



A participative approach to curriculum development for adults in addiction recovery across the European Union

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Political Recommendations

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1. RECOVEU project: Aims and Outcomes

RECOVEU – ‘A participative approach to curriculum development for adults in addiction recovery across the European Union’ is a project funded under the EU Grundtvig Lifelong Learning Programme. It aims to develop innovative learning activities to help adults in addiction recovery prepare for, and succeed in, college, university, or vocational training.

1.1 Project Aims & Outcomes

RECOVEU seeks to support and maintain participation in adult learning in order to develop recovery capital, build self-efficacy and self-esteem, and enhance opportunities for social inclusion and community participation following a period of sustained habitual drug or alcohol misuse.

The ‘Access to Learning’ course offers an opportunity for adults in addiction recovery to locate and sustain a trajectory in further learning that takes into account specific barriers that socially marginalised people may encounter. We have done this by creating a dialogue between generic educators, people in recovery (adult learners) and drug treatment providers. A key component is the development of an Evaluation Toolkit designed to support trainers to assess the effectiveness of the course and impact of the learning activities on self-efficacy, self-esteem and recovery capital. The course represents an innovation in the development of user-led resources to support enhanced recovery capital, thus facilitating social reintegration.

Project outcomes support the aims of the EU Lifelong Learning Programme by improving the attractiveness and accessibility of learning opportunities available to a group of adult learners who are particularly at risk of social exclusion and marginalisation. Successful engagement in further learning has the potential to increase their employability and social reintegration. The project aims are consistent, therefore, with EU strategies to develop more inclusive societies and ensure that all citizens can access opportunities for lifelong learning and up-skilling throughout their lives.

2. Backdrop to EU Policy areas

The National Action Plan or Drug Strategy of each of the partner countries is shown in Table 1 which identifies the defining elements within each country's strategies.

Policy area	Cyprus	Ireland	Italy	Romania	UK
Prevention	x	x	x	x	X
Reduction of drug use and consequences on public health and order, and safety		x	x	x	
Care & prevention of related disease		x	x	x	
Building recovery through support provision					X
Rehabilitation & reintegration	x	x	x	x	
Treatment	x	x	x	x	
Observation / monitoring /evaluation of treatment results to inform policy response / research		x	x	x	
Reduction/regulation of supply / Reducing drug trafficking and smuggling	x	x	x	x	X
Facilitating cooperation between public institutions and the non-governmental sector		x	x	x	
International collaboration	x	x	x	x	

Table 1: Key policy areas identified in National Action Plans/National Drugs Strategies for the partner countries.

What is the overall aim of the National Policies?

The overall aim of the **Italian** National Action Plan (PAN) is to encourage an interdisciplinary treatment approach. The focus is on early outreach and using the diagnostic assessment process to place people on appropriate personalised and integrated treatment programmes. To facilitate this drug treatment units devoted solely to social reintegration have been proposed and the number of activities aimed at involving the social/interpersonal spheres of drug users and improving their education and professional skills is being increased. Steps have also been taken to assimilate reintegration activities into the work of local agencies (e.g. local health authorities and therapeutic communities). In addition, emphasis has been placed on directly involving public companies in reintegration activities through the allocation of contracts to social cooperatives and on encouraging organisations to become self-financing through the development of corporate social responsibility

programmes. Many organizations believe that the development of corporate social responsibility could facilitate the provision of more employment opportunities for people in recovery.

The National Strategy for **Cyprus** also aims to encourage and support multi-agency working focusing on social services, professionals, drug users, and the public and voluntary sectors acting together. However, the implementation of the strategy could be affected by the recent economic downturn which may result in the closure of some non-governmental treatment centres impacting on both the quality of the service provided and the effectiveness of the multi-agency approach.

In **Romania** a degree of tension is evident within the National Drugs Strategy in attempts to achieve a balance between actions to reduce supply and demand, and the provision of Harm Reduction services and social reintegration. The National Anti-drug Agency (NAA) is strongly focused on reducing trafficking and use of illicit drugs with prevention and services oriented mainly to people who are dependent on illegal drugs. Prominent campaigns for drug use prevention have been developed aimed at the teenage population in schools. However, there is less emphasis on psycho-social recovery and developing an integrated system of care. As in Italy and Cyprus the Romanian strategy (2013-2020) seeks to add value through supporting inter-institutional cooperation and the development of an integrated approach. This has not yet been achieved and is proving to be problematic in some areas. For example, while the need for a coordination centre for the integrated services has been accepted unanimously, opinion is divided on which institution should undertake such a complex role. Some feel that the NAA should act as the coordinator, while others feel that it should be the responsibility of the Ministry of Health. Professionals working in some of the different agencies involved also appear to disagree, some arguing that coordination should take the form of a stronger collaboration between social work and health care services, while others envision this task being carried out by an 'independent institution' (Copoeru et al., 2013)¹.

