

‘The process of recovery from problematic substance use is characterised by voluntary sustained control over substance use which maximises health and wellbeing and participation in the rights, roles and responsibilities of society.’

A new definition of recovery?



This is the statement that the UK Drug Policy Commission hopes will begin to change the culture of UK drug services. The aim, they say, is to refocus on what service users really need for their long-term recovery. They want to go beyond medication or a spell in rehab, and look at the wider goal of helping them build a satisfying and meaningful life – a life that incorporates aspirations, wellbeing and sense of a place in the world. UKDPC feels it is ideally placed to ‘bring evidence and analysis together’ and launch the statement to the wider field for further debate and eventual consensus.

Why is such a statement needed? Because we seem to have lost the plot a bit, according to Professor John Strang, who has been drafted in as one of the (independent, unpaid) members of the group. He’s tired of the ‘polarised and extreme’ arguments, he says. ‘There’s confusion of purpose. It’s become “abstinence versus methadone”.’

The UKDPC set up a group that was ‘deliberately broad’ – people from all backgrounds and perspectives, users, families, practitioners, commissioners, researchers, with different types of philosophies and disciplines. The rules were ‘to respect each others’ points of view,’ said Prof Strang. ‘We were wishing to be inclusive at the outset and search for zones of consensus.’

Over two days, the group drew up key features that could underpin a new ‘vision of recovery’. The result is ‘a statement, not a definition, a working description of recovery to help people address the harm’, emphasises Prof Strang, who has already batted aside criticism of the process on several websites and blogs. He takes time to defend one of these criticisms: that the statement excludes 12-step treatment – an accusation that he sees as blatantly unfair.

‘It’s not true that we’re excluding 12 step and it’s not proper for them to disseminate these views,’ he said. The inclusion of people who are ‘living fulfilling lives while on maintenance’ in the statement (for which the group acknowledges the influence of US researcher William White’s work) does not mean the exclusion of those who choose abstinence as their route to recovery.

For further research-based kudos, the focus group was chaired by Professor Thomas McLellan, an influential member of the Betty Ford consensus panel in the US that had produced a ‘working definition of recovery’, published last year in the *Journal of Substance Abuse Treatment*. This report was used as a starting point for discussions that were then opened up to include the panel’s own experiences.

So how meaningful was this exercise? Another member of the panel, John Howard, is an ex-drug user who now manages Reading User Forum (RUF). He explained that initially he was ‘very uneasy with the words recovery and sobriety – it all sounded very American’. But he accepted they were ‘words everyone understands’. He became more interested in the aim of diffusing polarisation, he said. ‘Whatever helps the individual is good with me. The statement is inclusive – it embraces all aspects of drug use and drug treatment. Some people feel they have ownership of the word recovery.’

What was particularly important, he said, was that it applied to those in all situations. ‘I know some people

who are “maintained” and have an excellent quality of life. I know some who are “white knuckle abstinent”, hanging on but scared. I know others in the reverse situation. ‘We don’t need hard ideologies. We need evolution and inclusion,’ he said.

‘The issue is that recovery has to be voluntarily sustained,’ said Prof Strang. ‘It’s about maximising health in the wider sense. The ‘rights, roles and responsibilities of society’ [in the statement] is supposed to be positive, not placing obligations on people.

‘It’s also about more than bums on seats and clean piss in pots,’ he added. ‘It’s about integrating aspirations to achieve more, and about the responsibility to move up a gear.’

Later, after hearing feedback at the conference, Prof Strang added:

‘The UKDPC was extremely encouraged by the audience’s response and was grateful for the many personal stories that were shared. It was a very constructive debate and whilst of course there were some suggested changes to the statement, what came across strongly was that people were motivated by a vision of recovery that is person and outcome focused.

‘This valuable feedback will help us to develop the statement and supporting documents which will soon be published on the UKDPC website. We hope this work can then be used to encourage further positive debate and inform the shaping of services, commissioning, policy, research and training. The NTA also gave assurances that their board members will consider the implications of both the statement and the feedback from the event very carefully.’

Some initial reactions

The abstinence and harm reduction argument smacks of ecumenical discussion. Petty rivalry is frustrating. It’s always been my view that they’re mutually dependent. This statement is very sensible. Some of the document is a little bit simplistic – but as a model it’s a good one. It should be seen as a starting point.

Dr Gordon Morse

I was addicted to heroin for eight years, then I went on a structured day programme. It did what it said on the tin – it gave structure back to my life. People need a chance, a start. It’s an achievement getting off drugs. The main part is employment, moving on. We’re all working towards the same goal.

