

Life in Recovery in the Balkans

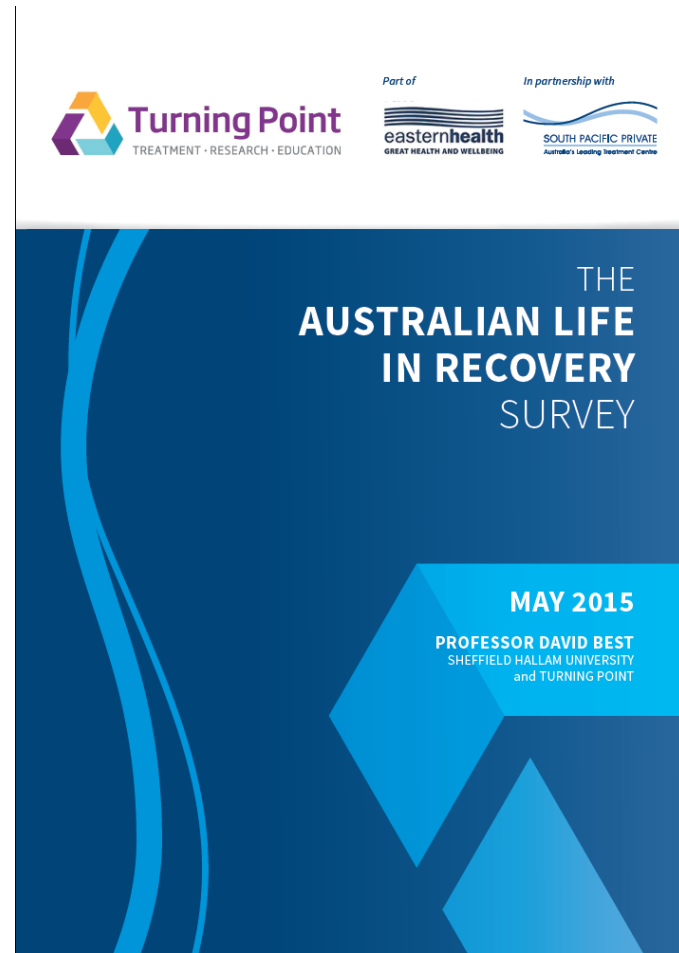
Professor David Best

University of Derby

Australian National University

Background to LIR

- Faces and Voices of Recovery (2013): 3228 participants
- Australian Life In Recovery (2015): 573 participants
- Primary motive is to challenge exclusion and stigma
- And to start to measure change

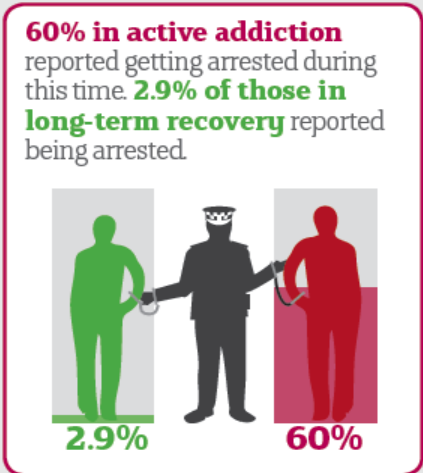
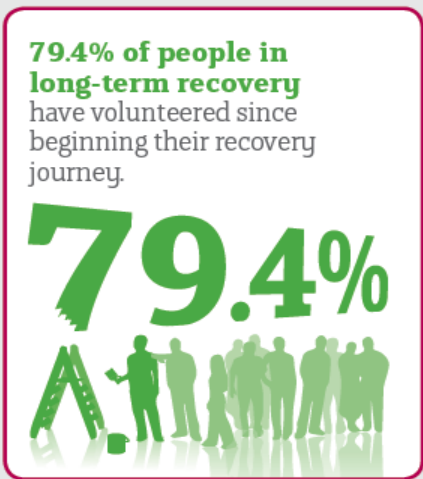
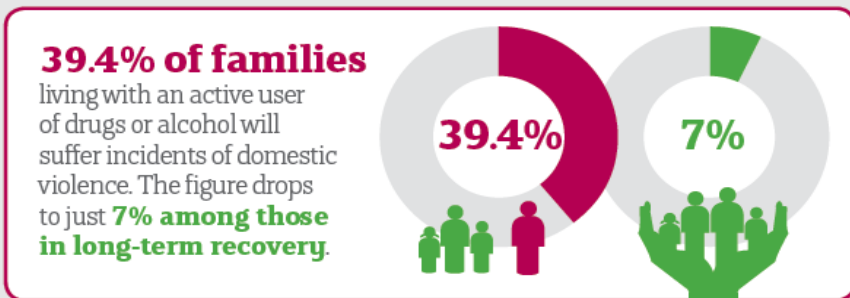


How do people recover?

