Published in Cambridge Handbook of Forensic Psychology eds Brown, J., Campbell, E. 2010 Cambridge University Press

Rediscovering Recovery

Neil McKeganey
Professor of Drug Misuse Research
Centre for Drug Misuse Research
University of Glasgow

2010

Introduction

In 2007 the world of substance abuse services in the U.K. experienced something of a bombshell when the BBC Home Affairs editor Mark Easton reported the finding that only 3% of drug users were leaving treatment drug free (BBC 2007). Given that the UK government is estimated to spend something in the region of £500 million a year on treatment and rehabilitation services for those with a substance misuse problem it is not difficult to see why the reported "success" rate of only 3% drug free should have been received with such evident discomfort (Hayes, 2007). In the wake of the Easton report there has been considerable soul searching on the part of those providing and funding substance misuse services in the U.K. with fundamental questions being asked about the nature of recovery and rehabilitation and about the contribution of substance abuse services: What are substance abuse treatment and rehabilitation services aiming to do by way of treatment and rehabilitation? Should such services be aiming to enable their clients to become drug free? Is abstinence a precondition of effective recovery and rehabilitation? How effective are substance misuse services with respect to such other aims as reducing drug user's risk behaviour, reducing drug user's mental health problems, improving their education, facilitating their employment and improving their housing conditions? In this chapter I would like to discuss some of the complexities bearing upon these fundamental questions.

Defining Recovery and Rehabilitation

Recently the United Kingdom Drug Policy Commission has attempted to produce a consensus statement as to the meaning of recovery within the drug dependency field. In

particular the commission has characterised recovery as a process whereby the individual exercises:

> …voluntarily-sustained control over substance use which maximises health and wellbeing and participation in the rights, roles and responsibilities of society. (UKDPC 2008)

This characterisation is interesting in a number of respects. First, the simple fact that the commission has sought to produce a consensus definition is indicative of the divergence of views within the substance abuse field as to what recovery and rehabilitation actually means. Second, the characterisation is interesting in suggesting that recovery in the case of individuals with a drug or alcohol problem is not dependent on those individuals becoming drug free so much as being able to exercise control over their possibly continuing substance use. Finally, the characterisation is interesting in the importance which is given to the individual being able to take on the rights, roles and responsibilities associated with full participating within society. Within the UKDPC definition recovery and rehabilitation are seen as part and parcel of the same process. An individual who is seen as having been able to overcome his or her drug use but who remains unable to fully participate within society is still seen as in need of further help, whilst an individual who is continuing to use substances in a controlled way but who is able to participate fully in the rights roles and responsibilities of society is seen as not in need of further help.

This characterisation of recovery, although framed as a consensus statement, has in fact become the site of considerable heated debate within the drug and alcohol field. It has

been suggested, for example, that in drawing a parallel between those who are able to become drug free and those who are able to control their continuing drug use the UKDPC vision of recovery effectively excludes those organisation such as Alcoholics Anonymous or Narcotics Anonymous that characterise recovery first and foremost in terms of the individual abstaining from drug and alcohol use (Boyd, 2008).

If the definition of recovery is problematic within the substance misuse field so to is the notion of rehabilitation. Wrapped up in the notion of rehabilitation is the idea of returning the individual to his or her pre drug/alcohol problem state. In the case of the individual who has developed an alcohol problem in mid life, and who has experienced various aspects of personal and social breakdown e.g. loss of family loss of employment as a result of his or her level of alcohol consumption, rehabilitation may be taken to mean enabling the individual to rebuild his or her life whilst remaining alcohol free or whilst continuing to drink in a controlled way. In the case of those with a substance misuse problem, who are often younger than those who have developed an alcohol problem, the individual may never have had a job or a home prior to developing his or her drug problem. In this sense rehabilitation of the person addicted to illegal drugs may mean not so much re-acquiring the rights and responsibilities associated with societal membership so much as gaining a job or a home for the first time.

The contribution of Research

Research within the drug and alcohol field has demonstrated that with the right services in place that it is possible to address individual's substance abuse needs. For example, in

the Drug Outcome Research in Scotland study drug users who had received residential rehabilitation services were significantly more likely than their community treated peers to have experienced an extended period of being drug free. In this study approaching 30% of drug users receiving residential rehabilitation treatment had a 90-day drug free period prior to being interviewed compared to only 3% of those drug users who had received substitute prescribing services within the community (McKeganey et al,2006).

