

IN KEEPING WITH ITS POLICY OF BEING A NEUTRAL BROKER IN THE FIELD, ADDICTION TODAY IS RELEASING THIS STATEMENT FROM THE UKDPC

STATEMENT FROM UKDPC

UK DRUG POLICY COMMISSION CONSENSUS GROUP – FINDING THE COMMON GROUND TO SUPPORT A NEW FOCUS ON RECOVERY
The UKDPC consensus project on recovery was featured in an Addiction Today website entry on June 06, 2008, and in an e-mail circulated on the same day. We are delighted to see the high level of interest that this indicates and we are keen to foster a positive debate, but are concerned that the aims of our work and the process we are undertaking appear to have been misunderstood. Therefore we welcome the opportunity to rectify this by providing more information about this project.

WHY IS UKDPC FACILITATING THIS PROJECT?

The UKDPC is a short-life initiative aimed at using evidence to improve professional, political and public understanding about various aspects of drug policy. We are not a campaigning or lobbying body. Our Commissioners felt the increasingly polarised debate over drug treatment effectiveness, in which abstinence-focussed and substitute prescribing approaches to treatment tend to be represented as mutually exclusive, was becoming increasingly divisive with little reference to the extensive publicly-available evidence on treatment effectiveness. There seemed to be a danger that public and political support for drug treatment might be undermined with a real possibility of damage to the treatment field as a whole. At the same time, some of the criticisms levelled at the treatment field and professional practice were not without foundation. As an independent, charitably funded body established with the aim of stimulating informed evidence-based debate about drug policy, the UKDPC felt we should seek to make a positive contribution to the debate. Inspired by the positive work on recovery being undertaken in the addictions field both in the UK and elsewhere (as well as in the related field of mental health), we felt there was an opportunity for us to help provide a more positive and objective focus to the debate. We felt that the identification of an overarching vision of recovery that could be applied to all individuals tackling problems with substance use, without reference to particular treatment modalities, might provide a unifying goal for the field. This in turn could provide a basis for developing recovery-oriented services and for building an evidence base to support recovery to the benefit of users, their families and communities.

THE CONSENSUS PROCESS SO FAR

We wanted our work to be inclusive, unifying and aspirational, so we designed the process accordingly. We began by convening a consensus group in March 2008, to which we invited a group of experienced individuals involved in the UK drug treatment field. A consensus process involves the presentation of different views and the discussion and exploration of these in order to find common ground and a way forward, which all members of the group can support. Therefore the group was of the necessary size to facilitate in-depth discussion of the issues. The sixteen people who took part covered a wide range of perspectives and disciplines. It included several people in recovery and family members, as well as individuals coming from services providing the full range of types care and support. This included 12-step approaches, maintenance prescribing, general practice, residential rehabilitation and peer and family support groups as well as service commissioners. Participants also came from different parts of the United Kingdom and different ages and cultural backgrounds. The meeting was facilitated by Professor A. Thomas McLellan who had been a prime mover in a similar consensus panel in the US, which included William L White and was conducted under the auspices of the Betty Ford Institute.

Over the two days the group explored the experience and meaning of recovery from a range of perspectives in discussions that focussed on exploring areas of agreement while accepting there would always be some areas of disagreement. In the end a statement providing an overarching description of the process of recovery was drafted that, in the opinion of the group, could be applied to all individuals striving to tackle a substance use problem. The group were unanimous in the view that the statement included individuals abstinent from all drugs, such as those in NA, as well as those whose abstinence is supported with medications such as methadone or naltrexone (or acamprosate or nicotine replacement as alcohol and smoking examples). It also applies to individuals who make their recovery efforts unaided or without professional help, as well as both alcohol and drug users and people with differing levels of problems, not just those that meet the formal criteria of dependence. As such it recognises the diversity of experiences of recovery but also, most importantly, that there is more to recovery than control over substance use. The development of a fulfilling life is central.

Encapsulating the complexity of the process of recovery in a simple statement was always going to be challenging and so it was felt important to consult with the wider field to see if the statement accorded with others views and to identify areas that might need clarification or amendment. We felt that the best way to achieve this was to take the principles of the consensus approach into the consultation process and sought to set up opportunities for face-to-face presentations and discussion in which differences of opinion could be clarified and explored, intending only to publish the statement and supporting paper once it was finalised. Therefore, we have presented the statement for discussion at the Drug and Alcohol Today events in London and Glasgow, the UKESAD conference in London, the NTA conference and the London Drug Policy forum. Members of the group have also discussed it with colleagues in a number of meetings, formal and informal around the country. A follow-up meeting of the group was also undertaken which included a number of additional individuals, including Deidre Boyd, editor of Addiction Today, who presented the results of the survey she had undertaken amongst a small number of people. The many comments that had been received from all the consultations were considered at this meeting and some changes to the statement suggested. However, although the need for clearer or fuller accompanying notes and explanation is evident, the core points originally identified have withstood this scrutiny, suggesting that the statement does encapsulate the key issues around recovery well. The latest version presented at the NTA conference, which differs slightly from the one quoted earlier on the Addiction Today website can be found on the UKDPC website: www.ukdpc.org.uk.

