

## Webinar Recovery (29-09-2020 – 14:00-15:30 CEST)

Speakers: Robert DuPont and Huseyin Djemil

Moderator: Mulka Nisic

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### Abstract

September is Recovery Month, a month to promote the benefits of prevention, treatment, and recovery for substance use disorders and highlight the fact that recovery is possible. During this webinar, the speakers Robert DuPont and Huseyin Djemil both spotlighted that we should focus on recovery besides addiction and treatment only. Recovery is contagious and can bring hope to others. Often, people in long-term recovery want to help others who want to recover. It is emphasised that recovery is difficult and can be messy for those entering and within the process, but this does not mean that it is not worth it. To be 'ready' for recovery, the person often has had a drastic (external) trigger. It takes time to get to and through recovery since recovery is though due to the hijacked brain by drugs. A brain 'hijacked by drugs' thinks drugs are needed. It does, however, not help long-term and is devastating for the user as well as his or her surroundings. Every person is capable of recovery and we should respect their humanity. Therefore, do not destigmatise the active drug use, instead we should destigmatise the person. Recovery should be celebrated and those who are in recovery can be teachers to those wanting to recover and others in the field. By focussing on recovery, we take away the negative connotation that comes along with addiction and treatment and rather highlight the positive success stories. Through inspiration, information, realisation, permission, preparation and action, a gap between old and new behaviours can be created.

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### The full summary of the webinar

#### *Introduction from our president, Amy Ronshausen*

Good Morning, Afternoon or Evening depending on from where you are joining us. I am Amy Ronshausen, the international president of the World Federation Against Drugs. WFAD is a membership organization made up of NGOs and individuals from across the globe. Our aim is to prevent drug use, increase access to treatment, and promote recovery. If you're not a member and would like to learn more about how to join you can find us on social media and at [www.wfad.se](http://www.wfad.se)

Our world has significantly changed over the last 6 or 7 months and so too has the way in which we come together. I know that you are invited to many virtual events and webinars so I want to thank you for choosing to be here with us today.

September is Recovery Month. A month that promotes the benefits of prevention, treatment, and recovery for substance use disorders; celebrates people in recovery; and promotes the message that recovery is possible. Recovery Month spreads the positive message that behavioural health is essential to overall health, that prevention works, treatment is effective, and people can and do recover. When we talk about recovery and lift these stories up, the general public gains a greater understanding of substance use disorders and that helps reduce the stigma that could prevent someone from taking the first steps in getting help.

Now more than ever it is important to understand and educate key stakeholders that the development of a substance use disorder is related to the relationship between a number of risk and protective factors that are often beyond the control of an individual. It is our job to enact policies that enhance

life skills to and reduce risk factors and build up and enrich protective factors. Who better to engage in that advocacy work than the recovery community.

I want to end my welcome with a challenge. Let us make every month recovery month. Let us celebrate recovery and inspire others every day. Let us engage the recovery community in policy reform. Do not let your stories of hope end this month, continue to spread that message and be the light in a world that for many seems very dark at times. Remind them that recovery is real and attainable.

### *Recovery – part 1 by Robert DuPont*

September is also known as recovery month and brings hope and something to look forward to those that are still struggling. The first speaker, Robert duPont<sup>1</sup>, has been introduced by Mulka<sup>2</sup>.

Robert introduced the topic “Addiction and recovery are teachers” and elaborated on the fact that our job is to learn from our teachers which is a joyful and learning process.

At the moment, the world is facing a drug epidemic which has been ongoing for 6 years and is evolving while harming public safety. The current drug movement is towards synthetic drugs and away from naturally grown drugs. The reason behind it is the lower costs of synthetics compared to agricultural drugs. Synthetics are more accessible and more potent.

Overall, the annual spending on drugs in the US is as follows: \$254 billion in alcohol; \$125 billion in tobacco; \$150 billion in all illicit drugs, and \$34 billion in All SUD treatment. These numbers show that alcohol is dominant. This appears to be the case since alcohol is legal and therefore more accessible. The high amount spend in illicit drug is shocking since these are mostly cash payments and even the poorest end up spending cash to buy illicit drugs. This means that, when turning the numbers around, the SUD treatments could be even paid times 5 in cash by drug users.