The National Drug Strategy in the **UK** has two overarching aims: to reduce illicit and harmful drug use and to increase the number of people recovering from dependence. Within this the strategy has three common strands². The first of these, 'Reducing Demand', focuses on education and prevention to stop first use. This is aimed primarily at stopping young people with some focus on those involved in criminal justice, mental health services and recreational use. The second strand, 'Restricting Supply', aims to increase border policing and disrupt drug supply across the UK through policing and the newly formed National Crime Agency. The third strand, 'Building Recovery', focuses on the provision of support to help people to recover, which means being free from dependence on drugs and alcohol in the context of strategy. The strategic aim is for services to be more locally responsive with local areas providing integrated services which encompass all elements of an individual's recovery: affordable and stable housing, employment, and support to maintain a stable family life and a life free from crime.

¹ Copoeru, I., Moldovan, S., Agheorghiesei, D. T., Ciuhodaru, T., Seghedin, E. and Iorga, M. (2013). 'The Inter-Agency Cooperation in Healthcare and Social Services for Substance Misuse and Addiction in Romania: A Case Study', *Social Work Review*, 2

² The devolution of administrations around the UK as outlined in the 2013 Drug Strategy annual review (Drug Strategy Team, 2013) means that different approaches to substance misuse may exist within Wales, England, Scotland and Northern Ireland.

The strategic objective of the **Irish** National Drugs Strategy (2009-2016) is to tackle the harm caused to individuals and society by the misuse of drugs through a concerted focus on the five pillars of supply reduction, prevention, treatment, rehabilitation and research. The aims are to reduce the supply and availability of drugs for illicit use; to minimise problem drug use throughout society; to provide timely substance treatment and rehabilitation services; to ensure the availability of data on the nature and extent of drug use; and to put in place an effective implementation framework for the strategy. Alcohol has been included in the strategy as it is associated with both poly-drug abuse and homelessness and because of the harm it causes to the individual, family and society. The strategy identifies a need for more detoxification, residential and aftercare services, using a continuum of care model.

3. Political recommendations in national contexts

The National Drugs Strategies put forth comprehensive plans, yet there still seems to be way to go regarding implementation of these. RECOVEU partners centre their political recommendations on Education and Addiction recovery and through four angles, and give proposals for improvement in the national context.



3.1. UK

Social Reintegration

- Promote people’s Recovery Stories through the network of Recovery Communities developing in the UK.
- Revise the language of Recovery which can be divisive, particularly given addiction is not the defining feature of anyone’s character. Dominant notions of ‘clean’ as opposed to drug or alcohol free are especially unhelpful and label people.

Treatment and Interventions

- Provide practitioners with current training around supporting people to develop their own narratives around addiction; training in identity formation, recovery processes and models of change should be included and consideration given to exploring post-traumatic growth frameworks in relation to developing narratives.

- Support practitioners working with people in Recovery to recognise the benefits of celebrating success and the progression from Experiential Knowledge to Experiential Expertise.

Opportunities for learning

- Providing on-going access to the RECOVEU curriculum across Europe with additional translations and a maintained virtual learning community.
- Develop policy approaches which support integrated programmes for people in recovery which recognise their specific needs but do not differentiate them from other adults who have different life experiences.
- People in Addiction Recovery should be supported to investigate topics of interest rather than focus solely on Addiction related topics or prescribed employability courses.
- Encourage the use of reflective practice.

Exchange of best practices

- The creation of a universally accessible curriculum that aids people in Addiction Recovery to transition into learning as an adult and acknowledges both the impact of their addiction and their potential. The Recovery Collegiate system in America provides us with a comprehensive model for Europe. This model demonstrates how we can build recovery support into mainstream educational provision.

Summary

In the UK, we have learnt that the sharing of Addiction Recovery stories is a vital component which both encourages people to enter and then maintain recovery as well as aiding the development of reflective practice. Reflective practice is a key element for adult learners. People in Addiction Recovery should be supported to investigate topics of interest rather than focus solely on Addiction related topics or prescribed employability courses.

