

Recovery Academy of Ireland

Report of Mansion House Information Meeting

27th April 2016

Joe Barry on behalf of the Recovery Academy

The process of developing the Recovery Academy began out of a piece of research by three people, Martin Keane of the Health Research Board, Gerry Mc Aleenan from Soilse and me. It grew out of the 20th Anniversary Celebrations of Soilse in 2012. A symposium was attended by 100 people, most of them in recovery, and it offered a hopeful view of what could be achieved in the future.

Our context was harm reduction which had been in place in Ireland since the early 1990s. It had been successful in getting people into treatment. Now the challenge was to provide options and opportunities to move people on from treatment into recovery. Recovery offered the chance for people and many agencies and groups to work together and to put the service user at the centre of the process.

It is important that we inform the forthcoming drug strategy of the importance and potential of recovery. Healthy Cities which involves the local authority in Tallaght is a good context for recovery, to reinforce families and build healthy communities. Ironically, I have had people question why I am supporting recovery. Who can be against recovery?

The Academy works out of a small facility with a few people putting in significant time on a voluntary basis. Today is an information day to publicise our work, take feedback, answers questions and look at what opportunities exist for recovery from our guests from Birmingham. We also are here to welcome on board those who want to help us develop the Recovery Academy. We have much work to do.

Jo-hanna Ivers on behalf of the Research and Policy Advocacy Committee

The Research and Policy Advocacy Committee is presently addressing two main themes. The first is undertaking a 14-week project on Community Participatory Action Research (CPAR) to identify recovery assets in the north inner city. People undertaking the research are in recovery and have been trained in this particular research technique. It will enable an authentic view of recovery assets, ideas and vision to emerge. The academy is also attending and inputting into a series of focus groups on the forthcoming drug strategy. We also will have a written submission to be presented to the drug strategy review group when there is a call for public consultation.

Kieran White on behalf of the Social Committee

The journey and achievement of individuals in the academy was outlined. In particular, the social activities had gone well. These included a hugely successful comedy night and "Hell and Back" which yielded great attendances and triggered a lot of activity afterwards online on our Facebook page.

We supported other projects' activities during International Recovery Month and are preparing for several events this September. They possibly include a "Recovery has Talent" night, a recovery parade and a launch of the Academy.

There are now a growing number of organisations offering recovery social activities. These include Soilse, Tallaght Rehabilitation Project, Rialto Social Club, Tolka River Project, Finglas Addiction Support Team and Chrysallis.

Steve Dixon, CEO of Changes UK

Steve gave an overview of how recovery services and Changes UK came about in Birmingham. He traced the role of people from active addiction to recovery and how they had led the way in building a vision and movement for recovery. Initially, it was struggle to be heard with many obstacles being created. However, due to opportunities that arose, good interpersonal relationships within the recovery community in the UK, and energy, passion and belief in recovery, things began to move forward. Steve found it very difficult to return to his own community after he got into recovery as there was very little support and resources available for him. He addressed this by starting the first project, a recovery house. This gave the opportunity to develop a safe environment for people to grow in their recovery journey.

Today, Changes UK has 16 male and two female houses. It provides a range of services including detox, community rehabilitation, "supported" and "move on" housing opportunities, accredited qualifications, volunteering and work experience.

People at the beginning of their recovery journey are supported 24 hours a day by qualified staff and specially trained volunteers from the peer mentoring programme. There is also access to Changes Recovery Academy where, over an eight-week, full-time course, they begin to build their knowledge and skills to help the service user maintain their recovery.

The approach to recovery is peer-led. People are engaged in a range of training programmes to provide them with the skills to reintegrate into society. Some of the training provided is in horticulture, plumbing, building, music, arts and creativity, health and fitness, and food.

The recovery movement in the UK is very strong with a sense of togetherness amongst recovery advocates and services. They have now mastered the art of removing obstacles and have successfully moved recovery from addiction to the top of the agenda on drugs.

Steve spoke of his relatives in Ireland and stated that coming back and giving back here was very close to his heart. He encouraged us that despite the obstacles and opposition we should keep pushing forward and make recovery visible.

Anthony Cokeley, Recovery Coach Trainer, Changes UK

Anthony spoke about his own journey from addiction to recovery. He described how he ended up in Birmingham, as recovery orientated services were not available where he came from. His amalgamation into a recovery community in Birmingham prevented him going back using while allowing him to build a life which he had never imagined in addiction.

For a while he worked in harm reduction services but felt his skills and knowledge would be much better served within a recovery context. He trained as a recovery coach and is now the training co-ordinator for Changes UK's very successful recovery coaching programme.

Anthony talked about the core elements of the recovery coach training, its professionalism and the value that recovery coaches added to service support and delivery. They have now trained nearly 200 recovery coaches.

Question and Answer Session

How would the Recovery Academy assist families and peers?