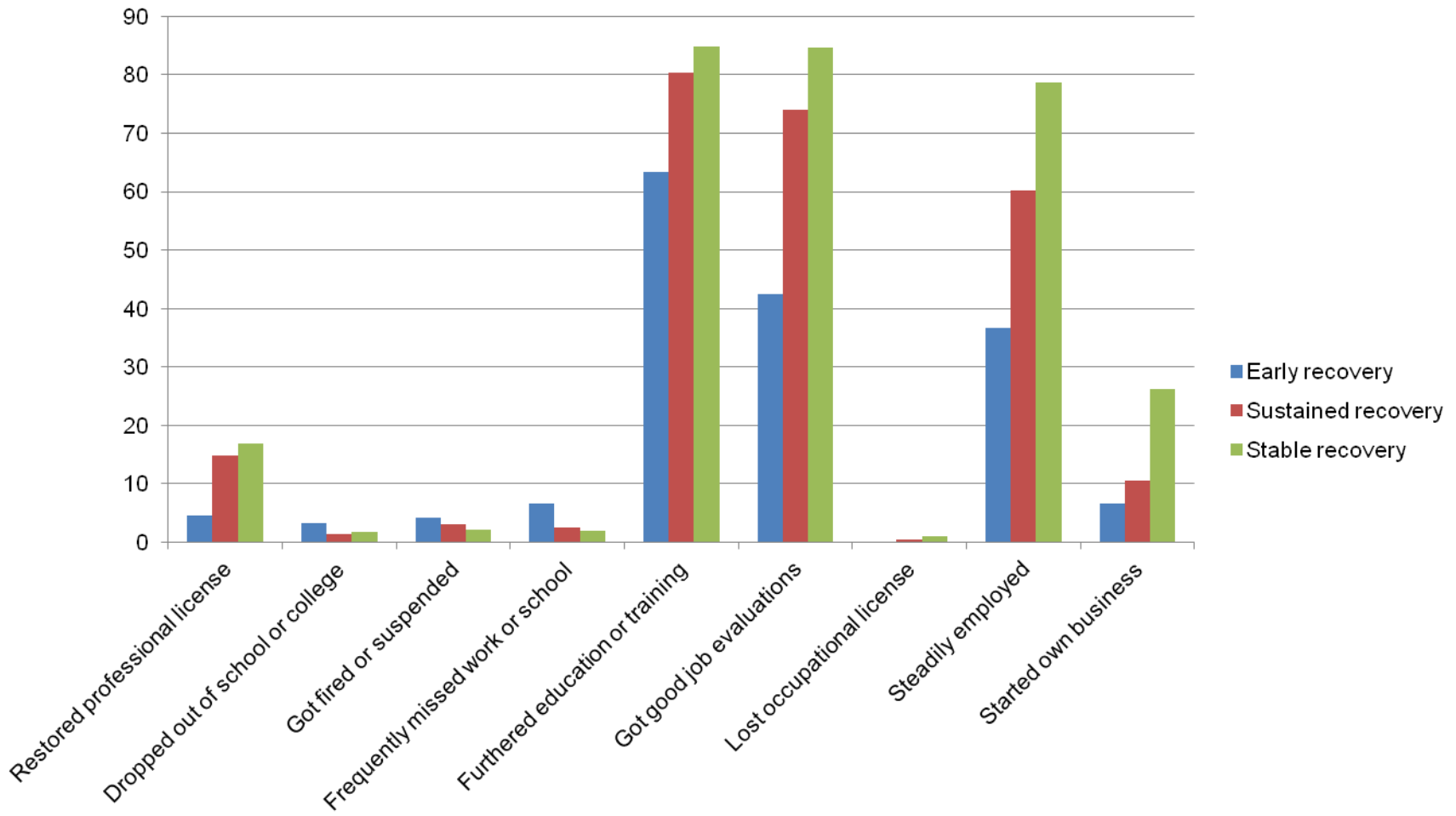
- 'Natural recovery'
- 12-step recovery
- Therapeutic Community
- Treatment - rational cognitive approaches
- Medication Assisted Recovery
- Currently we are running the ERANID-RECPATH study in Scotland, England, Belgium and Netherlands to look at pathways to recovery
- Focus on gender and multiple methods

Life In Recovery Survey

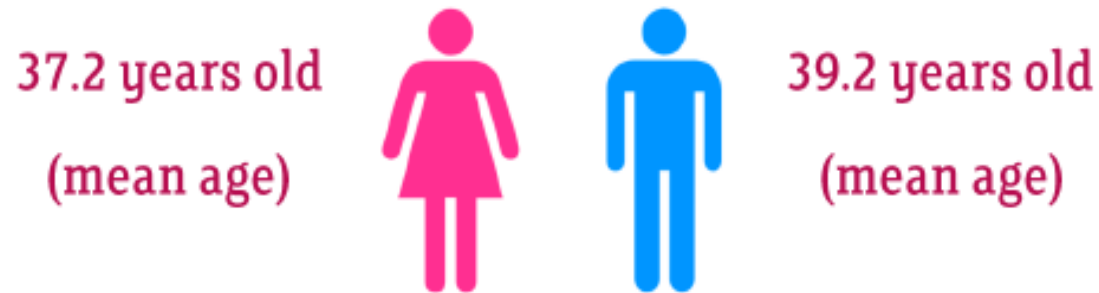
Sheffield
Hallam
University



Changes in work and study over the course of recovery

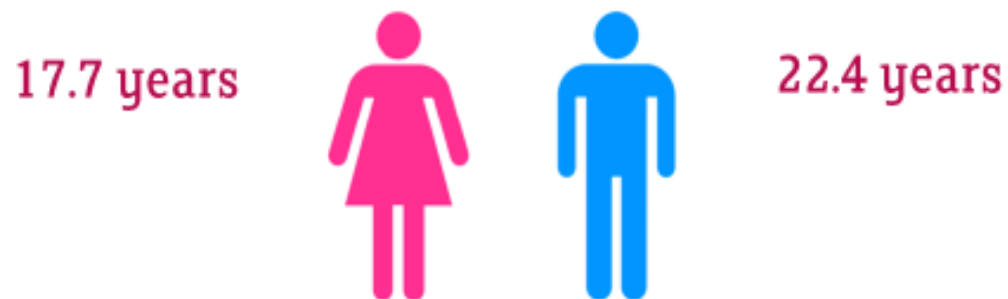


Gender differences in recovery



Female participants in recovery were, on average, identified as being younger when they started their recovery journeys than their male counterparts.

Figure 6.1.1.2: Addiction careers



Female participants in the survey had, on average, shorter substance using careers than their male counterparts.

