



SECTION 1: WHAT DO WE KNOW ABOUT RECOVERY?





ACUTE CARE MODEL



CHRONIC CARE MODEL





Definitions



"... a voluntarily maintained lifestyle characterized by <u>sobriety</u>, <u>personal</u> <u>health</u> and <u>citizenship</u>".

(Betty Ford Institute Consensus Panel, 2007)

"The process of recovery from problematic substance use is characterized by voluntarily-sustained <u>control</u> <u>over substance use</u> which maximizes <u>health and</u> <u>wellbeing</u> and participation in the rights, roles and responsibilities of <u>society</u>."

(Drug Policy Commission Recovery Consensus Group, UK, 2008)

"... the <u>experience</u> (a process and sustained status) through which <u>individuals</u>, <u>families</u>, <u>and communities</u> impacted by severe alcohol and other drug (AOD) problems utilize internal and external <u>resources</u> to voluntarily resolve these problems, heal the wounds inflicted by AOD-related problems, actively manage their continued vulnerability to such problems, and develop a <u>healthy</u>, <u>productive</u>, and meaningful life."



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Recovery enablers - Humphreys and Lembke (2013)

Three key areas of clear evidence-based models for recovery:

- RECOVERY HOUSING
- MUTUAL AID
- PEER DELIVERED INTERVENTIONS
 - Peer models are successful because they provide the personal direction, encouragement and role modelling necessary to initiate engagement and then to support ongoing participation



What enables recovery change?













Connectedness

- Peer support and social groups
- Relationships
- Support from others
- Community

Hope

- Belief in recovery
- Motivation to change
- Hope-Inspiring relationships
- Positive thinking and valuing effort
- Having dreams and aspirations

Identity

- Rebuillding positive sense of identity
- Overcoming
 Meaningful stigma

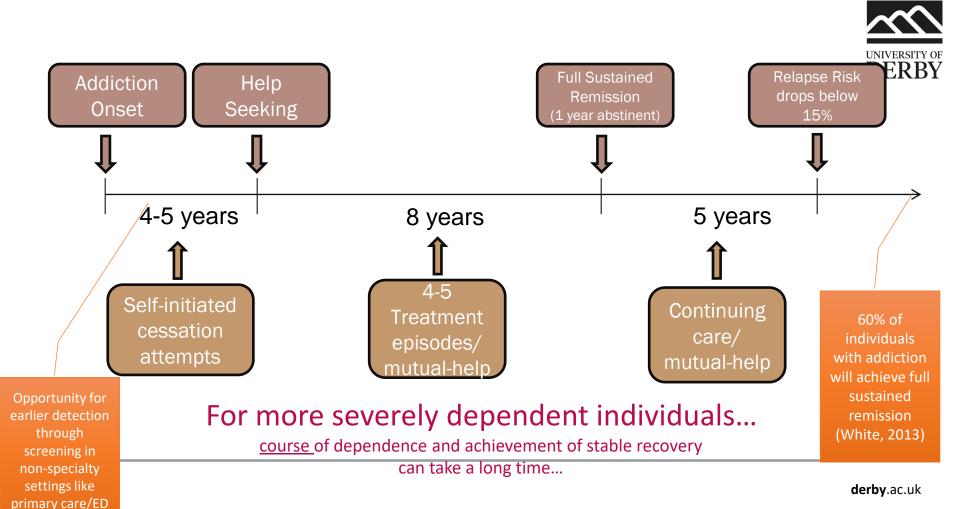
Meaning

- Meaning in mental health experience
- life and social roles
- Meaningful life and social goals

Empowerment

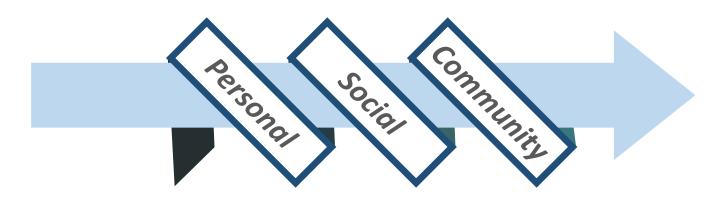
- Personal responsibility
- Control over life
- · Focusing upon strenghts