Clair McDaid, The Roundabout user group

I stopped using drugs 25 years ago – before that I was an injecting heroin user. The more I think about this statement, the more I think it fits. This is a genuine opportunity for reducing polarisation.

Some of the responses to the statement have been a bit of a war of words. It’s important not to get hung up on words – it creates divisions.

At the point of recovery you don’t know what your choices are. This is about developing aspirations; let’s start this aspiration-building very early. What’s also important is the continuity – recovery is one continuous long journey.

Tim Leighton, Action on Addiction, and a member of the UKDPC consensus group

We’ve created a recovery-based service in Halton – it’s not a series of modalities but a treatment journey. It’s personalised care, a one-stop shop. We’re wanting to help the whole person and look at the challenges they’re facing. There’s also a political role: to challenge the stigma of people in services and recovery.

Steve Eastwood, ‘Safer Halton’ partnership

I hid my heroin problem for years. You can’t prescribe methadone on its own. You need a network – doctors, services, housing. You’ve got to find what it is that the client needs as an individual, and there needs to be a care plan – I didn’t have one till last year.

We need to get together – we all want the same thing don’t we?

Heidi Glenn, Thameside User Forum

The debate around recovery is also happening around mental health, so it’s really interesting. We think it might help to address polarisation.

The NTA wants to listen to a variety of views. Then we will start considering implications and may build onto initiatives for drug treatment.

Annette Dale-Perera, director of quality, NTA

The statement works for Phoenix. I was surprised by the ideology in the drug sector when I joined. I hope this will help us to move on. Providers are really clear about what successful outcomes are.

Karen Biggs, chief executive, Phoenix Futures

This statement releases recovery from shackles. It shows inclusivity and aspiration.

Manchester drug worker

I’d like to put the focus back on services – it’s not just service users, services also need to be in recovery. There’s been dishonesty around targets they’re supposed to meet. We all need to be in recovery – it’s about society, family... we all need to be going through this change.

Service User rep, Portsmouth

The cycle between prison, day centre, prison goes on – they should have a plan, which isn’t happening. Where I work the services don’t get together.

Worker in homeless day centre, Sussex

I would like to welcome the statement. We need to unite the field behind health and wellbeing. This is also particularly important for the general public and media, when we’re facing polarisation of field. We’re facing having substitute medication removed if we don’t convey effectively how we’re using it.

Jim Barnard, SMMGP

Methadone etc hasn’t always had a good press, but the way it’s delivered now really can assist recovery. Services are recovering and we’re moving on. Let’s not underplay the role medication can have in recovery.

Dr Susi Harris

When are job centres going to become part of the one stop shop? We need a system for people to reintegrate back into society.

Southwark user group member

What’s behind the statement?

Behind the statement’s 32 carefully chosen words are the following ideas:

- Recovery is more than a single event. It is a process that requires time to achieve and maintain.
- It is about moving away from uncontrolled substance use and towards good health (both physical and mental) and wellbeing. This may mean abstinence – or it may mean using the support of prescribed medication, peer groups and families. In all cases, it is about building a meaningful and satisfying life.
- It recognises that people do not recover in isolation and need inclusion and a meaningful role in society.
- It should focus on positive benefits, not just reduction of harms. Aspirations and hope are vital to recovery.
- It will vary between individuals – in timescale and the kind of support and interventions needed. There is no ‘one size fits all’.
- It has to be voluntarily-sustained if it’s going to be long-lasting – even if it has been initiated by a criminal justice system intervention. See www.ukdpc.org.uk

From the age of 12 to 24 I used drugs, mainly amphetamines, then moved on to heroin for two years. Then I met a worker who asked me what I wanted from life and what was important to me.

Jason, service user

This statement shows that life’s about more than the drugs.

Service user

It’s about a person-centred approach. They’re the ones sat in front of us – let’s deal with their needs.

Mike Smith, Turning Point

We must carry on doing what we’re doing and work out how to take forward the agenda for the future. Things are better than they were. There’s no reason why we shouldn’t get better.

The discussion around this consensus statement is one of the most valuable and constructive I’ve had in the drug treatment field.

Paul Hayes

It’s important that we keep challenging. We need to keep working with those challenges and prejudices. Today has given us the scope and enthusiasm to do that.

Kate Davies, conference chair

Hot stuff or hot air..?

Would you sign up to this definition of recovery?

Write to the editor, at the address on page 3. **DDN**