It is clear that addiction impacts across communities and that many people in recovery are highly educated and trained individuals. More generally, people in Addiction Recovery have a great deal to offer their communities and the potential for their contribution should not be ignored by using labels and language which are limiting. These issues should be recognized within policy development.

We have also learnt that if we can support practitioners working with people in Recovery to recognize the benefits of celebrating success and, in particular, acknowledge the progression from Experiential Knowledge to Experiential Expertise, this will enable people to develop their own interventions and recognize their own coping strategies.

We acknowledge that that people in treatment and recovery develop skills in reflective practice which provide them with the capacity to become very successful adult learners. We have also learnt that entering into both formal and informal learning settings can be an aid to sustaining recovery; entering new communities of practice where they can both share their experiences but also move on from them is of great benefit. Learning opportunities that exclude people with specific life experiences labels them as different which will in turn exclude them from our communities.

3.2. Cyprus

Social Reintegration

- Increase co-operation from Public Ministries to facilitate overall implementation of National Strategy.
- Set up local work stations focused on providing post-recovery assistance regarding employability opportunities.
- Implement a solid, working relationship between addiction treatment centres and education, housing and employability services.
- Establish family and child support for those in recovery.
- Increase societal awareness regarding differences between recreational vs dependent and 'soft' (cannabis) vs 'hard' (heroin) drug use to ease social reintegration for recovery addicts.

Treatment and Interventions

- Implement online learning platforms as an integral part of the treatment programme to enhance self-esteem and increase likelihood of recovery. This will also ensure an advancement of the digital literacy skills necessary for today's competitive market.
- Develop a rigorous quality assessment framework for treatment centres on the basis of users' needs for effective recovery.
- Examine the effectiveness of integrated care pathways in dealing with drug use to identify potential issues.

Opportunities for learning

- Create a bridge between educational institutes and treatment centres for collaboration towards enhancing learning of adults in addiction recovery.
- Ensure that treatment centres inform adults in addiction recovery about opportunities for learning.

- Extend the responsibilities of Recovery Coaches to include facilitation and guidance regarding education.

Exchange of best practices

- Investigate indicators of success so as to inform and guide practice and policy.
- Observation / monitoring /evaluation of treatment results to inform policy response / research
- Encourage cross-national transfer of knowledge regarding treatment and interventions, social reintegration and opportunities for learning.

Summary

The implementation of the Cyprus National Drugs Strategy (2013-2020), is set to be carried out through two action plans covering the periods 2013-2016 and 2017-2020. Both action plans last for four years so as to provide appropriate flexibility necessary for purposes of adjustment and adaptation of policies and measures. Social reintegration should be emphasised by the development of an inter-agency approach that connects treatment centres with education, housing and employability services. Regarding treatment and interventions there need to be tools used to upgrade the current monitoring mechanisms and evaluate recovery effectively. Provided that opportunities for learning are scarce and still under development there needs to be a stronger push towards developing and implementing informal and formal learning courses targeted for adults in addiction recovery. Finally, for the advancement of practice it is recommended that treatment centres focus on expanding and upgrading transnational cooperation with the scope of implementing recent scientifically based practices.

3.3. Ireland

Social Reintegration

- Undertake a needs analysis for all those in recovery from addiction to promote priority goals.
- Build the recovery capital of people and have relevant benchmarks for this.
- Support and develop recovery services and projects on the lines of recovery principles.
- Build strong recovery communities where people in recovery become champions, coaches and role models.
- Resource recovery cafes/enterprises/social events/centres, etc.
- Have family and child supports for those in recovery.
- Use existing assets in communities to support recovery and social integration.

- Provide financial supports for those in recovery in particular in regard to education.
- Provide training on recovery themes and processes to individuals and services.
- Provide recovery accommodation/recovery housing projects/drug free step down etc.

Treatment and Interventions

- Promote recovery as the organisational construct for drug addiction and allied services.
- Treatment must be part of a holistic response including psycho-social responses.
- Provide family interventions and supports.
- Address cross addictions including gambling/sex/eating/internet/smoking etc.

Opportunities for Learning

- Recovery Colleges should be established in all communities for both the training of professionals and service users - these should be accredited.
- Adopt a strengths based approach to learning for individual learning working from an experiential context.
- Encourage those in recovery to train as Recovery Coaches to mentor and support people in services.
- Develop the Grundtvig RECOVEU initiative transnationally for those in recovery.
- Provide literacy, career guidance and special interventions like dyslexia training.

