

# TALK MY LANGUAGE

As a glance back through our letters pages will show, recovery can mean many things to many people. **DDN** reports from a DrugScope conference that aimed to put it all in context.

**I**t's about giving people hope and not telling them they've been written off by society and are never going to amount to anything.' Chair of the National Survivor User Network, Tina Coldham, was giving a mental health sector service user's perspective on the meaning of recovery to delegates at DrugScope's conference *Drug treatment at the crossroads – where next for the recovery agenda?*

Recovery was a much more long-established concept in the mental health field than in drug treatment, and yet still generated considerable heated debate in that sector, said DrugScope chief executive Martin Barnes. 'Recovery is a term for an approach that many of you have been trying to apply for decades,' he said. 'Treating the person, not the problem.'

All speakers agreed that crucial elements of recovery were housing and employment opportunities. However, while the commitment in the most recent drug strategy to improving reintegration was welcome, barriers to accessing employment and housing remained entrenched, said Barnes. 'When people put themselves forward to treatment they open themselves up to stigma.' The record investment in drug treatment was also based on the link with crime, he said. 'In making the case for funding we risk reinforcing stereotypes and saying that only the politics of fear can convince the public of the case for investment. We shouldn't be naïve about it, but we need to raise public awareness of the complexities of the issue.'

'The complex nature of treatment is all too often presented as an "either/or" between harm reduction and abstinence,' he continued. There was now a broad consensus that 'parking people on methadone' was not enough, but treatment services needed to support both approaches, he said. 'Just as there are many routes into drug dependency, so there are many routes out. There's no silver bullet.'

Recovery was about giving 'often chronically excluded people a stake in society and a chance of a new life,' he said. The government's commitment to steering people towards support was laudable, but the fact remained that its welfare reform proposals veered too far towards the punitive, he told the conference. Claimants' refusal to answer questions about their drug use could lead to benefit sanctions, and there was also a proposed power to require people to undergo drug tests (*DDN*, 28 July 2008, page 4). He welcomed the fact that the requirement to undergo treatment no longer formed part of the proposals (*DDN*, 2 November, page 4), but said he hoped the government would 'consider whether drug testing has any place in our benefits system.'

'The people who are clued up and streetwise will get their benefits and go off and do whatever it is they normally do,' said James Sadler of service user organisation DATUS. 'The people who are vulnerable will pay the price. We threaten people with prison and they don't stop using – what makes people think stopping 25 per cent of their benefits will? They'll go off with someone's DVD player instead.'

The system was one that was built to address social harm, he said. 'Once people aren't committing crime or spreading blood-borne viruses, that's it – job done.' Recovery should always be an agenda with key workers, he stressed. 'Recovery is a personal choice, it should be decided by the service user and it's the system's job to facilitate that. Recovery is not reducing your script, it's about rebuilding your life, developing social capital, having a social network that has a



positive – rather than negative – effect on your life. Recovery is only partly about addressing drug use. Drug use is a symptom of a problem – most problematic drug users are medicating themselves to hide from life.’

There was a major crisis in treatment at the moment and two things needed challenging, said David Best, reader in criminal justice at the University of Western Scotland. The first was the concept that ‘we’re doing well enough on recovery as it is’; the second was that ‘no one really recovers’, which simply functioned as an excuse to set the bar low.

There was a range of reasons why recovery was described as a pointless goal, he said – “it’s not our job”, “other professionals outside of the field can’t be trusted” and “my clients don’t want recovery”. The last was ‘perhaps the most insulting’, he told delegates. ‘If you tell someone they’ve got a chronic, relapsing condition why would they want recovery? What we’ve offered people is not methadone treatment, it’s a methadone filling station. There’s no wraparound support.’

Another frequently-cited argument was that the recovery movement was ‘abstinence based and oppositional’, he said. ‘But why is there no recovery movement in maintenance programmes?’ It was not that a medicated recovery programme was not possible, he said – it just wasn’t being implemented. ‘We haven’t done anything to generate a long-term recovery process. It’s all about symptom management.

‘We can only be the supporters of long-term trajectories of change,’ he continued. ‘The risk with a medicated system is that we medicate through those windows of change.’ The recovery movement was not about the management of symptoms, but a long-term process of personal change where key factors were support from partners, having a job, and social relationships.

‘The task is one of switching services to something more ambitious, and enabling growth,’ he said. ‘We need to identify and celebrate all the successes that go on out there.’ This meant that the silos of treatment, the voluntary sector and mutual aid could no longer remain as silos, he said. ‘We’re so caught up in an oppositional model and the flaccid scepticism of entrenched interests who refuse to give up their slice of the pie.’

CEO of Lifeline, Ian Wardle, told delegates that, while he represented the mainstream of the field and David Best’s language was more ‘challenging and radical’, nonetheless both positions found themselves in the same place – ‘faced with the most profound financial crisis of our lifetimes.’

The government had shown an ‘irrational and schizoid’ approach to substance misuse policy, he said, cosying up to the drinks industry on the one hand while punishing minor drugs offences with prison on the other. This meant that recovery had to ‘take its place in a real political context.’ ‘Harm reduction and recovery are profoundly political,’ he said. ‘To deny that is folly.’

Organisations like his own aimed to transform their practice to identify at an earlier stage the opportunities for transformational change, he said – a key thing here was the workforce. In the best organisations, people from top to bottom were ‘absolutely committed,’ he said. ‘My focus is on how we get our workforce, our management, our systems right.’

Using the resources of the community was ‘utterly fundamental’, so that people could gradually move out of having ‘a career’ in services, consultant psychiatrist in Bromley Assertive Community Treatment (ACT) team, Geraldine Strathdee, told the conference.

So how would people define recovery? ‘There are a lot of prescriptions for recovery – this is a warning from mental health,’ said Tina Coldham. ‘If you Google “recovery in mental health” you’ll get all sorts of stuff, but if you take anything from the mental health field, take the fact that peer support is the way ahead.’

‘Recovery implies that something still needs fixing, like a car being recovered by the AA,’ said Simon Parry of Morph. ‘It implies that there’s an end point and that “you’re not quite there yet”, and it smacks of fellowship language as well. But I haven’t got a nifty replacement.’

Tina Coldham suggested ‘resilience’ – ‘you still have this issue but you’re able to go on with your life’ – while James Sadler said ‘sustained control’ might be more suitable. ‘But how you achieve that is up to you. We can’t make choices for people about their recovery, because that negates their recovery. If recovery isn’t based on personal choice then it isn’t recovery.’

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