



Newsletter – Volume 1 Issue 1 Spring 2010

Mapping and Celebrating Recovery Success

Welcome to the first Recovery Academy newsletter. We hope that this communication marks another step on the way to celebrating recovery, contributing to a growing evidence base of recording sustainable growth beyond the medical trial and keeps you informed of how things have moved on since Manchester in June.

Inside this issue you will find a view of the national scene, pen pictures by the formative directors, a research update, references to recent recovery academy publications, a conference diary marker and an account of possible appeal. Additionally you will find the first of a first, in that we hope each newsletter will have a number of feature articles, the first of which is “Membership matters”.

To ensure that the Recovery Academy is a legal entity and to protect the company directors, we are currently in the process of forming *The Recovery Academy Community Interest Company* . This is a not for profit company limited by guarantee which, although we have not sought charitable status, still allows the organisation to apply for funding from Trusts and other similar bodies.

We hope you enjoy this first newsletter and find it informative. We would welcome comments and contributions to subsequent newsletters; which can be sent to me at:

Wulf.Livingston@recoveryacademy.org

Kind regards,

Wulf and Lis (Editors)



Mission statement

The Recovery Academy is a coalition of individuals committed to demonstrating recovery from addiction and to mapping the resulting growth and transformation in individuals and communities.

Our aim is to map recovery activity across the UK and to develop a body of knowledge and research that charts and then celebrates recovery success. This will be done through an open and participative process that will reflect the warmth, humility and strength of those in recovery, and that will provide the basis for a science that is based on the art of recovery.

We will attempt to use this growing recovery knowledge base to influence policy and practice, to disseminate knowledge to peers and professionals and to work towards integrated and effective Recovery Oriented Systems of Care at a local and national level. We will affiliate with individuals or organisations committed to these principles and provide a forum for support and growth to the recovery community.

Shifting sands

Stephen Bamber

Just 12 months ago recovery was an emergent yet fringe area of discussion in the alcohol and drugs field. Now, at the start of a new decade there can no question that recovery has crossed over and become a mainstream concern.

With astonishing rapidity the ideas, vision, and vocabulary of recovery have dispersed from the periphery to the core of the drugs and alcohol ecosystem. The extent of this distribution can perhaps be regarded as a mandate for recovery, which is increasingly acknowledged as a logical developmental progression building on achievements of the past. Simply put: *recovery makes sense*.

These are challenging times for our field. Recovery has evolved into a public discourse – finding a platform in a time of unprecedented fiscal and political uncertainty. The

prospect of deep public spending cuts trailing a prolonged recession raises the question of whether or not it is appropriate to be tackling the philosophical and practical issues raised by the recovery model at such a sensitive period of history. Conversely, it could be argued that there is no better time for a penetrating reappraisal of our systems of provision and the grid of professional knowledge they are founded on.

Whether one embraces recovery with unquestioning zeal, or takes a more cautious and critical tack, those that shoulder the responsibility of delivering world-class drug and alcohol services to our communities share a common task: to deliver recovery *in spite of*, not *because of*, prevailing political and economic conditions. This mirrors the challenges faced by those in recovery themselves: to flourish and grow in the face of uncertain and often turbulent personal circumstances. Their successes are a source of hope and inspiration to us all.

The Recovery Academy, located at the intersection of research, policy, and practice and instituted on academic principles of rigor, transparency, and objectivity is well positioned to develop a robust and meaningful account of recovery to support the process of systemic change. The myriad voices that have expressed interest in our mission is refreshing and exciting. There is much to discover. Standing at the threshold of a new era of provision, we dearly hope you will join us.

Why are we here?

Dr. David Best

I am currently reader in Criminal Justice at the University of the West of Scotland, and chair of both the Scottish Drugs Recovery Consortium and the UK Recovery Academy. I previously worked for three years as a senior lecturer in addictions at Birmingham University, in the Department of Psychiatry, and research and policy lead for the Birmingham Drug Action Team. Before this, I was a research coordinator at the Maudsley Hospital and then at the Institute of Psychiatry first as a Lecturer and then as a senior lecturer. In which time I completed secondments with the: Police Complaints Authority, National Treatment Agency for Substance Misuse and Prime Minister's Delivery Unit

Much of my current research activity is around developmental pathways to recovery and mapping recovery process and careers. I am currently a member of the National Forum on Drug Related Deaths in Scotland,



and have current research collaborations with the European Monitoring Centre for Drugs and Drug Abuse (EMCDDA), the National Treatment Agency for Substance Misuse in England, and for the Scottish Government.