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Basic responses

- There were 1,565 valid completions of the online survey.
-
- 48.1% of respondents were parents
- 23.6% spouses or ex-spouses
- 10.3 were children
- 8.7% were siblings
- 1.3% were friends

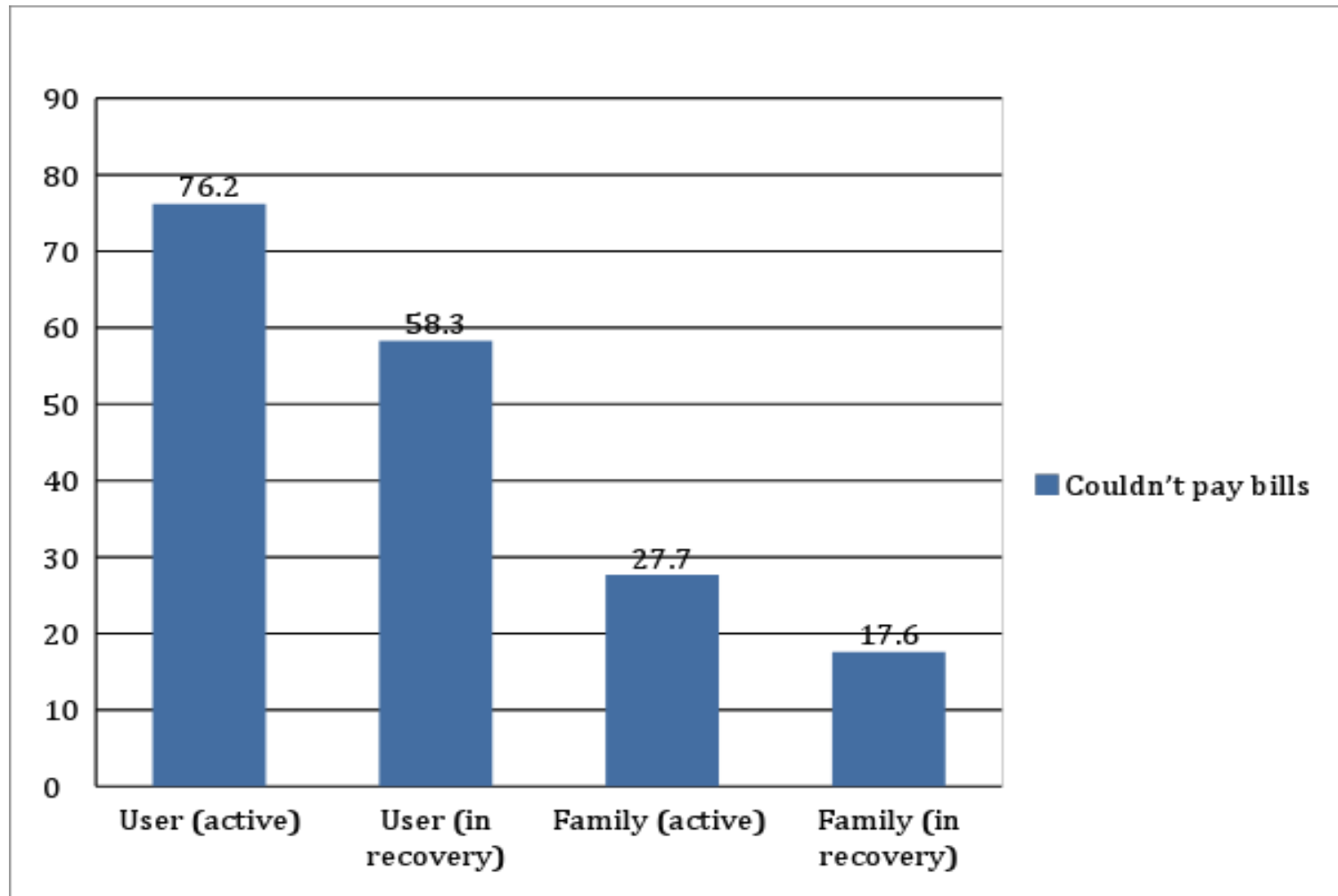
Process

- Two workshops in Sheffield and London
- Full piloting process
- 11.8% male
- 87.7% female
- 0.4% other
- Mean age was 52 years (median= 54), with a range between 18 and 81

