

Recovery cities

Prof David Best, Head of Department of Criminology at Sheffield Hallam University and Prof Charlotte Colman of Ghent University held the session on Recovery cities and outlined how recovery city should look like in practice.

Theoretical background:

The session began with a story about Peter, an individual in recovery, and the story carried a message that every person first has to choose to be alive but that being in recovery is a daily struggle. Peter has repeatedly had problems with employers who were unwilling to give him jobs, landlords blocking him from renting houses, and also adds that communities are reluctant to create treatment centers.

According to Life in Recovery research an average career of a drug user lasts 17.7(women) - 22.4(men) years, which is very long and means that people may have multiple opportunities to start their recovery journeys much sooner. There is solid evidence from the US that nearly 60% of people who once had severe drug dependence problems managed to resolve them and they are now in stable long term recovery. Also according to research chances for relapse drop down from 50-70% after 1 year to 15% after 5 years of abstinence and we need holistic approaches to get people to that point. These data have led many addiction and recovery scientists, among whom William White is the most eminent, to argue that recovery is not a linear pathway, not everyone will get there, but people do and recovery is not only possible but probable.

The speakers emphasized that recovery is part of a broader movement and goal of social justice, and we as a society need to switch to a relational basis that relies on a continuity of care model and partnership model within the community to support people across the five years to stable recovery. The aim of recovery is not to solely address the pathology of addiction but to improve lives of not just individuals but families and the community. Recovery is a personal journey within a social context and there are 3 components of recovery which also form the recovery capital crucial to individuals' successful recovery:

- personal-health, self esteem, identity, resilience, coping and communication
- social- relationships with people in recovery and who are non-addicts
- community – recovery as a co-production that relies on support from the community

Promising examples from different cities across the globe indicate that there are successful efforts which make recovery visible and promote recovery at local, community levels. Those community-based initiatives build community recovery capital and create safe environments where recovery can flourish, be visible and attractive to those in need. Also the Life in Recovery research has found that 79.4% of people in long-term recovery have volunteered since the beginning of their recovery journey, which is twice as much as volunteering activities of general population who have never had drug related problems. The society doesn't need to start from the scratch and there are many examples of successful initiatives on local levels: recovery cafés, social enterprise models, recovery marches, bike rides and many other recovery celebration events which support long-term growth and maintenance of recovery. And these are the assets that local recovery communities must build on.

However, there is also negative community recovery capital:

- No access to meaningful jobs or stable housing
- Social exclusion and stigma from gatekeepers
- Disclosure of criminal records preventing people moving forward with their lives

Stigma, marginalization and exclusion still pose a major obstacle to stable long term recovery. Recovery is hard enough in itself, but when combined with discrimination, social exclusion and stigma, people in recovery may feel they are neither welcome nor accepted as citizens.

Furthermore, a research study on stigma in the UK by the UK Drug Policy Commission has shown that 42 % of UK households said NO to living next to an addict even if the person is in recovery but it was even more devastating that 66% employers –said NO to hiring former user of heroin or crack even if they were fit for the job. Also the study showed that respondents made no distinction between recovering and active users- people generally don't believe in recovery.

It was highlighted that:

- It is not enough to make treatment better but more efforts to address exclusion, as part of negative recovery capital, are essential to maximize the chances for stable recovery. We should invest in beating stigma and discrimination by providing access to housing and jobs to focus on social connectedness and belonging.
- Change of negative mindset in society can promote sustained recovery- and improve the access to opportunities for community participation, and the resulting sense of belonging and engagement in the community.
- Central idea is that no one should walk alone – and we need to invest more in recovery events, jobs and houses as people recover by watching others –by social learning, and promotion of active participation in recovery communities.
- Recovery cities model aims to create sustainable connections and networks in each city that will not only benefit individuals with addiction problems by creating pathways to hope and reintegration but that this will create sustainable partnerships within the city and generate community cohesion and active participation in community activities, which should consequently minimize negative recovery capital and make recovery visible.

In Practice:

The concept of an Inclusive City is founded on an empirical evidence base, consisting of recovery models such as **CHIME** (Connectedness, Hope and optimism about the future, Identity, Meaning in life and Empowerment) and **Recovery Oriented Systems of Care** (community and peer participation and empowerment) and a model that promotes wellbeing for professionals and family members as well as people in recovery.

The aim of Inclusive Cities is to minimize negative recovery capital and to make recovery visible, to celebrate it and to create a safe environment supportive of recovery, known as a therapeutic landscape for recovery.

The role of the community can range from educational campaigns, over establishing partnerships to promote social inclusion, to carrying out activities and setting up structures to change attitudes and reduce stigma towards recovery, providing incentives for employers to employ persons in recovery and implementing anti-discrimination policy.

Becoming an Inclusive recovery City is a process mostly focusing on making recovery visible in the community by taking small steps such as raising public awareness , but also involving strategic leadership and partnership from civic leaders working with addiction professionals and those from mental health, criminal justice, primary care and education and training.

- The first step: **a)** bringing together actors from different organizations responsible for employment, housing, social welfare (including the city council, public and private organisations, treatment providers, employers, landlords and neighbors, practitioners and policy makers), in each city **b)** to make an overview of existing practices for people in recovery, as well as **c)** to identify gaps. The group should then be tasked **d)** to define the city's mission, vision statement and related (short-time and long-term) goals and actions to support recovery, in line with the available resources and the needs of people. People in recovery and their families should also be included in defining these actions; leading to services being better used and tailored to their needs.
- The second step: implementing the identified actions, while monitoring and evaluating the process, adapting along the process. We should celebrate success and promote and support recovery activities across Europe.

Workshop:

The session also provided the workshop on the following topics:

- Ideas for innovations in social justice and social inclusion?
- What would you like to change in your community?
- Risk of disintegrated shaming?