

Get thy bearings

Drug users should stop blaming treatment services and shoulder more responsibility for their failure to recover. But, adds Peter McDermott, addiction is a deeply personal issue and the Dalek-like diktats of the abstinence-or-bust lobby are just plain arrogance

Recovery happens naturally. When you've got high quality services where the staff understand and deliver sophisticated care planning, are able to identify and deliver the psychosocial interventions in the appropriate sequence, get the medications optimized so the clients are comfortable and able to enter education and training, people will inevitably and automatically recover from their dependence.

The above statement illustrates some of the thinking that's currently at large in the field at the moment, a product of our new, evidence-based treatment culture alongside the growing emphasis on recovery.

Yet this, like so much that has passed before it, is an article of faith rather than something that can be demonstrated empirically. By arguing that 'recovery evolves naturally where we have good treatment', the author sets up a situation where, whenever people fail to make good progress in treatment, people will claim that this is because the treatment provided just isn't good enough. Now, I'm not someone who's usually inclined towards a defence of the drug treatment system or treatment providers, but I think that there are a couple of serious problems with this line of thought.

The first problem is that it's tautological thinking. If people fail, then by this definition, that means the treatment they received was bad. This can't be either a reasonable or a safe assumption. People fail to improve, despite receiving high quality treatment, for a host of reasons - not least of which is the fact that chronic and relapsing are two of the major characteristics that define the nature of dependence.

The second problem is that this view assumes an unlimited pot of money from which we can provide treatment. During the last five years or so, the drug treatment field has been extremely well-funded when compared with the past, and particularly so when compared with an area like alcohol treatment. However, because the political will has existed to fund that growth in the past, one shouldn't assume that it will continue to do so in the future. A change of government will almost certainly eradicate what gains we currently have.

There remains an ongoing need to improve commissioning and the quality of drug treatment services. These priorities

continue to be part of the NTA's ongoing programme. Nevertheless, there's also a need for many in the field, both users and workers, to acknowledge the need for people to step up to the plate in terms of taking responsibility for their own recovery and for making the lives that they aspire to happen for themselves. The tendency to always blame someone else for our problems is a typical characteristic of addictive thinking. At the end of the day, treatment services and treatment providers can only do so much. They can provide meds, they can signpost training and they can provide support for people who seek those things. But ultimately, it's up to the patient themselves to stick to their meds and not to supplement them with street heroin or crack and to show up regularly and on time to training that's provided. And I've yet to find anyone who has the secret to the magic of



stopping people from wanting that feeling that drugs can provide. People stop wanting it when they stop wanting it.

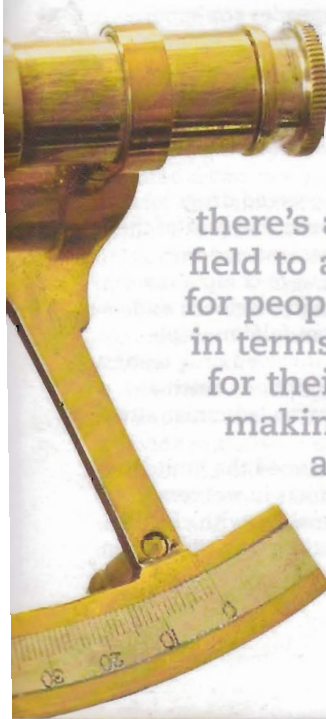
And we should never forget that addiction is complex. People have different degrees of severity of dependence and different co-morbidities that make recovery more difficult for some than for others. It's easy to become and remain abstinent if your hunger for drugs is low or moderate. It's much more difficult when your appetite seems insatiable.

One of the things that concerns me about some of the self-elected spokespeople for the recovery movement is a sense of moral superiority that I sometimes detect, usually among people who have an emotional investment in abstinence, towards those who are on medically assisted recovery. I think this tends to be most apparent in the newly abstinent, and some of the less thoughtful members of 12-step fellowships, but I do think it can be very hurtful to people on the receiving end of it.

In fact, I was on the receiving end myself recently, speaking at an event and talking about my own personal history, when someone intervened from the floor to try and advise me - in front of an audience of several hundred people - that my particular form of recovery didn't count, and that I needed to get myself to a meeting and get some of the real thing.

And it's not that I don't understand where this woman was coming from. As she said herself, nine months ago, her life was completely chaotic - a state she's occupied for all of her adult life - and she's managed to gain a little bit of peace through her new-found sobriety. In the great scheme of things though, nine months is a relatively short period. Who knows

where she'll be in nine months time? I've got several friends who had major relapses into chaotic use lasting several years, despite their having had over 15 years of abstinence prior to that. So while I'm happy for those people who find some personal peace through



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abstinence, anyone who flaunts their arrogance with regard to the superiority of your particular recovery may well be tempting fate and find themselves having to eat their words at a later date. Not to mention the emphasis that the 12-step fellowships claim to place on humility as a key component of their recovery.

Of course, we all start off stupid, and gain knowledge and wisdom the longer we study any subject. In that sense, recovery is no different to anything else.

But what I really do relish about the whole recovery project is the opportunity to engage in genuine dialogue between the different communities of recovery. On the occasions when I've seen that happen in the past, I generally find that the more thoughtful people who are in 12-step fellowships or other abstinence-based programmes will invariably express enormous gratitude for the harm reduction services that saved their lives during their chaotic periods. It's great for people who are doing well on methadone or subutex, a group Americans refer to as being in 'medically assisted recovery', to come into contact, often for the first time ever, with people who actually are successfully leading completely drug-free lives.

For many of us, this is a revolutionary thing. I'd been on methadone for in excess of 20 years before I ever met somebody that I could identify with personally - they think the same way, their background and anxieties are the same - who had managed to achieve and sustain long term abstinence.

We don't come across such people at the methadone programmes. Once they become abstinent, they have no more need of them. We don't see them in the media. If they work in services, they're often constrained in what they say.

But without being exposed to people who we can identify with, few of us tend to believe that recovery is possible. If you've never seen it with your own eyes, if all you've ever seen, like me, is people who relapse within the first six months or so, or people who substitute one addiction for another, then there's a tendency to believe it just can't be done.

For me, facilitating this process, these dialogues, is absolutely a part of what drug treatment services should be about. To date though, most have signally failed to produce a culture of recovery - either inside or outside their own organisations. For the NTA to take a lead in kick-starting this process - just as they took a lead in getting user involvement off the ground in the UK (and those of us with longer memories will recall exactly how many local user groups there were just eight or nine years ago) is perfectly appropriate, more than welcome and possibly even long overdue.

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