

The Global Position Paper on Recovery (GPPR)

The Global Position Paper on Recovery (GPPR) is a collaborative effort, bringing together civil society organizations, non-governmental organizations, institutions, researchers, and individuals engaged in grassroots, national, regional, and global initiatives who have signed this paper, and who now form the Recovery Science and Practice Collaborative (RSPC) committed to advancing the science, practice and policy of addiction recovery. Our shared goals are to:

1. **Facilitate a cohesive approach:** Contribute to the development of a unified approach and global position on addiction recovery;
2. **Unite voices and raise awareness:** Raise awareness about the significance of investing in recovery organisations and systems;
3. **Commitment to work together** to create an international platform for shared addiction recovery practices and policies.

Method: This paper evolved through a collaborative process initiated during discussions during the CND annual session in Vienna in March 2023, based on fostering co-production and adopting a coordinated, evidence-based, and comprehensive approach to defining and understanding recovery. The methodology involved a survey distributed to key international groups, networks and actors (Appendix 1). This resulted in 49 completed surveys that were analysed using a thematic approach, reviewed and ratified by a team of senior academics. The initial draft was reviewed and refined by a core group of members of the RSPC at an international meeting in Madrid, in October 2023. Subsequently, it was subjected to rigorous review and disseminated globally for comment and amendment. It was possible to identify a global consensus around the goals and meaning of recovery, conceptualized in three pillars: 1) strengths; 2) barriers; and 3) systems needed to optimize the positive effects of strengths on individuals and communities while simultaneously reducing barriers. These three pillars are the basis for our future action plan.

Pillar 1: Strengths: Recovery as a strength-based concept and its goals

Recovery is a personalized process of building strengths over time and creating opportunities that allow individuals to build their own recovery capital, defined as the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from alcohol and drug problems (Cloud and Granfield, 2008). Throughout these global consultations, a central '**strengths pillar**' emerged emphasizing improved health and well-being, promoting self-reliance and autonomy, and recognizing that recovery is a flexible, personalized journey and process. The approach to recovery is framed from a public health perspective, ensuring inclusivity and not leaving anyone behind, regardless of their progress.

We believe in the transformative power of recovery, through community reintegration, offering opportunities, and building networks that foster positive contributions to society. A major strength of recovery is demonstrating that stable recovery, meaning five years in stable remission, is being 'better than well' and that recovery communities can challenge stigma by making a positive contribution at a community level.

Rooted in the belief that recovery is possible for everyone, and involves living self-directed lives, individuals are striving to reach their full potential. These aspirations span multiple life domains, through fostering better personal relationships and creating environments that are safe, supportive, and non-judgmental, rebuilding trust, and the pursuit of purpose and meaning in life.

The Global Position Paper on Recovery (GPPR)

We want to underline that recovery is a journey, a process of reclaiming life which not merely entails breaking free from addiction itself but transcending where the person was before their addiction. 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. Generally for recovery to happen, services and systems must show a commitment to a continuum of care and long-term support to initiate and sustain recovery. To do so, they need to address personalized and individualized goals around substance use and other health and social domains.

Leveraging the lived experiences and resilience of individuals who have successfully navigated recovery from substance use disorders can be a powerful resource and strength. By actively engaging, equipping, developing, and promoting people with lived experience, the focus is on empowering others to recover, addressing underlying factors that contribute to their challenges and improve prevention of relapse. The consultation highlighted the importance of prioritizing personalized care that incorporates treatment, recovery support and reintegration objectives to individual characteristics.

Pillar 2: Barriers: Overcoming obstacles to recovery

Community and policy barriers play a pivotal role in limiting the reach of recovery. Prioritizing social connections, family involvement, and stable employment is key, as are suitable housing options, while balancing government strategies to focus on both treatment and recovery support, and to allow individuals to overcome recovery barriers. Collaboration between clinical, outpatient and inpatient services, and post treatment recovery services will lead to a more effective support system. We understand that recovery is a complex process fraught with obstacles that must be addressed to ensure success. These challenges can be categorized into key barriers.

- 1. Stigma and Discrimination:** Stigma associated with addiction often deters individuals from seeking help. To tackle this issue, communities need to implement anti-stigma protocols to create supportive environments, reducing victimization, and challenge social inequalities by promoting access to positive community resources for people at all stages of the recovery process.
- 2. Access to Treatment and Support:** Comprehensive treatment, inclusive recovery communities, and vital social and health services are essential for recovery. Sustained recovery requires diverse support and efforts to eliminate access disparities. Beyond substance use disorders treatment, securing housing, employment, education, community assets, and health and social support are critical for building and sustaining recovery capital, promoting well-being, and fostering community belonging.
- 3. Diversity and Vulnerable Groups:** Special attention should be given to diverse and vulnerable groups, such as individuals of colour, women, especially pregnant women and women with children, the elderly, homeless individuals, those with learning difficulties and acquired brain injury, the LGBTIQ+ population, individuals in criminal justice system and prisons, and those with physical and mental health issues who experience more barriers.
- 4. Education and Awareness:** Play a pivotal role in breaking down barriers to recovery. Training peers, professionals, and community members, in recovery curricula strengthens and enriches the level of support provided. Improving cooperation between the criminal justice system and treatment staff through mutual education is crucial.

