Report

of the

Inaugural Irish International Recovery Conference

Mainstreaming recovery in Irish drug policy and practice: the challenge of change

8 September 2017

Trinity College Dublin

Overview

The first Irish international conference on recovery took place in Trinity College Dublin on 8 September 2017. Organised by the Recovery Academy of Ireland, it was one of a number of events held during International Recovery Month to recognise, promote and celebrate recovery from addiction.

Some 160 people attended the conference representing services, community groups, drug projects, academics and people in recovery. They heard:

- international perspectives on recovery based on academic research carried out in England and Australia;
- evidence that recovery works;
- insights into the recovery experience in Scotland where addiction services have embraced a recovery model;
- lessons from the mental health recovery movement in Ireland that could be applied to addiction recovery;
- personal recovery journeys from two former service users who have trained as recovery coaches;
- an interview between a veteran community drugs campaigner and a public health specialist on the road from harm reduction to recovery; and
- details of a shared framework that is being developed to help statutory and community addiction services measure personal recovery outcomes.

The overwhelming conclusion from the speakers was that recovery works, not only for individuals mired in addiction but also for families, communities and society at large. The challenge is to re-orientate addiction treatment services to a recovery model.

Chairperson - Roisín Shortall, TD

Roisín Shortall, TD, a social justice advocate who was the minister with responsibility for drugs in 2011-2012, chaired the conference. She said it was “critically important” to place recovery at the centre of addiction services. There were about 9,600 people on methadone maintenance, some for more than 10 years, but there had been little or no thought at policy level as to what should happen to them next. “My view is that we need to be much more ambitious about people with addiction and recognise that they have huge potential so we must provide supports so they can move out of addiction to recovery. Academically, we know it’s achievable.”

The demand for recovery was coming from people with addiction who wanted to live a full life and contribute to society and from families who wanted to support that journey, she said. “We need to re-orientate services so there is a shorter journey...tackle the problems that led to addiction and then move on...We need to move from a containment approach to a recovery approach.”

Keynote speaker – Prof. David Best, Sheffield Hallam University

Prof. David Best of Sheffield Hallam University in England was the keynote speaker. Best is a leading figure in the international research and policy movement around recovery from drug and alcohol addiction. He believes that recovery is fundamentally an issue of social justice. It is about stopping the behaviour, building positive and supportive social networks and, from the point of view of society, creating an open door to re-integrate the person.

He quoted various research studies to show what works, namely:

- recovery housing;
- mutual aid;
- peer-delivered interventions (for instance, bringing people to sources of help, not just handing them a leaflet);
- support networks (sober friends) – this creates a scaffolding which gives people a chance to grow;
- spending time with other people in recovery; and
- spending time actually doing things such as childcare, engaging in community groups, volunteering, education, training, employment. (He described this as the GOYA principle – 'get off your arse'!)

Recovery was about change and growth, he said, not a return to what was. It was also about making the community a better place to live in, not just making the individual and family better.

Speaker – Prof. Agnes Higgins, TCD

Prof. Agnes Higgins of Trinity College Dublin, a researcher in mental health issues, shared some of the lessons from the mental health recovery movement. She said that recovery was a transformational ideology and about shifting service from a view of recovery that is focused on symptom management (cure, care and containment) to one that acknowledges recovery as a relational process of learning, discovery and growth, often described by Leamy et al's acronym of CHIME:

- connectedness – to family, peers and the community;
- hope (the emotional essence of recovery) – both hope for oneself and the hope others have for the person;
- identity – the ability to construct a positive identity;
- meaning – this may come from relationships, work, spirituality, or activism; and
- empowerment – which is about having a voice, choice and control.

Peer support was vital in terms of bonding and bridging to the mainstream:

- bonding – with peers, giving a sense of hope, affirmation, a sense of identity and an acknowledgement of the value of knowledge from experience; and
- bridging – to other networks (such as education and employment).

She listed the following lessons from the mental health recovery movement which could also apply to addiction recovery.

1. Recovery is about changing minds and hearts and changing ways of being and relating.
2. Changing the culture takes time and involves challenging values, beliefs, prejudices and fears.
3. There will always be resisters, as recovery challenges beliefs and power relationships. Don't wait until the all the professionals are on board – just start!
4. Have a plan. You need leadership and management buy-in.
5. Build capacity among staff, service users and families – bring them all together.
6. Get rid of binary divisions (them and us).
7. Resources will be needed – people, time and financial resources.
8. Equality of presence does not mean equality of participation (it's not just about getting service users to change but about training staff to change how they relate to service users and families).
9. Don't get disheartened.
10. Celebrate and share the effort as well as the achievement.
11. Bring services together to share ideas.

Speaker – Brian Galvin, HRB

Brian Galvin, a senior information specialist with the Health Research Board who also manages Ireland's reports to the European Monitoring Centre on Drugs and Drug Addiction, highlighted the importance of knowing what works in relation to drug treatment and what doesn't. He outlined the HRB's role in a range of monitoring, research activities and health surveillance activities. The HRB also disseminates research, facilitates knowledge transfer, has an online library, and produces a research bulletin and evidence reviews. These are designed to promote good practice in the use of evidence and decision-making.

