to see that housing is also a big problem in this area. I would like to see more people housed, get them out of the hostels where there is a lot of drink and drugs, help people in recovery maintain a healthy lifestyle with their own living accommodation. I would love to see the recovery cafe for a start over here in Dublin, somewhere for people in recovery to go. I seen all the obstacles put in people's ways and hope by me doing this research one of them obstacles can be lifted and make things easier for people in recovery. I got plenty of growth doing this and it was a big eye opener.

One good thing that came out of this for me was that I'm now on the Recovery Academy committee, which would not have happened if I wasn't doing this research. I enjoyed doing it and really hope something comes from our research.

## Julie Brady

My experience on doing the research class and what I've learned was that women trying to come into recovery or in recovery, that there is very little in the community for them around childcare support, housing, and the list just goes on. Also, that there are not enough supports, including services, to help women sustain their recovery after they've stabilised.

When going to the services I've learned that most of them were harm reduction and reduce-the-use based, and that they had a different outlook on what recovery really means. For some of them was not total abstinence free or clear from all street drugs.

While doing our questionnaires I've come to believe that most of the people I've questioned thought that recovery meant all kinds of things, for instance recovering from when they were sick etc., coming off drugs, domestic violence or divorce, or some kind of mental trauma.

What I'd like to see change or happen in our community is that people in recovery make a change and a big one at that. Everybody has a voice and a message to carry. I'd like to see people change their outlook on addicts and stop the stigma that is attached to people still in active drug abuse, and give some well-deserved moral support for people in recovery.

It's time that people in recovery start letting their voices be heard and making enough noise that politicians and the government will start making recovery a priority instead of putting all the funding into harm reduction and reduce-the-use. It was a pleasure to be part of the research class at Soilse because it was the first one and where a group of people in recovery were trying to make a change, and I feel that we can go on to pass our own experience on to those people in recovery coming behind us.

## Katie Slator

In taking part in this study I took a lot of learning from it. I was quite affected by it in terms of surveying people still in active addiction. I found that I got quite emotional and wanted to spread the message of recovery to those still using. I got an insight into the fact that there are very little support and services for those in recovery. The whole agenda is harm reduction and stabilisation and it seems recovery is not part of the solution.

As part of my brief in this research I looked into social activities for the people in recovery. There are women's groups in the Macro, Soilse Gym and also football and pizza nights. Donore Ave social club provides food. There is the Recovery Academy who will be starting up a social committee which we will be arranging social nights for those in recovery which have been a great success in the past. All these groups are generated by groups involved in the recovery programmes with little or no support from DCC [Dublin City Council] or Government. It was very obvious that the recovery community have to start doing things for themselves. I suppose doing surveys is beneficial in bringing it home that there are not enough services and supports to help maintain people a path in recovery.

I found the class was challenging at times. I felt really good about taking part [and] trying to make a difference. I think everybody should try. In doing this, I hope I've made some little contribution to the recovery movement as it is very close to me. This is people's lives we are talking about so when they make a choice to come into recovery, these support are vital to keep them together. So I'm happy to say I took part and just to thank Trish and Jo-Hanna for their patience encouragement.

So thank you.

## Keith Corcoran

Living as I do in the North Inner City, I see first-hand the damage drugs have done to my community. It was great doing the survey and good to feel the genuine support and goodwill towards people in recovery and those of us trying to effect change. It must be remembered everybody here has been directly affected by addiction. All would know a few in its grip, but most would know many, the problem is that widespread. The maintenance and the stabilisation programmes are a help but that's exactly what they are, and if anything the problem is getting worse. There is precious little support or services for people who have stabilised and want to move to a drug-free life and a proper recovery. The end result of this policy is that we have thousands of people on methadone for years, the cost financially and the damage both physically and mentally to these thousands must be very high indeed. I often wonder how different things might be if there was a greater emphasis on recovery, with support and services for those who want to live drug-free and clean.

Loved doing the survey and can't wait for the next bit of work to put recovery, and all those working in it and all those looking for it, front and centre on the government's drug strategy agenda.

Thanks

## Martin Gelston

I started doing this course straight after I finished Soilse. I wanted to do something about giving back to my community and to help others in recovery and getting into recovery whether that was directly or indirectly. Doing the Recovery Academy research was a perfect opportunity for me to do just that. It has personally given me a lot of confidence, self-esteem, motivation, a sense of hope, and a purpose about myself and my recovery. It has also given me hope for other people's recovery.

What I would like to see happening as a result of the research is that people in recovery can become more visible within the community, that they can be seen as an asset. Also, for people in recovery to be able to voice that they are in recovery and be proud of it and not to be ashamed to use it as a source of strength and not a hindrance. The recovery movement is to be independent and self-sufficient where and whenever possible.

