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Aust N Z J Psychiatry published online 19 March 2012
DOI: 10.1177/0004867412443137

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What is This?
The emergence of a recovery movement for alcohol and drug dependence

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To the Editor

In the April 2011 edition of this journal, Burgess et al. (2011) presented an excellent overview of the progress made in mapping and measuring mental health recovery for both clients and services. For those of us working in the alcohol and drug arena, it provokes the question of what tools we have to measure recovery from addiction, and the status of the recovery movement more generally in our respective fields.

The recovery movement has become part of the mainstream mental health agenda in both Australia and New Zealand – with the Australian Senate Standing Committee on Community Affairs (2008) issuing a report, Towards recovery: mental health services in Australia, recommending ‘a clear vision of the services required in a community-based, recovery-focused mental health system in Australia’ (Australian Senate Standing Committee on Community Affairs, 2008)…

This has provoked considerable interest among clinicians and academics about the potential benefits of switching from a focus on pathology to a strengths-based approach, where solutions and resolutions are sought in the community rather than in the specialist clinic. And precisely the same movement for peer-driven, community-focused models are taking place in the addictions field, with the emergence not only of family and peer-based services, but a growing collective commitment to a recovery philosophy that is based on self-reliance and peer support.

Where alcohol and drugs has some advantage over the mental health movement is in the rich history of the mutual aid movement, with a strong evidence base particularly for Alcoholics Anonymous (Humphreys, 2004; Kaskutas, 2009). While Australia has made little contribution to the international evidence base on mutual aid groups, both Alcoholics Anonymous and Narcotics Anonymous have a rich heritage and a vibrant network, with around 15,000 people expected to attend the annual AA convention in Melbourne in April 2012.

Yet what the recovery movement in mental health has shown is that visibility and effective links between community groups and structured treatment services can significantly enhance recovery outcomes. Both White (2009) in the US and Best (2012) in the UK have shown that celebrating recovery as a public activity, whether in the form of social events, marches or open recovery communities and groups, can generate a form of social transmission of hope and a challenge to the stigmatised and pessimistic thinking, not only of the general public, but also of professionals, addicted individuals and their families.

However, in contrast to the mental health field, there is a paucity of strong and consistent measures of personal or organisational recovery related to addiction. Nevertheless, there is evidence that the benefits of this transition can be as powerful in the alcohol and drug realm (Kirk, 2011) as has been shown for mental health (Warner, 2010). In 2009, the Centre for Substance Abuse Treatment (CSAT, 2009) estimated that 58% of all those who have a lifetime substance dependence will eventually achieve stable recovery – recovery from addiction is not only possible, it is probable. As professionals in this field, it is our duty to disseminate this statistic to our colleagues and to enact its principles in our daily practice.

References


Centre for Substance Abuse Treatment (CSAT) (2009) Guiding principles and elements of recovery orientated systems of care: what do we know from the research? Rockville, Maryland: Substance Abuse and Mental Health Services Administration.