Exchange of Best Practice

- All services must work to best practice out of a recovery framework and not solely an addiction one so as they can be evaluated and compared.
- To ensure interagency work and best practice services must be organised along a continuum of care - quick entry to services/stabilisation/detox/therapeutic treatment/day programmes/aftercare/recovery housing.
- Ensure the NDRIC framework³ is applied across all Irish drug services.
- Cross-sectoral workforce training should occur on implementing recovery responses with competency baselines included.
- Service users must be involved in the design, delivery and evaluation of their treatment.
- Build an evidence base on the operation, processes and outcomes from recovery.
- Give priority to research on the narratives of people in recovery.

³ NDRIC Framework = Holistic assessment/Care Planning/Key Work/Case Management/ Inter Agency Protocols

- Use journals, electronic mediums and conferences to disseminate the evidence base on recovery.
- Develop courses on recovery for professionals based on best practice.

Summary

Ireland is currently consulting for a new drug strategy from 2017. Up to now Irish drug policy has relied heavily on a treatment approach. Increasingly recovery is the accepted organisational construct of addiction services internationally. Social inclusion should be the overarching principle of future Irish drug policy. The determinants of the recovery principles are that they are a framework for social inclusion. Recovery works with peoples strengths. It seeks to develop and increase the person’s recovery capital. It is also co-joined with promoting recovery, creating recovery communities and a recovery culture. It uses existing assets to construct new social networks such as peers, family and fellowships.

3.4. Romania

Social Reintegration

- Follow up programs for people in recovery that are based on recovery principles.
- Vocational education and training for adults in recovery.
- Development of the social economy models of intervention
- Facilitation of employment for adults in recovery, including development of employee assistance programs (more exactly, a company would have an understanding of addiction issues and refer employees for counselling when necessary).
- Social housing for adults in recovery in housing crisis.
- Legal counselling services and support for adults in recovery facing lawsuits, civil injustice, protection of personal rights etc.
- Development of diversion programs that would include addiction recovery in the plan for social reintegration and crime reduction for people who break the law under the influence of alcohol and drugs.

Treatment and Interventions

- Addiction should really be seen as a public health problem that can be treated through certain measures. Adults with addiction would have a better chance to recover if professionals from different agencies conveyed the same message, more frequently and more consistently.
- Research about models of intervention, so that effective methods could be supported and encouraged.

- Implementing models that have a holistic approach (bio-psycho-social-spiritual).
- Brief intervention and secondary prevention for at risk populations (e.g., teenagers, alcohol in the workplace, education about risk free-drinking guidelines, gambling, smoking cessation programs).
- The medical detox phase to be included in the internal medicine units/hospitals instead of psychiatric wards to reduce the stigma of having an addiction.
- Addiction counsellor (or other professional with a specialty in addiction) to be a part of any hospital, so that all patients could have an alcohol and drug use assessment and information, as using might interfere with the medical outcomes.
- Family counselling and prevention programs to be supported by the schools system and churches as they already have a structure in place where additional activities could be easily introduced.
- Regulate the gambling, sport betting and the game rooms and face the opposition and interests of the casino and game rooms owners (for example, Hungary outlawed all slot machines outside licensed casinos in 2012, virtually overnight.). Related issues have to do with underage access, free drinking/drugs and free electronic cigarettes in the game rooms just to keep the clients inside and playing.

Opportunities for learning

- Correlation between vocational training and employment for adults in recovery.
- Better information on options for going back to school and finishing the abandoned schooling.
- Access to literacy classes for those without basic reading and writing skills.
- Training for professionals in the socio-medical field to identify people at risk and set in place interventions for their abuse/addiction.
- Training for the new profession - addiction counsellors and peer counsellors (developing new occupational standards if necessary).
- Certified addiction trainings for continuing education in the national system of training for medical doctors, nurses, social workers, psychologists, priests, probation counsellors and human resources.

Exchange of best practices

- Through grants (EU or others) public and private institutions to create a common field and sustain best models of recovery. Legal background still needs to be improved in order to produce any changes in the practice. Political lobbying can be crucial in achieving this.
- To tailor 'imported' treatment models to the specific needs of each country.
- A better and proactive attitude towards proving to the general public and the professional communities that adults with addiction have a chance for recovery. This could be done via better dissemination of successful recoveries, 'human libraries', public workshops with involvement of recovering addicts etc.

