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Moving Toward a Recovery-Oriented System of Care

A Resource for Service Providers and Decision Makers

September 2017

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CCSA, 500–75 Albert Street
Ottawa, ON K1P 5E7
Tel.: 613-235-4048
Email: recovery@ccsa.ca

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Introduction

Recovery is positive, achievable and sustainable.

For the first time in Canada, we have a detailed picture of the lives and experiences of people in recovery – and it is one of hope. The first national survey of people in recovery from alcohol and other drugs, *Life in Recovery from Addiction in Canada* (Life in Recovery), was conducted in 2016. This survey gathered information and stories from 855 people across Canada. The resulting report, released in 2017, shares their struggles with addiction and the barriers they faced, but more importantly, it describes their journey of recovery – what encouraged them to seek recovery, supports that helped them on their journey, and the improved engagement as a citizen and improved quality of life they have experienced since they have attained recovery.

These survey findings provide hope for individuals and families affected by substance use and addiction. They show how an individual's personal, social and community resources, including health, relationships, culture, religion and recovery services in the community, can be significant supports for long-term recovery. These findings also suggest that many different service providers play a role in improving the lives of individuals and their families, and that collaboration across sectors and with community-based services is key. It is time to change the conversation about addiction – away from the problem, toward celebrating the solution. People can and do recover from addiction, and an integral part of that solution are service providers in collaboration with cross-sectoral and community partners.

90.7% of participants reported a positive quality of life in recovery.

The Canadian Centre on Substance Use and Addiction (CCSA) spearheaded the Life in Recovery survey with guidance from the National Recovery Advisory Committee (NRAC) and the Recovery Expert Advisory Group (REAG). To build on that work and support the movement toward a recovery-oriented system of care, CCSA and NRAC developed this recovery resource for service providers and decision makers in the substance use treatment field. The purpose of this resource is to increase awareness about recovery and show the value of adopting a recovery approach across the care continuum. Further, it provides actionable examples of policies and practices that service providers can implement to support the principles of recovery. Selected findings from the Life in Recovery survey are included to show how the experiences of people in recovery illustrate the relevance of these principles.

Service providers in collaboration with cross-sectoral and community partners are an integral part of the solution.

This document is divided into the following sections:

- **Background:** Identifies the three sources used for this resource.
- **Principles of Recovery:** This is the main body of the resource and describes each recovery principle and why it is important. This section also shares relevant Life in Recovery findings and presents examples of policies and practices that can be implemented to support each principle.
- **Conclusion:** This section takes a look at the overall system of care, including reflections from the field, relevant Life in Recovery findings and examples of system-level changes for decision makers to consider.



How to Use this Resource

- Share this resource with your colleagues and partners in the community to spread awareness about recovery and about Canada’s collective vision and guiding principles for recovery (see Background section).
- Start a conversation about how your organization or practice can be more recovery-focused.
- Identify opportunities for new collaborations across sectors, within communities, and with clients and their families to promote recovery.
- Review current services to identify strengths, gaps and opportunities to implement additional and higher-quality recovery-focused policies and practices.

Help Strengthen this Resource

This resource is intended as a living document that CCSA can revise as we engage more service providers and incorporate more diverse perspectives from the recovery community, and as new research or needs emerge. We invite you:

- To share examples of recovery-focused practices, policies or tools;
- To share your stories of how you used this resource; and
- To provide feedback on this resource.

Contact us at recovery@ccsa.ca or share your examples, stories and feedback by filling out our short [online survey](#).

“Recovery gives me freedom. It gives me choice. It allows me to follow my dreams. I am no longer chained to my addiction.”

~ Survey participant



Background

This resource was developed based on **three** sources of guidance and knowledge. The first is Canada's collective vision and six guiding principles for recovery, as detailed in *A National Commitment to Recovery from the Disease of Addiction in Canada* (the National Commitment). The second is findings from the Life in Recovery survey. The third is the knowledge and experience of professionals in the field, shared through stakeholder consultations held in Toronto, Vancouver and St. John's. More information on each of these is provided below.

The National Commitment

In collaboration with individuals and organizations from across Canada, CCSA held a National Summit on Addiction Recovery in Ottawa on January 27–28, 2015. The Summit brought together diverse stakeholders representing the recovery community and representatives from federal, provincial and territorial governments to establish a Canadian vision for addiction recovery. These discussions led to the creation of *A National Commitment to Recovery from the Disease of Addiction in Canada* that includes six guiding principles for a Canadian approach to recovery from substance use disorders (see Appendix A). Following the Summit, CCSA established the National Recovery Advisory Committee (NRAC; see Appendix B) to work collectively on promoting awareness of recovery in Canada. NRAC consists of service providers, researchers with expertise in recovery and people with lived experience who advise CCSA's work in recovery, engage stakeholders in conversations about recovery and increase awareness of the National Commitment across Canada. The six guiding principles of recovery from the National Commitment form the organizing framework of this resource.

