

EURAD

I am Boro Goic, living and working in Bosnia Herzegovina at the grassroots level, and I am the Chairman of RUN Recovered Users Network. Over the past year in preparation for the UNGASS, I was the representative of affected population - recovered users. This means that my task was to engage recovery-oriented NGOs, member of RUN as well as NGOs around the world and collect best practices and models, lessons learned, challenges ahead and relevant contributions to refine drug policies and suggestions for policy makers on what works what doesn't work, what contributes to recovery and what are the obstacles in the process towards full recovery from addiction. First step of the process was dissemination of the Global Civil Society Survey to 70 organizations in our networks who also sent the link to their partners and working groups. Approximately 153 organizations participated in the consultations.

→ on behalf of Eurad

I made a contact with recognized and respected researches and community members, but also representatives of governments which incorporated recovery oriented approaches in their national drug strategies, in order to assess whether those shifts in drug policies are effective as a solution to drug problems or not.

These are findings from recovered users and their organizations. When I say recovered that means that this is a voice of people who had drug problems and today they are living in total abstinence and they are contributing members of society. This is their message:

- Successful drug free treatment programs exist and make important contributions to treatment outcomes
- Recovery is worth promoting as the ultimate, achievable outcome for substance use disorders
- Recovery works and has a long term positive effect on individuals, families and communities
- Reducing the stigmatization, stereotyping and discrimination of (recovered) drug users and increasing awareness of the needs of this population can help them achieve recovery goals and facilitate successful reintegration in society.
- All families want drug free family members and communities and they have crucial role in motivating drug users to seek treatment.
- In general, motivating addicts has proven to be a very important factor for initiating a process of recovery.

- From the costs and benefits standpoint, the costs of drug-related problems outweigh social benefits of drug treatment and recovery programs.
- Investing in recovering and recovered addicts leads to a positive net gain in the long run
- Recovery is focused on strengths and assets of a person, and not their weaknesses and deficits
- It is recognized, there are a lot of testimonies about successful recovery from drug abuse without relapse.
- Recovery should be the focus and aim of treatment and the patient's health should be the central concern. This may result in many more people getting better and fewer people remaining in expensive, clinical treatments in the longer term
- Drug use is a recoverable condition and, in many cases, is not the original problem but the solution to the problem. Often the removal of addiction without action to address underlying problems can make the person more vulnerable.
- It is important to, instead of only looking at the clinical model, also look at more social and educational models alongside and to stop treating drug addiction only as a chronic relapsing condition
- There is a need for mixed economy and we need to combine the best clinical models to the best recovery models so that people with addiction problems can be helped to get well.

Very interesting is what recovered users are saying about harm reduction:

- Harm reduction, understood as the provision of health and social services to active drug users, can never replace primary prevention and treatment/rehabilitation as the main strategy in global, national and local drug policies
- Harm reduction initiatives fail to address the bulk of drug-related harm, but are nonetheless essential to assist drug users with their acute problems.
- In general, providing drug treatment alone (e.g. substitute prescribing) without additional support or services had only limited and inconsistent effects on recovery from addiction and so being on therapy for multiple years seems to actually erode a person's cognitive ability and so can be said to delay the onset of recovery in that person's life.

- Harm reduction can lead to recovery and recovery is the ultimate harm reduction measure
- All recovery CSOs have spoken out against the legalization of cannabis. Any policy or program that normalizes any recreational drug use is harmful to the public interest.

One must admit that it is really incredible that people, who have been addicts until “yesterday”, don’t think that any, not even recreational use of drugs is acceptable or good. For sure this way of thinking is a result of their personal experience with drugs and drug dependence, and they have realized that use of drugs has brought only harms to their health, and harms to their families and to the community in general.

- Recovery oriented systems of care have a potential to enhance recovery capital (mental health, self-esteem, resilience, family support, peer support) that a person can bring to bear on the initiation and maintenance of recovery
- Quitting addiction has an economic impact on reducing the costs of life long maintenance treatment, the cost of unemployment and lack of productivity as well as the social costs related to the families and affected communities

Recovered users urge the need for :

- acknowledging that abstinence is a goal for many drug users seeking help. Research in Scotland (on drug user aspirations from drug treatment services) has shown that many drug users contacting drug treatment services are looking for assistance in becoming drug free. This study with 1007 drug users initiating treatment in Scotland, found that 76% of those questioned identified the goal of becoming drug free as their sole reason for contacting drug treatment services. In contrast, only 15% of those questioned said they were seeking to stabilize their continued drug use and less than 10% said they were looking for advice on how to use their drugs with greater safety. That research plus number of factors and different environmental changes, has influenced the development a new drug strategy in UK. This is a statement from UK government in 2010:

A fundamental difference between this strategy and those that have gone before is that instead of focusing primarily on reducing the harms caused by drug misuse, our approach will be to go much further and offer every support for people to choose recovery as an achievable way of dependency

- Recovery should be incorporated as an important facet of drug policy
- strengthening the evidence base around recovery based treatment, including the role of family and close friends
- recognizing the potential of recovered users and
 1. assist them in their way back to the society;
 2. acknowledge their potential to help their peers.
- Member States and UN agencies should develop effective drug policies, strategies that integrate prevention, treatment, recovery, enforcement and harm reduction to create policies and communities that are safe and healthy for all.

Draft UNGASS document!

Treatment of drug use disorders, rehabilitation, recovery and social reintegration; prevention, treatment and care of HIV/AIDS, viral hepatitis and other blood-borne infectious diseases

(f) Recognize drug dependence as a treatable multi-factorial health disorder, which is to be addressed through effective scientific evidence-based drug treatment, care and rehabilitation programs, including community-based programs, and strengthen aftercare, rehabilitation, recovery and social reintegration, of dependent drug users including through, as appropriate, assistance for the productive reintegration into the labor market and other support services;

(h) ... ensure access to a broad range of interventions, including psycho-social, behavioral and medication-assisted treatment, as appropriate and in accordance with national legislation, as well as to rehabilitation, social reintegration and recovery-support programs,

In the end I can only say that we all need to strive for the recovery oriented systems of care and towards creating more balanced policies in which

recovery takes our ultimate goal. Many examples prove that recovery works and that it is possible to recover. I started using drugs when I was 14 years old. If there were no people to motivate me, rehab centers to teach me new values and, if there wasn't the reintegration program available to me, I would not be sitting here right now. Yes, I was on the methadone maintenance program too, and I was just taking advantage of the program, it did not reduce my need for taking drugs. I can say that MMP just helped me with my stabilization phase in a way that it enabled me to understand the fact that I needed to continue with my journey towards drug free life, and I needed to start abstinence based treatment. Today, 14 years since I injected my last hit of heroin, I can say that I have started to live a life worth living only when I stopped taking any substance. I hope that decision makers will realize the importance of all policies being focused on full recovery from addiction. Thx.

