



ANCD

AUSTRALIAN NATIONAL COUNCIL ON DRUGS

1st RECOVERY ROUNDTABLE REPORT

12 JUNE 2012

CANBERRA

The Australian National Council on Drugs (ANCD) convened its 1st Recovery Roundtable (conducted under the Chatham House Rule) with the objective of bringing together a number of stakeholders in the alcohol and other drug sector to discuss the concept of recovery.

The aim of the Roundtable was to explore and understand the concept of recovery within the alcohol and other drug field – it was not intended to achieve an agreed position or resolution at the first meeting.

The Roundtable began with short presentations from a number of participants to promote discussion on the history, definition, purpose, international experiences, goals, advantages, and disadvantages that are potentially associated with the use of the term recovery in alcohol and other drug policy, programmes and practices.

The views of participants were diverse and discussion was robust and informative.

A key area of contention arose regarding the definition for recovery. Views ranged from existential to empirically-based opinions and information, including opposition to the use of the term at all and questioning its legitimacy if it could not be defined.

Nonetheless, there was consensus on many important points at the Roundtable, which included:

- a. That Australia's National Drug Strategy has been, and needs to continue to be, based on the principle of harm minimisation, which has provided common ground in Australia for almost three decades and which comprises supply, demand and harm reduction;
- b. That the National Drug Strategy, which was developed after extensive consultation and input from the AOD sector, and which has been agreed to by all governments already, has as an objective to support people to recover from alcohol and drug dependence and assist their reconnection with the community;
- c. That recovery does not mean that abstinence must be the goal for all people with alcohol and other drug problems;
- d. That recovery is supportive of harm reduction policies and programs;
- e. That recovery supports a range of evidence-based interventions including pharmacotherapy treatment and maintenance programs for people with alcohol and drug problems;
- f. That people seeking to either be abstinent, choosing to continue or unable to stop using drugs and alcohol all deserve effective assistance and support without facing unnecessary risks of harm to

themselves or others;

- g. That recovery, regardless of definition, should not be the sole basis for a national drug strategy, particularly as it would tragically undermine the gains available from both harm and demand reduction;
- h. That the drug and alcohol sector remains grossly under-funded and as a result the expectations of the community in reducing harm and treating drug and alcohol use cannot be achieved;
- i. That any requirement for every service to provide resource-intensive holistic (e.g., pharmacotherapy, psychosocial, physical, criminal justice, housing, etc.), support will inevitably result in treatment being available to fewer people and lead to an increase in the number of people receiving no help;
- j. That there is a critical need for more broad-spectrum post-treatment services to help drug and alcohol dependent people avoid relapse;
- k. That continuity of care is critical, as treatment and recovery can take many forms and pathways over long periods of time;
- l. That families and friends are very important in treatment and peer-support models are very effective, but are under-utilised and under-supported;
- m. That whilst the term recovery is used in other sectors, the term, as used in the alcohol and other drug sector, needs to be recognised as being quite distinct, particularly from mental health;
- n. That there is a critical need to eradicate stigma and discrimination so that more people can talk openly about their drug and alcohol use, treatment and recovery, without adverse outcomes;
- o. That any Australian drug and alcohol recovery model needs to be considered in the context of the National Drug Strategy and reflect Australian cultures and views, as well as avoid its language being politicised;
- p. That the alcohol and other drug sector has a duty of care and leadership responsibilities to the community to ensure that political processes do not confuse or misuse the concept of recovery to cause further harm for our most disadvantaged people;
- q. That Australia has an accumulated depth and breadth of expertise and experience in reducing harm and providing treatment and this needs to be better communicated to policy makers and the community;
- r. That there is a need for investment in knowledge translation as well as in more research.

Other issues

1. An issue of considerable concern is the danger posed by a 'payments for results' policy that has been introduced by the British Government in the wake of its focus on an abstinence-only based understanding of recovery. This is a critical issue, which will have serious adverse outcomes if it is introduced in Australia. In essence it means that drug and alcohol treatment services will only receive funding on what are deemed to be successful outcomes. This approach can, and would be highly likely to, distort services to achieve whatever 'results' are needed to maintain funding within a bureaucratic system rather than being focussed on clients' needs. The participants were clear that recovery does not explicitly or implicitly support a 'payments for results' policy.
2. The value of employment and meaningful roles in the community was deemed to be critical for people to sustain gains made with treatment and requires meaningful change to be implemented in the employment services system for people with a history of drug and alcohol use.

Summary

Unintended adverse outcomes from the inappropriate use of the term recovery are a real risk in Australia's political arena.

Participants expressed considerable concern about the need to manage the political risks to ensure the drug and alcohol sector is able to best address the needs of people with alcohol and drug problems and their families.

Participants agreed that people want harm to self and the community to be minimised (including reducing or eliminating use) but that this requires a range of programs, and effective treatment options and interventions to be readily available.

Participants agreed that a 2nd Roundtable should be convened and that a broader range of stakeholders be invited to take part in the discussion and to share their perspectives.

Roundtable Attendees

Chair: Prof Margaret Hamilton – Australian National Council on Drugs

Attendees: Prof Steve Allsop – Australian National Council on Drugs
Assoc Prof David Best – Recovery Academy of Australia
Ms Denise Gilchrist – Australian National Council on Drugs
Miss Michele Hawkins – Australian National Council on Drugs
Ms Carolyn Lee-Smith – Family Alcohol and Drug Network
Ms Annie Madden – AIVL: Australian Injecting and Illicit Drug User League
Assoc Prof Lynne Magor-Blatch – Australasian Therapeutic Communities Association
Narcotics Anonymous – Australian Regional Public Information Representatives (2)
Mr Brad Pearce – Victorian Alcohol & Drug Association
Mr Garth Popple – Australian National Council on Drugs
Mr John Ryan – Anex
Mr David Templeman – Alcohol & Other Drugs Council of Australia
Mr Tony Trimmingham – Family Drug Support
Mr Gino Vumbaca – Australian National Council on Drugs
Emeritus Prof Ian W Webster AO – Alcohol & Other Drugs Council of Australia
Ms Nicole Wiggins – Canberra Alliance for Harm Minimisation and Advocacy