Life in Recovery from Addiction in Canada

With the support of NRAC and the Recovery Expert Advisory Group (REAG; see Appendix C), which provided research and survey expertise to the project, CCSA spearheaded the first nationwide survey examining the lives and experiences of 855 individuals in recovery from addiction in Canada. CCSA released the report of the online survey results in May 2017. The *Life in Recovery from Addiction in Canada* (Life in Recovery) report provides a wealth of information about recovery, including resources and supports used, experiences of stigma and discrimination, and functioning in different domains of life (e.g., work, school, family, finances) (see Appendix D for summary report). For each principle of recovery, relevant findings from the survey are presented to show how the principles can be reflected in the experiences and journeys of people in recovery.

Consultations with Stakeholders

CCSA conducted three consultations with a total of 41 stakeholders across Toronto, Vancouver and St. John's between January and July 2016. The purpose was to leverage the knowledge and experience of those in the field to better understand how a recovery-oriented system might look —what system-level changes are needed and how the recovery principles could be applied in practice. The participants included service providers, addiction medicine doctors and nurses, researchers, and leadership team members from workforce certification organizations and recovery facilities. Members of NRAC were among the participants in these consultations.

Participants were asked to reflect on the current state of Canada's addiction system of care and on system-level changes needed to move toward a recovery-oriented system of care. Participants also discussed how they saw the National Commitment's recovery principles being incorporated into daily



practices and shared concrete examples, based on their experiences, of how these principles were put into action. The findings from these consultations are reflected in the recommendations below under each recovery principle and in the discussion and recommendations for decision makers in the conclusion section.



Principles of Recovery

The sections below explain each principle of recovery, including what it means, why it is important and how it is reflected in the findings from the Life in Recovery survey. This explanation is followed by concrete examples of policies and practices based on recommendations shared by stakeholders during consultations. These examples are intended to help lift the principles in the National Commitment off the page and illustrate how each principle can be applied in everyday practice. However, not all recommendations will be applicable to every organization or service provider, and there are additional ways to support these principles that are not included here. This resource does not endorse any specific philosophies or interventions.

It is important to remember that the principles overlap and are part of a greater whole. Implementing one principle might require incorporating others into practice as well. The principles are numbered below so they are easy to reference and do not reflect any particular order or hierarchy of principles.

1. There Are Many Pathways in Recovery

A variety of interventions and approaches can lead to successful long-term recovery (Project MATCH Research Group, 1997). There is no one pathway in recovery that works for all those struggling with addiction and as a result, a successful journey can be different for each person.

Why Is It Important?

Addiction is a complex issue that often requires long-term management.¹ How addiction develops and progresses is determined by biological, social and environmental factors that differ across individuals (e.g., genetic heritability, social ties, family dynamics, spiritual wellbeing, experience with trauma). These factors interact to determine how vulnerable an individual is to addiction, the severity and intensity of the addiction and his or her pathway in recovery.

Although there is no standard definition of recovery from addiction, many definitions include changes in lifestyle and behaviours to address the biological, psychological, social and spiritual troubles due to addiction. In addition to abstinence or stopping uncontrolled substance use, recovery implies improved health, function and quality of life.

Life in Recovery survey

Long-term recovery outcomes also vary among individuals and are influenced by when treatment begins, the time spent in treatment, the post-treatment environment and the resources that an individual has available for support. For some individuals, relapse does occur. Relapse rates are similar to those of other chronic diseases (McLellan, Lewis, O'Brien, & Kleber, 2000) and relapse does not mean that treatment has failed. Rather, it means restarting treatment and learning from previous relapses about better ways to achieve and maintain recovery (e.g., interventions might be tweaked, added or removed).

Since addiction and recovery differ among individuals, an effective program must be tailored to individual needs and preferences. For some individuals, abstinence-based programs and supports such as 12-step mutual support groups provide a pathway of recovery. For others, harm reduction approaches, which involve incremental steps to reduce harm instead of eliminating drug use altogether (Canadian Centre on Substance Abuse, 2005), might provide a pathway of recovery.

¹ Categorizing addiction as a chronic illness reflects its underlying causes and characteristics that are shared with various other chronic diseases (e.g., hypertension, asthma, diabetes, etc.). It does not mean that all individuals struggling with addiction require long-term treatment and monitoring or that recovery is impossible.



Treatment² and recovery programs typically begin with a comprehensive substance use assessment and diagnosis, when appropriate, followed by a treatment plan that incorporates the individual's strengths and unique circumstances, and includes evidence-informed interventions, services and supports (McLellan et al., 1994).

What Did We Hear from People in Recovery?

The recovery journeys of participants in the Life in Recovery survey followed many different pathways, using a wide range of resources and programs. The most common included 12-step mutual support groups (used by 91.8% of participants), residential treatment (60.6%), group or individual counselling (56.0 – 57.0% depending on the provider) and outpatient treatment (41.4%). However, many other resources were also used, such as support recovery houses, therapeutic communities and medication-assisted therapy. Collectively, these programs and the service providers and staff that support them significantly impact the system of care by providing opportunities for people to pursue the pathways of recovery that work for them.

Individuals accessed on average six different resources and programs.

What Can You Do?

