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► [Whole person recovery: a user-centred systems approach to problem drug use.](#)

Daddow R., Broome S.

London: Royal Society of Arts, 2010

Report on the first phases of the Whole Person Recovery Project in England which aimed to place drug and alcohol/service users at the centre of an approach to fostering holistic recovery from addiction based on the collective effort of 'recovery communities'.

Original abstract Problematic drug and alcohol use has a profound impact on society. From the personal and social harms to the financial costs of drug-related crime and medical treatment, this is a burden that is increasingly hard to bear not only economically, but morally and socially. Moreover it is one that may increase as we enter a period of economic hardship. There is a constant need for new insights, and new approaches to help people address the problems associated with drug and alcohol use, and to do so sustainably and frugally given the current financial conditions.

The RSA's Whole Person Recovery Project aims to understand in a holistic way how problematic drug and alcohol users become trapped in cycles of addiction, what helps or hinders their journey to recovery, and how their recovery can be sustained. We do so not merely to contribute some fresh insight into this complex and important problem, although this is clearly important, but to make the insight a catalyst for users themselves, and members of their communities, to foster recovery through their collective social effort and innovation.

The project builds on the RSA's 2007 publication *Drugs – Facing Facts*, which argued that problematic drug users have not forfeited their rights as citizens to effective public services, and for a more tailored and well-rounded approach to drug services.

Our work focussed on two areas of West Sussex as sites for inquiry and innovation. This report is the project's first, and describes research findings and pilot initiatives from the first two phases of activity, namely (i) user research and (ii) user-centred service design and social innovation.

The research that underpins this report placed drug and alcohol/service users at the

centre of the approach. Through mixed methods research, their voices and experiences built our systemic understanding of the problem. Informed by this understanding, it was then their 'native' expertise which enabled us to co-design possible solutions, with help from more conventional subject and service experts.

The findings make a case for recovery-oriented initiatives and services that are more personalised, better balanced between psychosocial and medical interventions and better able to draw on a whole-community response to the problems that lead to, or are prompted by, problematic drug and alcohol use.

The core findings and recommendations of the report are as follows:

Strategic, theoretical and political shifts

A number of factors suggest that we are entering a new 'moment' in our approach to recovery (including treatment) for problematic drug and alcohol users.

- The forthcoming (at the time of printing) national drugs strategy seems to place a greater emphasis on a holistic approach to drug treatment, and calls for a de-stigmatisation of users, especially from would-be employers.
- The localist and Big Society agendas on the contemporary political scene call for community-led responses to the challenge of recovery.
- User-centred approaches to public service design have been growing in prominence, although they are not without their problems and challenges.
- The theory of Recovery Capital is gaining prominence in the UK – the sum total of personal, social and community resources that someone can call on to aid their recovery – and provides a more holistic model with which to spark and sustain recovery.

The value of user-centred and systems approaches to service design

- Involving drug and alcohol users more directly in the design of services is not only ethical, but substantially increases the likelihood of services targeting resources where they are most likely to have a meaningful impact on an individual's recovery.
- A systems-based approach to understanding, mapping and visualising users' experiences not only helps to render this complex issue more amenable to intervention, but also promises to create efficiencies by joining up and adding value to services in their activities.
- In the course of this project we have learnt, through a combination of design and serendipity, that user-centred approaches to research are not only vital to develop an authentic and systematic account of drug and alcohol users' experiences, but act as an intervention in that system itself. The very process of user-centred research and design is significant; training users as peer researchers and involving them at each step with other stakeholders, has been an important contributor to the creation of recovery capital.

The Whole Person Recovery System

- Our mixed methods research enabled users to co-construct a systems map, expressed in users' own terms of reference, which visualises the dynamic forces at play in driving addiction ('The Hold'), the potential for recovery ('The Struggle'), and recovery ('The Recovery'). Each of these elements represents a distinct, but connected, sub-system which together form the whole system.
- The Hold sub-system mirrors the classic system archetype for addiction which states

that a problem symptom (the reason for seeking drugs or alcohol) can be resolved either by using a symptomatic solution (the drug(s) of choice) or by applying a fundamental solution (that will resolve or directly address the problem symptom).

- The Struggle describes a transitional sub-system in which an individual's decision to seek recovery is at the centre of a struggle between the Tendency to Relapse and the Tendency to Recover. Both are contingent on a range of factors, including stigma ('Labelling'), the context or environment ('The Scene'), Friends and Family, and the strength of adverse experiences with drugs ('The Downer').
- The Recovery sub-system illustrates one possible route to recovery that represents the strongest account from the research. It is heavily influenced by experience of formal treatment, but recognises the value of informal support and other forms of recovery capital.
- The Whole Person Recovery System integrates these user generated sub-systems with a greater understanding of recovery capital. It creates a mutually reinforcing system of recovery that recognises the dynamic relationships between the components and the various actors of the system and offers an improvement model to commissioners.

The System as a platform for local recovery innovation

- When used as part of a service design and innovation workshop, the Systems Maps acted as a catalyst for identifying opportunities for benign interventions in the recovery system.
- In developing these interventions we recognised the role of a wide range of stakeholders in the recovery system and so developed a Recovery Alliance at both project sites.
- Social innovations developed by the Recovery Alliances included the development of a Small Sparks scheme, giving users modest grants to assist their recovery; a peer-led, dedicated radio service; a user-led training package for local GPs; mapping all existing recovery capital across the sites and developing it as a resource for the local community.
- Independent user groups such as EXACT (the peer-led organisation established across West Sussex), are potentially important to improving recovery oriented services. They offer a valuable way to broker personalised services and support users at any stage of their recovery no matter which pathway they choose. As such, these groups should ideally be given a statutory role, to help user-centredness and co-design to be more effectively embedded within service design and provision. However, given the lack of funding, they may need to adopt a social enterprise model, which is difficult without seed funding.
- A systems approach, of the kind we describe, should provide a framework within which a holistic attempt can be made to map and harness all the assets available to aid recovery for a given person, and a given community. This is based on the theory of recovery capital, which our research findings support and develop further by understanding the elements of such capital not merely as stocks or assets to be accrued by individuals or groups, but as flows or vectors operating within a dynamic system.

Subjects for further investigation and intervention

- Perhaps the single greatest factor in deciding the course of problematic drug and alcohol use and recovery is the influence of people's social networks and local communities. Network effects in the context of drug and alcohol use, and their potential to aid recovery are not sufficiently understood, and our research calls for a collective

response to recovery, primarily in the form of 'recovery communities'.

- Adopting this range of responses to supporting recovery, and to therefore addressing the problems and costs of problem drug and alcohol use, will require the ability to overcome a number of challenges and obstacles. These include pervasive social stigma, the difficulty of maintaining user involvement, the demographic and attitudinal diversity of users and their possible paths to recovery, power imbalances between experts by profession and 'experts by experience', cultural and institutional resistance and lack of funding and resources.
- A change in public attitude to the recovery and wellbeing of problem drug and alcohol users is of fundamental importance to any attempt to generate a collective response to the opportunity that a whole person recovery approach presents. Stories of leadership, examples of accomplishment and persistence, and more balanced accounts of the causes of problem drug and alcohol use by recovery champions are needed to extend everybody's empathy to those in our communities who may be struggling with a range of difficulties of which addiction might be one.

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