

## Social Recovery for Alcohol and Problematic Drug Use Rehabilitation in Europe

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### Abstract

Last years, several drug policies have integrated Recovery topic, about operative way to increase quality standards of life for rehabilitation of addictive behaviors, based on holistic approach in Bio psychosocial Model of addictive problem with Recovery concept. Social Recovery is actually considered as a basic topic in rehabilitation of drug problems, but it is not mainly offered in several countries around Europe. Goal of this article is to review Recovery concept in its actual perspective for alcohol and other addictive behaviors in different European countries.

**Keywords:** Bio psychosocial model; Social support; Social recovery

### Introduction

Looking at a few areas all around Europe (in fact, all around the world), we see that there are differences in everyday use of these drugs. There are several reasons for these differences, but availability of drugs and price of drugs affects these consumptions greatly. It is not the same considerations that indicate use of legal drugs, such as caffeine, nicotine, and alcohol. We have accepted the use of these substances is very widespread, while most illegal drugs tend to be used by a very small proportion of the population.

Addiction is defined as “a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain; they change its structure and how it works. These brain changes can be long lasting and can lead to much harmful, often self-destructive, behavior” [1]. We have accepted too the chance that someone will develop an addiction to these drugs varies greatly based on how the drug affects the brain, more than environmental topics. And when we talk about “addiction” we consider most of times illegal drugs more than legal substances.

Addiction concept, as it’s used in NIDA’s definition, can be equivalent to Substances Use Disorder, as it is defined in Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition [2]. When we are talking about epidemiological and social factors of substances use, actually we are taking the risk to consider only medical factors [3]. In fact, during this XXIst century this addiction concept has been reduced to a “brain disorder” [4] in spite of several researchers (also in Neuroscience) has studied environmental mechanisms in development and consolidation of addictive behaviors [5]. A wide perspective of Addiction allows us to include theories and concepts from Medicine (Epidemiology, Psychiatry...), Psychology, Anthropology, Human Geography, Social Economy... In spite of, sometimes we have reduced the action in addictive behaviors mainly to Public Health and Clinical Psychology. Even scientific consensus about intervention in addictive behaviors, either drug use or behavioral disorders (as gambling, sex/

pornography, Internet and social media) [6], is clear about the need to abroad these problems with bio psychosocial perspective [7].

It is estimated that at least 1.3 million people received treatment for illicit drug use in Europe during 2018 and drug use figures overall in Europe are overall quite stable. However, over two-thirds of residential rehabilitation communities (Recovery based treatments/RBT), commonly referred to as Therapeutic Communities (TCs) are based in only 6 EU member states [8]. Moreover, in spite of the existence of around 2,500 residential treatment programmes in Europe, methodological differences have led to inconclusive evidence on effectiveness of TCs as an effective drug demand and crime reduction intervention.

It is important to note that illegal drugs are not necessarily the most addictive. Increase of medicaments use out of prescription in different parts of the world (opiates in USA or Croatia; benzodiazepines in Spain and France...) has not got the same visibility as use of illegal substances in same countries. And social identity of drug users in these areas is totally different for one cluster or other. Alcohol use and abuse is the key factor in this identity all around Europe. In spite of all European countries know consequences of alcohol abuse, there are differences in perspectives of intervention.

One topic in addictive behaviors rehabilitation is how to increase quality and diversity of programs in actual treatment networks. “Recovery” is a concept to include into a context treatment and rehabilitation of addictive behaviors. It means not only reduce or erase use of Drugs (including alcohol) [9], not by “natural recovery” [10], it means to become an active member of society [11,12] considered 3 concepts linked to Recovery:

- Contagion: capacity of influence in social context;
- Connection: capacity to build community and society;
- Homophily: tendence of relation with people like us.

Granfield and Cloud defined “Recovery capital” as “... the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from AOD [alcohol and other drug]

problems” [13]. There are three phases about Recovery Capital (RECCAP):

- Scientific assessment of strengths and weaknesses
- Planification of care with tasks oriented to strengths
- Assertive link with groups and activities oriented to Recovery

Landale and Best [14] divided this “Recovery capital” in

- Personal Recovery Capital: skills and abilities recovered/empowered during rehabilitation process, especially emotional skills.
- Social Recovery Capital: Impact of Recovery in social groups, especially family and social networks.
- Collective Recovery capital: Impact of Recovery in Social context, especially cost/benefit balance.

How to include these concepts about Recovery and how to make a proposal of these kind of Recovery programs for adult drug treatment, rehabilitation and reintegration services is a challenge:

- To detect and implement possible drug services about Social Recovery, Reintegration and Rehabilitation,
- To design and startup of new projects and or initiatives, more effective, feasible and adapted to actual social context.

For example, HOME/2014/JDRU/AG/DRUG/7092-Triple R: Rehabilitation for Recovery and Reinsertion project aimed to reduce drug use and preventing relapse rate for drug addicts, representing a key contribution to the “EU Drugs Strategy 2013-20”. Triple R was a European project with 6 addiction treatment organizations from different European countries (Sweden, Spain, Italy, Belgium and Croatia) brought together to enhance the capacity for the provision of diverse and effective treatment services. The network was aimed at the dissemination of knowledge and building organizational capacity to provide effective and diversified drug treatment services based in Rehabilitation for Recovery and Reinsertion. The project achieved this objective by providing assistance for: 1) Supporting working groups of resource centers in different regions to collect good practices on priority topics and develop training materials; 2) Capacity building and training of trainers at resource centers, in accordance with assessed needs. In addition to the network, the project produced handbooks and materials (video, flyers...) in workgroups focused on the topics Rehabilitation, Recovery and Reinsertion. Triple R was a 2 years Project funded by the European Union.

Goal of Recovery is to return active members to Society. It’s not only about use or absence of substances, it is about creation of protective environments. It is about social participation, social support, collective action... There are documented several experiences in European cities as Ghent, Stockholm, Goteborg, Glasgow, and Berl including different perspectives about this social perspective of Recovery [15]. Maybe one day we will talk more about “Recovery cities”, “social support” [16] or about the prevention programs of professor Harvey Milkman in Iceland, reducing use of alcohol, tobacco and illegal substances using participative action programs, same as about illegal substances and the brain of drug users.

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