- Provide education and training to staff on recovery, including:
 - The meaning of recovery;
 - The importance of respecting clients' choice of treatment options; and
 - The range of evidenced-based approaches that can support pathways of recovery (e.g., therapies and counselling, mutual support groups, medication-assisted treatment, harm reduction principles and strategies).
- Provide multiple treatment options and supports for clients:
 - Educate clients and their families on the availability and validity of multiple pathways of recovery;
 - Ensure clients and families can access evidence about what works through different formats (e.g., USB drives, public information sessions, links on websites);
 - Offer clients a wide range of services during treatment (e.g., psychiatric, medical, skills training, family counselling, harm reduction, social services) that reflect their needs and goals; and
 - Facilitate access to a recovery coach or peer recovery support specialist by having one on staff, or connecting clients with coaches and specialists in the community.
- Involve clients and families in individualized treatment and recovery plans:
 - Consult regularly with clients and families about their values and goals in treatment;

² Treatment can mean different things to different people. In the context of this document, the term "treatment" is used to refer to the range of formal treatment options that includes individual, family or group counselling and therapy, medication-assisted therapy, detoxification, structured programs and harm reduction approaches. These can take place in a variety of settings, including inpatient (hospital), outpatient (community), withdrawal management centres and residential settings. A treatment plan or program can include multiple components (e.g., detox, counselling, medication), as well as recovery services and supports.



- Develop individualized recovery plans as part of treatment planning to promote progress toward recovery following formal treatment;
- Offer different ways for clients to interact with their clinical team during treatment and long-term support and monitoring (e.g., in person, telephone, email); and
- Encourage clients to provide feedback on their experiences, identifying the services that were helpful to them (e.g., conduct client satisfaction surveys).
- Connect clients to community-based support programs and services:
 - Educate clients and their families about how supports in the community and online can help maintain gains made during treatment and prevent relapse;
 - Connect clients to the broad range of addiction recovery support services in the community, such as 12-step groups (e.g., Alcoholics Anonymous, Narcotics Anonymous), 16-step groups, online resources, group counselling sessions, SMART Recovery Programs, abstinence-based social clubs, recovery housing, telephone help lines and use of alumni association members, all reflective of the client's goals; and
 - Encourage clients to participate in community support programs and services early in treatment to ensure there is continuity of support when treatment ends.
- Support clients through transitions and monitor long-term recovery outcomes:
 - Prepare and support clients through necessary transitions in their treatment and pathway of recovery in a consistent, timely, compassionate, non-judgmental manner (e.g., moving from outpatient program to residential to community support services); and
 - Measure client short- and long-term recovery outcomes (e.g., follow-up with clients through phone, email, online survey or in person to assess long-term recovery outcomes, including quality of life, quality of relationships, physical and mental health, and functioning in community, work and school).



Pathways in the Community: Oxford Houses

In finding the pathway of recovery that works best for them, clients might access multiple types of treatment options and multiple types of community-based recovery supports. For some individuals, being able to live in a substance-free environment and having the support of peers is significant to their recovery. Recovery residences are communal alcohol- and drug-free living environments that offer peer-to-peer support for those who have experienced substance use disorders (National Alliance for Recovery Residences, 2012). Recovery homes can vary in their structure and level of oversight. One of the more well-known and researched models is the Oxford House. As of 2016, there are over 2,100 Oxford homes in the U.S. and others in England, Australia and Canada (Oxford House, 2016). Currently there are about 40 Oxford Houses in Alberta and about five Oxford Houses in Saskatchewan (Oxford House Society of Regina, 2015).

Each Oxford House operates independently and is financially supported by its residents without any professional staff or external oversight (Jason, Olson, Ferrari, & Lo Sasso, 2006). Each Oxford House is run democratically and has an elected president, treasurer, comptroller, coordinator and secretary. Residents can only hold each position for six months so that all residents have a chance to take on different leadership roles. The basic rules for members include:

1. Remain free of alcohol and drugs,
2. Participate in house governance, and
3. Pay rent and complete all assigned chores.

Research shows that living in Oxford Houses is associated with benefits for residents, such as lower substance use, higher monthly income and lower incarceration rates (Jason et al., 2006). Length of stay has also been associated with greater attendance at school or vocational training and greater number of days worked (Gomez, Jason, Contreras, DiGangi, & Ferrari, 2014).

For more information about Oxford Houses in Canada, visit www.oxfordhouse.ca and www.oxfordhousesk.ca.

2. Recovery Requires Collaboration

A recovery-focused system of care includes collaboration between service providers and community support systems, as well as among professionals across healthcare and social service sectors.

Why Is It Important?

Cross-sectoral collaboration is especially important for prevention, early identification and treatment. Given the complex nature of substance use and addiction and the related problems that are concurrent or emerge with addiction, individuals might enter the system at different points (e.g., primary care, hospital, school, housing services, criminal justice). There is a need for coordinated screening, assessment and referral so that individuals get the right services at the right time. Further, clients often require different services during treatment and recovery to meet their individual needs and support multidimensional recovery. This requirement can include housing, vocational training, community support groups and childcare services. Service providers play a key role by connecting individuals with the wide array of services and specialized treatments available across sectors so

Recovery-focused systems require collaboration across sectors, including peer support and mutual aid, health, social, educational, criminal justice, employment, economic, spiritual and housing sectors.



that they can access the personalized supports they need. Service providers can have specific protocols with various local partners to assist with transitions and implementing the client's recovery goals.