Leamy et al (2011), British Journal of Psychiatry; Best (2019)



Recovery Capital





PERSONAL

Self-esteem
Self-efficacy
Communication Skills
Coping Skills Resilience

SOCIAL

Positive Friendship Networks Commitment To Those Networks Prosocial peers

COMMUNITY

Attitudes, perceptions and actions of the community
Access To Recovery Treatment
Access To Recovery Coaches
Jobs , Houses, Community Supports

Best and Laudet (2010)



"The breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from severe AOD problems"

Granfield and Cloud (1999)

Strategy to enhance recovery: building an inclusive city





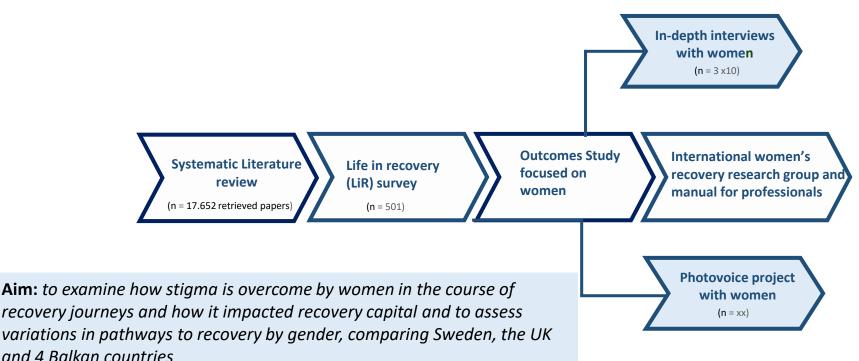
20 Cities Internationally have become Inclusive Recovery Cities

Different stakeholders working together

- City council
- Public & private organisations
- Criminal justice actors & treatment providers
- People in recovery, Families & friends
- Citizens

Stigma around addiction recovery in Sweden, the UK and the Balkans - a social justice issue



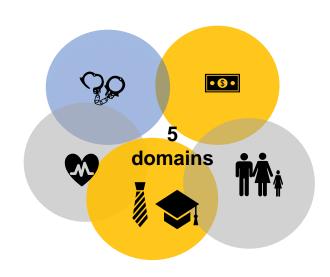




Background to LIR



- Faces and Voices of Recovery (2013): 3228 participants
- Australian Life In Recovery (2015): 573 participants
- EU Life In Recovery (2018): 1313 participants
- Sweden, the UK, the Balkans (2022-23): 610 participants
- Primary motive is to challenge exclusion and stigma
- And to start to measure change



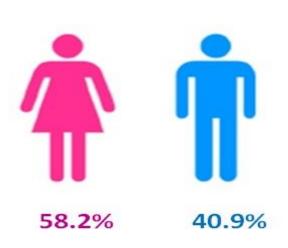


SECTION 2: RECOVERY IN SWEDEN



Life In Recovery in Sweden





Details of participants

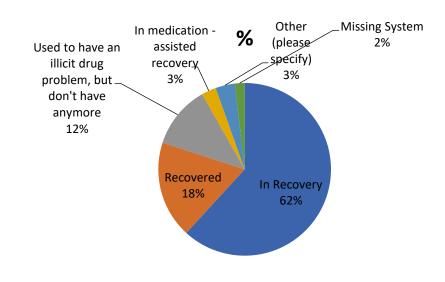
- 64 (58.2%) female. 40.9% male
- High levels of polydrug use
- Mean onset age of any drug use 13.5 illicit drug use was around 14.5 years
- 31.8%, identified as single and had never been married. 24.5% reported cohabitation without marriage,18.2% identified as married

Life in Recovery Survey in Sweden



Perceived status:

- In Recovery (64.6%)
- Used to have a problem (9.8%)
- Recovered (7.0%)
- Medication assisted recovery (3.0%)





Swedish Life in Recovery



<u>Age</u>

- the largest group (30.91%) were aged between 30-39 years,
- the 40-49 age group (24.55%), the 50-59 age group (21.82%), the 21-29 age group (12.73%), and the 60 years or older group (6.36%), while the smallest group (2.73%) consisted of participants who were 70 years or older.

