



Summary: International Women's Day Webinar - Champions of Recovery

Organised on March 8th, 2022

Speakers: Cecilia Hajzler (*Celebrate Recovery BiH*), Catherine Boyana (*Nakuru Drop in Centre Kenya*), and Peer Educator (*CWIN Nepal*)

Panel Experts: Petra de Boer (*VägenUt Cooperativen*), Julie Schamp (*Lecturer and Researcher at Hogent University*), and Erick Lik Hang Cheung (*ARTM Macau*)

[View the Recordings here](#)

Cecilia Hajzler (presentation): Cecilia presented her path from expert by experience to an expert with experience, supported by visual footages. She works for the grassroot organisation 'Celebrate Recovery', which established a community counselling centre in 2017, a free anonymous helpline in 2018, and provides online counselling. They offer individual and family counselling. They also are also engaged in advocacy work nationally, regionally, and in the UN. Simultaneously, they cooperate with other organisations and network. Cecilia stressed that recovery is not black and white/from death to life. It is important to remember that it does not happen over night and is a constant process that requires effort, perseverance, patience, engagement, etc. Support and acceptance are necessary. The recovery process is about reinventing yourself through the 'storms of life'. For her, and also for others, art is the language of change. It allows to express what would usually be difficult to. An example of an art project organised by Celebrate Recovery is [photovoice](#). Here, service users in long term recovery joined and received photography training and shared their stories through photography. Through sharing their stories of their lived experience, they were also helping others. It is about growing together with experts by training. There will always be bumps on the roads as Cecilia experienced and explained. However, this provides the time to reflect and remember the importance of selfcare. You are not what you do but try to put priorities in order. It is a continued ongoing effort to live what you preach. There is no light without a shadow. We need to remind ourselves to accept all our imperfections.

Peer Educator: The peer educator from CWIN shared how she was born and brought up on the street, with her parent facing jail time. Her parents were alcoholics and drug users. She was not able to go to school since she was forced to earn money. She started using Glue-sniffing, Sigrate, and marijuana when she was very young. Because of her parent's carelessness, she experienced sexual and physical exploitation/abuse and threaten from a known person when she was 11 and 14. She started using alcohol and drugs when she was 11. She never received care and support from her parents. So, she left her parents and started living with the gang on the street. She met many girls who experienced physical as well as sexual abuse from near one, people who lived in the same gang, and strangers. She found many girls who had similar stories like her on the street. The girl has to be involved/engaged with a man on the street to be saved from any kind of violence. She lived in a gang that used substances and, to leave the harmful environment of the streets, she married a boy who also lived on the street. She discovered being HIV positive during her pregnancy. She didn't have money for surviving but she was determent for children not to experience the same, so she connected with CWIN and other organizations working for street-connected children since 2010 and received the necessary support. She stopped using drugs and alcohol and takes HIV medicines. As a result, both of her children are saved from HIV. She now works as a peer educator in CWIN to spreading awareness on drugs within the community. She also distributes the safety products with the support of other organizations to protect others from getting the same as well as other harmful diseases. She is inspiring others with her story and spreading positive energy. At last, she wishes to

have the same opportunities as her for other girls on the street so that they might be saved and live their life happily.

Question: Can you tell us in your experience what works best in this area? And could you provide us with some positive examples or best practices or success stories?

Petra de Boer: Our organisation works closely with social enterprises. We support women in recovery, either from prison or street, etc., and provide shelter, treatment centres, supported housing, after care, work training, education, to be finally employed in the social cooperatives. We work apply the CHIME framework. We work with connectedness, which is very important in recovery – having the peer support, understanding, feeling of inclusiveness, etc. It then creates hope and optimism to get motivated that change is important and be able to create a new identity. With the new identity, a meaning in life can be found. This can be by sharing your story, help others, be of service, etc. All these parts build the empowerment process. Here, one will take personal responsibility, take control over life, and increase personal strength. Overall, we work with building recovery capital, including personal, social, and community capital. We support women that come to build up their personal capital. We also get women involved in social networks to support social capital. It is important to go beyond housing, and other basic necessities. We also build up community capital by using the resources within the community. Such as football, mother support groups, cooking associations, etc. Through this, women get a broad network of strong and healthy connections in life.

