# Drug policy: Reconciling recovery and harm reduction approaches

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#### **Defining terms:**

**Harm Reduction** 

#### **IHRA** position statement:

Harm reduction refers to policies, programmes and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop.

The defining features are the focus on the prevention of harm, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs.

## Recovery and abstinence: setting the record straight(ish)

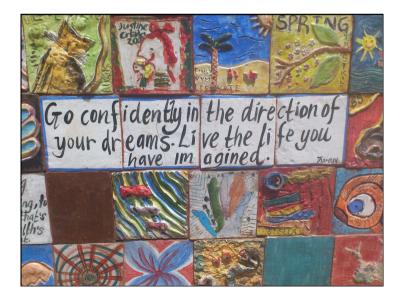
- It is a basic category error to consider recovery and abstinence as equivalent
- Recovery is a process (or series of processes...)
- · Abstinence is a state: a condition of being
- They are two different 'things'
- · Association comes from US influence
- The recovery concept is at its most potent when it's meaning is co-produced locally

#### Recovery and harm reduction: Some shared characteristics

- · Both terms engender hope and hysteria
- · Some conceptual confusion
- Working principles: "Meeting the client where they are" – client focused
- Both recovery and harm reduction can be described as "a journey undertaken by those who are determined to change the way we view drug users" – de-stigmatisation
- Both recognise substance-free living as a gold standard



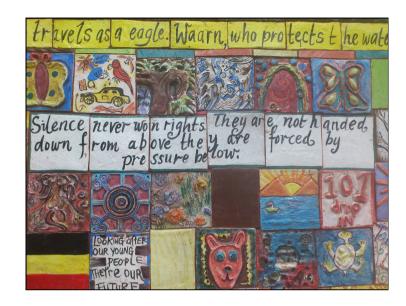




Key theme no. 1

# Privileging self-empowerment and autonomy

- Taking responsibility and control (systemically and individually)
- Raising aspiration throughout local systems
- Authentic partnership
- Eliminating dysfunctional service-level codependence
- Positive risk taking



## Recovery

Key theme no. 2

#### Nurturing a service-user driven culture

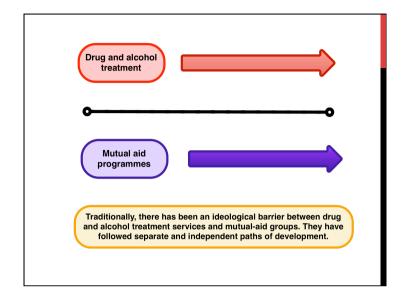
- Multiplicity of identities
- 'Service user'/ 'client'/ 'survivor'/ 'consumer'
- Nurturing and mobilising grass-roots activity
- Singularity of the experience recovery as a unique, personal journey
- Co-production

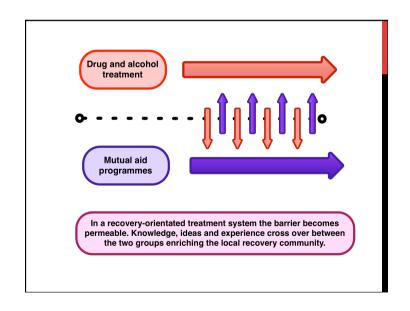


Key theme no. 3

# Reciprocal peer-support/ mutual aid

- "Experts by experience"
- Non-professional support
- Rebalancing of net therapeutic power
- Independent, self-governing, institutionally autonomous



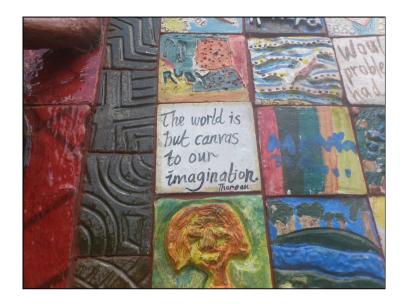




Key theme no. 4

## **Social contagion**

- "Recovery is contagious!"
- Social Learning Theory (Bandura inter alia)
- "I'll have what she's having!"
- Affirming recovery as a learning experience
- Challenge of creating (or leveraging) environments conducive to the horizontal and vertical transmission of recovery
- Simple form: making recovery success visible
- Complex form: modeling recovery and wellness



## Recovery

Key theme no. 5

# Formation of a new identity or sense of self

 Recovery as a journey of selftransformation

#### Conversely:

 Recovery as retrieval/ reclamation/ integration of the self



Key theme no. 6

## Social (re)integration

- · Building a meaningful life
- Gaining a mainstream social identity
- "A place of equality in society" (Bonney and Stickley 2008)
- Recovery from "social exclusion, stigma, labeling, restrictions, civil rights, discrimination, guilt and shame" (Anthony 1993)



## Recovery

Key theme no. 7

## **Hope and optimism**

- Challenging "learned hopelessness"
- Recognising diverse but positively perceived outcomes
- Focus on personal strengths rather than pathologies
- Appreciation of long-term incremental growth rather than instantaneous transformation (conversion)

## Conclusion





#### Concluding remarks

- We're all on the same team!
- Recovery is an organising principle that maximises the positive outcomes of harm reduction
- Develop/ employ staged models
- Integration, shared language, local vision (ROIS)
- Nurture multi-disciplinary activity
- Re-cast frontline HR initiatives as vanguards of recovery
- Recovery management
- Integrating recovery experience at all levels within the system
- Affirming the sovereignty of the community





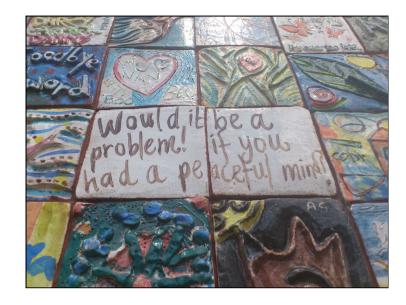












Stephen Bamber Recovery Writing: Volume one, 2009-2010

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