This approach equally applies to community-based supports and services, which are important for recovery outcomes. For example, participating in mutual aid groups is associated with positive behavioural changes including, increased self-efficacy (Bogenschutz, Tonigan, & Miller, 2006), engagement with rewarding activities and long-term self-monitoring (Moos, 2008). Ideally, service providers will collaborate with community services during active treatment to facilitate transitions from treatment to community. Individuals are more likely to use such services when they are initiated through treatment facilities rather than through referral after treatment (Berkman & Wechsberg, 2007).

What Did We Hear from People in Recovery?

As noted above, participants from the Life in Recovery survey used and valued a number of recovery resources and programs in the community, such as 12-step mutual support groups and recovery homes. However, some participants had trouble accessing recovery resources and programs. For example, some barriers included not knowing where to go for help (reported by 35.8% of participants), lack of professional help for mental health or emotional problems (24.1%), lack of programs or supports in the community (20.4%) and not having stable or adequate housing (12.6%). Strengthening collaboration and relationships between service providers and those working in the community and other sectors through established protocols can increase awareness of and access to coordinated services for clients, and begin to address some of these barriers.

What Can You Do?

- Build relationships and create opportunities for collaboration:
 - Educate all staff, not just frontline staff, on the importance of inter-professional collaboration and create opportunities for staff to engage in knowledge exchange events;
 - Build relationships with housing and employment agencies in the community; and
 - Meet regularly with community mental health and addiction support services to collaborate on initiatives to address a broader range of client needs.
- Increase awareness of and access to different services:
 - Ensure that service providers understand the multiple ways through which participation in recovery support groups improves recovery outcomes;
 - Create a roadmap for staff highlighting the various programs and services in the community with established protocols to assist with client transitions;
 - Create a roadmap for clients and their families to help them navigate the full spectrum of services;
 - Empower clients to take personal responsibility for their own recovery status and journey; and
 - Offer clients consultations with peer support workers during treatment.



- Collaborate with others to monitor long-term recovery:
 - Create professional relationships with relevant healthcare providers (e.g., primary healthcare clinics, sexually transmitted disease clinics, etc.) to enhance long-term monitoring of recovery;
 - Connect persons in recovery with primary care providers who can be actively involved in long-term support and monitoring of clients in recovery; and
 - Emphasize the importance of two-way communication between service providers and recovery support groups for monitoring the long-term recovery status of clients who want long-term support and monitoring.

A Model of Collaboration: The MESH Program in Calgary

The Mental Health, Employment, Substance Abuse, and Housing (MESH) program offered by five non-profit organizations in Calgary is an example of a collaborative model for the delivery of recovery-oriented services. The goal of the MESH program is to provide comprehensive services to people with complex needs by increasing efficiency and access to care. Through seed funding from United Way, Prospect Human Services coordinates a network of service partners, including the Canadian Mental Health Association, Fresh Start Recovery Centre, Aventa (a female-focused addiction treatment facility) and Horizon Housing.

MESH serves people with needs in at least two areas from mental health, employment, substance use and housing, allowing clients to access support from multiple organizations through a single intake and assessment procedure. This intake is supported by a secure web tool that permits individuals directly involved in client care to readily communicate and share information. By using shared, interactive software, MESH simplifies the complicated process of navigating multiple organizations. By streamlining intake procedures and creating tools that support collaboration, the MESH program provides comprehensive services to clients with multiple, specialized needs.

Furthermore, the staff members involved in client care meet regularly to collectively determine the most appropriate service plan for each individual. Taking advantage of the benefits of peer support, MESH pairs each client with a peer navigator, an individual with lived experience who can mentor and guide clients through the course of the program.

For more information about the MESH program, visit www.meshhelps.ca.

3. Recovery Is a Personal Journey Toward Wellbeing

Recovery is unique to the individual with optimal services tailored to strengths, needs, perceptions and experiences, including trauma and mental health issues.

Why Is It Important?

Identifying the right type and combination of services and supports for an individual through a detailed assessment can lead to more effective treatment and recovery experiences. For example, individuals who have both substance use and psychiatric disorders benefit more from concurrent care that addresses both issues, than independent care for each of these concerns (Ouimette, Moos, & Finney, 2003). Clients should be involved in the development of treatment and

Recovery is an ongoing and dynamic process that is unique to the individual's strengths, culture, gender, personal qualities and experiences.



long-term recovery plans to ensure their specific needs and preferences are addressed at every step (e.g., language preferences, cognitive abilities, family needs, physical and learning disabilities, sexual orientation).

While substance use treatment and support services have historically focused on the needs of a culturally homogeneous population, Canada has a heterogeneous population that includes diverse subpopulations with different needs (e.g., seniors, youth, women, racialized populations, and LGBTQ2 and Indigenous people). Treatment and recovery supports can be more effective when they are informed by the client's culture, ethnicity, faith, age, gender and so on. For example, women achieve better recovery outcomes when treatment settings and therapy groups are women-focused (Greenfield, Trucco, McHugh, Lincoln, & Gallop, 2007). Similarly, Indigenous people experience higher rates of treatment success when they participate in culturally relevant programs and services designed and delivered by other Indigenous people (Jiwa, Kelly, & St. Pierre-Hansen, 2008). Organizations can leverage community resources, including professional organizations, faith-based groups, peer support groups and civic organizations to provide a broad range of services to diverse clients whose needs evolve over the course of recovery.