Reasons for help-seeking

- 30.01% reported poly-drug use
- 25.45% reported **Amphetamine**
- 20% reported Alcohol
- 10.91% reported Prescription drugs
- 7.27% reported Cocaine
- 6.36% reported Cannabis



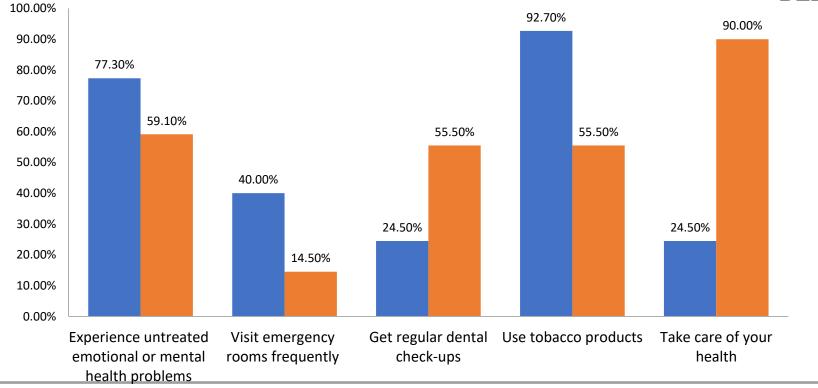




Residential Rehab, TC or Detox	80.9%
12-step	70%
Specialist out-patient treatment	57.3%
PBRSS- Peer based recovery support services	30.9%
Other service (such as a church)	13.6%