Grace Ball

I have worked in and with addictions for about 20 years in various guises and am now the Co-ordinator for the Aberdeenshire Alcohol and Drug Partnership, taking the lead in Service Delivery. There is an ambition in Aberdeenshire to move toward a Recovery Orientated system of care and the ADP decision-makers are commissioning initiatives which represent those principles.

The Recovery Academy is crucial in supporting this desire with any efforts to move towards Recovery in terms of the evidence to facilitate decision making. The RA is a very exciting place to be as we plan how to help and support the community by assertively evidencing good practice within a Recovery context so that decisions can be made, realising the particular significance of people's life stories of individual Recovery experiences.

Matthew Kidd

I have been in recovery for around two years; throughout this time I have been actively involved with user groups and peer led initiatives. I grew frustrated at times through lack of opportunities. We seemed to spend too much time in meetings, and to make matters worse the same items were on the agenda month after month, with little or no changes being made.

Then the local user forum got an invite to a symposium to discuss Recovery. I understood this to be a one off event, but it proved very popular and gave birth to the Recovery Academy. I was very keen to stay involved with the Recovery Academy and agreed to take the lead for a group of people in recovery. Initially this was to be a group of people who would meet and discuss the issues in Recovery. This proved to be very difficult to organise, so eventually I decided to change my focus.

I was starting to hear more and more about Bill White and the term Recovery Coaches. The more I looked in to this area, the more I found it suited my interests. I had long been interested in pathways out of treatment services and user groups for those in mid-long term recovery. I have often been frustrated that our (people in recovery) life experience seems to hinder, rather than help in terms of finding volunteering opportunities. I see the introduction of Recovery Coaches as a way of changing that situation.

I am now looking to adapt the American model of Recovery Coaches to suit my locality (Tameside). My involvement with the RA has made this process a lot more manageable as I have been directed to the best resources (such as the coaching manual and contacts with people in

Scotland who were doing similar work).

My vision for the future is of a network which looks to provide support and resources to all the new and up and coming services which support recovery, in particular peer led projects.

Marion Logan

I have worked in the drug and alcohol field since 1987 in both statutory and voluntary drug services, having been involved in designing and developing services and implementation of local, regional and national action plans.

I worked in London for over 10 years within a community drug and alcohol project and then and the Maudsley in south London as a trainer with a regional training unit. On returning to Scotland I was employed as the co-ordinator for the Forth Valley Substance Action Team before going on to a 14-month secondment at the Scottish Executive with responsibility for the development of the monitoring and implementation framework for the National Quality Standards for Substance Misuse Services.

I then moved to take up the post of Operations Manager for STRADA (Scottish Training for Drugs and Alcohol), the leading workforce development organisation in Scotland supporting those working with and affected by alcohol and substance misuse issues.

I left the University of Glasgow with postgraduate qualifications that include a Diploma in Alcohol Studies and a Certificate in Education (Adult and Continuing Education). In June 2009 I was appointed Director of Operations (Scotland) for Phoenix Futures.

Rowdy Yates

I am Senior Research Fellow and facilitator of the Scottish Addiction Studies group in the Department of Applied Social Science, University of Stirling. I have worked in the drugs field for more than thirty-five years and, prior to this appointment, was the Director and co-founder of the Lifeline Project; one of the longest established drug specialist services in the UK. I have published widely on addiction issues; including an edited book (with Barbara Rawlings) on drug-free therapeutic communities, a handbook on the purchasing and management of drug and alcohol services and a chronicle of drugs, music, and popular culture since the 60's.

I am currently editing a book recalling the lives and legacy of a group of European pioneers of the therapeutic community movement. Currently I am the Executive Director of EWODOR (the European Working Group on Drugs Oriented Research), Vice-President (Teaching & Research) of the EFTC (European Federation of Therapeutic Communities) and Chair, Addictions Advisory Group, Royal College of Psychiatrists (Community of



Communities). In 1994 I was awarded the Order of Member of the British Empire (MBE) for services to the prevention of drug misuse.

Stephen Bamber

I am based at Liverpool Hope University with research interests lying at the intersection of addiction, recovery, and spirituality, and extending into policy, practice and critical theory.

My eclectic past informs my present. With a personal history of chronic substance use, homelessness, and experiencing (on both sides of the fence) the best and the worst of the UK's treatment services, I am a passionate advocate of progressive approaches to addressing the intractable social immobility associated with problematic substance use.