Summary

Romania still does not have at the national level a clear statement about addiction and recovery. Private NGOs, mostly related to the churches have some impact on their communities, but the public sector is still reluctant in practice when it comes to changing the system. There are many ambitious projects at the political level and strategic responses, but less is done in practice. It is necessary to train professionals for early intervention of addiction, especially among the high risk population.

3.5. Italy

Social Reintegration

- Develop awareness about the issue of social reintegration of drug addicts in recovery.
- Re-develop and increase social reintegration programmes (vocational guidance, training, training on the job) with a strict and clear cooperation between public administrations – public services of treatment and recovery – NGOs. These programmes should not be developed occasionally and temporarily.
- Develop a participatory evaluation system of the social reintegration programmes, with clear indicators of success.
- Social housing programmes.
- Advisory services for persons wishing to report incidents of discrimination and social exclusion and/or seeking psychological and legal support.

Treatment and Interventions

- Focus on age and gender oriented interventions
- Focus on the dual diagnosis (addiction and psychiatric disease) and integrated interventions.
- Re-plan programmes of harm reduction abandoned over the past 10 years.
- Family counselling and support.

Opportunities for learning

- Vocational guidance programmes to prevent early school leaving and present alternative options.
- Vocational guidance interventions and short training courses at treatment/recovery services to facilitate social reintegration.
- Vocational training courses addressed to people in recovery.

Exchange of best practices

- Identify and enhance the best practices (at national and transnational levels).
- Necessity to adapt the different models to the local context.

Summary

In Italy the debate on drug addiction has been paused. The government has not yet appointed a political representative for the Drug Policy Department. It is not even launching the three-year conference required by Law to check the policies on drugs. Furthermore, collaborative projects between public services and NGOs have stalled. This is all happening at a time when drug use and addiction problems have heightened. In the majority of Italian regions there are no planned activities of training addressed to people in recovery, while programmes of vocational guidance and training and employment are scarce and so largely necessary.

4. EU Political Recommendations

On the basis of the aforementioned we present a summary of the key points we would like to see implemented in the four areas of Social Reintegration, Treatment and Intervention, Opportunities for Learning and Exchange of Best Practices.

It is important to note that what is presented here has been as a result of both the conclusions from the project's outputs as well as suggestions made by the Panel Discussion from the Final RECOVEU Conference (for more details on the Panel Discussion see section 4.2.).

4.1. Final Policy Recommendations

Below we present the final policy recommendations as developed both by the project consortium and the Panel Discussion of the RECOVEU Conference (for a full summary of the Panel Discussion see section 4.2).

Social reintegration

- Increase the availability of addiction social reintegration programmes.
- Develop employee-assistance programmes targeted specifically at adults in the addiction recovery process.
- Encourage programmes directed at adults in recovery to emphasize social well-being as much as financial independence.
- Establish legal counseling services and support for adults facing lawsuits, civil injustice, protection of individual rights, etc.
- Promote a national inter-agency approach towards social reintegration.
- Sponsor social enterprises for those in recovery process.
- Tackle the needs and gaps of those in addiction recovery by adopting a more individual-oriented definition of 'integration' (i.e. less employability-focused, more individual autonomy).
- Encouraging programmes aimed for those in recovery to do more than just label them; they have to empower and not just assist people.
- Develop new terminology that promotes acceptance, integration and cohesion in relation to adults in addiction recovery.

Treatment and Interventions

- Create a common and sustainable pan-European model of addiction treatment and interventions.
- Offer multiple treatment approaches in order to provide people with different options and choice.

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- Encourage regular and honest consultation with service users that may complement research-based evidence regarding what constitutes effective treatment.
- Implement cross-sectoral workforce training specifically for the improvement of addiction treatment services.
- Promote the involvement of service users in the design, delivery and evaluation of their treatment.
- Prioritise the research of narratives of people in recovery in order to shift the focus of research around recovery as opposed to addiction.
- Establish Participatory Action Research.
- Encourage the training of service workers based on current European research projects (i.e. Training related to the course designed by the RECOVEU project).

Opportunities for Learning

- Develop certified learning courses for adults in addiction recovery to continue education.
- Develop certified courses designed for professionals working with drug users that are based on an updated European system.
- Establish accredited 'Recovery Colleges' in all communities for both the training of professionals and training of service users.
- Encourage and sponsor those in recovery to train as Recovery Coaches to mentor and support other people in addiction recovery.
- Extend the responsibilities of Recovery Coaches to include facilitation and guidance regarding education.
- Implement the 'RECOVEU-Access to Learning Course' transnationally for those in recovery.