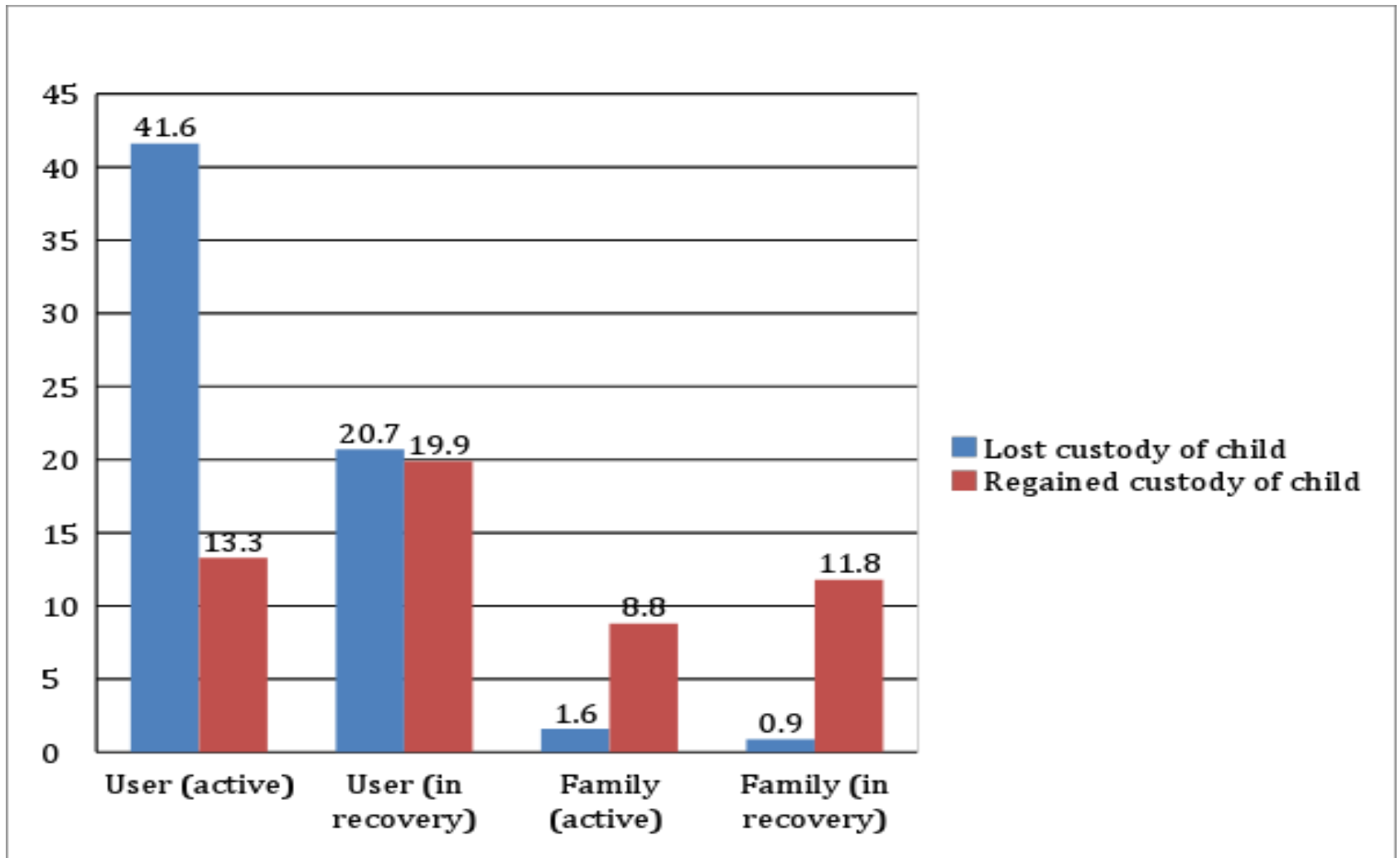
Wellbeing of the respondents

- 36.9% were receiving help or treatment for emotional or mental health problems at the time of the survey (missing, n=16)
- 71.9% had ever been treated for emotional or mental health problems (missing, n=17)
 - 41.2% of whom accessed treatment before the family addiction issue
 - 76.0% during the family addiction issue
 - 50.9% after the user had started on their recovery journey

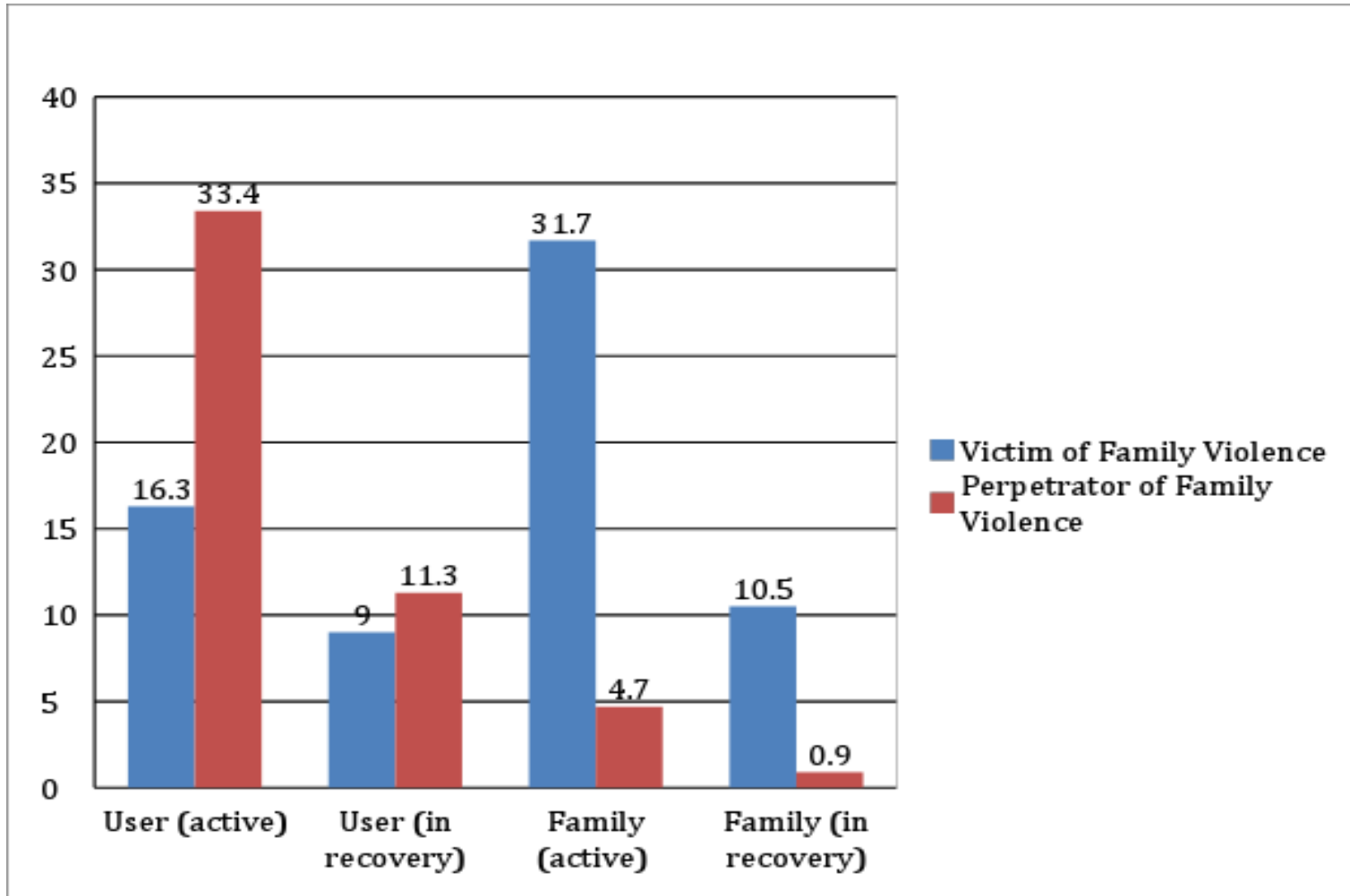
Finance challenges - 1



Family Challenges - # 1



Family Challenges - #2: Domestic violence



| Balkan Research data

Carried out as an adjunct to the REC-PATH research study

The five domains that the survey assessed were:

- Finance
- Health
- Crime
- Family and social
- Employment and education

Sample characteristics

- 263 completed returns
- Sample were predominantly male 190 (72.2%) with 27.8% of the sample female
- Most participants (42.2%) were married
- 142 (46.0 %) reported having dependent children
- 23.6% saw themselves as being 'in recovery'; 37.6% as 'recovered'; 17.9% as used to have a drug problem but don't now, 10.6% reported that they were in medication assisted recovery and 10.3% as having another status

Addiction careers

- Started using at around 15 years of age and stopped at around 30 years, a using career of around 15 years
- Average age of initially attempting to stop was 24.1 years
- Average of 7.2 years since participants used drugs

Health factors in active addiction and in recovery

Did you:	In active addiction	In recovery
Experience untreated emotional or mental health problems	77.2%	47.9%
Visit emergency rooms frequently	23.6%	6.8%
Get regular dental check-ups	17.1%	47.9%
Use tobacco products	87.8%	49.4%
Take care of your health	16.7%	76.0%

Legal factors in active addiction and in recovery

Did you	In active addiction	In recovery
Drive under the influence of drugs	66.2%	11.4%
Damage property	70.3%	14.1%
Get arrested	63.9%	10.3%
Had criminal charges against you	54.8%	10.3%
Served a prison sentence	31.2%	8.4%

Financial factors in active addiction and in recovery

Were you	In active addiction	In recovery
Unable to pay your bills	66.9%	22.1%
Have had debts or credit	65.0%	12.9%
Usually pay bills on time	15.2%	66.2%
Have stable housing	79.1%	87.8%

Employment factors in active addiction and in recovery

Did you	In active addiction	In recovery
Remained steadily employed	36.9%	54.4%
Get good job evaluations	31.2%	64.3%
Frequently miss school or work	65.8%	6.5%
Further your education or training	31.2%	41.1%
Get fired or suspended from work	44.5%	7.2%

Family and social factors in active addiction and in recovery

Did you	In active addiction	In recovery
Participate in family activities	33.5%	78.7%
Plan for the future	20.2%	80.2%
Experience or perpetrate family violence	41.8%	8.7%
Volunteer in the community	6.1%	52.9%

All recovery is not the same.....

	In active addiction	Recovered	In med-assisted Recovery
Experience untreated emotional or mental health problems	77.2%	35.4%	46.4%
Frequently use health care services	30.4%	19.2%	78.6%
Get regular dental check-ups	17.1%	62.6%	25.0%
Use tobacco products	87.8%	34.3%	89.3%
Drive under the influence of drugs	66.2%	7.1%	14.3%
Get arrested	63.9%	3.0%	25.0%
Had criminal charges against you	54.8%	7.1%	14.3%
Complete a conditional sentence, such as parole	39.5%	7.1%	10.7%
Served a prison sentence	31.2%	4.0%	10.7%
Remained steadily employed	36.9%	70.7%	28.6%
Get good job evaluations	31.2%	82.8%	50.0%
Frequently miss school or work	65.8%	2.0%	10.7%
Further your education or training	31.2%	52.5%	35.7%
Get fired or suspended from work	44.5%	2.0%	3.6%
Experience or perpetrate family violence	41.8%	6.1%	17.9%
Volunteer in the community	6.1%	79.8%	21.4%

How do people recover in the Balkans?

12-step	8.0%
PBRSS	9.1%
Resi Rehab, TC or detox	63.9%
Specialist out-patient treatment	53.2%
Other service (such as a church)	44.9%

Differences in help-seeking by country

	UK	Netherlan ds	Belgium	Balkans	Other Europe	chi
12-step fellowship	74.5%	72.3%	26.5%	8.0%	10.4%	380.09***
Peer- based recovery support	50.3%	29.4%	24.3%	9.1%	36.1%	127.00***
Res. Rehab or TC	57.1%	77.5%	75.7%	63.9%	83.1%	56.34***
Specialist out- patient	64.8%	73.2%	70.7%	53.2%	66.7%	25.63***
Other such as church	23.4%	17.3%	6.6%	44.9%	19.0%	101.83***

Conclusion

- Recovery is possible and people achieve recovery by various means
- But context matters and there are fewer peer-based support pathways in the Balkans
- There needs to be a greater diversity of visible and accessible pathways to sustainable recovery

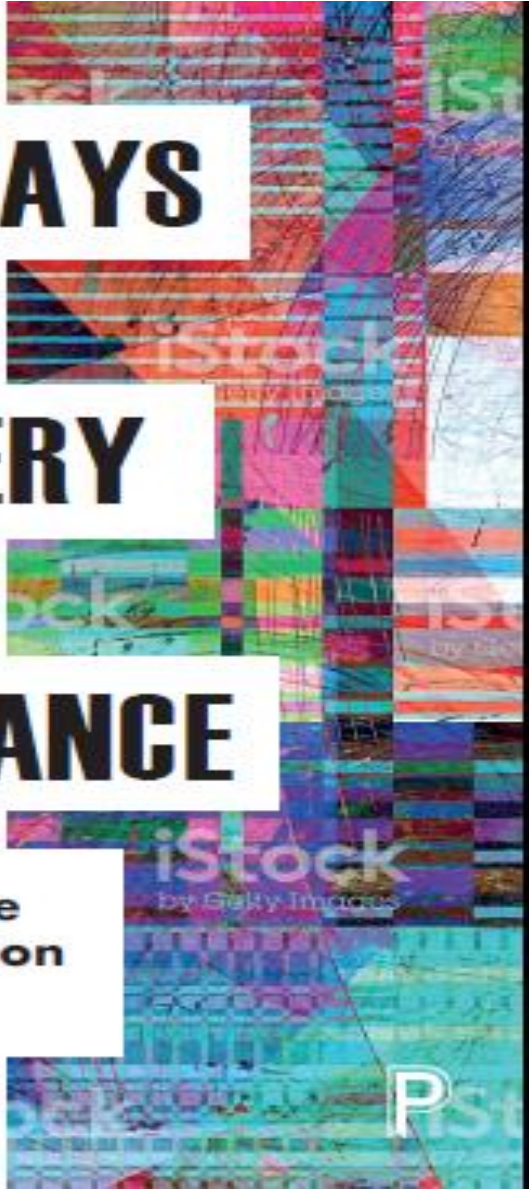
Recovery cities and life in recovery

Professor David Best

Sheffield Hallam University

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What is the point of this model? My new book