Robert DuPont compared drug addiction to chemical slavery, since chemicals pleasure the brain making it difficult for people to rationalise and aim or treatment. The brain is hardwired to promote behaviours that are needed for survival. Drugs hijacks the brain which makes it prioritise drug use and deny any problems that are caused by it. Overall, the addiction is an onset disease. 9 out of 10 adults with substance use disorders began drinking, smoking and/or using drugs before the age of 18.

But what is recovery and what is it not? Recovery is not an event but a lifelong process. It is more than not using drugs. It is a “voluntarily maintained lifestyle composed characterised by sobriety, personal health and citizenship”. Sobriety describes not using anything. It does, for example, not mean that you are recovered from heroin but are save from getting an alcohol addiction. Citizenship identifies the person who is enhanced by recovery. Recovery is about being better than well.

There is a large community that is recovered or in recovery. An estimated 22.3 million adults in the US are in recovery from alcohol and drugs. 53.9% used support and 46.1% did it without any support. The common support in the overall drug addiction recovery is also divided in percentages: 28% used formal SUD treatment; 22% used recovery support services; 45% used mutual help groups, and; 8% used anti-relapse craving medication. Often people tend to use different programmes during their recovery process.

In Robert DuPont his study of recovery, he found the following three simple questions to the person in recovery (not while using) and got the following response:

- 1) What was your life like while you were using drugs?

A common response was that it was unpleasant, difficult dangerous, unrewarding, etc. It had all kinds of negative characteristics to it.

- 2) What happened to get you to stop using drugs and get into recovery? (what made you stop)  
The motivation to stop is an especially important part in the recovery process. And it is almost always something drastic, serious illness, family disruption, arrest, loss of a job, etc. These are the kind of things that intervened in the life of the person and got the person willing to think about stopping. It is something external. And it is though for the person to reach the realisation for the need for recovery.
- 3) What is your life like now in recovery?  
It does not mean that it works out and everything goes as you want to. But there is a kind of Joyfulness, emancipation, celebration of life that are associated with recovery.

Recovery is contagious, recovery is exciting. Overall, “the person who is in active addiction is a dramatically different person from the person who is in recovery”. Most of the discussion around drug use, misses the fact that if you are talking to someone that is using, you are talking to someone with a hijacked brain.

The behaviours of addictive persons, while they are using, are typically unhealthy and hurtful to themselves as well as to others around them. To ignore that fact is not doing a favour to the addictive person. On the other hand, you want to respect the humanity and potential for health of every addicted person at every stage and think about that person of what that person could become. There are no hopeless users. However, to normalise addiction, enable and support continued drug use is ignoring the reality of the hijacked brain and disrespects the persons’ potential for being in recovery. So, do not destigmatise the active drug use, instead we should destigmatise the person.

Recovery does not usually happen alone, with or without treatment. Recovery is typically a shared experience. People in recovery have something to say to each other which often cannot said by others. Recovery is not usually a solitary activity; it is an activity that is done collectively. It is a joyful and shared experience. And I use the term celebrate recovering addicted people as worthy and exemplary teachers. Recovery is a never-ending journey and it is inspirational. We need to focus on the hard-earned miracle of recovery. What we need to do is to change the world’s perception and discussion on drugs. Including recovery as a core value in the discussion around drugs, allows the revelation that recovery is hard for everybody but that anyone has the capacity to recover. It changes the perception that something like ‘hopeless addicts’ does not exist. We must keep on focusing on the sobriety concept by reminding ourselves that different chemicals support the same dependency in the end.

#### *Recovery – part 2 by Huseyin Djemil*

Huseyin Djemil<sup>3</sup> highlighted the practical implementation of the ideas around recovery in the UK. He opened his presentation with a strong quote: “Until the lion learns how to write, every step will glorify the hunter” by an African proverb. The hunter, in the case of recovery, is the addiction. Therefore, recovery needs a voice since recovery stories have power. In general, a lot has been written on addiction, but not on recovery, which should be changed.