Health



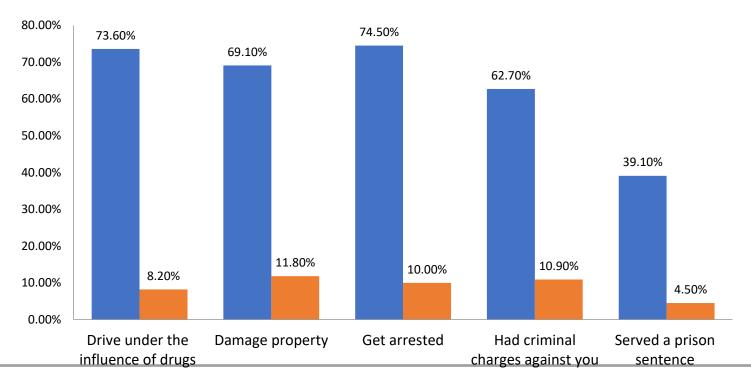




■ In active addiction ■ In recovery

Criminal Justice



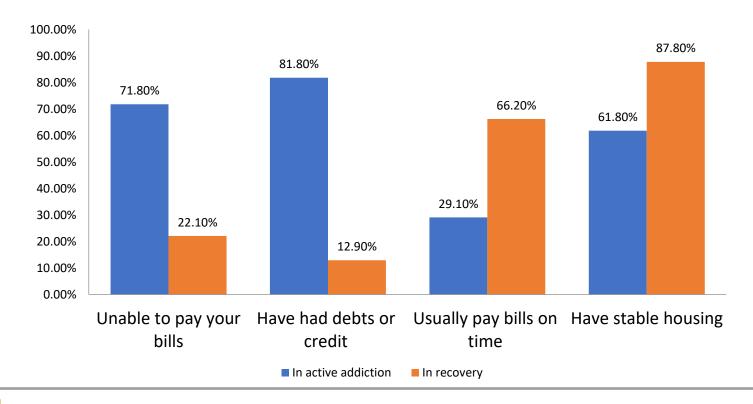




■ In active addiction ■ In recovery



Financial factors

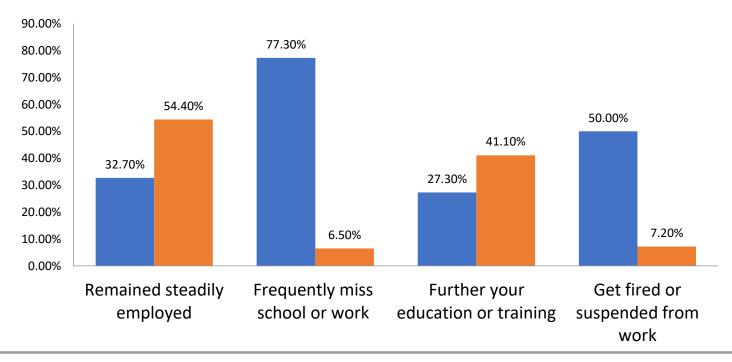




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Employment and education



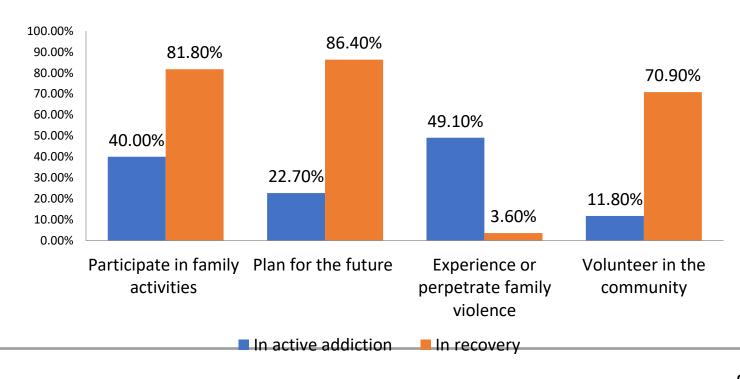




■ In active addiction ■ In recovery

Family and social life



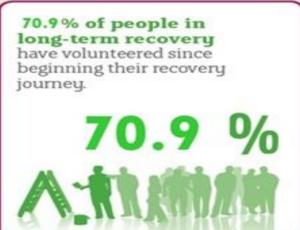


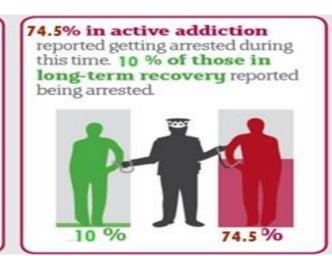


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SECTION 3: RECOVERY BY COUNTRY



Country of residence



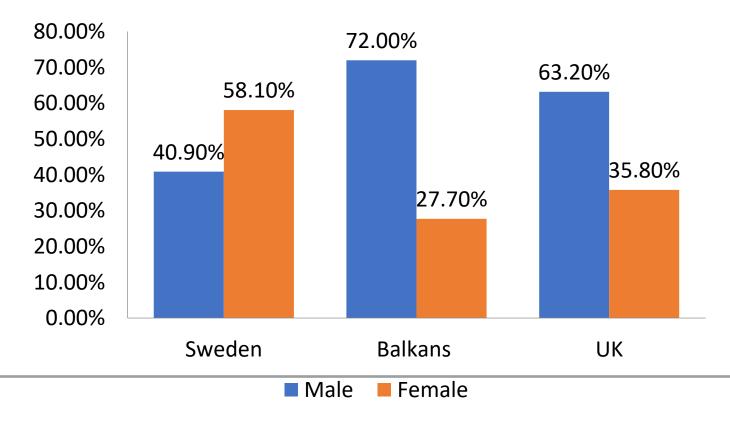
Country	Sample
Sweden	110
Balkans [1]	300
UK ^[2]	201
Total	611