PATHWAYS TO RECOVERY AND DESISTANCE

The role of the
social contagion
of hope

David Best

Definitions

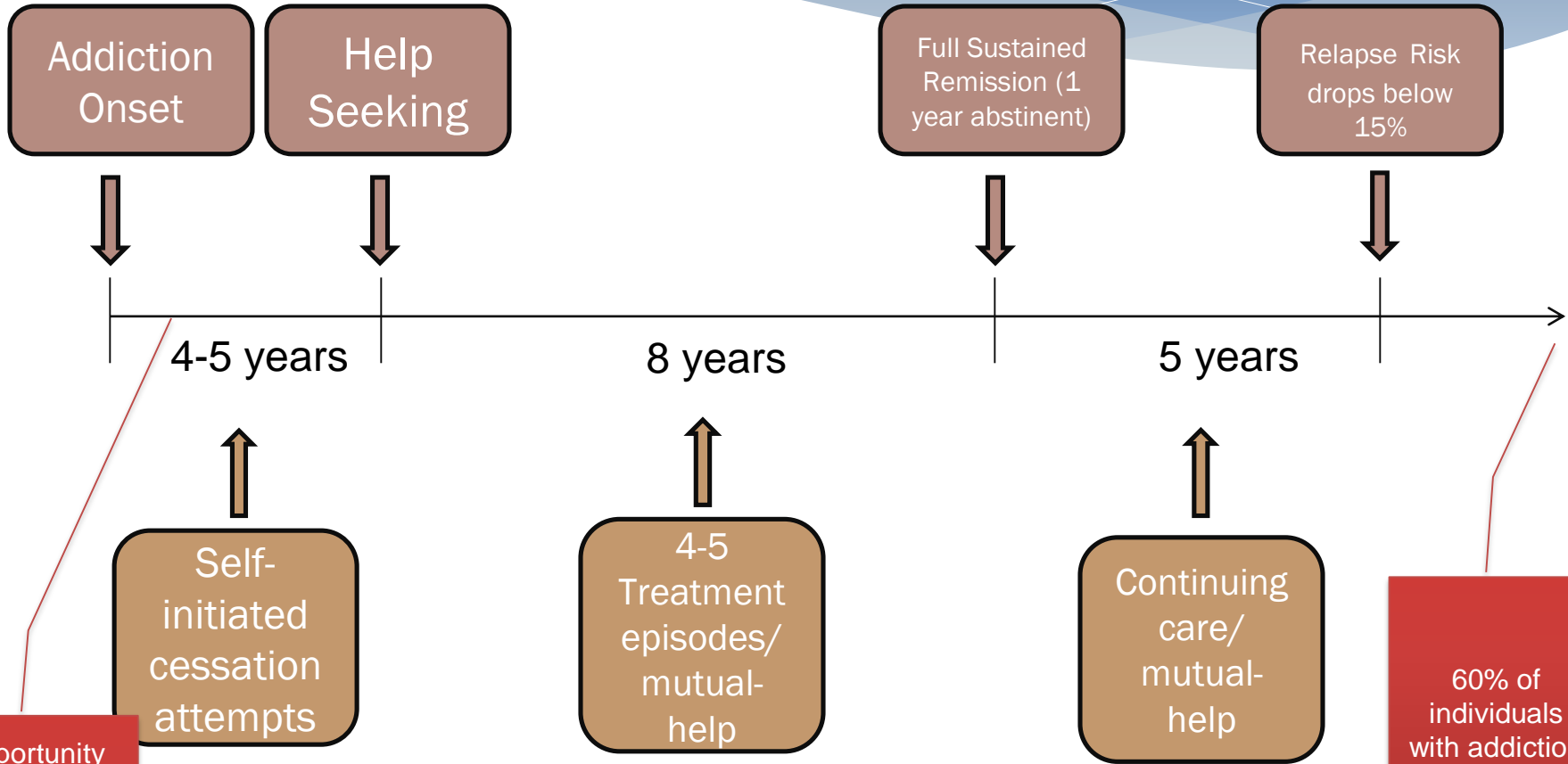
Recovery statistics

- 58% recovery rate
- Relapse reduces to 14% in year 5
- Addiction careers average 28 years with 4-5 episodes of treatment over 8 years
- Reasons for stopping and reasons for staying stopped not the same (Best et al, 2008)

What enables recovery change?

- Leamy et al (2011), British Journal of Psychiatry
- CHIME
 - Connectedness
 - Hope
 - Identity
 - Meaning
 - Empowerment

For more severely dependent individuals ... course of dependence and achievement of stable recovery can take a long time...