What Did We Hear from People in Recovery?

First Nations addiction treatment programs are one notable example of specialized recovery resources and programs mentioned by respondents to the Life in Recovery survey. Of participants who completed the survey, 8.4% or 72 people identified themselves as Indigenous. A total of 43 people reported using First Nations programs during their recovery experience, with 69.8% reporting that it was very important to their recovery. Programs specific to a diagnosis of both substance use and mental health issues are another example, as 31.8% of participants used such services, with 65.1% rating them as very important to their recovery. These specialized programs support recovery while also addressing the specific needs and pathways of individuals.

What Can You Do?

- Implement evidence-based approaches that are strengths-based:
 - Implement a trauma-informed approach throughout services and programs; and
 - Implement an approach that promotes hope, resilience and positive change throughout all services and programs.
- Be attentive to the specific needs of all individuals:
 - Offer childcare services on site or make arrangements with daycare programs for parents of young children;
 - Accommodate seniors and be mindful of their physical and cognitive limitations (e.g., ensure buildings and rooms are accessible, provide travel vouchers or bus passes for those who are unable to drive);
 - Accommodate and be attentive to the needs of persons with disabilities; and
 - Create a supportive, non-judgmental, non-stigmatizing environment for pregnant women.



- Actively engage clients and those with lived experience:
 - Work with clients to incorporate their goals and preferences in the development of their treatment and recovery plans; and
 - Engage diverse stakeholders, including those with lived experience, when designing and evaluating programs and services.
- Emphasize the importance to all staff in the organization of using positive language that promotes dignity and respect for all persons.

4. Recovery Extends Beyond the Individual

The recovery process includes not only the individual, but the individual's family, friends, workplace and community. Everybody can play a role in supporting an individual's recovery.

Recovery involves family, peers, workplaces and the community.

Why Is It Important?

The majority of a person's journey in recovery occurs outside the boundaries of mental health, substance use or other health services. Social networks, including peers and family who can provide support and monitoring, are particularly important in long-term recovery. In fact, some people recover with the help of family or peers without ever accessing the substance use system for treatment (White, 2008).

Social relationships are part of what is called "recovery capital," the combination of personal, interpersonal and community resources that can be drawn upon to begin and sustain addiction recovery (White & Cloud, 2008). These resources can include physical health, financial assets, values, knowledge, skills (personal), family and social relationships, connections to school, workplace or church (interpersonal), and addiction treatment and community recovery supports (community). The quality and quantity of recovery capital available to a person can significantly impact long-term recovery outcomes (Moos & Moos, 2007). These resources can help a person deal not only with addiction, but with the many factors that affect substance use, such as employment status, housing status, history of trauma, family history of addiction, substance-using peers, concurrent psychiatric or medical illnesses, legal troubles and financial concerns.

Service providers can also identify the extent of recovery capital during assessment and screening to help determine the level, duration and intensity of care that a client needs (White & Cloud, 2008). Understanding a person's recovery capital can complement traditional assessment based on severity and complexity of substance use and dependency, and inform treatment planning and long-term recovery monitoring and management.

What Did We Hear from People in Recovery?

Marital, family and other relationships were among the top reasons participants from the Life in Recovery survey began their journey of recovery (reported by 64.9% of participants). Over two-thirds of participants who relied on relationships with families and friends as support rated them as very important to their recovery. In terms of formal recovery programs, 26.1% of participants used employee assistance programs for addiction, and 16.7% used professional employment group recovery support programs. Thus, both formal

Over 95% of participants relied on relationships with families and friends for support in their recovery.



resources and programs and informal supports in the community can provide meaningful support for individuals and their families.

What Can You Do?

- Include quality and quantity of recovery capital in assessment and treatment planning:
 - Ask clients at intake to identify people who support their recovery and include them in the treatment plan.
- Increase community resources and access to community resources:
 - To avoid gaps in the continuum of care, connect clients to supports and resources in the community while they wait for individualized care and during the transition from treatment to community;
 - Educate employers and human resource providers on signs and symptoms of substance use; and
 - Provide training to organizational leaders on how to help persons with substance use issues and provide them with a list of community support programs and services.
- Include family members in treatment and recovery:
 - Provide support and services to family and friends of persons in recovery;³
 - Educate family members of clients on their role in their loved one's long-term recovery; and
 - Include family members in the evaluation of programs and services (e.g., by creating satisfaction surveys).
- Help clients communicate and connect with resources:
 - Provide a space for clients to use telephones and computers with Internet access (e.g., use online resources, connect with others through email or social media); and
 - Identify online, telephone or other supports for clients living in remote locations and for those seeking long-term support.
- Help clients connect to friends and peer support:
 - Emphasize to clients and families the importance of on-going peer and social support in maintaining recovery;
 - Encourage family members to connect with family support groups online and in the community (e.g., Alcoholics Anonymous);
 - Provide opportunities for persons in recovery to build friendships with others by organizing or connecting them to social activities (e.g., hosting dinners, dances, sport tournaments and other community events);
 - Develop an alumni program and encourage clients to participate in it;

³ The [Fresh Start Family Healing Program](#) offered through Fresh Start Recovery Centre in Calgary is an excellent example of a structured program that is specifically targeted towards families and peers.