It was stated that families are a necessary part of the debate and that recovery involved the whole family. Families were often out in the cold and needed recovery in their own right. The idea of families and recovery needed to be promoted. The Academy would broaden its membership to include advocates, peers, concerned people and families and step up to this challenge. There was a lot could be done by families. They need the support of the state. This needs to be turned into a movement. Recovery must become a priority. It can grow nationally and link internationally. The people from Waterford who raised the discussion are welcome and the potential of family support networks across the country is a potential area for growth and a genuine asset.

Could families be involved?

In America, family was seen as part of the recovery journey. Family welfare was important. It was acknowledged that it was difficult to get family groups to come together. Different methods of engaging and working with families were suggested – art, music, drama, and so on. The challenge was to tackle stigma and marginalisation. The aim was to involve families, not ignore them. It was suggested that research into families to identify good practice approaches would be very useful.

What are the Academy's priorities regarding issues and advocacy?

Alcohol, accommodation and facilities are concerns. There is also a need for better targeted drug services. TDs and politicians should be exposed to, and informed about, the potential of recovery by those in recovery and their allies. We need to influence the new drugs strategy and highlight recovery, as has been done in the UK.

What was the potential for the Academy to get involved in community projects?

A discussion occurred from the floor on perceptions of community projects and how to make them more effective in dealing with addiction. Was there adequate governance and vision? In the UK, projects were often constructed as community interest groups. A Board of Management oversaw the work and any money generated went back into the organisation for the benefit of the service user.

The Recovery Academy has not yet been formalised legally but the intention is to have a co-op structure that will be inclusive, professional and transparent. It will also have a social ethos and a

training dimension. Networks and integrated approaches are beneficial. The imperative was for all groups to work together around recovery. The service user will be the big beneficiary.

What are the possible social outlets for people in recovery?

A suggestion was made as to whether statutory services would provide facilities such as a café for events. There was a huge need for places where people could go to socialise safely and enjoy the same opportunities as other members of the community. For example, it was suggested that the European Cup championships (Ireland's first game was on Monday, 13 June at 5pm) was an opportunity to exploit. The idea of drug-free and alcohol-free social options is one where there are emerging buds of activity.

Facilities for recovery could also be used by other members of the community which would maximise the uptake of any asset created. It would also show solidarity.

How would you control or deal with people using drugs in recovery facilities?

The balance between safety and having a sensitive response to those who are using was discussed. In England, "Centre Point" has groups for drug cessation and stabilisation and this was mentioned as a way forward. So does the "Brink" in Liverpool. Everyone is encouraged to get into recovery. The aim is to get people drug free, progressing and to buy others into the process.

What attracts people into recovery?

People getting clean are a big attraction and incentive – people see this happening, often for the first time, and it makes a major impression. Those who support people in recovery should be encouraged to advocate for recovery. People in recovery will promote recovery better than any marketing strategy.

The issue of anonymity was discussed. People were obliged not to break anonymity with what was discussed in fellowship meetings. Anonymity was often confused with personal secrecy. However, people should be proud to be in recovery and promote the fact that recovery is real and it works. Otherwise, secrecy will allow us to fall prey to stigma. Some may fear their background being exposed but in most cases it is accepted. Indeed, the marriage equality (LGBT) referendum in Ireland showed the power of a public profile. An online website in the UK, "Voices and Faces of Recovery", is a powerful medium using personal stories to inspire others to get into recovery.

Is recovery part of the war on drugs?

Addiction is a health issue and judicial or moral responses have failed to address or resolve it. Recovery principles present a holistic response as to the way forward. Linking addiction responses to constructs such as the war on drugs or punishment (the moral / legal imperatives) does not work. Addiction is a social issue where the role of the Academy in offering support must be a priority. Dual diagnosis and the general lack of positive mental health is a condition that goes hand in hand with addiction.

How desperate is the housing issue for those in recovery?

The housing issue is an emergency in Dublin and increasingly nationwide. People are being left to fend for themselves or be introduced to homelessness. In England, the approach taken was to open recovery houses, sometimes under the radar to avoid objections from communities. These recovery houses are abstinence-based – there is no acceptance of drug-taking whatsoever. People in recovery are kind and friendly. After a year, the neighbours are told that it is a recovery house. Generally, they are very accepting of this knowledge and communication. However, there is still stigma from landlords.

How do you challenge stigma?

There is work to be done on challenging stigma around addiction. In the UK, it cost up to £1 million to open Recovery Central (café / business incubation units /social enterprises etc). It is a high street operation, promotes inclusion and is transparent. They have got a lot of support from celebrities which are a good endorsement but there is lots of work to be done still.

Addiction is everywhere, but often it is out of sight. It is important to create and promote alternatives. People will change when in recovery. This happens in working class communities when the opportunities are provided.

Ends