The Global Position Paper on Recovery (GPPR)

Pillar 3: Systems: Generating structural change

There is a clear recognition that overcoming barriers and building strengths requires changes in systems, processes, policies and, in some cases, laws, to create the conditions for recovery to flourish. We recognize the need for building Recovery-oriented Systems of Care (which is based on the idea of integrated and personalized support systems in a given geographic area and outlined in Sheedy and Whitter, 2009). This idea has been further developed in the model of Inclusive Recovery Cities (which extends the concept of Recovery-Oriented Systems of Care to include public engagement, social enterprise and active citizenship; Best and Colman, 2018) Key building blocks for this approach include:

1. **Partnership Models Recognizing the Process:** Recovery needs evolve throughout different stages of the process, requiring varying and sequential support configurations. A multi-faceted holistic system, emphasizing community partnership, must foster personalized pathways to recovery to accommodate these changing needs.
2. **Involvement of Peers and Communities in Pathways:** The role of lived experience expertise through peer support, and not only through mutual aid fellowships, but through visible recovery groups and communities, need to be at the heart of the recovery-oriented systems of care that are developed in each locality, with appropriate support and training provided.
3. **Evidence-based recovery:** We recognize that collaboration between academics, practitioners and experts by experience is needed to generate a robust, empirically driven and culturally sensitive evidence infrastructure for recovery that can be adapted to meet local needs and contexts.
4. **Funding:** Recovery is a long-term dynamic process of change. Therefore, vital revisions are needed to policy and funding that facilitate long term recovery centered approaches and sustainable resourcing. An improved architecture of authentic recovery assets, resources, approaches and supports are needed which are reliant upon new funding supports linked to robust evaluation and development.
5. **Integration of recovery across demand reduction:** To optimize recovery outcomes, it is imperative to ensure that strategies and support are integrated within and across the traditional continua of care and throughout the various stages of the recovery process, encompassing primary prevention, harm reduction, early intervention, treatment, post-treatment monitoring, and long-term recovery management, thus creating a comprehensive continuum of care for individuals and families.

Recommendations and next steps:

Global consultations have resulted in a consensus around the following key recommendations:

Domain 1: Service delivery and recovery support services

1. 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.

The Global Position Paper on Recovery (GPPR)

2. There is a need to create more networks of institutions and organizations aiming to enhance resource accessibility for individuals in their recovery pathways. Access to these services should be equitable, affordable, and readily available.
3. Education and training for professionals, and for the peer community, are key to maintaining high standards of care within recovery support services. Meaningful quality standards must be established to ensure individuals benefit from consistent, effective care methods and models.
4. To foster recovery effectively, it is crucial to develop tailored programs that address diverse needs while acknowledging cultural factors such as race, gender, age, ethnicity, and religion; reduce stigma among minoritized groups; enhance representation of these groups in leadership roles, and prioritize their voices in resource allocation decisions to redress racial inequities. A focus should be placed also on people in the criminal justice systems and there should be possibilities to provide alternatives to incarceration and punishment (UNODC and WHO).
5. Comprehensive and rigorous ongoing research and program evaluation are essential to support the clinical and public health utility of diverse recovery support services, aiming to assess their individual, family, social, health and economic benefits and identify "best practice" models tailored to the dynamic needs of various constituencies.

Domain 2: Public policy

6. Balanced and comprehensive state and public policies should be created to eliminate stigma and support recovery through early detection, effective treatment, and social reintegration.
7. Raising awareness initiatives are needed to reduce stigma among the general public and dispel myths and stereotypes about addiction recovery, and should address not only individual stigmatization but also societal stigma and its impact on families.
8. Policies should be developed to enable successful reintegration back to society by addressing factors like employment, housing, education and health related needs, the need to support re-integration services could be strengthened to cover the huge gap in the provision of these services.

Domain 3: Community and lived experience involvement

9. Recovery representation in the design, delivery, and evaluation of all addiction-related policies and service practices needs to be assured as well as representation that meet the criteria of scope, authenticity and diversity
10. It is imperative to forge landscapes in local communities in which recovery can flourish via support and evaluation of new recovery support institutions extending beyond mutual aid groups and professionally-managed addiction treatment; and support of recovery cultural production via recovery-inspired language, history, rituals, art, music, theatre, sports and leisure, etc.

The GPPR aimed to establish a consensus document on recovery, emphasizing both individual and societal dimensions and outlining three pillars and ten recommendations for future efforts in shaping policies and practices. These recommendations focus on the achievability of recovery, the necessity for diverse support and multiple pathways, and the importance of addressing stigma while enhancing recovery-oriented care systems, research, and training for professionals. This marks the initial step in forming a consensus and an RSPC, working collectively to operationalize and implement the core principles outlined above. To advance these principles, the next steps involve promoting and signing this consensus document, fostering a global environment that prioritizes and supports recovery, and ensuring integration, accessibility, gender sensitivity, trauma-informed, and cultural appropriateness.

The Global Position Paper on Recovery (GPPR)

Appendix 1

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**Observers do not necessarily agree with all the content of the GPPR*