- Help clients build supportive friendships and identify sponsors or peer mentors within their communities while they are in treatment; and
- Recruit persons and families with lived experience to share their knowledge and experiences with new clients and their families (e.g., advise and help to navigate mental health and addiction services).

Engaging Family Members and Peers: Sunnybrook Family Navigation Project

The Sunnybrook Family Navigation Project provides an example of placing families at the centre of service delivery and engaging families with lived experience to create more effective mental health and addiction support for youth.

The project was conceived and developed by parents who encountered significant barriers while seeking treatment services for children with mental health and addiction concerns. The parents, with the help of clinical experts at Sunnybrook Health Sciences Centre, created a navigation service that guides and supports families who have children struggling with mental health and addiction issues. The service provides each family with a navigator, a clinically trained health professional, who links the family with accessible treatment resources. The navigator works closely with the family to assess their unique concerns and needs to determine an appropriate healthcare service for their loved one. The family navigator provides support to the entire family and advocates for them as they make their way through the healthcare and social service system. They also connect families with a peer support network to enable families to share experiences and information with and receive support from other families who have travelled a similar journey.

A voluntary Parent Advisory Council closely guides implementation of the project and ensures that families are central to the delivery of all services. The Parent Advisory Council is comprised of parents who have experienced the barriers related to navigating a complex system of care. The Parent Advisory Council has continued to lead the project by being involved in strategic planning, budgeting, hiring and mapping the mental healthcare system.

More information, see sunnybrook.ca/content/?page=family-navigation-project.

5. Recovery Is Multidimensional

Recovery involves addressing the multiple dimensions of a person's health in addition to their substance use. This principle is based on models of addiction and health that recognize the complex interactions between biological, psychological, sociocultural and spiritual factors. The person is placed at the centre of the model and his or her health is considered within these multidimensional contexts.

Recovery enhances physical, social, mental, emotional and spiritual health.

Why Is It Important?

Treatment programs that support recovery should include diverse services or activities that are incorporated into or delivered in tandem with more traditional medical, psychiatric and counselling services. For example, these services might include vocational training, such as employment and problem solving skills. Recovery can become a self-sustaining process if individuals are equipped with the knowledge, skills and abilities to function outside the immediate treatment and recovery setting. Research has shown that spiritual health is an important aspect of recovery. Specifically, findings show that clients get value from services with a spiritual orientation regardless of their



attitudes toward spirituality before seeking treatment (Arnold, Avants, Margolin, & Marcotte, 2002) and that spiritual experiences improve treatment outcomes (Sterling et al., 2006). Supports that address the multidimensionality of recovery, whether formal or informal, can promote positive recovery outcomes. Other activities to consider include art, yoga, sports and acupuncture. If organizational resources are lacking to include such activities, consider collaborating with other service providers and organizations in the community.

What Did We Hear from People in Recovery?

Participants from the Life in Recovery survey highlighted the importance of informal supports in recovery, which often address the dimensions of health and well-being described above. In addition to relationships with family and friends, 87.4% participants used religion or spirituality and 85.6% used meditation or mindfulness practice to support their recovery. About two-thirds of those who used these supports rated them as very important. In addition to these supports, participants also engaged in a diverse range of activities to support their recovery, including yoga, exercise, art, poetry, writing, recovery reading, relationships with animals or pets and relationships to land and environment.

What Can You Do?

- Promote the benefits of wellness and a healthy lifestyle:
 - Include programming or resources on eating well, exercise, sleep, mental wellness and involvement in social activities (e.g., workshops, presentations, reading material);
 - Offer individual and team sport activities or partner with a local community centre to provide these opportunities;
 - Offer yoga classes on site (e.g., invite volunteers to run classes);
 - Offer clients access to bicycles (e.g., work with local bicycle store to provide bicycles for leisure or travel in the community);
 - Offer a range of activities with the potential to increase wellness and build social ties (e.g., art, dance, music therapy programs, poetry reading, and writing and journaling);
 - Connect clients to professionals and services in the community that can provide therapeutic massage and acupuncture; and
 - Have pet-friendly policies and provide opportunities for connecting with therapy animals.
- Promote and strengthen social relationships:
 - Give clients repeated opportunities to expand their social networks by connecting them with services and programs in the community that are not related to addiction and mental health; and
 - Offer couple or family counselling.
- Support the development of life and coping skills:
 - Encourage life skills development (e.g., stress management, communication skills, coping skills, relapse prevention skills, parenting skills, recognition of high-risk situations, etc.); and



- Encourage clients to engage in alternate activities (e.g., running, music, art) that they can use for coping with life stresses.
- Provide opportunities for connecting with culture, spirituality and religion:
 - Create a welcoming, open environment where individuals are encouraged to practice their cultural, spiritual and religious customs;
 - Include Indigenous traditions in the healing process;
 - Support clients' efforts to connect with their faith community; and
 - Provide information and classes on meditation to emphasize the importance of positive thought and mindfulness.

6. Recovery Involves Everyone

Everyone can contribute to creating a culture and society that is compassionate, understanding and supportive of people in recovery and those struggling with addiction. Work towards such a society begins with overcoming stigma and dispelling the common myths that are associated with both having a substance use disorder and being in recovery.

