Finding common ground

The debate over what constitutes 'recovery' from drug addiction has been raging for several months. Now, a panel of experts has come up with an answer that could unify the drugs field.

Abstinence or maintenance? It is clear that this debate has been gathering momentum over the past year, buoyed by events such as the publication of Iain Duncan Smith's *Breakthrough Britain* report, with the chapter 'Methadone Madness', and the BBC's 'three per cent drug-free' revelations.

Underlying these arguments are the legitimate questions of whether individuals in need of drug treatment have enough choice, particularly with respect to residential rehabilitation, and if there has been too much focus on 'bums on seats', retention rates and urine test results at the expense of the outcome that really matters: an individual's recovery.

However, 'abstinence or maintenance' is a false and damaging debate. False because the evidence shows both have a role to play, as do a range of other treatment options, and it shouldn't be an either-or issue. It is well known that recovery is about much more than controlling drug use. Damaging because it distracts us from the real issues that face drug treatment today and undermines the wider public message that drug treatment in general is a good thing that should be supported and properly funded.

Part of the issue behind the debate appears to be a lack of clarity and agreement about what treatment is trying to achieve and what we mean by the term 'recovery'. At its most extreme, the debate appears to suggest that substitute prescribing cannot contribute to a person's recovery. As US expert on recovery William White has commented: "How recovery is defined has consequences, and denying medically and socially stabilized methadone patients the status of recovery is a particularly stigmatizing consequence".

In recognition of this, the UK Drug Policy Commission (UKDPC), an independent, charitably funded body, wished to identify the common ground and a vision of recovery that could be applied to all individuals tackling problems with substance misuse, and all services helping them, without reference to particular treatment programmes. It was hoped that this in turn could contribute to a unifying ambition for the treatment field and a basis for developing recovery-orientated services to the benefit of users, their families and communities.

The UKDPC brought together a group of 16 people from the drugs sector for a two-day meeting in March 2008. The group included several people in recovery, family members and local commissioners and practitioners coming from services providing a full range of care and support including 12-step, substitute prescribing, general practice and residential rehabilitation. However, it should be noted that they participated as individuals not representatives of their organisations, bringing the full range of their personal experiences to the discussions and as such were wearing many different 'hats'. This meant that while the group was of a necessarily limited size to allow in-depth discussion of the issues, a wide range of perspectives were represented.

The group focussed their attention on the process of recovery and put to one side opinion on what was the 'best' approach to achieving this – that was something for the individual to decide upon.

Drawing on existing work on recovery including that from the mental health field[1] and work in Scotland[2] and the US, the group explored the experience and meaning of recovery from a range of perspectives, searching for areas of agreement whilst accepting there would always be some areas of disagreement. A number of key features of recovery were first identified (see box).

Above all, it was recognised that recovery is a very personal and individual experience that can be achieved in many different ways and any statement describing this would therefore need to be necessarily and deliberately broad: a 'vision' rather than a 'definition'. Eventually a statement was drafted, redrafted several times and finally agreed upon. Since the meeting in March this statement has been subject to further changes following wider face-to-face consultations including presentations at several conferences, but the core features of the original statement have largely withstood this scrutiny. It now reads:

Key features of recovery from problematic substance use.

- Recovery is about the accrual of positive benefits, not just reducing or removing harms caused by substance use.
- Recovery requires aspirations and hope from the individual drug user, their families and those providing services and support.
- Recovery may be associated with a number of different types of support and interventions or may occur without any formal external help: no 'one size fits all'.
- Recovery is a process, not a single event, and may take time to achieve and effort to maintain. The process and the time required will vary between individuals.
- Recovery must be voluntarily-sustained in order to be lasting, although it may sometimes be initiated or assisted by 'coerced' or 'mandated' interventions within the criminal justice system.
- Recovery requires control over substance use (although it is not sufficient on its own). This means a comfortable and sustained freedom from compulsion to use. For many people this may require abstinence from the problem substance or all substances, but for others it may mean abstinence supported by prescribed medication or consistently moderate use of some substances.
- Recovery maximises health and well-being, encompassing both physical and mental good health as far as they may be attained for a person, as well as a satisfactory social environment.
- Recovery is about building a satisfying and meaningful life, as defined by the person themselves, and involves participation in the rights, roles and responsibilities of society.

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

Each element of the statement was carefully selected and it is important to refer back to the key features of recovery that the group identified for further explanation. For instance, the term 'control over substance use' denotes a comfortable and sustained freedom from compulsion – an overcoming of problematic substance use. For many people, control over use may require abstinence from the problem substance or all substance use. For many others, it may mean medically-maintained abstinence. Therefore the description deliberately encompasses recovery achieved through

both abstinent and medically-assisted approaches – both can provide the necessary control over substance use. This term is also inclusive of those people who achieve recovery through other treatment approaches or outside the treatment system through their own efforts with support from family and peers.

The phrase "participation in the rights, roles and responsibilities of society" was included to denote the establishment of healthy relationships and a full and meaningful life. For many people this is likely to include being able to participate fully in family life and be able to undertake work in a paid or voluntary capacity. The word 'rights' is included here in recognition of the stigma that is often associated with problematic substance use and the discrimination users may experience and which may inhibit recovery.

The importance of aspirations and self-belief within recovery, and the problem of the low aspirations that both substance users and professionals may have, was highlighted in the discussions of the group. The challenge of ensuring that high aspirations are maintained in the face of relapse and set backs cannot be underestimated and will not be solved simply by adopting this or any other vision of recovery. Such an approach and the change to putting the views of the individual user central to service provision will require a fundamental culture change.