Whilst the abstinence rate on the part of those receiving residential rehabilitation in he Drug Outcome Research in Scotland study may seem striking in the light of Easton's report of a 3% success rate on the part of those leaving drug abuse treatment, in fact only a tiny proportion of drug users receive residential rehabilitation within the U.K. In Scotland, for example, it has been estimated that there may be around 300 residential rehabilitation places. This figure compares with the estimate of some 22,000 drug users in Scotland receiving methadone prescriptions as their principal drug dependency treatment (Scottish Government, 2007).

With regard to the treatment of individuals with an alcohol problem the UK Alcohol Treatment Trial (UKATT) has identified the effectiveness of both social behaviour/ network therapy and movitational enhancement in reducing individual's drinking (UKATT 2005). Research within the alcohol field has also shown that even relatively brief interventions can have a positive impact on reducing levels of alcohol consumption on the part of those who have developed an alcohol problem (Heather, 2002).

One of the key questions in relation to research showing that services can facilitate a reduction in individual's drug and alcohol use is the degree to which such improvements can be seen to lead to positive improvements in the individuals social circumstances i.e. their broader rehabilitation. In the Scottish research McKeganey and colleagues were able to show that those drug users who had experienced a 90 day period of being totally drug free (apart from alcohol and tobacco) were significantly more likely than their non abstinent peers to have taken an educational course during the period of their treatment, to rate their health as better, to be less likely to have attempted suicide or self harmed or to have committed any crime or to have been arrested. Individuals who had managed to abstain from further drug use were also less likely to have been homeless in the period since their preceding interview (McKeganey et al 2006). These were all positive benefits associated with being drug free, however the Scottish research confirmed the Easton report in finding that the vast majority of drug users leave treatment with a continuing drug problem.

Where research has looked in greater detail at the constituents of longer term recovery and rehabilitation it has been shown to be important for the individual to develop a new non addict identity. In qualitative research with long term recovered heroin addicts McIntosh and McKeganey were able to show that the process of developing a new non addict identity could involve such elements as moving to a new area where the individual was not known as a drug user, building up a new social circle that did not include ones previous drug using acquaintances, getting involved in work or educational activities that both absorbed the individual's time as well as enabled the individual to develop a sense

of accomplishment in activities that were not in any way connected to their previous drug use.

Whilst there is no doubt that services can enable individuals to reduce their drug and alcohol use, and in that sense facilitate their longer term rehabilitation, it is evident that where substance abuse problems have penetrated the family that it is extraordinarily difficult for services to develop and sustain a broader rehabilitative function. This is nowhere more evident than in the attempt to strengthen the parenting capacity of those with a drug and alcohol problem. Whilst this is an area which has received substantial attention and funding within the U.K. the global evidence suggests that even relatively intensive services are only able to have a modest impact on improving family dynamics where these have been adversely affected by parental drug and alcohol use. For example Catalano and colleagues evaluated an intensive home visiting and home support project in the Unites States targeted on drug using parents. In this study parents received 53 hours of parent training in small groups including 5 hour family retreat, 32 90 minute meetings twice weekly (Catalano, et al: 1999). Children were involved in 12 sessions and case managers supported the families over a 9 month period with one home visit and 2 telephone calls per week. Despite the intensity of this programme however, whilst it was evident that individuals were able to reduce their drug consumption, and develop stronger household routines, there was very little evidence that such changes had a beneficial impact on the children. Indeed there was some indication that where the children were older at the time the intervention began the more likely it was that the children themselves would resent the imposition of household routines by parents who they saw as

having previously adopted a lasaiez faire attitude to household routines. On the basis of this study one would have to say that rehabilitating family relationships that have been damaged by long term drug and alcohol use is by no means a straightforward as facilitating a reduction in parental substance abuse.

The Balance of Responsibility for Successful Treatment and Rehabilitation Between the Service Provider and the Client.