Everyone has a role to play in overcoming the stigma of addiction and supporting and celebrating Recovery.

Why Is It Important?

Stigma can prevent individuals from seeking and receiving effective services and supports, especially when they are also concerned about disrupting their professional and family lives. This fact is especially problematic because as with most chronic conditions, early intervention is often associated with better prognosis and long-term outcomes (White, 2008). Stigma can come from multiple sources, including the system of care, or the person with a substance use disorder or in recovery, as well as from friends, family and society. This stigma can be real, perceived or self-induced (Luoma et al, 2007).

To reduce stigma, the language and conversation about substance use, addiction and recovery must change. We need to focus less on the problem and more on the solution. Recovery is possible and achievable and this message is important to share with those struggling with addiction and the wider public. A powerful way to do this is by sharing the stories of people who are in recovery and have experienced positive change in their lives. The Life in Recovery report is helping to spread this message. We also need to dispel common myths about addiction. For example, being dependent on substances is not the result of moral shortcomings. Rather, addiction is a complex and chronic health condition with many risk factors that are often beyond the individual's control. All of us can take steps to reduce stigma by sharing these key messages and changing the conversations about addiction and recovery.

What Did We Hear from People in Recovery?

Almost half of participants, 48.7%, from the Life in Recovery survey reported perceived stigma and discrimination during the active phase of their addiction; 33.2% reported similar experiences during recovery. Further, stigma was perceived as a barrier to beginning recovery, as 49.7% of participants reported being worried about what others would think. However, despite these barriers, individuals were able to begin and maintain recovery, providing a message of hope that needs to be shared widely.



Recovery is possible, achievable and sustainable. The majority of participants, 90.7%, reported a positive quality of life. Participants reported many improvements in life during recovery compared to life in active addiction. Improvements included having stable housing (95.9% versus 65.4%), participating in family activities (90.3% versus 31.0%), remaining steadily employed (79.1% versus 52.6%), paying bills (93.5% versus 42.2%) and taxes on time (77.4% versus 43.4%), regularly volunteering for community service activities (66.8% versus 14.4%) and planning for the future (88.8% versus 22.3%).

Recovery brings positive citizenship – engagement with family, friends, the community and the workforce.

What Can You Do?

- Use positive language when speaking about people in recovery.
- Dispel common myths and broadly share the key messages above:
 - Co-develop and co-deliver, with people in the recovery community, education campaigns for the public and targeted presentations for key stakeholders;
 - Provide easy-to-understand information with stories of recovery for clients and their family members; and
 - Work with the media to share positive stories of people in recovery.
- Sponsor and participate in conferences and meetings where professionals from various disciplines can learn about treatment, recovery and research related to addiction.
- Provide outreach activities such as workshops, information booths or talks at diverse locations in the community (e.g., drop-in centres, primary healthcare clinics, youth outreach programs, counselling services, cultural centres) to increase awareness about treatment services, addiction and recovery.
- Provide tailored education and early intervention strategies to different segments of the population (e.g., women, persons with disabilities, visible minorities, Indigenous populations) and promote recovery programs and other support services in the community.

Reducing Stigma and Celebrating Recovery: Recovery Day in Canada

Recovery Day was celebrated for the first time in Canada on September 30, 2012, in Vancouver and Victoria, British Columbia. Since then, 30 cities across the country, big and small, have begun celebrating their own Recovery Day during the month of September, Recovery Month.

Recovery Day is an opportunity for the recovery community to come together in a public display of support and celebration of recovery from addiction. Activities focus on building awareness about recovery, challenging stigma and discrimination surrounding addiction and recovery, and recognizing the positive role recovery plays in the lives of many Canadians. Recovery Day is held on different days in September, often marked by various community and city events that might include showcasing local service providers, mutual support groups and other recovery support services; performing and creative arts from the recovery community; and invited guests that include government officials, professionals and other individuals who have lived experience and recovery stories to share. Recovery Month is an opportunity to show the power and hope of recovery.

For more information about Recovery Day in Canada, visit www.recoverydaycanada.com.



Conclusion

Moving Toward a Recovery-Oriented System of Care

When we envision the implementation of the recovery principles, as brought to life by the examples provided in this resource, we begin to form a picture of what a recovery-oriented system of care in Canada might look like. Such a system involves a network of coordinated services and supports that includes prevention, intervention, treatment, harm reduction services, monitoring and long-term recovery maintenance supports.

However, the National Commitment represents a goal rather than a reality, as all principles are not yet realized in the Canadian system of care. A common theme that emerged from consultations with professionals in the field was that the current addiction system lacks a recovery-oriented continuum of care. Specifically, there is not enough collaboration among service providers and there are few coordinated community-based services that can support people in their recovery, particularly after formal treatment has ended. Further, greater attention is needed on long-term recovery outcomes, including key measures that speak to positive citizenship, involvement in the community and social connectedness.

Service providers, decision makers and the recovery community need to work together to increase the capacity of the system to address collaboration, community supports and long-term outcomes, and to reduce the stigma associated with substance use, addiction and recovery.