Julie Schamp: It is difficult to say what works best and approach in treatment and recovery when treating women as a heterogenous group. One woman is not the same as another woman and, therefore, we need an integrated approach, including drug addiction care, mental health care, and childcare. We must build a supportive structure. Research showcases that there is a need for mixed gender and single gender treatment. Women need to feel safe while they also need to learn to interact with men in a healthy way while men must learn how to deal with women in a respective way. Addressing the causes of gender health equality and changing norms leads to gender equity. Services need to be strength-based and trauma-informed while we also must look at the gender norms that live in society. Julie is in favour of a holistic approach in treatment of women where the body and mind are being touched while it also looks at finding the meaning in life. For example, conventional yoga is commonly integrated in treatment. However, it does not underline trauma while PTSD is a common chronic disease, more so among women than men. Substance abusing women often have experienced sexual abuse and feel disconnected and unsafe with their bodies. Therefore, a holistic approach to treatment and trauma is necessary and preferred. A positive example is trauma sensitive yoga, which is currently implemented in TCTSY services. It has shown benefits such as the feeling of calmness, being present in the moment, and have the possibility of choice. It is very empowering.

Erick Lik Hang Cheung: The therapeutic community model that is adapted in ARTM is also build on the CHIME model and focuses on the personal growth of the person. Our best experience is when we have treated everyone as themselves and as an unique person. It is important to recognise the needs of different people since there are different needs and addiction in the services. For example, before we did not have a service treatment for women. However, a woman came with her infant, searching for residential treatment service. ARTM was not familiar in that area but developed a programme according to her need together with her. She brought the baby to the service as well and received our help. She maintained the relationship with the child. Overall, experience shows that people's needs need to be addressed. Currently, there is a shift of substance use in Macau from heroin to methamphetamine and alcohol. More men and women are entering the services for

rehabilitation, which brought challenges. However, we continue to cooperate in different sectors, health care, and provide specialised training to service providers and professionals. They have to support those who want support. ARTM should continue to evolve. In the end, support from the community is important as well as career development in the service. Therefore, ARTM is now an integrative service centre. We build up the connectedness with different sectors and have an holistic approach to the development of the person. Employment, family, sources, relationships, etc. are all included in the rehabilitation services.

Question: What would you recommend as a way further/forward?

Petra de Boer: We have to be flexible and adapt to the needs is a way forward. This is also how the women's shelter started as there was no shelter for women in addiction before. Victims of violence were not allowed to go to the shelter before they would get clean and sober. Now, women who use drugs are welcomed. It is also important to build the recovery capital, which needs support and involvement by the city and local authorities, to create possibilities to meet. For example, in Gothenburg, a recovery network has been established, meeting four or five times a year. Here, people are connected and showcases the initiatives that support recovery. Additionally, housing is important and therefore we get landlords to cooperate and provide housing to get people off the streets. Also, we have enterprises as cooperatives. Overall, collaboration has been very important.

Julie Schamp: Ultimately, we have to do it together. We have to meet men and women where they are and what they need in their particular stage of life. Make the alcohol and drug addiction care more sensitive to women. However, as long as we do not change the hard-core gender norms in the society, the tap is still running. Therefore, change has to be created in policies and among boys, men, women, and girls. It might also be interesting perspective to involve men and explore the different outcomes. Overall, the holistic approach, include body, mind, and spiritual, and providing more attention to trauma-informed working remains important.

