

## Keeping Harm Reduction in Recovery

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## Seasonal theory of British drug policy

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- o "All that is solid, melts into air and everything sacred is profaned..."
- o Drug treatment in the UK has always been simultaneously an ideologically contested terrain in which consensus occasionally breaks out.

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## Periodization

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- o Pre-historical period – pre 1967
- o Birth of the clinic and the death of the British System – 1972 – 1980?
- o Abstentionism, part 1 – ACMD Treatment and Rehabilitation report –1982 - 1987
- o The era of Harm Reduction 1987 – 2007
- o The age of Recovery – 2007 to date

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**Traditional alignments**

- Abstinence –
  - Based upon a moralistic view of drugs and drug problems. 'Mad or bad'
  - Refused to work with the unsuitably penitent
  - Take up was limited and there were still high rates of failure
- Harm reduction
  - Took a 'pragmatic' view of drug use
  - Insisted on working with people 'where they were'
  - Huge gains in terms of crime and health benefits, but questions about that was adequate?

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**Recovery and me?**

- Still in drug treatment
- Still have a relationship with drugs that some would regard as 'unhealthy'
- OTOH, I've derived huge benefits from treatment
- Gainfully employed
- Non-offending
- Different from other chronic conditions?

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**Sefton needs assessment**

- Peer led research with people in and out of treatment
- Time to become drug free
  - Not in treatment – approx 6 months
  - In treatment – 5 years or longer
- People approaching treatment wanting detox and being pushed into long-term prescribing
- People in treatment not having discussions about detox and rehab
- Mismatch between aspirations of users and professionals

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### Systems change

- Sefton won Systems Change Pilot status provided the resources to take a longer look at the issue.
- Series of meetings of all stakeholders to agree a local definition of recovery.
- Starting point meant it was inevitable that our definition would be as inclusive as possible.

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### Ideological war redeclared!

- Associated with the Conservative Party and Centre for Policy Studies
- Also, factional interests among drug treatment providers.
- Retains the same moralistic component that characterised old-school abstinence
- Many combatants are people who should be our allies – Struggle for resources?
- Likely to be just as helpful this time around as it was during the early 1980's

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### Responding to challenges

- Reconfigure services locally to reflect these new aspirations
  - Single point of assessment that can refer directly to detox/rehab
  - Treatment and recovery mentors that sit at the SPA to talk to people about their options
  - Treatment advocates to ensure people are getting best deal
  - New commissioning around abstinence-based structured day programmes, aftercare, etc.

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### Driving the change?

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- Service User Involvement in Sefton has driven most of this change.
  - Sit on all commissioning bodies
  - Sit on all interviewing panels
  - Ensure that any change reflects genuine need and that unmet need drives change
- Home grown mutual aid
  - SUI has a therapeutic impact all of its own

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### Other thoughts

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- Political identities and affiliations are complex and unpredictable
  - Harm Reduction != progressive
  - Recovery != conservative
- Need a balanced system, grounded in local need, based on solid evidence
- No magic bullet, fundamentals won't change
  - Drug dependence continues to be a chronic and relapsing condition. People will still need maintenance prescribing, syringe exchange, etc. etc.

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- "All that is solid, melts into air and everything sacred is profaned and man is at last compelled to face, with sober senses, his real conditions of life and his relations with his kind."
  - Karl Marx, The Communist Manifesto

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