Galvin said there was currently little consistency across drug and alcohol projects and services in measuring outcomes. He described a current HRB project to create a shared framework which drug and alcohol services could use to measure recovery outcomes and identify the services and projects that are most effective at helping people.

This framework was still in the early design stages but it was hoped it would provide an evidence base for recovery. The project has a practical focus. Its goal is to identify personal outcomes and agree on indicators to measure these outcomes. The proposed framework will cover attitudes and feelings, employment and skills, relationships, personal circumstances and needs, and drug use behaviour.

Interview – Fergus McCabe and Joe Barry

Veteran community and drugs campaigner **Fergus McCabe** and public health expert **Prof. Joe Barry** of Trinity discussed the history of drug treatment services in the north inner city. The first services were set up in the late 1980s/early 1990s primarily as a harm reduction response to HIV and drug deaths. Over time drug clinics were established, people and communities got involved, HIV was reduced and more drug users came into services.

However, drugs were still rampant in the north inner city and there was widespread anger among the community there which felt that state agencies were not looking after their needs, said McCabe. There was a recognition that drugs were concentrated in marginalised areas and that something had to be done about equality. By the mid-1990s, there were anti-drug marches, Concerned Parents, the murder of crime reporter Veronica Guerin and an alarming rise in opiate use. A national drugs strategy was published featuring government involvement, money and resources, and community and agency involvement. This led to the establishment of a number of drug task forces in Dublin.

With focussed attention from government and the health services, the initial response to the strategy was good but things began to unravel in the early 2000s. According to Barry, the seniority of people from government and the health services attending the task force meetings went down even though local communities were still hugely involved. The situation was exacerbated from 2007 by the economic crash and years of austerity. However, he said, the task forces were losing impact even before the crash.

From 2012, Barry and others began looking at the international research on recovery and the potential of a recovery-centred approach for addiction services in Ireland. Such an approach would need people power putting pressure on government and that's where the Recovery Academy of Ireland could really help, he said.

Ultimately, it's people who change things, said McCabe. In the late 1990s, some people took responsibility and that's what made it work. Recovery is not just about individuals but communities, he added.

Kuladharini – Scottish Recovery Consortium

Kuladharini, chief executive of the Scottish Recovery Consortium, shared the experiences of the thriving recovery movement in Scotland where there are many recovery communities. She talked about *The Road to Recovery*, the Scottish government's drugs strategy published in 2008 which set out to transform drug and alcohol services in that country. It acknowledged the need to create new responses and build shared alliances. The fundamental principle underlying the policy was that people in drug services could lead a purposeful and meaningful life.

Connecting with people, shared alliances and creating a mutual aid culture were all important in building a recovery community, she said. "We asked ourselves what it would look like if recovery was at the heart of services...so we found a way of connecting treatment and the mutual aid culture to create a recovery movement."

This involved making lived experience visible at every level, changing the language (people were no longer service users or addicts but recovery activists) and employing people in recovery. There is a vibrant annual recovery walk and recovery centres, pop-up cafés and colleges are used to mobilise people in recovery. In addition, there are workbooks and literature to support people in recovery and over 1,200 mutual aid meetings each week, more than the number of GP surgeries in Scotland. People now prefer going to ORT (Opiate

Replacement Therapy) recovery meetings as an alternative to fellowship meetings, she added.

Conclusion

In conclusion, chairperson **Roisín Shortall** reiterated the social dimension of addiction and recovery, saying we need to look at both the context in which addiction takes place and the context in which recovery can take place. Social justice is not a given, it has to be fought for, she said.

"We need a transformational ideology in the way the country is going – from addiction to recovery," she said. "It goes way beyond equality of opportunity to equality of outcome. We all need to get active. There are huge benefits if we work together on this and make recovery a reality."

Comments from speakers and the audience

"If we believe recovery is possible, we need to create the conditions to make it possible" – Prof. David Best

"People who become the centre of networks do better" – Prof. David Best

"People have to change how they see themselves. How? By changing groups, belief systems and value systems" – Prof. David Best

"If we all work together, we can change things. The best way to do it is through GOYA!" – Fergus McCabe

"People in recovery use more of their potential than people who have never experienced addiction at all" – Kuladharini

"People don't realise the effect of methadone. It puts the light inside you out. You're just 'dead'" – Pearse, recovery coach

"We don't really do social justice in Ireland. When the addiction service was set up, it was to deal with HIV and it was very successful at that. It also reduced drug deaths by giving methadone. But there are no resources in our service to deal with recovery. There are still two-year waiting lists in many places in Ireland for addiction services..." Cathal O'Suilleabhain, an addiction services doctor.

"I'm taking home something which will change my practice. Leaflets are no use, you need to hold someone's hand [and link them in to services]" – Bernie, Community Awareness of Drugs

"We're a small organisation and agencies are always asking us for data.... Don't ask for data without giving us the resources to collect it. It means we've no time to do the real work" – Family Peer Support Group worker

"What has recovery given me? It's given me back a life with a whole new purpose and opportunities that I never could have dreamed of...Most importantly, it has given me a sense

of feeling part of something. For years in active addiction, I was disconnected and had no sense of belonging to anything. Today I am a member of a recovery community" – Claire, recovery coach

The speakers' presentations are available on the Recovery Academy's website (see below).

For more information about the Recovery Academy, please see:

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