Huseyin Djemil shared his personal journey with us. He had adverse childhood experiences for 18 years which then led to addiction which was full of discovery, self-medication, escaping trauma, street drugs, and crime. This ‘life’ continued for seven years. He compared this time to a cruel mistress where you keep returning to. After these 7 years, he went into treatment. It was a way out, he learned how to live, having a purpose, meaning and his newly adopted faith and hope helped him to get out. This process took him 2 years. When he was going into treatment in the 80s/90s it was all about harm reduction. The goal was to get well but it is difficult to just stop. You need a push (the realisation of the consequences of drugs) and a pull (the negative mistress). Himself, he valued the faith-based help in his road to recovery a lot.

Overall, recovery is a new way of being. The expectation is that it will be a straight line whereas it can sometimes be messy. The focus is too much on quantifying numbers sometimes. Addiction and treatment are both counted in statistics but exclude recovery. Addiction is measured with the prevalence, type, and severity. Treatment is measured with the retention and the numbers that go in and out of treatment. Recovery is difficult to measure. At worst, it is not even visible. Often people do not identify themselves with recovery. For example, when someone is excessively drinking, causing harm, that person might decide to drink less. This will not be actively identified with or defined as recovery, but it is. A US study by Dr. John Kelly and his colleagues tried to include recovery in statistics and showed that approximately 9.1% (or 22.35 million) of US adults reported that they used to have a problem with alcohol or drugs but no longer do. If you would translate these outcomes to the UK, it would come to 4 million UK citizens.

What impact can recovery have? When we hear about addiction and treatment, we hear about the negative things. But we lose something powerful, which are the success stories that can encourage others in their recovery. Often, people in stable long-term recovery end up volunteering and want to help others. Overall, people in recovery get arrested less and suffer less from or are less involved in domestic violence.

Therefore, Huseyin Djemil wanted to make recovery visible and grow his recovery community. He organised a recovery café where it was all about making connections in a safe place. Here, small conversations created big changes and new alliances were made. During the pandemic, they shifted the café meetings to Zoom. His organisation also organised conferences, film nights and events. People came because the focus point was recovery and not addiction. The approach was strength-based and did not focus on weaknesses. People felt valued and valued each other. Lastly, they organised a comedy course.

Besides organising gatherings and events, the organisation also investigated the 3 degrees of changes during a 3 weeks course. Here they stressed the following core steps into recovery. 1) inspiration: from others in recovery; 2) information: through the course; 3) realisation: that you can do it; 4) permission: the green light; 5) preparation: organising for action; 6) action: just do it and review it. These steps create a big gap between old behaviour and new behaviour.

Within recovery, aim to initiate recovery, sustain recovery and integrate into the community. The recovery community brings positive influence since they want to give back and hopefully many will be inspired.

#### *Recovery –Q&A*

- *Does the age of the drug user matter for recovery?*

Robert: The biggest challenge is the young users. The treatments have mostly been focussing on older people. Younger people are not 'beaten up' enough yet. The exhaustion factor is an important in the step towards recovery. In the US, there is a growing trend (social learning from drug epidemic) where more [young] people decide not to use any drugs.

- *Don't you think that recovery processes differ from country to country? How can environment in country policies help in recovery processes?*

Huseyin: Recovery processes can be different in different places. It also depends on the finances, institutions, standards, and infrastructure that is available in the country. The recovery process has to be context sensitive. Yet, there has got to be some core elements in recovery. I agree that recovery is contagious, and recovery should be made visible. Being visible is a choice and you have to be courageous to be visible.

On a side note, when talking about schools, universities, in general, are a recovery hostile environment, for example the freshers week. However, the opposite is also happening, students deciding to have a sober pledge and wanting to live a healthy life.

- *At what age do addicts likely get traumatised?*

Huseyin: Trauma usually tends to happen before drug addiction. Trauma can also be seen as a gateway drug. Even when the trauma happened when the person was really young and might not be remembered fully, the body remembered.