THE CONSENSUS STATEMENT AND NEXT STEPS

The definition when finalised is proposed as a starting point for discussion among professionals, service providers, commissioners and, importantly, service users. It should not be conceived as “set in stone” nor an attempt to “impose” a consensus on the wider field, although we do hope that the common ground we have identified will help to support the wide range of bodies and agencies involved to work together to focus on recovery. The Consensus Panel and UKDPC see this statement as an important contribution to the work currently underway on many fronts to try and improve outcomes for people with drug (and alcohol) problems. We hope it can provide an unifying vision that can be used to underpin a range of developments and that talking about recovery in this new way will allow us to begin to describe the scale of the cultural change necessary for professionals and organisations if we are to grasp this opportunity to deliver major improvements in outcomes for users, families and society. As John Strang, one of the UKDPC Commissioners leading this work commented



RECOVERY: A COVETED PRIZE

“Recovery is a process through which an individual is enabled to move-on from their problem drug use towards a drug-free life and become an active and contributing member of society,” states the new scottish drug policy. Deirdre Boyd applauds it.

The above description of recovery comes from the *Executive Summary* of the scottish drug policy – *Road To Recovery* – released in May. “Moving to an approach based on recovery will mean a significant change in both the pattern of services commissioned and in the way that practitioners engage with individuals. Core to this is reform of the way that drug services are planned, commissioned and delivered to place a stronger emphasis on outcomes and on recovery.”

Fergus Ewing MSP writes in the *Ministerial Foreword* that “It is the job of government to capture vision and consensus, then turn it into reality... Above all, we need to set out a new vision where all our drug treatment and rehabilitation services are based on the principle of recovery. This commitment to recovery, to responding to the desire of people who use drugs to become drug free, lies at the heart of this strategy.”

The policy agrees with a United Nations report that “harm reduction is often made an unnecessarily controversial issue, as if there were a contradiction between treatment and prevention on one hand, and reducing adverse health and social consequences of drug use on the other. This is a false dichotomy. They are complementary”. *Addiction Today* repeat its endorsement of this.

So we witness with sorrow recent actions by a few organisations to reignite the old harm-reduction versus abstinence debate instead of truly collaborating. One example is the invention of the word “abstentionists” as a term of disparagement – perhaps a Freudian slip, as the adjective “abstentionist” means not using a vote?

Only 3.6% of people cited by the National Treatment Agency as being “in treatment” manage to get into rehab. Even so, people working in alcohol- and drug-free services are more willing than ever to work together across the spectrum of care options, for the benefit of those who need help. Let’s hope more organisations will “walk the walk” rather than “talk the talk”. Readers can download the policy at: www.scotland.gov.uk/Publications/2008/05/22161610

What news of others recently turning their attentions to the word “recovery”?

“The UK Drug Policy Commission charity was funded to draw up a consensus definition of ‘recovery’. *Addiction Today* sees the definition publicly rolled out in May as divisive to the field, excluding those who seek alcohol- and drug-free lives for themselves and/or their clients.”

Addiction Today’s sentence elicited a range of reactions from the UK Drug Policy Commission, including the 1,200-word statement on the facing page and UKDPC ‘commissioner’ Professor John Strang enlarging the sentence to fill the stage of the Mermaid Theatre at the National Treatment Agency’s annual conference in June, followed by his projections as to motives why the charity wrote the sentence. “It is not proper for them to disseminate these views,” he told the 450-strong audience, adding “I am a harm reductionist”. To be fair, this charity has received correspondence from the UKDPC with the opposite view, too.

Put simply, *Addiction Today’s* sentence does what it says on the tin: we see redefining recovery as “maintained control over substance use” – as the UKDPC is promoting – as excluding people who are sustaining alcohol- and drug-free lives. No more, no less. That’s it.

Addiction Today emailed a questionnaire to CEOs and directors in the treatment field. About 50% of treatment centres have now responded.

- Only 30% think the UKDPC definition covers substance abuse
- 25% think it covers substance dependence
- 15% think it covers co-occurring disorders
- 70% said that all the above should be part of the definition of substance recovery.

The UKDPC was given opportunity to respond to these views before *AT* commented. The survey results are at: www.addictiontoday.org/addictiontoday/2008/06/ukdpc-non-conse.html

Let’s move on to other views. Independent analysts of drugs policy are also disquieted that an important debate about treatment choice and outcomes could be lost in the ‘consensus’ process.

What is at issue for them is that the concept and practice of “maintained control over substance use” could “act as a barrier to the more liberating recovery that is not reliant on the prescription pad”. See David Best’s research on pages 26-27.

“The UKDPC sought to produce a vision of recovery for what it sees as a fractured addictions field. But by characterising recovery as voluntary maintained control over drug use, it combines in one definition those whose drug use has ceased and those who continue to use drugs in a ‘controlled’ way. This is flawed definition on a number of fronts,” writes Neil McKeganey, Professor of Drug Misuse Research at the University of Glasgow.

“For example, it is hard to see how addictions services can operationalise this notion, since one person’s control is likely to be evidence of another person’s denial. It is also hard to see how a definition of recovery that encompasses continuing drug use will enable addiction services to answer criticism of why so many people leave treatment with their drug dependency intact. The UKDPC thus risks portraying recovery as a journey without end.”

The Prisons and Addiction Forum at the influential Centre for Policy Studies endorses this: “This definition effectively excludes 12-step and similar approaches to recovery – the very thinking that re-introduced the need for abstinence-based recovery”.

Addiction Today also raised concerns about the Mike Ashton/DrugScope *Breeze* report on “recovery”. But their acceptance of comment is laudable, with nil attempts to vilify messengers or to censor alternative views.

