


Recovery: Attitudes and beliefs in the sector



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“Promoting addiction recovery through building recovery ready communities”

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Recovery in Irish landscape to date

- STATE FUNDED SERVICE PROVISION :

- I. Addiction service provision has had a continued trend over past 40 years of a markedly higher proportion of harm reduction and detoxification services than rehabilitation and recovery orientated initiatives.
- II. Peer led and mutual aid recovery supports have run parallel to state provided services with very little intentional cohesion.

- POLICY:

- I. 20+ years of drug policy has had a continued trend of dominant focus on harm minimization strategies stemming from HIV crisis and prevalence of medical model of treatment.
- II. In 2007, the Report of the Working Group on Drugs Rehabilitation established a clear continuum of care in order to ensure their service users have access to individualised pathways to rehabilitation. Rehabilitation is defined as improving an individual's quality of life and ensuring that they are reintegrated into their community.

Recovery in Irish landscape to date

- RECOVERY RESEARCH AND ADVOCACY:

- I. At the same time as NDRIC's work, a small, focused, frontline movement emerged, advocating through research, conferences and recovery initiatives for recovery to be given space on the national agenda.
 - a. 2011 "The role of education in developing recovery capital in recovery from substance addiction" Keane et al, Soilse participants.
 - b. 2014 "Addiction Recovery: A contagious paradigm!" Keane et al
 - c. 2014 "Lets Talk About Recovery" conference in Dublin.
- II. Today, the Recovery Academy of Ireland with strong presence in Cork and in Dublin, a growing number of Recovery Cafes, annual Recovery Walk in Dublin and the same parallel system of peer led and mutual aid recovery initiatives.
- III. National Drug Strategy "Reducing Harm, Supporting Recovery" – today's event is an important opportunity to work with Dept of Health for a recovery action plan for NEIC.

Opportunities to support recovery in our system

Research relating to the convergence of recovery, recovery capital and harm reduction offers insight into how our current continuum *could* promote recovery:

- I. Early intervention with people through screening and brief intervention to engage people before their innate recovery capital is depleted (White et al 2008)
- II. Trusting relationships between people in addiction and addiction professionals can build identity and relational capital in people (Topper et al 2018)
- III. Addiction professionals and the peer support movements have a more mutually supportive relationship. The report advocates that professionals “act as guides to recovery communities” to provide the stepping stones to recovery such as housing, health and supports for recovery activities. (Best et al 2021)

2021 research in Dublin, Cork and Limerick

11 sectoral leaders in Dublin, Cork and Limerick gave in depth one to one interviews. The themes in order of prominence were as follows:

1. Polarisation between recovery and harm reduction still exists
2. There is a lack of leadership in terms of recovery
3. Recovery and recovery capital is not widely understood
4. The language of recovery needs to change
5. An over-reliance on the medical model of treating addiction hinders recovery
6. Solely medication focused Methadone Maintenance programmes hinder recovery
7. Harm reduction keeps people alive and healthier
8. Harm reduction / low threshold workers help to build recovery capital
9. Case management supports recovery capital
10. Addiction agency partnerships support recovery capital
11. Education supports recovery capital
12. Common goal is to improve the lives of people in addiction
13. People in recovery are not supported adequately
13. Recovery housing is needed

2021 research in Dublin, Cork and Limerick

53 frontline workers in Dublin, Cork and Limerick completed questionnaires:

- 84% understood the term “recovery capital”
- 81% were confident working with people to build recovery capital
- 84% felt improvements could be made in in how harm reduction services contributed to building recovery capital.
- 68.52% of those who responded had experience of people achieving recovery without using a harm reduction service, while 24.07% did not.
- 53% strongly disagreed that abstinence was the only form of recovery with the remainder divided between agreeing somewhat, agreeing totally and not knowing.
- When asked if they felt staff in harm reduction services currently had the skills to help people build recovery capital, 62.27% agreed. Meanwhile, 18.87% disagreed and another 18.87% were unsure.

Analysis of the research data

- There was a dominant belief among leaders that there is polarization between recovery and harm reduction in Ireland, frontline workers do not share this belief
- There was a dominant belief among leaders that the language of recovery must change. They felt it was too linked to abstinence only models and a medical model.
- Frontline staff believe they know what recovery capital is, they have experience in building it with people and the majority were confident in doing so.
- Leaders spoke of resource competition, outcome reporting and KPIs as barriers to collaboration for recovery.

Current Recovery Capital research project in Dublin North City and County

- Currently our system measures treatment episodes, level of substance use, consequences of substance use and drug related deaths. We do not measure the recovery capital.
- Researchers such as Dr. David Best illustrate the importance of measuring recovery capital in order to enhance personal recovery and inform service design and delivery.
- HSE in CHO9 have commissioned research by Trinity College Dublin in order to develop:
 - i. An evaluated Recovery Capital Toolkit for frontline workers
 - ii. A training package on the Recovery Capital Toolkit
 - iii. Good practice guidelines on Recovery promotion for the sector
- The project to develop, implementation and evaluation of a frontline workers toolkit and good practice guidelines for recovery capital will be carried out across 3 pilot sites, one being the North Inner City.
- The project will be developed with people who identify as being in recovery, frontline staff in addiction services. Fieldwork will begin this year.



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



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Thank you!

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