Robert: We talk about trauma in childhood experiences. However, trauma's in childhoods do not necessarily lead to addiction. Lots of young people with serious trauma do not become addicts. Its not right to connect trauma to negative outcomes. The second thing is, as a doctor, I am against using the term 'self-medication' within drug use. Medication is supposed to be helping people. Drugs, on the other hand, is something destructive and is never helpful. The drugs take away pain and the pain does go away, insecurity fade away and the person feels wonderful. Yet, these are all short-term effects on the brain, which medication is as well in some way. However, on the long run, drugs make the pain and insecurities worse. The connection of healing is not a rational connection and therefore drugs cannot be seen as a medicine. It is understandable that the word 'self-medication' is used but do not normalise drug use by calling it self-medication.

#### Questions answered after the webinar by Robert DuPont

- *Here in Tanzania we would like to get that knowledge of Recovering so that we can help our society... it is also in relation to covid-19.*

The key step everywhere is to find people where you live who have overcome drug problems and learn from them how they did it. get them to speak up and inspire others to stop all of their drug use (and to speak up to get others never to use drugs). It is harder to do this in countries where drug use is relatively newer and less intense than in places like the US which has had big drug problems for decades.

- *How to open more avenues to path to recovery where in my country path to recovery for admission chances are extremely limited (Sri Lanka)*

Working with your faith community is a great place to start both finding people with drug problems and people who are in recovery. Faith communities thrive with people in misery, like addiction to drugs. Faith communities have great skills in rescuing the down-trodden and inspiring them to become their better selves, with the help of God.

- *Is it true that addicted person/victim of drugs can be treated by counselling alone or what other factors should be followed? Second, what are the first stage for a mental problem person who is affected by drugs/alcohol?*

Counselling can help many people addicted to drugs but for many others it is not enough, for them specific drug treatment can be effective

- *I believe and agree with the faith-based model, can you please tell us the percentage role of the faith in your recovery?*

The largest recovery support group in the world is Alcoholics Anonymous (and related 12-step programmes). Go online to find more about AA. It is rooted in faith in a "Higher Power" or "God"

## Our Speakers:

1: **Robert L. DuPont**, MD, psychiatrist, has for more than 40 years been a leader in drug abuse prevention and treatment in the United States. He was the first Director of the National Institute on Drug Abuse and was the second White House Drug Chief. In 1978 Dr. DuPont became the founding President of the Institute for Behavior and Health, Inc., a non-profit organization that identifies and promotes big new ideas to reduce illegal drug use. He is Vice President of Bensinger, DuPont & Associates, a leading consulting firm dealing with substance abuse, which he founded in 1982 with his long-time colleague Peter Bensinger. Dr. DuPont maintains an active psychiatric practice specialising in addiction and anxiety disorders, and has been Clinical Professor of Psychiatry at the Georgetown University School of Medicine since 1980.

2: **Mulka Nišić** graduated from the Department of Social Work at the Faculty of Political Science, University of Sarajevo. She has undergone a series of training in psychology, addiction recovery and drug policies. For the past 5 years, Ms. Nišić has been actively involved in the area of recovery and drug policies. She is also responsible for various national and regional projects and research aimed at investigating and improving the situation of people recovering and still struggling with addiction and experiencing multiple stigma, marginalization, and a combination of problems involving related disorders drug use, contact with the criminal justice system, and mental health issues.

3: **Huseyin Djemil**, director of Towards Recovery CIC and Green Apple Consulting Ltd, has over 30 years of experience in Recovery from addiction and entering a residential rehabilitation in 1986 to working in the drug & alcohol treatment sector from 1993. Huseyin now works with an extensive range of UK and International non-profits and NGOs, social enterprises, private and public sector organisations, central government departments, universities, local authorities, religious institutions, National Think Thanks, and other Consultancies. Huseyin is a passionate advocate of abstinence-based rehabilitation and recovery, and excellent drug treatment services that allow drug users to move out of addiction and achieve their full potential and place in society.