Opportunity for earlier detection through screening in non-specialty settings like primary care/ED

60% of individuals with addiction will achieve full sustained remission (White, 2013)

Best and Laudet (2010)



Innovating for Improvement Round 3 Project

REC-CONNECT

Creating connections into recovery



a project of The Health Foundation

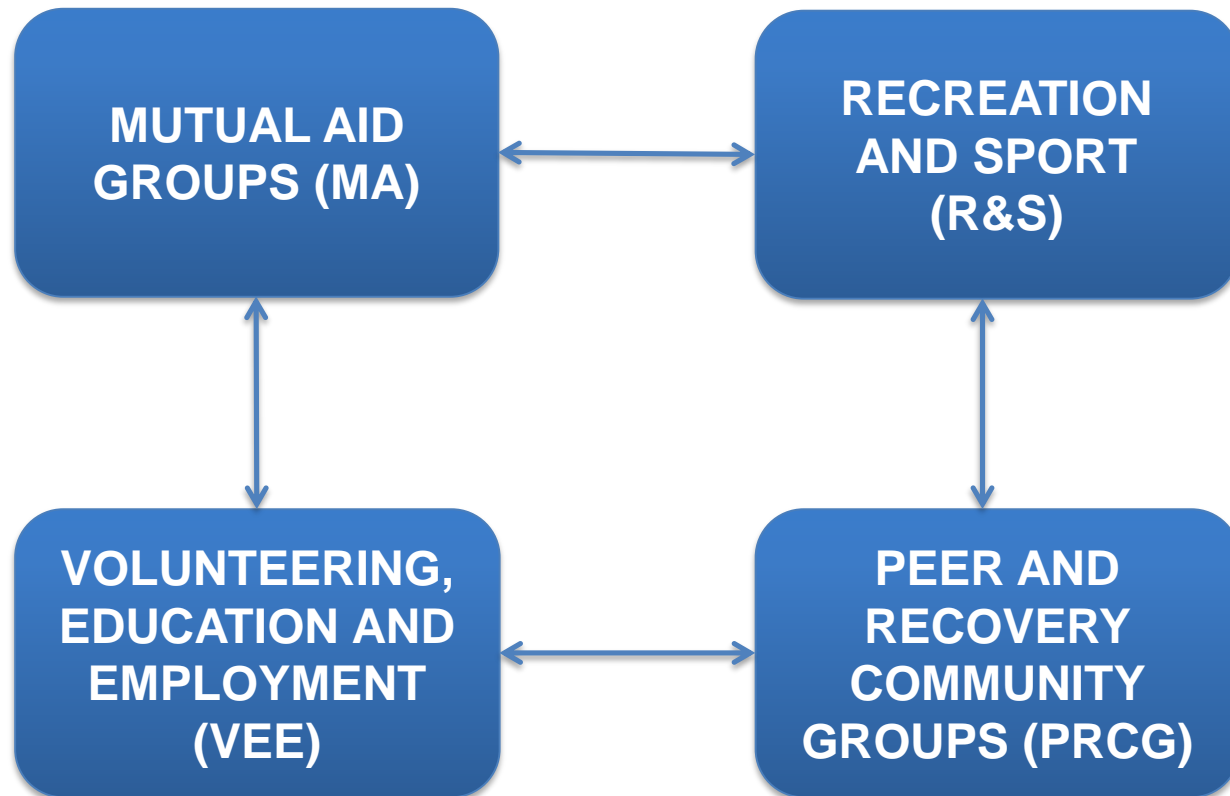
Funding by:

Phoenix Futures
Ending dependency, transforming lives

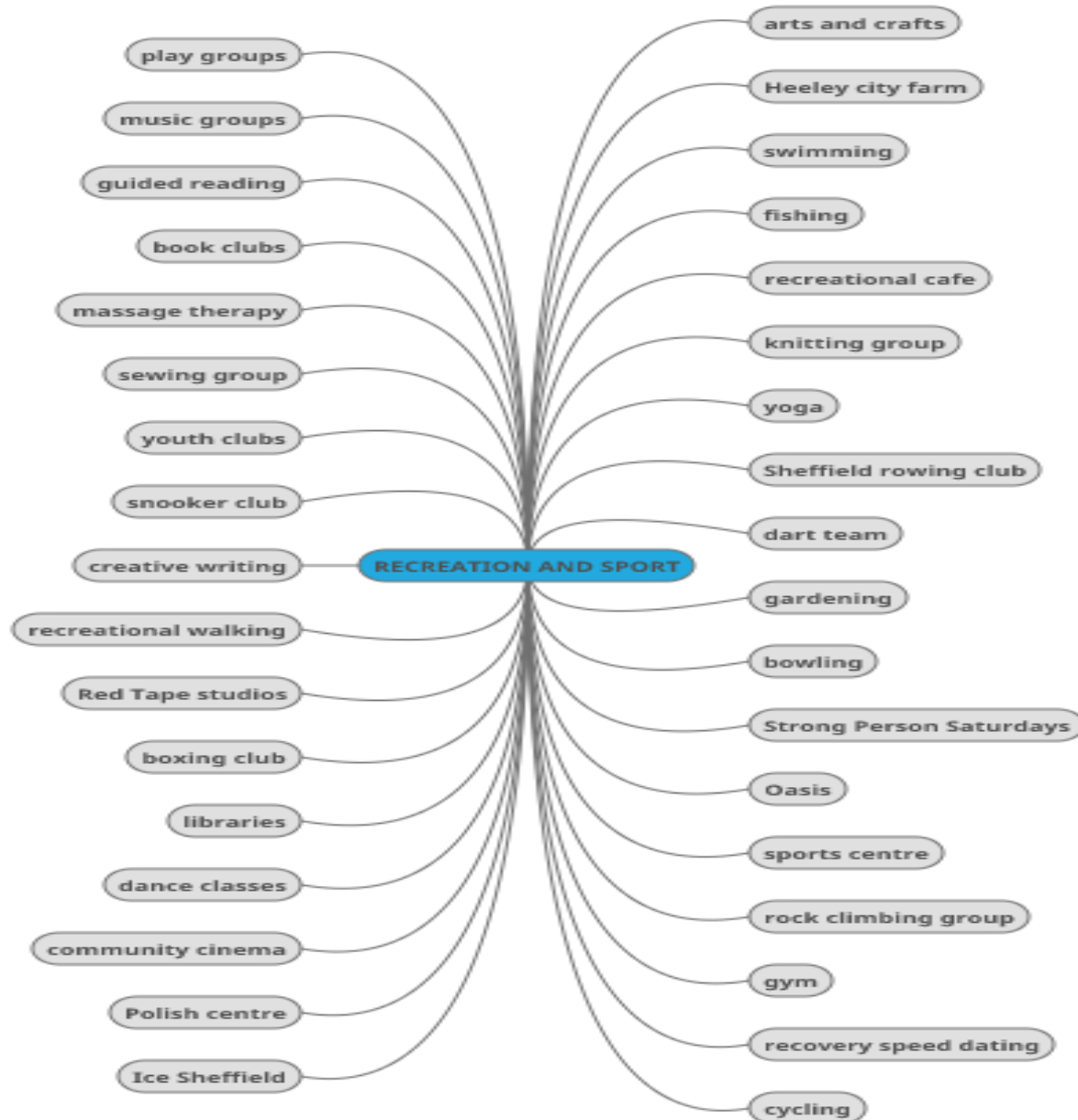
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The Health Foundation
Inspiring
Improvement