Exchange of best practices

- Establish an online platform for the exchange of knowledge and best practices regarding recovery across Europe

4.2. Policy Recommendations – Conference Panel discussion

The panel discussion took place on the second day of the Final RECOVEU conference and was led by Dr Jane Rowley (Staffordshire University, UK). The panel was made up of: Anne-Marie Ward (Faces and Voices of Recovery, UK), Claudia Varga (St. Dimitrie Program, Romania), Dr Dimitris Petrilllis (ATRAPOS Day Center for Drug Addicted Adolescents and Young Adults, Greece), Paul Lennon (The Aurora Project, UK) and Elena Zarouna (KENTHEA, Cyprus).

The session began with a presentation by Dr. Rowley which focused on the policy recommendations arising out of the RECOVEU project in four key areas relating to education and addiction recovery:

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social reintegration, treatment and interventions, opportunities for learning and the exchange of good practice.

Summary of discussion

In relation to social reintegration some tensions were identified by delegates in relation to notions of employability and 'love and acceptance' which did not mesh with policy espousal. It was also felt that in relation to national drugs strategies, engagement in social activities took second place to employability programmes in the field of operation, particularly in light of the financial restrictions resulting from the global economic crisis. This led some delegates to conclude that the value of money overshadowed human value.

The availability of social reintegration programmes was discussed. Delegates felt that society and the language used to describe vulnerable members of society who are seen as different, or who see themselves as different, needs to be challenged. This was seen as a societal issue. In order to achieve cohesion within society, we should work toward changing the language used which would have a major impact on integration and how we engage with vulnerable members of society. The issue of the identity of vulnerable groups was then raised together with the way in which society defines terminology related to this. It was felt that society, policy makers, service users and frontline staff all have different 'models' of who they want to reach. A delegate from Cyprus felt that the key issue was integration not assimilation and questioning the emphasis on difference. A second delegate felt that the response to social reintegration had been affected by funding cuts and that separate programmes no longer existed. Instead the emphasis was on encouraging clients to support themselves. Delegates felt that there was a high proportion of the population who were not seen as integrated. In this respect policy was a considerable way behind what was happening on the ground. In this context the issue was about reintegrating policy into practice.

The gap between policy and practice was emphasised by some delegates. One UK delegate questioned whether, knowing what we know about austerity and employment prospects, the recommendations represented 'blue sky thinking' and, as such, were too ambitious. The emphasis on employment as a route into re/integration was questioned by delegates. For example, a Greek delegate felt that this was not relevant given what was happening currently in Greece where there were no prospects for employment. Instead, he felt that we should be asking people if and how they would like to become more integrated. In Greece, the perception is that many people have lost touch with the meaning of integration and had little desire to come into contact with services. As such the emphasis should be on trying to help people to first find some sense of meaning. This was reiterated by a Romanian delegate who felt that general social reintegration programmes fail to address issues around addiction. However, social reintegration begins at any level of treatment and programmes are addressing this by helping service users find meaning. Society's approach to social reintegration does not accept addiction as a primary condition and, therefore, does not treat this. Programmes aimed at encouraging people in recovery have to do more than just label them; they have to empower and not just assist people.

The question of what sort of society we are attempting to reintegrate people into was also raised, particularly in relation to employment prospects for people in recovery and the issue of stigma. A Cypriot delegate felt that employers pick the 'best' candidates and someone with addiction issues would be perceived as a liability within this model. Given this, instead of attempting to integrate

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them into this competitive environment should we instead attempt to create cooperatives of recovering addicts who could render services which would reawaken old skills and help them to reintegrate. The Ban the Box scheme in the UK, which is an attempt at trying to reduce the stigma associated with addiction, was discussed. The role of FAVOR in lobbying for the removal of petty criminal offences from the records of people who have been in recovery for five years was also highlighted. The importance of helping people with their relationship with employers was also discussed as this was felt to be an important factor in supporting people to remain integrated. The issue of exploitation was also raised in that services are increasingly seen as places where people in recovery will work. This was problematic in that it was perceived as a 'cheap option' because there was an expectation that individuals would volunteer.

