

# THE POLITICS OF HOPE

In the third and final instalment of our look at the recovery movement, **David Best, Teodora Groshkova, David McCartney, Stephen Bamber and Wulf Livingston** describe the formation of a new Recovery Academy.

In articles in the previous two issues of *Druglink*, we have criticised drug treatment services in the UK. We focused on low expectations and low aspirations, and on a treatment system that is of debatable value to clients, irrespective of their role in public health and public safety.

To conclude this trilogy, we will move forward from this critical approach to something much more positive and much more real. We will outline what we mean by 'recovery' and why we believe that this is a movement in the UK that is characterised by hope and dynamism. It has the chance of making a fundamental and sustainable difference to the lives of drug users and communities, not by destroying what has gone before but by building on it.

Neither the language nor the sentiments are new. The same principles have informed the worlds of mutual aid groups and therapeutic communities. They have gradually gained credibility and durability in the mental health field, resulting in a US movement where recovery communities have spawned

recovery cafes, recovery clubhouses and professional associations.

But this article is not about mental health and it is not about the US – it is about what is happening in the UK, and about the innovation and excitement, hope and challenge that characterise the faces and voices of recovery in the UK.

Despite being off the radar of most commissioners and addiction academics, the recovery movement in the UK is growing: the *Wired In* recovery community; recovery marches in Liverpool and Inverness; the North-West Recovery Forum; 'Serenity Café' social networking events in Edinburgh; and the growth of community-based mutual aid groups established following the success of community rehabilitation in Glasgow and the development of LEAP (Lothian and Edinburgh Abstinence Project) in Edinburgh.

Between these events more than 1,000 people have engaged in recent activities in the UK that have celebrated recovery. These events are critical because they highlight the capacity and resources of the recovery community and challenge

both stigma and stereotypes. The key theme is that recovery is a reality for many people.

To fan this flame, we need to celebrate its diversity rather than question its existence. The recovery movement is offering alternative evidence to its members and the wider community that recovery does give back what addiction has taken from individuals, their families and communities.

This is the early stage of a long and winding journey for the recovery community in terms of identity, credibility and self-esteem, that mirrors that of the individual in recovery. One of the underlying principles of our new discussion forum, the Recovery Academy, is that the recovery process is intrinsically personal, but is also socially embedded. The analogy between the journey of acceptance for the recovery movement and that of the individual seeking recovery is essential to the evolution of an effective recovery approach. What this requires are 'champions' – not only of those in



recovery, but those in all relevant professional groups and communities.

The evolution of recovery-orientated thought, policy, and practice depends on a healthy and communicative alliance between the flourishing recovery community and professional and institutional bodies. Given a shared desire to elevate the overall quality and diversity of provision, we suggest this alliance is best regarded as one between friends rather than rivals. The acceptance of the recovery community (and the recovery community's acceptance of their colleagues) will yield an increase in available support. And here there is a blurring between professionals, professionals in recovery and the larger recovery community that is about commitment and shared values, not about status or qualifications.

It is said that nature abhors a vacuum. The emergence of a vibrant recovery community and numerous local networks is a grassroots response to unmet needs, filling the void in provision that necessarily results from the structure and orientation of a resource-limited and outcome focused public health system. The Recovery Academy has been established to map those successes, document the foundations for an evidence base of recovery and support innovative ways of researching and documenting recovery activity and success.

However, an additional aim of the Recovery Academy is to support and evidence the generation of Recovery Oriented Systems of Care (White, 2007). Here, our work is with policymakers and commissioners as well as with practitioners and researchers.

The challenge for system architects

and service providers is threefold. First, to redraw their policy maps to more accurately reflect this emerging landscape, and to open doors to the community groups and mutual aid groups that have been outside of the commissioned 'systems', yet are relied upon to sustain recovery and support families in the community context.

Second, to engage with the local communities and merging national targets with local needs and ensuring that communities and their representatives play a part in shaping and managing the recovery and treatment agendas.

### THE EMERGENCE OF A VIBRANT RECOVERY COMMUNITY AND NUMEROUS LOCAL NETWORKS IS A GRASSROOTS RESPONSE TO UNMET NEEDS, FILLING THE VOID IN PROVISION

And third, to nurture bottom-to-top cultures of recovery within services and local communities – this will rely on engaging 'champions' at each stage and level of the 'system' and the community. Irrespective of whether the recovery community is maintained or abstinence, this aim requires identifying the champions of hope and change and supporting them to enable local change.

A big change that is needed for this is to celebrate the diversity of

recovery pathways and networks – not only whether this means abstinence or maintained recovery – but what the time scale and the goals are. The only generic 'definition' of recovery that is central to our aims is that it is about improving quality of life in a sustainable way and supporting those who aspire to be in recovery to make changes and move forward. The Recovery Academy will then attempt to evidence how and what works in this process.

Recognising that this is a shared journey of hope, whilst not eliminating the inevitable difficulties, may at least help us face them with a unity that those who entrust their lives to us deserve. The 'recovery movement' in the UK is borne of a need to change things at the level of policy and practice to allow self-determination and empowerment of users in recovery. It aims to support the networks that will enable and facilitate the growth and improved life quality that we are already seeing when we have chosen to look.

At present, the celebration of recovery has predominantly occurred in abstinence-oriented settings in the UK, but this is not inevitable. The challenge to alternative approaches is to develop the networks that will enable a true celebration of the diversity of recovery success and the growth of the hope that is needed to sustain and enable a true recovery movement in the UK.

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