Position Statement

This ReGen Position Statement provides evidence-based recommendations for future policy and service development in the Australian alcohol and other drug (AOD) sector regarding the role of ‘Recovery’ principles within the sector.

Introduction

The term Recovery describes a broad approach to promoting improved quality of life for people who have experienced AOD dependence, mental illness or related conditions. In the Australian mental health field, the adoption of Recovery-oriented practice has seen a shift in service delivery away from a predominantly biomedical focus towards a holistic approach that prioritises individual wellbeing (Davidson 2008, in DoH, 2011). In the AOD context, Recovery invokes an approach that is linked to the 12-step and related mutual-aid movements.

In recent years, ‘New Recovery’ advocates have sought to extend Recovery principles to include public advocacy for an increased understanding of the recovery process and establishment of Recovery-oriented practice as the standard approach to AOD treatment services. In spite of a lack of clear consensus on key issues (such as the acceptability of opioid replacement therapy – ORT Paper link- and other medications to support individuals’ recovery or the role of harm reduction – HR Paper link – services within Recovery-oriented practice) the growing advocacy movement has succeeded in having Recovery principles entrenched as the guiding principle for AOD policy and service planning in the US and UK.

New Recovery advocacy is gaining increasing attention in Australia and Recovery-based language has begun appearing in some Government AOD policy documents, particularly in the context of the current reform process for the Victorian AOD treatment sector (Anex, 2012).

ReGen believes that:

- Recovery and Harm Reduction have more in common than points of difference. Both play an important role in supporting sustainable change and improving outcomes for people, their families and the wider community.

- All AOD interventions must, above all else, prioritise the preservation of life (immediate vs long term harms) and respect individuals’ capacity to decide on their own goals in relation to their AOD use. Any policy shift towards encouraging interventions that attempt to pre-determine people’s treatment goals will result in less effective support and treatment.

- Preventing injury, illness or overdose fatalities creates the opportunity for long-term change. Harm Reduction is an essential part of the broad spectrum of AOD treatment services in Australia.
Rationale

In Australia and elsewhere, Recovery’s focus on abstinence (Bamber, 2010) and its emphasis on voluntary, peer-driven community-based supports have often seen it presented in opposition to Harm Reduction programs that are typically provided by professional, publicly funded services. In spite of the differences, both approaches already fit easily within Australia’s Harm Minimisation (link to supporting evidence doc) policy and service framework. Neither approach should be viewed as excluding the other. In fact, they form only two components of the broad spectrum of approaches to AOD concerns included within Harm Minimisation.

Neither Harm Reduction nor Recovery provide a panacea. The great diversity of people experiencing (or at risk of) AOD-related harms in Australia necessitates a multi-faceted approach that can provide appropriate interventions that support informed decision-making, promote behavioural change and ultimately reduce the negative impacts of AOD use on individuals, families and the broader community.

While the New Recovery movement has much to offer in supporting people in their efforts to overcome dependence on alcohol or other drugs and promoting holistic service responses, its approach is unlikely to appeal to the significant population of non-dependent users in Australia, for whom the perceived benefits of their use outweigh the harms. For this group, which constitutes the great majority of all people who use AOD in Australia, Harm Reduction services have been proven (DoHA, 2002; Ritter & Cameron, 2005; NCHECR, 2009; Wodak & Maher, 2010)) to provide the most appropriate and effective response.

Within the Australian AOD treatment sector, there is growing concern at the increasing influence of New Recovery advocacy on Government policy and the potential implications for future service funding and delivery (Anex, 2012). While New Recovery advocates have been clear in their support for Harm Reduction services, recent policy developments in the UK have demonstrated the potential for the use of the language of Recovery to justify significant changes to service systems and funding (IMGD, 2012). The Australian AOD treatment system is grounded in extensive local and international research into what approaches produce the best outcomes for individuals, families and the wider community. The current AOD policy framework is the result of systematic review and redevelopment for more than 25 years. While far from perfect, the current system has realised important gains in public health, justice and improved treatment outcomes. It is essential that these gains are preserved and built upon in any future policy changes.

ReGen recommends that:


- The Victorian and Federal Governments:
  - Reaffirm their commitment to the continued funding of current Harm Reduction services within the Victorian AOD treatment system.
  - Provide a clear definition of their understandings of Recovery-oriented practice and the proposed role that it will play in shaping future changes to policy.
  - Commit resources to studying the delivery, impact and cost-effectiveness of Recovery-oriented practice in order to build an evidence base to inform future policy and service development.
ReGen resolves to:

- Continue to provide treatment and advocacy services that respect individual choice, reduce harm and increase people's internal and environmental 'Recovery Capital' by building individuals' self-management skills, strengthening family relationships and reduce the stigma experienced by people with a history of AOD use.

- Continue to strengthen its systems for promoting and supporting equal participation by people who use the agency's services in a wide range of therapeutic, advocacy and organisational activities.

- Continue to develop community and service linkages that provide stronger and more responsive networks of support for people once they complete AOD treatment.

- Continue to contribute to ongoing discussion of the role of Recovery-oriented approaches in Australian AOD policy and treatment systems.

- Communicate clearly to clients, staff and other stakeholders our approach to supporting people’s individual efforts to reduce AOD related harms and achieve improved quality of life.

Further Reading

Accompanying Supporting Evidence on Recovery-Oriented Practice is available at www.regen.org.au

References


Disclaimer

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Authorised by the Board of ReGen

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About ReGen

Our purpose is to promote health and reduce alcohol and other drug related harm.

ReGen is the lead Alcohol and Other Drugs (AOD) treatment and education agency of UnitingCare Victoria and Tasmania. ReGen is a not-for-profit agency, which has over 40 years experience delivering a comprehensive range of AOD treatment and education services to the community.

These services include Counselling and Support, Assessment and Intake, Community Outpatient, Home-based and Residential Withdrawal for adults and youth, Supported Accommodation, Drug Diversion programs, ‘Youth and Family Services, an Intensive Playgroup, Alcohol Community Rehabilitation Program and AOD services at Port Phillip Prison. ReGen also delivers Education and Training programs nationally.

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