

# Recovery

# Oriented

# Practice

## Position Statement

This Position Statement provides evidence-based recommendations regarding the role of 'Recovery' in future policy and service development in the Australian alcohol and other drug (AOD) sector.

### Introduction

The term Recovery describes a broad approach to promoting improved quality of life for people who have experienced alcohol and other drug (AOD) dependence, mental illness or related conditions. In the Australian mental health field, the adoption of Recovery-oriented practice has seen a shift in service delivery away from a predominantly biomedical focus towards a holistic approach that prioritises individual wellbeing (Davidson 2008, in DoH, 2011). Historically AOD Recovery has invoked an approach that, based on the 'disease model' of dependence, requires abstinence from AOD use and is linked to the 12-step and related mutual-aid movements. In recent years the emergence of 'New Recovery' has helped promote a more inclusive model, emphasising individuals' right to define their own recovery journeys.

In the US and UK, recovery advocates have succeeded in having Recovery principles established as the overarching framework for AOD policy and service planning. Recovery advocacy has also gained recent attention in Australia, with Recovery-based language appearing in key Victorian Government AOD [policy documents](#) within the context of current reforms to the AOD treatment sector.

Recovery is a concept that has a clear meaning for many people participating in AOD treatment and/or seeking sustainable changes to their (or a loved one's) AOD use. However, the concept is by no means universally relevant to all people who use alcohol or other drugs (Dahl, 2014). Typically, only a small minority within this much larger group would identify as having a problem that they need to 'recover' from.

Recovery has an important role to play in supporting the development of sustainable, evidence-based responses to AOD dependence. It should not be seen as an alternative to, but a potentially effective addition to the range of responses contained within Australia's established AOD policy and practice frameworks based on harm minimisation.

It is encouraging to note that the Victorian AOD reforms have, to date, taken a measured approach to incorporating Recovery oriented practice within the state's Harm Minimisation treatment and policy frameworks. While the impacts of the current changes are yet to be measured, the Victorian Government's approach to sector reform appears to provide a good example for other jurisdictions to follow.

### ReGen believes that:

- Preventing injury, illness or overdose fatalities creates the opportunity for long-term change. Harm Reduction is an essential part of the broad spectrum of policy and service options to minimise AOD-related harms experienced by individuals, their families and the wider community.
- The inclusion of Recovery principles within a Harm Minimisation framework creates opportunities to challenge the stigmatisation of people affected by AOD use and develop more holistic service and community-level responses to their needs.
- Australian AOD service systems must continue to cater to the needs and personal goals of all people affected by AOD use, providing targeted, evidence-based interventions that are appropriate for the level of harm being experienced and respectful of people's choice.

### Rationale

The great strength of Australia's [Harm Minimisation policy framework](#) is that it incorporates a range of complementary approaches within the areas of Supply Reduction, Demand Reduction and Harm Reduction. No single approach provides a panacea. The great diversity of people experiencing (or at risk of) AOD-related harms in Australia (and the nature of the harms they experience) necessitates a multi-faceted approach. Such an approach needs to enable appropriate interventions that support informed decision-making, promote behavioural change and ultimately reduce the negative impacts of AOD use on individuals, families and the broader community.

Recovery-oriented practice has much to offer in supporting people to overcome AOD dependence and promoting more holistic service responses. However, its approach is unlikely to appeal to the significant population of Australians who use AOD (including some of those who are dependent), for whom the perceived benefits of their use outweigh the harms. For this group, which constitutes the great majority of all people who use AOD in Australia, Harm Reduction approaches have been proven (DoHA, 2002; Ritter & Cameron, 2005; NCHECR, 2009; Wodak & Maher, 2010) to provide the most appropriate and effective response

Given the impacts of Recovery-centred policy on the accessibility of UK treatment services and their capacity to provide needs-based interventions (IMGD, 2012; NDEC, 2014), the recent emergence of Recovery-centred language within Australian AOD policy systems was a cause for concern within the local AOD sector (Anex, 2012). With several state-based treatment systems undergoing reform, uncertainty about the extent to which Recovery principles would influence future AOD policy and service systems prompted sector stakeholders to provide a cautious response to a perceived threat to Australia's Harm Minimisation framework, including ReGen's original Recovery-oriented practice position statement in 2012.

While the impacts of these developments in other states is not considered here, ReGen's experience of Recovery's inclusion within the Victorian reform process has been positive. To date, the reforms have effectively incorporated important elements of Recovery-oriented practice within a broad systemic response to AOD-related harms. The emphasis on increasing Consumer Participation in service planning and delivery, and the establishment of the Care & Recovery Co-ordination service model to support improved integration of treatment services and Recovery supports for people with complex needs are good examples of how Recovery-oriented practice can complement existing policy and service frameworks. While the Victorian reforms are only in their early stages, they provide a useful model for other Australian AOD sectors to consider.

The current reforms are encouraging, but there is still much that can be done to increase the capacity of policy and service systems to support improved outcomes for people in recovery.

### **ReGen recommends that:**

- Australian providers of AOD treatment and support services develop appropriate programs, service and community linkages to improve the sustainability of service outcomes for people in recovery.
- Australian State and Federal Governments:
  - Reaffirm their commitment to the continued funding of current Harm Reduction and Treatment services within State-based and Federal AOD health systems.
  - Integrate Recovery-oriented practice within established Harm Minimisation frameworks to expand the range of service options for all people affected by AOD use and increase the availability of sustainable supports for people in recovery, including housing, education and employment.
  - Recognise the need for a holistic approach to minimising AOD-related harm that identifies AOD use as one of many factors that affect wellbeing.

### **ReGen resolves to:**

- Continue to provide treatment and advocacy services that respect individual choice, reduce harm and increase people's internal and environmental 'Recovery Capital' by building individuals' self-management skills, strengthening family relationships and community linkages and reduce the stigma experienced by people with a history of AOD use.
- Continue to strengthen its systems for promoting and supporting participation by people who use the agency's services in a wide range of therapeutic, advocacy and organisational activities.
- Continue to develop community and service linkages that provide stronger and more responsive networks of support for people once they complete AOD treatment.
- Continue to contribute to ongoing discussion of the role of Recovery-oriented approaches in Australian AOD policy and treatment systems.
- Communicate clearly to clients, staff and other stakeholders our approach to supporting people's individual efforts to reduce AOD related harms and achieve improved quality of life.

## Further Reading

Accompanying Supporting Evidence on Recovery-Oriented Practice is available at [www.regen.org.au](http://www.regen.org.au)

## References

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## Disclaimer

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## Authorised by the Board of ReGen

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## About ReGen

Our purpose is to promote health and reduce alcohol and other drug related harm.

ReGen is the lead Alcohol and Other Drugs (AOD) treatment and education agency of UnitingCare Victoria and Tasmania. ReGen is a not-for-profit agency, which has over 40 years experience delivering a comprehensive range of AOD treatment and education services to the community.

These services include Counselling and Support, Assessment and Intake, Community Outpatient, Home-based and Residential Withdrawal for adults and youth, Supported Accommodation, Drug Diversion programs, Youth and Family Services, an Intensive Playgroup, Alcohol Community Rehabilitation Program and AOD services at Port Phillip Prison. ReGen also delivers Education and Training programs nationally.

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