What I have learned doing this course was about community assets, individual assets, and institutional assets, and how important it is to use these in order to make recovery more positive and accessible to all. How to research data, how to use the data, people's perception of recovery, and in doing this I learned a lot about myself and how not to be biased in dealing with people and their opinions.

My experience of the course was very positive overall. If I could find anything negative, it would be people dropping off throughout the course but I was expecting that and it made me more determined and motivated to see it out. It was nice to be part of something positive. I feel I have achieved something worthwhile. It has reaffirmed my hope and belief in recovery whether personal or in general and in life itself.

## Joey Murtagh

First I'd like to thank Dr. Doyle and Dr. Ivers for the drive, effort and encouragement they both put into the programme. Their guidance and advice was invaluable.

Total surprise was my first reaction. We had formulated our questionnaire on people's knowledge of services and attitude to people in recovery. It came as quite a shock when the vast majority of the people surveyed expressed sympathy, empathy, support and, in some cases, even admiration. One respondent in Moore Street, when asked his opinion on people in recovery, thought for a moment and then replied, "They are very brave, aren't they?" I can safely say we were all dumbstruck. This response, coming from a community that has been devastated by the scourge of addiction in all its forms, was both heart-warming and encouraging. As the old saying goes, "what goes up must come down".

After the pleasant surprise of the survey came the shock of my research into housing and accommodation for those in recovery. Suffice to say there isn't any. What few beds were in the system were taken away by DCC [Dublin City Council] in 2010 when they adopted the Housing First Policy. This decision was a disaster for people in recovery resulting in the loss of most of the drug-free beds, leaving only a few transition beds, connected with Coolmine and Camino. The McVerry Trust has twenty but, as Peter [McVerry] said to me, being drug-free is not a requirement to being housed by them. To get DCC to change its policy, or even get them to allocate some housing for those in recovery is going to be one long, hard struggle.

To turn things around, and get support and services for people who have made an enormous effort to get their lives back on track, is a struggle I'm starting to get very passionate about. This research is vital to give groups like us the information and hard facts on what services are available or, as in the case of housing, are not available for people in recovery. Ask any addict, even those in recovery a long time, this gift of freedom is a fragile and day-by-day thing. It needs nurturing, protecting and social support.

I really enjoyed doing the survey and look forward to doing more work, furthering the works and aspirations of those of us in recovery. Speaking personally, most of the time it is a wonderful feeling being free from the bonds of addiction, over 18 months clean, still full of gratitude, still happy, still in transition housing, still without a home and very little prospect of finding one.

Those of us in the active recovery community have a vision, most would say an obligation to spread the message and bring as many with us as possible. The more support and encouragement we receive in this endeavour, the less family, friends, loved ones and colleagues we will lose along the way!

## Concluding remarks

As a result of their participation in this study, a group of young men and women have now become what we will refer to as 'Recovery Research Activists' who are dedicated to improving the quality of life of those impacted by recovery in the North Inner City Dublin Community. The process was as much emotional as it was educational as each participant acquired new skills all the while negotiating their recovery. What emerged was a sense of ownership, an obligation to their peers and a vision for recovery.

## Recommendations

- Recovery will not simply mean the absence of addiction and it will operate at many levels.
- At a Personal level, recovery will not simply mean giving up drugs, alcohol and other addictions. It will mean a vastly improved quality of life for those impacted by recovery and for the community.
- At a Relationship level, networks of social relationships will be established that are supportive of recovery.
- At a Community level, attitudes, policies and resources will focus on recovery.
- At a Community/Cultural level, a strong culture of recovery will replace the culture of addiction.

## How will this happen?

- People who are impacted by recovery will become actively involved in the community.
- The language of recovery will replace the language of addiction.
- Stigmatised individuals will be replaced by positive and highly visible role models including recovery coaches, champions and advocates.
- There will be an emphasis on the assets of people in recovery and not their needs.
- The community will be strengthened by building on the assets that are already in the community and individuals, associations and institutions will be encouraged to come together to build on these assets for recovery.
- Recovery centres, recovery cafes, recovery houses, recovery schools and recovery enterprises will begin to spring up in the community.
- A recovery community organisation will be set up in the North Inner City which will be tasked with advocating for women's equality in recovery, and educational programmes will be designed with the holistic needs of people in recovery in mind.
- The values of the recovery culture will be actively promoted in the community and this will help to reverse the toll that addiction has taken on a community that is in urgent need of community and cultural revitalisation.
- Finally, we will need to acknowledge that recovery goes beyond limiting the harm that is done to people in addiction/recovery. It means that we have an obligation to maximise their health and quality of life, and to improve the conditions in which they live.

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