What to link to Asset Based Community Development Domains



Assets: recreation and sport



Assets: mutual aid groups



Assets: peer and recovery community groups

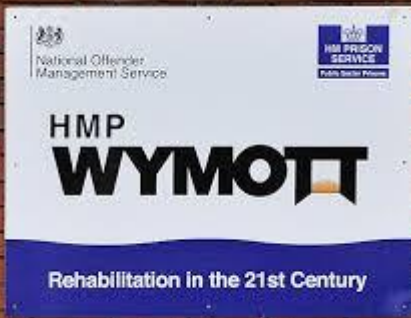


Assets: volunteering, education and employment



Asset Based Community Development

- Strengths-based working and community partnership in HMP Kirkham and HMP Wymott
- Mapping assets inside/outside prison and bridging the two
- 102 participants in the initial two pilot sessions
- More than 60 assets identified in each location
- Next stage to involve prisoners - around 40 recruited between the two prisons and 25 are being trained as connectors
- 11 prisoner-led activities in HMP Wymott
- Co-produced first paper with prisoners



Mapping and mobilising assets in UK prisons

CATEGORY	ASSETS IDENTIFIED	TOTAL
Sport and recreation	gym, sports day, yoga, art, snooker/pool, table tennis, visits, cameo, veterans group, yard exercise, electronic games, DVD, library, charity events, mediation, model making, film nights, sewing, association time	19
Employment, training and education	workshops, NVQs, Library, educational classes - English/Maths, DL, personal and social development classes, joinery courses, bricklaying, first aid, choir, chapel band, wing jobs, achievements	14
Mutual Aid	building futures, listeners, chapel, family visits, programmes, IMB, Prisoner Information Desk, rep work, Criminon, key workers, probation, friends	12
Community, peer and volunteering	Shannon trust, mentoring, Samaritans, partners of prisoners (contacts for jobs) POP, Shaw Trust, sycamore tree, Novus, healthcare, charity sponsors, pride in prison coffee, family days, lifer days	12

| Inclusive cities paper

Best & Colman (2018)

Central idea: no one should walk the recovery path alone. An inclusive city promotes participation, inclusion, full and equal citizenship to all her citizens, also to those in recovery

Central aim:

- 1) challenge social exclusion at city level
- 2) make recovery visible, celebrate it and create a safe environment supportive to recovery
 - “*Recovery is contagious*”

Beneficial for the person in recovery, as well as for the community as a whole

- “*The helper principle*”

| Strategy to enhance recovery: building an inclusive city



Different stakeholders working together

- City council
- Public & private organisations
- Criminal justice actors & treatment providers
- Family & friends
- Citizens
- People in recovery



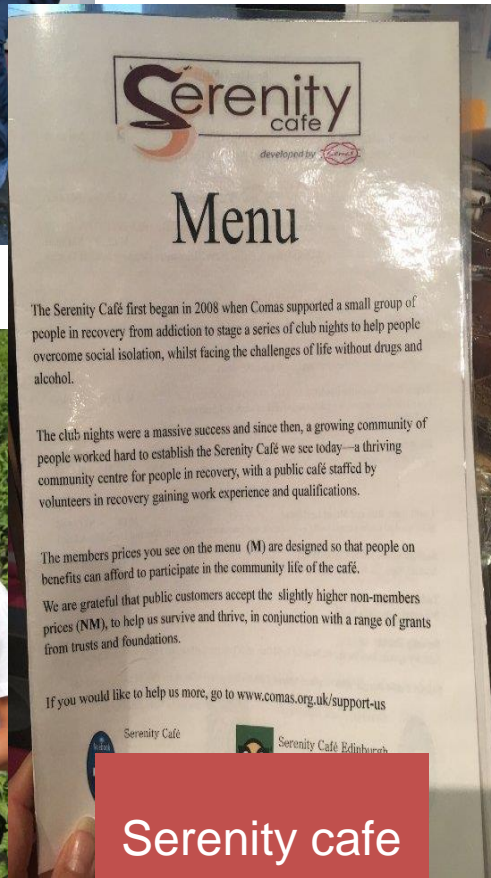
Jobs, Friends & Houses



Radio Gaga



San Patrignano



Serenity cafe



Recovery bike ride

How to build inclusive cities?



Several promising examples

- Small actions or big actions (according to mindset & resources available)

The most important step however, is to **bring it all together** and to create partnerships

For example in Ghent:

1. Bring several actors from different organisations responsible for housing, employment, social welfare, ... together. Include people in recovery as well!
2. Make an overview of existing practices for people in recovery
3. Identify gaps
4. Define the city's mission, vision statement, goals (short-term and long-term) and actions towards people in recovery
5. Monitor, evaluate and adapt!

Case study of Gothenburg

- Identification of innovation area
- Workshop there to map assets and plan connector role and involvement
- Major event with around 100 people at Ullevi Stadium
- Successfully recruited around 50 connectors from across the city
- Planning of next event underway

What are our recovery cities?

- Doncaster
- Ghent
- Gothenburg
- Teesside
- Dublin

- Auckland?
- Rome?

- www.inclusivecities.info