Erick Lik Hang Cheung: In our integrative services, men and women are living in the same areas. They do activities and professional trainings together. It would be interesting to study how this will affect their interactions and how they develop the interpersonal relationship with another gender. We should never stop the professional development of our standards and support to people. Trauma is very common among those with addiction. Especially among women comorbidity is common. Eventually we lead to equip ourselves with a lot of expertise and knowledge. It is necessary to take care of the lives of people that count on us to support them. Simultaneously, it is important for the society to understand what addiction is. They should understand that the person they are facing is a human being instead of a drug user. Treating comorbidity and have connection with companies and enterprises for development and advocacy are crucial to reintegrate people into society.

Question: which could be considered to be the approach for the interest of children for effective child prevention: taking the children away from the female user for treatment or allowing the child to remain with the parent?

Erick Lik Hang Cheung: It is a difficult question, but we have to remain looking at the individual case. The mother has given birth to the child and is, by law, the caretaker and has the final decision. There are occasions that the prosperity of the baby is impaired, and the child is separated from the caretakers. However, from research, you can see that early separation of mother and child (detachment) is extremely risky [but not necessarily harmful] for both the child and caretaker. Therefore, it is necessary to reflect each case individually and address the follow-up of the decision.



One of the responsibilities of the service providers is to ensure to support when someone chose to receive help. Whether they chose to live with the children, be separated, or remain in the community, we need to continue supporting them no matter their decision.

Question: Could CHIME be achieved where stigmatisation of drug use and gender-based violence is highly obtainable?

Petra de Boer: I would say that CHIME is obtainable. If you look at the 12-step movement, they have meeting all over the world. A big part of CHIME can be applied to the 12-step of recovery. This holistic view or approach is important. It is not only about drugs, but it also goes beyond that. In case there is a lot of gender-violence, it is important for women to get shelter. To get space to be able to connect with other women and find recovery without being scared or a victim of violence.

Question: cultural aspects play an important role in strengthening recovery. How has your culture supported or hindered your recover?

Cecilia Hajzler: Culture plays an extremely important role. In my early recovery in Serbia, I felt paralysed by the feeling of shame of what people are going to say and thing. Even though I would have liked to hide and recover, I was pushed into the spotlight in the media. I was surprised on how well the public responded and the amount of support I got. We should make an initiative and try to do our part and influence the culture we are living in. Art, for example, is a great tool to achieve this. By having exhibitions, such as the photovoice, we reach out to the public with something that can help them understand what we went through and are struggling with.

Julie Schamp: Social stigma and self-stigma are correlated since self-stigma is internationalised social stigma. If we want to change something in the core, the society at large is where we have to start and try to change or shift the gender norms through initiatives or programmes.

Question: What if, on top of giving things like food or clothes, you also train the clients so that they can support themselves financially as well.

Petra de Boer: we work with 14 enterprises, which are all cooperatives. 98 percent of the 150 employees have a lived experience, either social exclusion, addiction, prison, or mental illness. They work 100 percent of their ability, which can either be 2, 6, 8, etc hours a week. They don't need any skills and will learn them while working. Often, they have been homeless or not finished school. They will get educated to work in the kitchen, screen printing, farming, pet sitting, etc. Their newly learned profession will make them self-supportive. It is a great way of strengthening and empower people and make them feel part of something.

Closing Remarks

Mulka Nisic: The basic idea of CHIME is to assess the programmes and see if they were effective in the recovery journey and supporting all five components. In the addiction area, there is a clear sequence in how it work. Human connections generate the sense of hope, and it brings the hope that change is possible. This fuels the cycle of meaningful activities. People feel important and grow the sense of empowerment. This is how self-advocacy manifests. By building connections through social groups, particularly with groups in stable recovery, generates self-esteem.

Today, we highlighted that women and girls are champions of recovery, they are change makers of inclusion and development. They are needed for equal access to treatment and trauma informed treatment. Substance use should be recognised as a health care problem and gender equality and gender sensitivity should be included. It is a time for us to acknowledge the importance and role of



communities, recovery-oriented systems of care, and recognise that while there are many paths of recovery, the common goal remains. Recovery does not happen in a clinic; it happens in society and no one can do it alone. These stories are breaking the stigma and barriers to recovery and what is happening in addiction services.