Although this is the final version of the statement as developed and agreed by the panel, it should not be conceived as 'set in stone' or the 'ultimate answer'. Also whilst we used a consensus process to develop the statement we are not seeking to 'impose' a consensus on the wider world. The statement is proposed as a starting point for discussion – among professionals, service providers, commissioners and, importantly, service users – from which the development of more recovery-orientated services might flow. It is important to note that drug-free programmes will not necessarily be recovery-orientated just because of their abstinence philosophy and, similarly, maintenance programmes will not necessarily lack a recovery orientation just because they involve the use of medication. The statement therefore begins to highlight important implications for practitioners and policymakers. We believe it can help all services to recognize their role in the recovery process and the need to support positive change and open broader horizons for individuals working to overcome addiction. Recovery might place the individual at its core, but the onus is on the rest of society to ensure that it fosters an environment that is conducive to it.

For more information on the consensus group and their findings please visit www.ukdpc.org.uk

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[1] Shepherd G, Boardman J & Slade M (2008) *Making Recovery a Reality* London: Sainsbury Centre for Mental Health; Scottish Recovery Network http://www.scottishrecovery.net/content/ (accessed 20/06/08).

[2] Scottish Advisory Committee on Drug Misuse (2008) *Essential Care: a report on the approach required to maximize opportunity for recovery from problem substance use in Scotland*

Robin Davidson, Consultant Clinical Psychologist, University of Ulster

"The consensus statement, in my view, highlights a number of key and often overlooked criteria of recovery. The process of change emphasises cognitive as well as behavioural criteria and outcome is seen as seen in psychosocial as well as physical terms."

Dot Inger, Carer & Project Co-ordinator, SPODA, Derbyshire

"I was proud to be part of the team and was not alone there in understanding the reality of having lived with a child with an addiction. I think that most families will embrace the statement as it encapsulates their own hope and aspirations for their user to achieve a full life without problematic drug use."

Brian Kidd, Consultant Addictions Psychiatrist, NHS Tayside Substance Misuse Services

"The concept of recovery has become embedded in the new strategic plans for care and treatment of substance misuse in Scotland. The UKDPC consensus statement is clearly a helpful development – recognising the different perspectives when addressing substance misuse, but also acknowledging the need to include personal aspirations and circumstances in our clinical responses."

John Marsden, Research Psychologist & Senior Lecturer, National Addiction Centre, Institute of Psychiatry, London

"This initiative is timely, fresh and positive. It allows us to begin to straightforwardly conceptualise those individuals who might or might not be in the process of recovery and serves to include rather than exclude people who are trying to move away from a drug-focussed lifestyle."

Bob Campbell Business & Development Manager, Phoenix Futures

"Having spent the last forty five years involved in the substance misuse field, both as a user and for the last thirty as a worker, I was pleased to contribute to the consensus debate which I feel achieved a definition of recovery that is inclusive of and respectful to all those who are making the difficult and challenging journey."

Kate Hall, Head of Tier Four Services, Greater Manchester West Mental Health Foundation NHS Trust.

"I hope this statement will help the field move away from negative competitiveness among providers and commissioners. Recovery is bigger than the sum of the parts and at the heart of this is the service user. I have repeatedly heard service users reiterate to commissioners and providers how their treatment options have been limited as a result of individual beliefs or professional treatment preferences."

Soraya Mayet, Specialist Registrar – Addictions, Tees, Esk and Wear Valley NHS Trust

"This statement encompasses and unites people at different ends of the spectrum, both those who are abstinent and those on substitute prescribing, achieving the same goal of improved quality of life and recovery."

Alex Copello, Professor of Addiction Research & Consultant Clinical Psychologist, University of Birmingham & Birmingham and Solihull Substance Misuse Services

"I personally hope that the definition helps to encourage debate and leads to clarity and improvement when defining aims for services for people with substance misuse problems and their families. I also believe that policies aiming to respond to substance misuse problems and research to develop a greater understanding of these highly prevalent problems can also benefit from a clearer definition of recovery."

John Howard, User Involvement Manager, Reading User Forum (RUF)

"It is the inclusivity of the statement that appeals to me. It embraces all methods of drug treatment and progress thereon and will hopefully help to reduce the stigma often attached to those trying to overcome the problems associated with certain patterns of drug use."

Louise Sell, Consultant Addictions Psychiatrist & Clinical Director, Greater Manchester West Mental Health Foundation NHS Trust

"The statement contains an implicit requirement for treatment services to act differently, and to be commissioned to act differently, than has been the case in recent years. A positive response to this consensus statement will be incompatible with 'business as usual' for many treatment providers."

Ian Wardle, Chief Executive, Lifeline Project, Manchester

"We are charged with nothing less than enabling our clients to speak with the newly enabled voice of recovery. We need as a sector to learn from each other and from our colleagues in other sectors and to work genuinely towards putting our service users at the centre of all that we do. This means all of our clients, not just those for whom abstinence is a chosen and preferred route."

John Strang, Professor of the Addictions and Clinical Director, National Addictions Centre, (Institute of Psychiatry and SLaM South London & Maudsley NHS Foundation Trust)

"I think there is a huge opportunity available at the moment to make major improvements in the services available to drug users through a focus on recovery. I hope the work of the consensus panel can add impetus to the growing recovery movement."

Nicola Singleton, Director of Policy & Research, UK Drug Policy Commission

"The exact wording of the statement is less important than the underlying principles of inclusion, aspiration and a focus on the individual that looks beyond just substance use to the building of fulfilling lives. Even more important is that it is used as the starting point for improvements in services and our understanding of how different individuals can be supported to achieve recovery in what ever way they choose."