



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

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## **Deliverable 3.4:**

# **Final Policy and Practice Review – Executive Summary**

**WP3: Establishing Context: Policy and Practice Review**



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# EXECUTIVE SUMMARY

## Introduction

The RECOVEU project brings together partners from the United Kingdom, Cyprus, Romania, Italy and Ireland with the aim of developing access to learning resources for people in recovery from addiction. This review draws on existing data and the experiential knowledge of the partners to develop a more nuanced understanding of the impact of drug policy and EU strategy in each of the partner countries, with a particular emphasis on how this influences practice in drug treatment.

## Policy and Practice in the Partner Countries

Policy concerns vary across the five partner countries. In Italy the key issue is the low perception of risk associated with cannabis use, particularly among the younger population. In Romania too, young people are of particular concern. Both Ireland and Romania have experienced an upward trend in poly drug use. In terms of prevalence both Italy and England experience similar levels of drug use within a comparable population. Cyprus is on the lower end of the scale with cannabis being the main drug used, followed by cocaine.

Specific agencies with responsibility for developing the National Action Plan exist within each of the partner countries but are located within different government ministries. The Romanian National Drug Agency (NAA) is coordinated by the Ministry of Interior and Administrative Reform because the criminality aspect of addiction takes precedence in terms of policy-making. In Italy the Department for Anti-drug Policies (DPA) is not located in a health ministry but works in synergy with the health service which is responsible for treatment and rehabilitation. In Cyprus, Ireland and the UK the agencies responsible for overall drug strategies are linked more directly at a policy level to health-related government departments.

Within each of the partner countries people with addiction related problems are referred to differently, a 'label' which reflects the dominant discourse around addiction. In Italy the dominant discourse is that drug addiction is a preventable, treatable and curable disease. In both Romania and Cyprus the dominant discourse includes notions of criminality. Although in Ireland the discourse remains dominated by the medical model, there is an emerging recovery discourse influenced by developments in America and the UK. In England the dominant discourse is a combination of criminality and public health. As in Ireland, a focused Harm Reduction approach to protect public health began in the late 1980s. However, in England perceptions of Harm Reduction approaches have become increasingly contentious and are being replaced by recovery focused strategies which more specifically promote abstinence.

## Definitions of Addiction, Treatment and Recovery

In all partner countries ascertaining clear definitions of Addiction, Treatment and Recovery is challenging.

**Addiction:** For all partners the discussion is blurred by moral paradigms which impact on approaches, interventions and perceptions around addiction. All appear to share similar characteristics around a dominant medical model whilst acknowledging psycho-social aspects of

addiction, albeit with differing levels of emphasis on the latter. However, it is clear that a moral overtone influences this debate, often to the detriment of the needs of the individuals involved.

In the UK addiction is predominately defined as either a chronic relapsing condition in the medical paradigm or as the compulsive habitual use of substances in the behavioural paradigm. There is a general consensus that a combination of both biological and behavioural elements contributes to addictive behaviour, a complexity recognised in all the partner countries. Ireland shares the UK view that addiction is a chronic relapsing condition characterised primarily by a medicalised response. In Cyprus addiction is considered as a dependence disorder. In Romania addiction is viewed as a psychiatric disorder treated predominately within medical institutions. The disease model of addiction (i.e. the need for total abstinence) was only introduced recently. In Italy the definition of addiction is shared in both legal and therapeutic contexts but there are difficulties in changing viewpoints and many people view the drug user as a criminal rather than someone who is ill.

**Treatment:** In the UK substitution treatment remains the main treatment for opiate users. Whilst prescribing, predominantly for heroin addiction, is dominant there are also Harm Reduction interventions and a growing recognition that mutual aid is a valuable source of support in recovery. The aim of treatment in Ireland is to enable people to access clinical services and to reduce the harms associated with drug use to individuals, their families, the community and society. It includes methadone provision and the option of detoxification, stabilisation and rehabilitation. In Italy treatment is intended to be accessible, equitable and personalised, aimed in the short term at stabilising the problem and, in the longer term, at rehabilitation and restoration of a healthy and autonomous life. The dominant treatment methods in Cyprus are psychosocial interventions. There is a lack of specialised treatment services for drugs other than heroin. In Romania the national strategy focuses on Harm Reduction programmes and primary medical treatment services for drug users. There is a lack of knowledge at a practical level about intervention and treatment other than medical treatment of withdrawal.

