Global Position Paper on Recovery

Boro Goic
RUN – Recovered Users Network

ISSUP
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RUN – Recovered Users Network

Est. Belgium, 2013, Sweden 2022 / 63 member organizations, experts, researchers

Provides political voice to recovered users and recovery organizations

Contributes to policies by raising the voice of recovery movement/ national, EU, UN levels

Advocacy work towards recovery oriented policies

Global Position Paper on Recovery (GPPR)

FACILITATE A COHESIVE APPROACH

Contribute to the development of a unified approach and global position on addiction recovery

Create an international platform for shared addiction recovery practices and policies

COMMITMENT TO WORK TOGETHER

UNITE VOICES AND RAISE AWARENESS

Raise awareness about the significance of investing in recovery organisations and systems

GPPR METHODOLOGY

CND March 2023: Collaborative procces started

June 2023: Survey made and distributed

Madrid October 2023: 50 completed surveys, analysed using a thematic approach, reviewed by core group of 12 people

November 2023: reviewed and ratified by a team of senior academics

December 2023: Disseminated globally for comments and amendments

CND March 2024: GPPR lunched

Ongoing: Sent all over the world for signature

Identified a global consensus conceptualized in three pillars:

· STRENGHTS

· BARRIERS

· SYSTEMS

PILLAR 1: Recovery as a STRANGHT-based concept and its goals

Recovery Capital
Recovery is a personalized process of building strengths over time and creating opportunities that allow individuals to build their own recovery capital

Flexible journey and process of reclaiming life
Recognizing that recovery is a flexible journey and process, aiming to improve health and well-being, promote self-reliance and autonomy, not merely breaking free from addiction itself but transcending where the person was before their addiction.

A public health perspective and continuum of care
Ensuring inclusivity and not leaving anyone behind. Generally for recovery to happen, services and systems must show a commitment to a continuum of care and long-term support to initiate ad sustain recovery

Stable recovery
Meaning five years in stable remission, is being 'better than well'.

Recovery is possible for everyone
Involves living self-directed lives, individuals are striving to reach their full potential.

Most individuals seeking recovery aspire to resolve their substance dependency and lead drug-free lives
This however does not exclude people whose goals are not focused only on abstinence.

PILLAR 2: Overcoming BARRIERS to recovery

Stigma and Discrimination:
Communities need to implement anti-stigma protocols to create supportive environments, by promoting access to positive community resources for people at all stages of the recovery process.

Access to Treatment and Support:
Beyond substance use disorders treatment, securing housing, employment, education, community assets, and health and social support are critical for building and sustaining recovery capital.

Diversity and Vulnerable Groups:
Special attention should be given to diverse and vulnerable groups

Education and Awareness:
Peers, professionals, and community members, in recovery curricula strengthens and enriches the level of support provided.

PILLAR 3: SYSTEMS: Generating structural change

Partnership Models Recognizing the Process:
Holistic system, emphasizing community partnership, must foster personalized pathways to recovery to accommodate these changing needs.

Involvement of Peers and Communities in Pathways:
The role of lived experience expertise need to be at the heart of the recovery-oriented systems of care

Evidence-based recovery:
Recognizing collaboration between academics, practitioners and experts by experience is needed to generate evidence infrastructure for recovery

Funding:
Vital revisions are needed to policy and funding that facilitate long term recovery centered approaches and sustainable resourcing.

Integration of recovery across demand reduction:
Strategies and support are integrated the various stages of the recovery process, encompassing harm reduction, early intervention, treatment, resocialisation, and long-term recovery management.

RECOMMANDATIONS

Domain 1: Service delivery and recovery support services

Recovery requires establishment of a collaborative, multidisciplinary approach among healthcare professionals, therapists, and counselors with equal status and value given to peers and people with lived experience of recovery.

Education and training / quality standards must be established to ensure individuals benefit from consistent and effective care methods and models.

It is crucial to develop tailored programs that address diverse needs while acknowledging cultural factors and minoritized groups.

Comprehensive and rigorous ongoing research and program evaluation

Domain 2: Public policy

Balanced and comprehensive state and public policies should be created to eliminate stigma and support recovery through early detection, effective treatment, and social reintegration.

Raising awareness initiatives are needed to reduce stigma among the general public and dispel myths and stereotypes about addiction recovery

Policies should be developed to enable successful reintegration back to society by addressing factors like employment, housing, education and health related needs.

Domain 3: Community and lived experience involvement

Recovery representation in the design, delivery, and evaluation of all addiction-related polices and service practices needs to be assured

It is imperative to forge landscapes in local communities in which recovery can flourish

GPPR STATISTICS (1.5.2024)
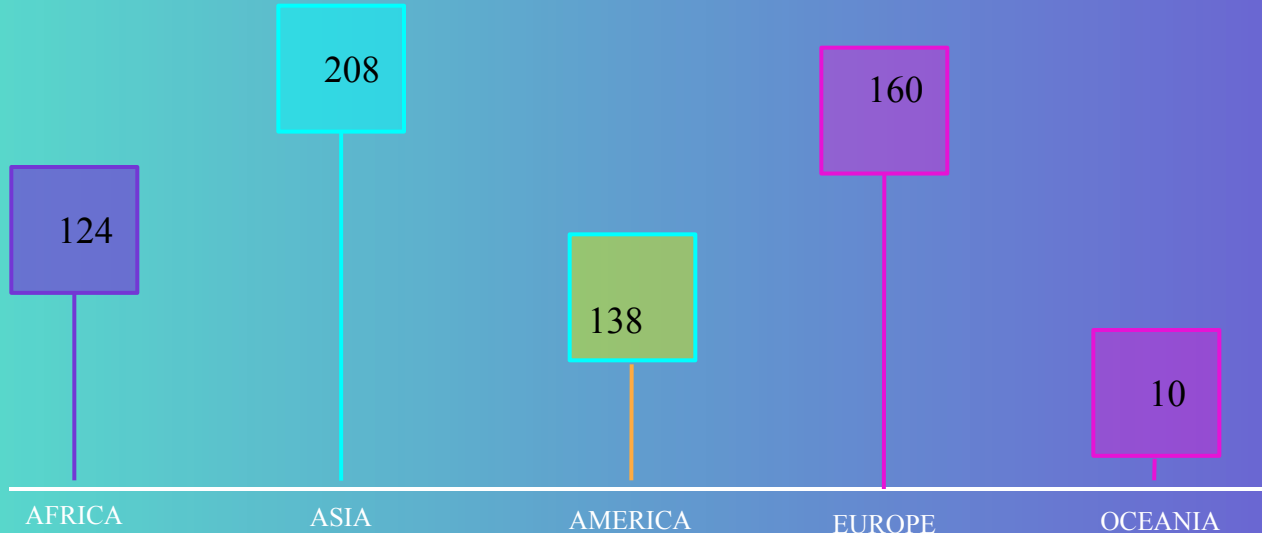
66 COUNTRIES 5 CONTINENTS	>650 SIGNATORIES	50 INPUTS	207 ORGANISATIONS	424 INDIVIDUALS	4 OBSERVERS

AFRICA	ASIA	AMERICA	EUROPE	OCEANIA
124	208	138	160	10

THANK YOU FOR YOUR ATTENTION / SCAN – SIGN - SHARE

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