Graduating with a double first class degree in Theology and Religious studies and awarded the university-wide Christ's and Notre Dame prize for best performance of any single honours student, I am currently completing my doctoral thesis, lecture in philosophy, ethics and religious studies and author "The Art of Life Itself: Progressive thinking in addiction and recovery" blog.

I am committed to promoting multidisciplinary dialogue in the drug and alcohol field, and to advancing a radically plural, inclusive account of recovery that reflects the vibrancy and diversity of the UK's emerging recovery ecology.

Wulf Livingston

I have been in and around the alcohol and other drug scene for thirty years, as a user, seller, academic, counsellor, practitioner, manager and commissioner. Throughout this time I have had a long held belief in the functional perspective of use, mixed with a strong belief in radical and existentialist social work practice. This means that I tend to want to see people for the problems they face rather than those they cause.

As a consequence of which it has always seems to me the key issue is one of enabling and supporting the building of self directed long term meaningful lives and not any quick sticking plaster applied by professionals claiming bucket loads of power and expertise. To which end the recovery academy feels to me to be a home for a more constructive utilisation of my energetic ranting and a desire to find additional ways of showing folks, that people can and do make change. I hope that I can offer something to the dialogues that need to continue to be had if we are to see the emphasis and consequent shift in effort and resources, to helping folk to stay off rather than merely just getting them off.

Dr. David McCartney

I am currently the Clinical Lead at Lothians & Edinburgh

Abstinence Programme, a partnership NHS/Council/Voluntary sector project for patients living in the Lothian area. LEAP is a quasi-residential treatment initiative with twenty substance dependent individuals in active treatment and around 45 attending aftercare at any time. The service embraces an integrated bio-psycho-social approach to addiction and recovery.

My background is in inner city general practice in Glasgow, but I retrained in addictions and now work exclusively as a GP with a special interest in addictions. Previously a tutor on the Royal College of General Practitioners' Substance Misuse Management course, I have recently completed a Master's degree in Alcohol and Drug Studies researching how doctors recover from dependent drug use. I am interested in the neurobiology of addiction, the place of mutual aid and recovery communities in recovery and also in recovery-oriented treatment approaches to treating those with addictive disorders. I enjoy teaching patients, medical students, postgraduate students and primary care practitioners on these subjects.

In working for a postgraduate degree I was frustrated by the lack of a UK evidence base around recovery and a general vagueness in the treatment field about what the essential elements of recovery were. Being part of the Recovery Academy gives us an opportunity to change that. I am a member of the Royal College of General Practitioners and a fellow of the RSA. From time to time I blog on Wired In.

Lis Hill

I am presently company secretary and treasurer of the Recovery Academy and undertake a number of other administrative tasks including those associated with membership of the organisation.

I have worked in the addictions field for fifteen years, as co-ordinator of the Tayside Drug and Alcohol Action Team (DAAT) and latterly as a partner in Hill Logan Limited, a training company set up in 2003. For the past eight years I have undertaken sessional work for Scottish Training in Drugs and Alcohol (STRADA), including writing and delivering training modules and STRADA's three-day Training the Trainer course and as a co-tutor on a number of the University of Glasgow's Certificate in Addictions courses run in conjunction with STRADA.

Prior to working in the addictions field, I was closely involved in the growth of mental health services across Scotland. I am delighted to be a part of the Recovery Academy because, from personal experience, I am passionate about the principle of users of services not only taking responsibility for managing their recovery through personal exploration but also that their



experience can, with appropriate support and encouragement, assist practitioners in providing consistent services and identified meaningful aftercare.

Why join?

Matthew Kidd

The Recovery academy has the potential to be many things, notably:

- A place to share resources and ideas
- Keeping you up to date with the latest research and developments.
- A standard bearer in best practice and staff development.
- A place for people in recovery to share their ideas and experiences with people who commission and/or manage services and initiatives.
- A network linking to people and resources.

From my point of view, as someone in recovery who is attempting to introduce a new initiative, the most important aspect of the RA is the chance to network.

Maybe you've noticed a particular gap in service provision; maybe you think you could enhance a local service or initiative by introducing something new. Perhaps you are already in the process of introducing a new recovery focussed service/activity. In any of these situations the chance to garner support from people with the right knowledge, experience and resources is vital.

Being able to call on the knowledge of those involved in the RA is invaluable. In my opinion, having the backing of the RA will also add credibility to your project. This is of particular benefit to people who are trying to introduce peer led services, who may encounter prejudice and cynicism regarding the role of (ex) service users.