**Recovery:** There is no clear consensus on the definition of addiction recovery in the UK and there is tension between those who regard total abstinence from all substances and compulsive behaviours as recovery and those who suggest that recovery is a self-defining state with the potential for medication or controlled use. The most dominant discourse is that recovery is total abstinence. A similar definition exists in Ireland where recovery is defined as a return to a normal state of health and wellbeing through the development of personal and social assets that people need to initiate and sustain their recovery. There is an emerging discourse which draws on a conceptual model of recovery capital. In Cyprus, as in Romania, there is a lack of consensus and exploration around recovery. The Cyprus Anti-drug Council (CAC) defines recovery as an open-ended process within which the individual may relapse even after successful treatment. In Italy the term rehabilitation is an outcome of therapeutic programmes which deal with the development of social skills to support full social reintegration which may be viewed as recovery.

## Policy and Strategic Response

In all the partner countries overall strategy seeks to support the development of an integrated, collaborative approach. The focus within each country varies, however, depending on the dominant discourse around addiction. The focus in Italy is on early outreach, personalised and integrated treatment programmes and social reintegration. In Romania the National Drugs Strategy attempts to achieve a balance between reducing supply and demand, and the provision of Harm Reduction services and social reintegration. Because of the strong focus on reducing trafficking and illicit drug

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use there is less emphasis on psycho-social recovery and developing an integrated system of care. As in Italy and Cyprus the Romanian strategy seeks to add value through supporting inter-institutional cooperation and the development of an integrated approach but this is proving to be problematic in some areas. The National Drug Strategy in the UK aims to reduce illicit and harmful drug use and to increase the number of people recovering from dependence. 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. 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.

Italy's strategy is enacted through Regional Action Plans but is fragmented and patchy because each region operationalises the plan at a different level. Drug treatment and rehabilitation is carried out by the Regional Health Service and by various other providers. The fragmented nature of the national strategy is further exacerbated by the tendency of these disparate delivery services to have different types of interventions. In Romania the NAA has Drug Evaluation and Counselling Centres tasked with developing local strategy. Although all these centres are functioning they have not as yet implemented any treatment for rehabilitation. In Cyprus, CAC is responsible for the overall coordination and implementation of the strategy. Not all Ministries have actively engaged with this, however. The Irish Health Service Executive uses Service Level Agreements to mandate and monitor service activity. Local and regional drug task forces are involved in implementing the drug strategy on the ground. Key stakeholders are the statutory, voluntary and community sectors. In England, the city-based Safer Cities Partnerships articulate a plan for drug services in their area. Recently the focus has been on recovery oriented services and the formation of Health and Wellbeing Boards to support the development of a holistic and integrated approach in each area. In practice this means that there is no one clear approach and whilst this can provide locally responsive services, it can also drive a lack of consistency in provision.

## Approaches to Social Reintegration

Within the UK the role of Mutual Aid in developing social reintegration is being given increasing prominence both in the literature and policy enactment. Evidence is also emerging around Self-Management and Addiction Recovery Training (SMART) recovery groups which offer Cognitive Behavioural Therapy and therapeutic life skills advice to members. Theoretical concepts around recovery capital are becoming part of the dominant discourse and are key to understanding the UK approach to social reintegration.

Ireland does not have an official definition for social reintegration and there is little emphasis on this within the current Harm Reduction framework. It is also evident at a practitioner level due to the medical hegemony which has directed this policy. While provision of detoxification and rehabilitation programmes may aid social integration, they are not consciously designed to fulfil this aim; organisationally and culturally they have been stand-alone. In contrast, most addiction treatment services in Cyprus position social reintegration as one of their main objectives and government initiatives offer support for reintegration for members of vulnerable groups and more targeted support for former drug users and drug users in treatment.

Within Italy reintegration is strongly oriented to social and employment autonomy. However, while the majority of regions may have targeted strategies for social and work reintegration and housing programmes, evidence suggests that the extent to which they comply with goals relating to social rehabilitation and reintegration may be much lower compared to the other goals. In Romania the

term social reintegration is used in relation to people with a disability and offenders. The term used for other vulnerable groups is social inclusion which refers to a multidimensional set of actions and measures aimed at reducing social exclusion. Drug users are not considered to be a vulnerable group in their own right, and are therefore only classed as such if they fall into a group defined as vulnerable