Bosnia and Herzegovina, Serbia, Croatia, Montenegro

Gender by country







Help-seeking histories



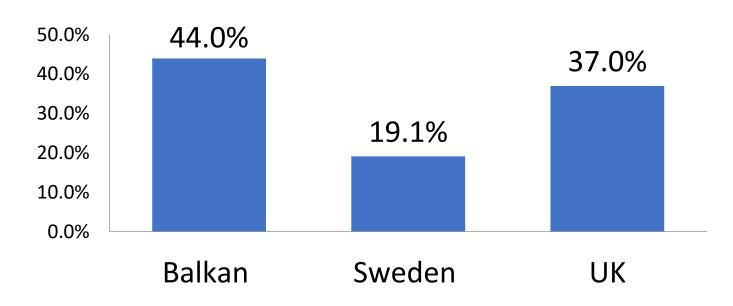
	Sweden	UK	Balkan	chi
12-step	70.0%	78%	<mark>13%</mark>	240.27***
fellowship				
Peer-based	<mark>30.9%</mark>	57%	<mark>25.3%</mark>	53.74***
recovery				
support				
Res. Rehab	80.9%	<mark>73%</mark>	91.%	28.46***
or TC				
Specialist	<mark>57.3%</mark>	61%	73%	12.54***
out-patient				
Other such	<mark>13.6%</mark>	29.5	21.7%	10.57***
as church				





Quit attempts



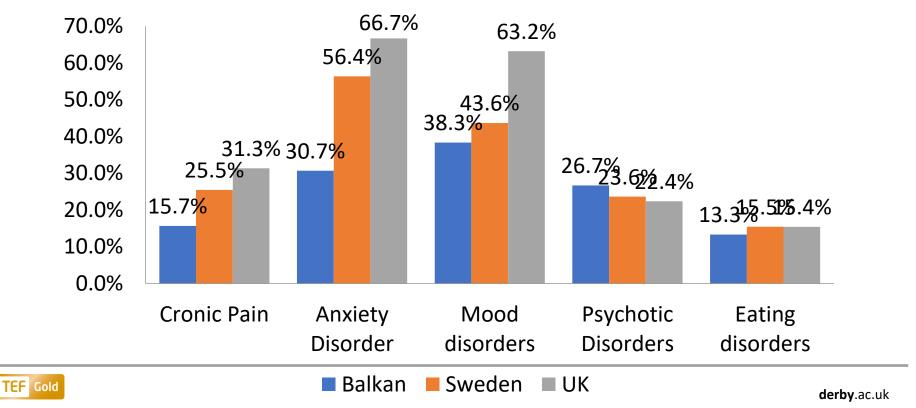


■ Have you ever had an unsuccessful quit attempt?



Quit attempts





Co-occurring health issues?

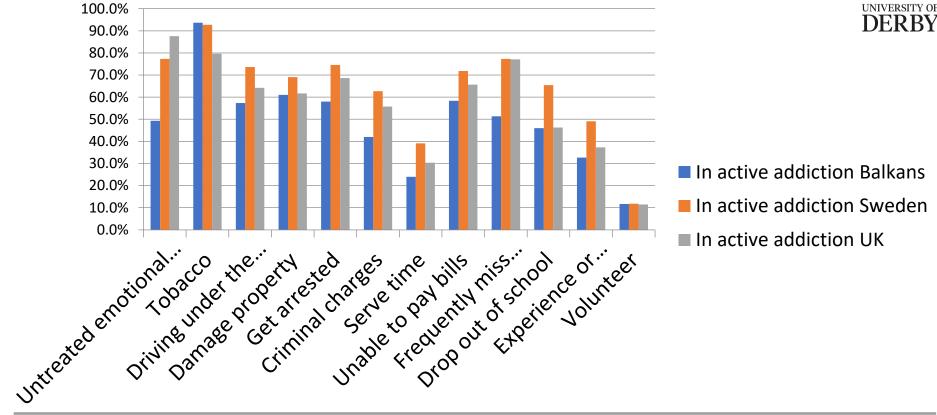


	Balkan	Sweden	UK	chi
Chronic Pain	15,7%	<mark>25,5%</mark>	31,3%	17.55***
Anxiety Disorder	30,7%	56,4%	66,7%	67.18***
Mood disorders	38,3%	43,6%	63,2%	30.59***
Psychotic Disorders	26,7%	23,6%	22,4%	1.27***
Eating disorders	13,3%	15,5%	15,4%	0.547***