Having input and feedback from those in the RA can also give you fresh belief and momentum. Knowing that there are so many like minded people, all trying to achieve something similar, can be very empowering.

I also see the RA as a virtuous circle; somewhere people commit time and effort to a shared cause. Somewhere people make time to initiate, maintain and develop a network, and a body of work, which those interested in recovery, can call on when they need.

The RA is already establishing networks in areas such as research, training/staff development and best practice. As we attract new members there is the potential to establish

and develop many more.

In short, you can bring to the RA whatever you think you can offer, whatever you believe will benefit others and whatever project you would like to promote and develop. In return you get to call on people and resources that will aid and assist you.

Conference

We intend to hold the first Recovery Academy conference on **24th & 25th September** in Glasgow. This will take place to coincide with the second National Recovery walk, **25th September**. Presentations and workshops will be on the **24th**, with more informal events on the **25th**.

Our hope is that the conference will capture some of the flavour of both the Academy and the wider recovery movement. It will not merely be a presentation to sleep by PowerPoint, but represent something more dynamically inclusive and that in itself it will also contribute the growing evidence base.

Recent RA publications

- Bamber, S. and Best, D. (2009) Recovery as the art of life itself: the "recovery forum" blueprint *Addiction Today* (Sept/Oct 09) 28-29.
- Best, D. and Bamber, S. (2009) A New Way *Drink and Drug News* (13-10-09) 10-11
- Best, D. and Gilman, M. (2010) Recovering Happiness *Drink and Drug News* (15-02-10) 10-11
- Best, D. Groshkova, T. McCartney, D. Bamber, S. and Livingston, W. (2009) The Politics of Hope *Druglink* 24 (6) 20-21

Research update

David Best

Starting with a summary of what is going on at the moment: Internationally, William White and Lisa Torres are



in the middle of writing a series of three articles that examine the opportunities around ‘maintained recovery’ assessing both the history of methadone maintenance and the potential barriers to a recovery culture in maintenance services. The final article will look at what maintained recovery might look like in an applied context. This is hugely relevant to the UK context in which one of the major challenges will be to address services that provide little hope or direction to recovery for their clients and for staff, some of whom are sceptical and suspicious about the recovery concept and its implications for their work. William is also completing a paper entitled “Long-Term Strategies to Reduce the Stigma Attached to Addiction, Treatment, and Recovery within the City of Philadelphia” which chimes with a new piece of work being undertaken by the UK Drug Policy Commission addressing stigma, and the Scottish Drugs Recovery Consortium are looking to engage in this project.

In terms of publications, there is a superb supportive summary of the evidence for research in a three-page article in *The Psychiatrist* (2010, 34, 3-5) entitled “Does the scientific evidence support the recovery model?”, and Alexandre Laudet and William White have also published a 2010 paper in *Journal of Substance Abuse Treatment* (38, 51-59) called “What are your priorities right now? Identifying service needs across recovery stages to inform service development”

In the UK, there have been no new publications but there is some research approaching completion – our own study of recovery pathways in Glasgow (based on the narratives of 205 people in recovery from alcohol and heroin) has shown that the best predictors of positive quality of life in recovery are high levels of meaningful activities and strong peer support networks. There are also key initiatives to develop recovery training and intervention approaches that are underway in North Wales and Worcester and they will contribute to our knowledge base around recovery.

Finally, the Recovery Academy will be presenting at the next meeting of the Recovery Research Network for mental health in London on the 15th of April where we hope to develop stronger ties with our equivalents in the mental health field. This group is chaired by Mike Slade from the Institute of Psychiatry.

Publication

Tackling Addiction -Pathways to Recovery

Edited by Rowdy Yates and Margaret S. Malloch

The issue of ‘recovery’ has been increasingly prioritised

by policymakers in recent years, but the meaning of the concept remains ambiguous. This edited collection brings together the thoughts and experiences of researchers, practitioners and service users from the fields of health, addiction and criminal justice and centres on current developments in addiction policy and practice.

Tackling Addiction examines what recovery, addiction and dependency really mean, not only to the professional involved in rehabilitation but also to each individual client, and how ‘coerced treatment’ fails to take account of recovery as a long-term and ongoing process.

Chapters cover the influence of crime and public health in UK drug policy; the ongoing emphasis on substitute prescribing; the role of recovery groups and communities; and gendered differences in the recovery process and implications for responses aimed at supporting women.