A number of issues were raised by delegates in relation to treatment and interventions. Firstly, the black and white nature of thinking in this area was identified as problematic e.g. harm reduction versus abstinence. In the UK, for example, it was felt that people are caught in these circulating debates where providers may be trying to protect their own interests and what they believe is the right approach. There is a need to see the 'bigger picture', however, and for services to offer service users a choice by providing different things rather than one approach. A more sustainable model of treatment would be to bring all the different options for treatment together and provide choice. All services were felt to have a place within this and completion was seen as positive. A link to reintegration was also evident in the way people can remain in treatment for years and as a result find it harder to reintegrate.

Secondly, the role of databases was questioned in that the information contained therein can be disconnected from the actual individual. As a result treatment may be allocated on the basis of the database regardless of what the service user wants. The uniqueness of individuals was emphasised; all people are different and do we ask people what they want or are we trying to provide perfect solutions which may not be what is wanted? Service users should have the option to choose and providers should offer quality services that work. While this would not suit everyone it would give them a chance. The need for evidence was also discussed, particularly in relation to listening to people's voices. Regular and honest consultation with service users could add – or possibly shatter – the evidence base. While there is a tension around making sure voices are heard, they can change minds and without this organisations will fail to evolve. A focus on research around recovery, as opposed to addiction, was called for, together with a theoretical framework which encompasses recovery as well as treatment. Participatory Action Research was felt to be particularly important in this respect.

Delegates also raised the issue of terminology. Language was seen as critical in that while addiction is not a choice, how we use language is. For example, by avoiding the use of terms such as 'drug abuse', 'drug abusers'. Such terminology was felt to have an implicit punitive bias which affects how the individual is perceived and creates stigma. Terms such as 'substance abuse' or 'substance use disorder' were felt to be much more positive. Advocacy language training was recommended as a way of changing culture through language. The use of the term 'high risk' was also questioned in relation to who was at risk; the drug user or the general population?

Finally, delegates highlighted a lack of accreditation and professionalization within drug services in that many drug workers are on minimum wage. Delegates felt this indicated a lack of respect for these workers.

5. Conclusions and future directions

RECOVEU so far has achieved Innovation, research, curriculum development, excellence in teaching and knowledge exchange between partners. The overarching RECOVEU aim was to create a pathway for people in recovery from drug and alcohol problems, to participate in an access to learning course by improving their knowledge and skills. This sizeable group numerically in Europe have not previously acquired this attention from any European social inclusion programme.

This project offered an opportunity for the beginning of developments towards a cohesive EU approach at an adult learning and social inclusion policy level. The evidence from the RECOVEU policy review of our five countries suggests that drug user's needs and options which they require for wellness and recovery languish within predominantly medical or moral treatment contexts. Politically uninformed reductionist judgments taken opportunistically in the context of austerity affect the way in which policy is enacted with consequences for drug users lives. Pursuing a narrow medical or criminalisation model has serious consequences for funding, the availability of particular services in all partner countries and the requirement to address holistically the needs of those in recovery. A reorientation of existing services would go a long way to creating genuine pathways to recovery and access to learning opportunities.

Recovery must become the organising principle at the heart of our drug policies. RECOVEU partner projects must now engage and brief policy makers in each of our countries through policy contact points. Specifically these are the national policy units for drugs, the education and public health sector. It also involves the European Monitoring Centre on Drugs.

RECOVEU identified the resources the individual needs to build up and develop their access to learning journey and has made a contribution to the developing theory of education in recovery. It is a new system of meaning. RECOVEU builds on the knowledge and contributes to a better understanding of the importance of education capital in the recovery journey. Access to learning is an incentive to recovery and a key sustainability factor, a consequence for progression, resulting in identity change.

The prevalence of stigma towards recovering drug users depicts people as untreatable, engendering fear and ignorance resulting in prejudice, avoidance and exclusion. This discrimination often comes from their own communities and sometimes services. Recovery is about challenging this bias, giving hope and building responsive resources within a recovery framework. Policymakers must confront this and move resources and society towards a more informed, compassionate and inclusive approach. RECOVEU is a new contribution to this end. It suggests the effectiveness of drug treatment and rehabilitation can be significantly improved by access to learning programmes.

RECOVEU is positioned as one of its type. It is important we influence legislators to endorse alternatives such as RECOVEU. The fundamental truism from RECOVEU is that recovering people know the issues and want to be the key part of the solution. RECOVEU endorses this. RECOVEU is the access to learning roadmap to the future.

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