## **Current Opportunities for Adults in Recovery to Engage with Employability Programmes**

There are few specific opportunities for adults in recovery to engage with employability programmes in the five partner countries. The UK 'Work Programme' is a payment by results scheme which is targeted at those most likely to be long term unemployed and there are programmes within the criminal justice system which may include work around addiction recovery but which are not specific addiction recovery programmes. In Ireland there are soft skills programmes for drug users called Special Community Employment Schemes (CE). A Drug Courts programme also exists in Dublin for drug users facing criminal charges, who may opt for this instead of the mainstream criminal justice system. The Drug Courts may impose conditions on recovering addicts to follow a plan which includes a commitment to undertake work or courses. Local Employment Centres working with people living in disadvantaged areas, many of whom come from a drugs background, can also refer clients to schemes or placements but there is a lack of data relating specifically to drug users. A lack of specific data is also evident in relation to Romania where there were some EU-funded programmes during 2010-13 for vulnerable adult clients to access vocational training. Through collaboration with local drug treatment programmes, clients in recovery from drug addiction were included in these. Drug users in Italy are included in the category of 'disadvantaged persons' and are eligible for programmes targeted at such people even if they are not specifically identified as disadvantaged. While opportunities are provided by law for professional training to support social reintegration, differences in how regions operationalise the law means that these opportunities are not universally available. Similarly, Cyprus has no exclusive programmes designed for current and former drug users; there are only general adult learning programmes within which vulnerable groups such as former and current drug users are offered priority.

## **Current Opportunities for Adults in Recovery to Engage with Informal and Formal Learning**

In the UK there are numerous formal qualifications on offer for people who wish to work in the drugs field but few diverse learning opportunities that would enable people in recovery to enter a career of their choice. Participants in treatment and in receipt of welfare benefits may be entitled to attend Basic Skills courses but would generally be expected to attend 'job clubs' in order to gain employment related skills. Opportunities in Ireland are primarily via the Special CE scheme which, while ostensibly a labour market intervention, runs a lot of educational outputs and constitutes the vast majority of projects offering adult education. Soilse is a drug rehabilitation programme which uses an adult learning approach to build clients' capital and address their addiction. There are also options for introductory counselling and drug awareness courses which attract recovering drug users while Education and Training Boards offer some formal learning courses.

In Romania, Babes-Bolyai University's Social Work and Psychology Faculties have both developed curricula on addiction which are available for anyone with a high school degree, including people in recovery. In Cyprus formal learning opportunities include fully-funded university scholarships

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provided by CAC to people in recovery and current drug users, and sponsorship for secondary education. Despite recognition in Italy that drug users tend to have low levels of education, relatively few employment and job training programmes have been developed specifically for current and former drug users. More generally, adult learning is available for individuals who were unable to complete compulsory schooling or who need to develop their skills.

The situation regarding informal learning opportunities is somewhat different. Informal learning opportunities are available in most treatment settings in the UK while in Ireland learning occurs informally in fellowships and via support groups or information sessions. Access to self-directed learning is also available through various 'e' applications, e.g. personal development and risk assessment. Informal learning opportunities are available in Cyprus as part of the therapeutic programmes. Informal learning is not widely available in Italy or Romania.

## **Current Opportunities for Adults in Recovery to Engage in Access to Learning Programmes**

Currently there are no Access to Learning programmes designed specifically for people in recovery or which take into account any specific issues or barriers that they face.

## **Conclusion**

The aim of this review has been to identify cultural similarities and differences between the partner countries not just in terms of policy espousal but also in enactment. Although all the partner countries are guided by EU policies and strategy on drugs and addiction there are clear differences in what has been implemented and the focus for this within the individual partner countries. One of the challenges identified in the review is working within a medical definition of recovery and a resultant lack of recognition of the way in which non-medicalised and non-addiction specific interventions can contribute to treatment and to the development of social capital and social reintegration. This situation differs for all the partners who are each at different stages in the extent to which the recovery discourse is recognised at a policy level.

All the partner countries are affected by the lack of consensus on addiction treatment and recovery. The evidence from this review suggests that drug users can often be the target of moralistic judgments within predominantly medical treatment contexts, judgments that can affect the way in which policy is enacted, the direction of funding and the availability of services in all partner countries. We would argue that a continued focus on what addiction recovery means is necessary as it is only through reaching this consensus that service providers can move forward with providing the wide range of interventions needed to support sustained recovery from the difficulties caused by addiction and which will include both medical and psycho-social support. It is our conclusion that access to higher education can provide opportunities for people to both re-evaluate and re-establish their lives after addiction. It is against this backdrop that RECOVEU access to learning resources that enable people to develop and work towards their own learning goals in recovery will be developed.

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Institute for Education Policy Research  
Staffordshire University (UK)

Jane Rowley, Kim Slack and Amanda Hughes



Centre for the Advancement of Research and  
Development in Educational Technology (Cyprus)

Eliza Patouris, Maria Solomou and Sotiris  
Themistokleous



St Dimitrie Program (Romania)

Claudia Varga, Nicoleta Amariei, Ion Copoeru  
and Mihaela Stanceanu



Soilse, Drug Rehabilitation Programme (Ireland)

Gerry McAlleenan and Sonya Dillon



Social Cooperative 'San Saturnino Onlus' (Italy)

Marilena Nocente, Federica Catalfio and  
Gabriella Fabrizi