

SHAAP

SCOTTISH HEALTH ACTION ON ALCOHOL PROBLEMS
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PATHWAYS TO RECOVERY EVENT, HELD 15TH January 2019 AT ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

Purpose: *to share experiences, celebrate recovery and hear from networks supporting recovery in Scotland*

Dr Eric Carlin, SHAAP Director, opened the meeting at 10.40am and introduced the following speakers:

- ❖ Monica Lennon MSP, Labour's spokesperson for Health and Sport, and representatives from:
- ❖ Alcoholics Anonymous (AA)
- ❖ Al-Anon
- ❖ Scottish Families Adversely affected by Alcohol and Drugs (SFAD)
- ❖ Scottish Recovery Consortium (SRC)
- All addressing the question: *The meanings of recovery and how we can achieve it*. Each was followed by a brief Q&A session.

After lunch, round table discussions addressed the following questions:

- *What has surprised you today?*
- *How do we share our learning?*
- *How do we move the recovery agenda forward?*

KEY POINTS/RECOMMENDATIONS FROM WORKSHOPS

Table 1:

1. Continue having conversations and building alliances, maintain constant dialogue
2. Greater awareness of 'anonymous, not invisible'; maturity of fellowships gives greater confidence and participation
3. Talk less about addiction, more about recovery; give back, in the form of good news stories
4. Overcome our concerns about experiences with healthcare professionals/recovery organisations to shape the agenda
5. We can learn from other campaigns, e.g. the anti-smoking campaign

Table 2:

1. Challenge stigma; AA and Al Anon do this with public events, but also Scottish Parliament
2. Testimonies can be very powerful, e.g. Monica Lennon MSP as influencer

3. Recognise importance of families because they are part of the bigger picture and altogether we can raise awareness
4. Community is key, creating safe places where people can come together, e.g. local hubs
5. Awareness-raising is very important; online as well as leaflets in physical places
6. Need to increase understanding of what alcoholism is and how it affects people – including education for health professionals
7. We're seeing more 'adult children' coming forward to family networks with bad memories and long-term problems who need support
8. More residential rehab options that are affordable... recognising it might not work for everyone

Table 3:

1. There is no 'one road to recovery'
2. Problems come in many different forms; ensure people get access to the right service for them
3. Connectivity of addictions: it can be hard to discuss as other substances might be involved but we need to address that
4. Lived experience and Mutual Aid creates more comfort and trust
5. A family is also in recovery

Table 4:

1. Need to get the recovery agenda outside this room, e.g. parliamentary Cross Party Groups need to include people with lived experience... although this can be intimidating. But often the same people frequent these groups, how do we get others involved in this conversation?
2. People need to be honest about their drinking habits across Scotland, not just those 'in recovery' – do they recognise the 'danger signs'?
3. Attitudes in Scotland need to change: 'normalise' sobriety; 'drink less' is a better message than 'drink responsibly'!

Table 5:

1. Recovery community has a voice within the Scottish Government's new treatment strategy
2. Accountability is important; if things don't work, it should be possible to change them
3. People with lived experience have a right, as well as responsibility, to be involved
4. The evaluation process will be important
5. Recovery and treatment are separate things – but need to complement each other to be successful
6. Regional 'Lived experience representative Councils' can meet and develop common goals, feeding into ADPs and other services to monitor the strategy and take issues forward
7. Influence of lived experience can benefit wider staff and how we look after ourselves
8. Police Scotland need to see alcohol within a wider health agenda and GPs need to be confident about asking (about drinking). They could be helped in this by people in recovery.

Eric Carlin thanked all speakers and delegates for their contributions, and noted that they would be sent a copy of the meeting notes. He closed the meeting at 3:15pm.