Comparison across five domains in addiction

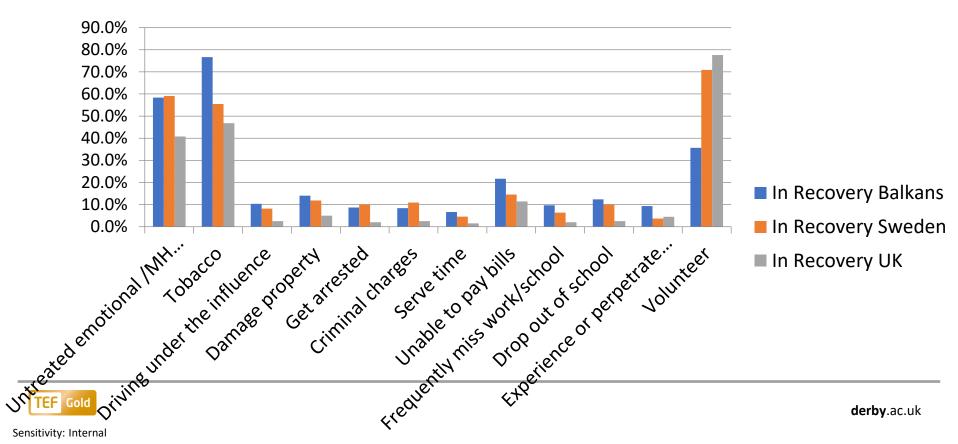






Comparison across five domains in recover







SECTION 4: ADVERSE CHILDHOOD EXPERIENCES



Comparison across ACE



15,4%

18,7%

404,69

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	Balkan	Sweden	UK DE	PV
Did a parent or other adult in the household often or very often Swear at you, insult you, put you down, or	36,8%	<mark>32,7%</mark>	49,8%	2 60, 56
humiliate you? or Act in a way that made you afraid that you might be physically hurt?				
Did a parent or other adult in the household often or very often Push, grab, slap, or throw something at	26,1%	20,9%	40,3%	321,37
you? or Ever hit you so hard that you had marks or were injured?				
Did an adult or person at least 5 years older than you ever Touch or fondle you or have you touch their	11,4%	<mark>26,4%</mark>	30,3%	387,38
body in a sexual way? or Attempt or actually have oral or anal intercourse with you?				
Did you often or very often feel that No one in your family loved you or thought you were important or special?	36,5%	<mark>45,5%</mark>	56,7%	235,8
or Your family didn't look out for each other, feel close to each other, or support each other?				
Did you often or very often feel that You didn't have enough to eat, had to wear dirty clothes, and had no one	25,1%	20,0%	23,4%	377,106
to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you				
needed				
Was a biological parent ever lost to you through divorced, abandonment, or other reason?	37,8%	49,1%	48,3%	273,09
Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at	22,7%	14,5%	27,4%	376,16
her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or				
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?				
Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	42,1%	53,6%	53,7%	271,03
Was a household member depressed or mentally ill? or Did a household member attempt suicide?	27,8%	42,7%	40,3 gerby .a	308,12 c.uk
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ੀਰੀ 'ਸੋ ਮਹਾਂਡਵੀ old member go to prison?



SECTION 5: CONCLUSIONS



What is different about recovery in Sweden?



- Much more strongly female sample
- •Far less use of mutual aid and peer community support; Greater use of residential treatment
- •Most people use various treatment mechanisms before achieving recovery
- •Far higher rates of criminal justice involvement and family violence during active addiction, but not so much higher in recovery
- •But still consistently strong positive changes in all of the domains assessed



Overall conclusion



- People in recovery are better than well
- Boosting the local economy and reducing benefits costs
- Provides hope for individuals and families affected by addiction,
 and help inform professionals seeking to assist them
- Inform professionals seeking to assist them
- Overcoming addiction is not solely the preserve of the individual
- Central role for mutual aid groups and individuals' lived experiences
- These findings are a landmark for policy makers



•Exclusion costs, and while reintegration is not without risk, the effective completion of recovery pathways generates positive social assets and community capital



Thank you for your attention!

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