The Road To Recovery: Community as the key agent of change

Introduction

One of the standout successes of the Road To Recovery drug strategy published in 2008 was unintended. This policy has been a factor in the rise and flourishing of a visible recovery community in Scotland.

Naming the strategy the 'Road To Recovery' and making recovery the focus of treatment services funded by government, paved the way for a closer relationship between people in recovery and public policy. The Road To Recovery strategy contained an acknowledgement that 'experts by experience' would have a role to play in any recovery orientated treatment system.

This policy signalled a move away from the acute model responses to the challenges presented by our drug and alcohol use. The Road To Recovery in 2008 suggested we create Recovery Orientated systems of care and in this regard it cast a very subtle eye towards the community as a potential resource for such systems. The policy could not have anticipated the level of community renewal and visible recovery movement building that would emerge from its publication.

Leading academic Keith Humphreys, whose work "Circles of Recovery" taught us how mutual aid increases treatment outcomes and reduces on-going health costs, credited the Road To Recovery policy in Scotland with kick starting the visible recovery from addiction movement in the UK.

Community Resilience is key- some evidence

Bruce Alexander in his seminal work, The Globalisation of addiction suggests that a big part of the cure for addiction for individuals is a secure place in real community. He laid the rise of addiction squarely at the door of dislocation.

Dislocation is a persistent and prolonged experience of disconnection, the fragmentation of individual, community and social support systems. Dislocated we lose our place, our roles and our connections: we are traumatised by our losses and turn increasingly to chemicals and behaviours that bring us relief from that pain. A rise in addiction is not inevitable but it does ebb and flow along great periods of dislocation.

Lundstad et al. studied social networks impact on mortality and found that people with poor social networks were 50% more likely to die than people with strong social networks. The impact of social networks was as strong on individual health as known mortality factors such as smoking, addictions and obesity.

A macro study, by the **New Economics Foundation**, into what causes human well being, found that there are 5 factors in human well being. They are

Connect- we need to connect with each other; our social relationships and networks are key to our physical and emotional wellness.

Give- we need to give to each other, be involved in other people's lives and initiatives for the whole.

Notice- we need to pay attention to how life is and others around about us are.

Learn- we need to be learning new things and developing new ways of seeing

Be active- wellness requires action.

Phil Hanlon's 5th Wave of Public Health, pointed to drug and alcohol addiction as one of the diseases of modernity. Alongside obesity, and depression these major public health concerns are resistant to public health approaches that are exclusively focussed on changing the individual's behaviour through individual treatment, public information and education. There are wider societal forces at play here he says that are driving our behaviour choices. We need to adapt our public health approaches to look at building community and social protective factors; resilient communities.

In the recently published " **Bowling Alone, Dying Together" by Zoorob and Salemi (2017)** it transpires that social capital is a key factor in drug deaths. Counties in the USA with strong social capital were 83% less likely to fall into the high overdose category.

They described social capital as a sense of community wellbeing contingent upon connections between individuals via social networks. The level of trust and community mindedness created by such social networks creates habits of information sharing and co-operation is a strong marker of how fragile or not a community is.

Overdose epidemics are likely to occur in places experiencing the erosion of community structures like voluntary associations, religious institutions and unions.

In the UK Life in recovery study 2015, they found that people in recovery are twice as likely to be involved in civic or other voluntary work in their community. 80% of people in recovery in the study were so involved as opposed the UK population figure of 40%.

Summary

While it is right and proper to focus on getting the most effective treatment offered for people in addiction, we need also to recognise that the spread of addictions, obesity and depression are symptomatic, according to these researchers, of a deeper malaise in our culture. The damage done to the community is showing up in our addiction behaviours, our mental and physical health.

A Road To Recovery 2018 could take up the opportunity of making common cause with the other diseases of modernity and explore community building, resilience making and system wide alterations to the economic. legal, welfare and cultural aspects of western life that are killing us.

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