In formulating a view of the aims and successes of substance misuse treatment and rehabilitation services the question of the balance of responsibilities between the service provider and the client with regard to the client's progress is very often an unexplored area. It is perhaps as much for this reason as any other that the reports of the 3% success or abstinence rate on the part of drug abusers leaving treatment has most often been cast as indicative of a failure on the part of services and broader substance misuse policy. In reality of course any success or failure rate however defined in this area as in others is likely to be a composite of what any services have been able to do and what the individual has been able to do.

Rehabilitation without Recovery

There is a moral dimension to the debate as to what substance misuse services can achieve that is often barely acknowledged by the field to date but which is crucial to the

issue of recovery and rehabilitation. Perhaps the clearest example of this can be seen in the suggestion that substance misuse services ought to make wider use of heroin prescribing as a way of meeting individual's needs (Stimson and Metrebian, 2001). Within the scientific literature there is a growing evidence base that there are numerous positive benefits both for the individual and for society in the wider use of heroin prescribing (Reham and Fischer, 2008). Research has shown that those drug users prescribed heroin have reduced risk behaviour, increased social inclusion, lower levels of criminality increased likelihood of remaining in contact with services. However for the most part policy discussions surrounding heroin prescribing have tended only to make the case that such prescribing may be suitable for the small minority (under5%) of drug users who fail to respond to any of the other treatments available. One could equally ask though whether heroin prescribing could or should be extended to a much wider range of drug users as a way of extending the reported benefits associated with such an intervention? The question here though is more ethical than evidential in that treatment is generally not thought of as a process through which the individual is being provided with the substance upon which they have become dependent However, in a situation where treatment services appear able to achieve only modest success with regard to enabling individuals to become drug free there may be an increasing call for services to take on the provision of those substances upon which the individual has become dependent as a way of facilitating the goal of longer term rehabilitation.

Conclusion

This chapter has sought to outline some of the complex issues underpinning rehabilitation and recovery as these terms apply within the substance misuse domain. At the present time there is considerable debate within the drugs and alcohol field as to whether services should aim to facilitate individual's abstinence, whether abstinence is the single most important goal for services or indeed whether services should be aiming instead to facilitate individuals rehabilitation and recovery even in the face of their continuing drug and alcohol use.

References

Ashton, M. (2008) The New Abstentionists Drug and Alcohol Findings

BBC 2007 Drug services make slow progress. Today Programme. Tuesday 30 October

Boyd D (2008) UKDPC Non Consensus on Recovery Addiction Today June 6

Catalano, R., Gainey R., Flemming, C., Haggerty, K., Johnson, N (1999) An Experimental intervention with families of substance abusers-One year follow up on the focus on familielies project. Addiction 94 241-254

Hayes, P. (2007) Drug treatment in England and the BBC National Treatment Agency

Heather, N. Effectiveness of brief interventions proved beyond reasonable doubt. Addiction 2002; 97: 293-4

McIntosh, J., McKeganey, N (2001) Beating the Dragon: The Recovery from Dependent Drug Use Prentice Hall

McKeganey N 2008 Consensus What Consensus Drink and Drug News Magazine 16/6/08

McKeganey N., Bloor, M., Robertson, M., neale, J., MacDougall, J (2006) Abstinence and drug abuse treatment: results from the Drug Outcome Research in Scotland study." Drugs: Education, Prevention & Policy: 2006, 13(6), p. 537–550.

N Freemantle, P Gill, C Godfrey, A Long, C Richards, T A Sheldon, F Song, J Webb Brief interventions and alcohol use Quality in Health Care 1993;2:267-273

Rehm, J., Fischer, B. (2008) Should heroin be prescribed to heroin misusers? Yes British Medical Journal:336:70 (12 January), doi:10.1136/bmj.39421.593692.94

Scottish Government (2007) Reducing harm and promoting recovery: a report on methadone treatment for substance misuse in Scotland: SACDM Methadone Project Group

Simson, G. Metrebian, N. (2001) Prescribing heroin What is the evidence? Joseph Rowntree Foundation

UKATT (2005) Effectiveness of Treatment for Alcohol Problems: Findings of the randomised UK Alcohol Treatment Trial. British Medical Journal 331:541 doi 10.1136. 331.7516.541

United Kingdom Drug Policy Commission (2008) Consensus on Recovery Developing a Vision of Recovery- A Work in Progress