Contents:

- Introduction. Rowdy Yates, University Of Stirling, UK and Margaret S. Malloch, University Of Stirling, UK.
1. Recovery: Past and Present. Rowdy Yates and Margaret S. Malloch.
 2. The Therapeutic Community as a Recovery Oriented Treatment Pathway and the Emergence of a Recovery Oriented Integrated System. George De Leon, NYU School Of Medicine, USA.
 3. Recovery Oriented Integrated Systems in North-West England. Mark Gilman, National Treatment Agency for Substance Misuse, UK.
 4. Recovery, a Clinical Reality. Brian Kidd, University Of Dundee and NHS Tayside Substance Misuse Services, UK.
 5. Evidence and Policy - Crime and Public Health in UK Drug Policy. Alex Stevens, University Of Kent, UK.
 6. Recovery, Desistance and ‘Coerced’ Drug Treatment. Tim Mcsweeney, King’s College London, UK.
 7. Women in Recovery. Betsy Thom, Middlesex University, UK.
 8. Mapping Routes to Recovery: The Role of Recovery Groups and Communities. David Best, University of The West Of Scotland, UK.
 9. Recovery Policy in a Practice Setting. Dharmacarini Khuladarini, Turning Point Scotland, UK.
 10. Residential Treatment as a Method of Intervention. Wendy Dawson, Ley Community, Oxford, UK.
 11. Some Concluding Reflections and Future Considerations. R.Yates and M. S. Malloch.

Available here: <http://bit.ly/TacklingAddiction>



Websites

<http://tapedradio.co.uk/>

<http://dass.stir.ac.uk>

www.mattkidd.net

www.myrecoverynet.com

www.theartoflifeitself.org

www.fead.org.uk

www.wiredin.org.uk

www.facesandvoicesofrecovery.org

www.findings.org.uk

www.dawnfarm.org/blog.html

<http://addiction-dirkh.blogspot.com/>

Membership matters

Lis Hill

As I write, it is just nine months since the foundation of the Recovery Academy, the outcome of the Manchester Symposium held on June 29/30- 2009.

Over those nine months there have been a few face to face meetings, numerous phone conversations and, oh, so many email exchanges – I have just checked my Recovery file (how sad is that – I **file** emails) and can confirm that to date there have been 452!

Amongst a number of ‘threads’, membership has become a particularly hot topic over the past few weeks, the main issue being the question of the subscription. The two areas of debate are a) what benefits do members get once they have joined and b) when can we realistically introduce a membership fee (currently people sign up at no cost) .

This, you will appreciate, is a chicken and egg situation. As it stands, it’s important to get as many people as possible to sign up. The acquisition of a formal membership made up of a diverse range of individuals will

greatly enhance the Recovery Academy’s credibility. The only way to formalise this is by subscription, otherwise actual commitment to the organisation cannot be demonstrated – a significant requirement, not only when applying for funding but also if we decide to lobby on, for instance, particular pieces of legislation or instances of either good or bad practice.

The general feeling is that while we need to move ahead with building up a credible voice for the organisation, unless we have convincing member benefits there will be significant attrition. We have to be really clear on what membership is about, how it benefits the members and also what is expected of them.

With this in mind, the suggestion is that for the time being, we remain with the *status quo*, making it clear that paid membership will take effect in due course. When this happens, those currently on the distribution list will be given the opportunity to pay up or stand down. The last thing we want is that paid membership, whenever it becomes effective, doesn’t come as a nasty surprise.

That brings us to the question of how long it will take to arrive at a robust concept of what membership of the Recovery Academy offers and entails. While arriving at decisions of this nature does not lend itself to a series of email exchanges, getting the relevant people together for face-to-face meetings is both a tortuous and an expensive exercise. Another relevant point is that since we already have a fair number of supporters, it would be obtuse in the extreme not to canvass their opinions on what they expect to get and to give as a paying member.

I suggest that the exercise starts with a simple on-line survey that can be sent to everyone with an email address. If you are reading this newsletter then it’s your opinions that are important. To take part please email your contact details to Lis.Hill@recoveryacademy.org or write to me at Douglasmuir, Arbroath, Angus DD11 4UN and I will send you a copy of the survey to complete and return.

We hope to mark the first year of the Recovery Academy by launching formal membership in summer 2010. Full details, including advantages of membership, member benefits, levels of subscription and how to join, will appear in the next edition of the Newsletter.

Contact

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