However, as identified in consultations, the lack of shared definitions, language and messaging is a challenge for this work. First, there is the fundamental issue of defining what recovery is and what being in recovery means. Since there are many pathways of recovery and any definition needs to encompass the variety of perspectives and experiences that exist, consensus on one definition is difficult. Many definitions have been proposed, often to generate discussion, while some organizations have adopted working definitions. Second, there is no consistent and coordinated messaging about what a recovery-oriented system of care should look like and why it is important. The National Commitment and recovery principles described in this document suggest what some of the key components of a recovery-oriented system look like and how best to create a coordinated system for the client. But this is only a starting point: continued commitment is required to move this work forward.

Some steps towards a recovery-oriented system of care:

- Collaboration between service providers
- Coordinated community-based services and protocols
- Measures of long-term recovery outcomes
- Shared language and messages
- Reduction of stigma

What Did We Hear from People in Recovery?

Although they are now experiencing a better quality of life in recovery, many participants from the Life in Recovery survey faced barriers to beginning their journey. Some emphasized the need for more treatment facilities and options, and 47.1% reported barriers to accessing treatment.



System-level barriers included:

- Long delays for treatment
- Lack of professional help for mental health or emotional problems
- Cost of recovery services
- Lack of programs or supports in their community
- Quality of services available in their community
- Lack of programs or supports that met their cultural needs or were in their preferred language

Through collaboration and focused partnerships, we can promote the recognition of addiction as a chronic health condition, develop targeted investments in the system of care, and establish a continuum of care that captures and supports more Canadians, allowing them and their families a better chance at a healthier and more productive future.

What Can You Do?

The following suggestions are steps decision makers can take to help improve the addiction continuum of care.

- Enhance collaboration between service providers:
 - Identify and engage potential professional and community partners for collaborative activities to create a broader network of client supports;
 - Develop a common assessment tool for intake and diagnosis to standardize assessment and screening procedures, taking into consideration client recovery capital for comprehensive treatment planning over the long term; and
 - Create opportunities for collaboration across sectors to address the economic and sociocultural risk factors that contribute to harmful substance use and addiction (e.g., conferences and professional meetings, community initiatives and coalitions, funding for collaborative projects).
- Improve access to treatment and community-based services:
 - Monitor and analyze waitlist data, look for ways to triage vulnerable populations (pregnant women, youth) and identify creative ways to provide interim services to engage clients;
 - Monitor cost as a barrier to treatment and explore partnerships, matching funds and external funding to help defray direct costs to clients;
 - Develop protocols with other treatment and community services to help clients access in a timely manner treatment and supports that meet their needs (e.g., mental health, housing, peer support) and that facilitate transitions across the continuum of care;
 - Create hubs for recovery services and supports for people in the community (i.e., one central building or space that houses various services to enhance social connectedness and recovery capital) by collaborating with existing community centres and spaces or creating new ones; and



- Increase awareness of treatment services and community-based programs and supports, and how to access them through community outreach, awareness campaigns, and printed and online materials distributed by cross-sectoral partners
- Actively engage in efforts to reduce stigma associated with substance use and recovery:
 - Work with professional, community and lived-experience partners to develop shared language around substance use and those pursuing recovery;
 - Promote the conceptualization of addiction as a chronic health condition;
 - Create and advocate for the development of anti-stigma campaigns for the general public and health professionals; and
 - Integrate recovery principles into education and training programs for mental health and addiction service providers.
- Engage stakeholders in building a recovery-oriented system of care:
 - Establish guidelines, protocols and best practices for involving clients and their families in treatment planning, accommodating individual needs and preferences (e.g., culture, language, disabilities, gender), and obtaining feedback on services; and
 - Engage persons with lived experience on all aspects of program design, development, implementation and evaluation
- Strengthen mechanisms for quality improvement that include identifying and implementing recovery outcome measures:
 - Develop standardized measurement tools and mechanisms for assessing long-term recovery outcomes;
 - Develop and use common performance indicators across organizations and services that are client focused and recovery focused;
 - Require, as a part of funding, rigorous evaluation that includes measurable indicators of long-term recovery outcomes; and
 - Ensure safety and quality of care of programs and facilities through required performance measurement and evaluation activities, appropriate licensing, training and certification of staff, accreditation and other accountability mechanisms.

We all have a role to play.

No one organization or level of government can bring about the changes that are required to promote a recovery-oriented system of care. But together, we can have a collective impact in promoting recovery so that individuals can return to their families, communities and work places, and contribute to positive citizenship. With continued determination and new investments in needed services and supports, we can create a system of care focused on recovery where all Canadians will benefit.



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Glossary of Terms

Abstinence: Intentional and consistent restraint from the pathological pursuit of reward or relief that involves the use of substance and other behaviours. These behaviours may involve gambling, video gaming, spending, compulsive eating, compulsive exercise or compulsive sexual behaviours. (Source: American Society of Addiction Medicine)

Addiction: Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This dysfunction is reflected in an individual pathologically pursuing reward or relief by substance use and behaviours. (Source: American Society of Addiction Medicine)

Addiction is characterized by inability to consistently abstain, impairment in behavioural control, craving, diminished recognition of significant problems with one's behaviours and inter-personal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

Note: Addiction is not considered a specific diagnosis in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5). However, several organizations, including the National Institute on Drug Abuse, continue to use the term "addiction" to describe compulsive drug seeking despite negative consequences.

Harm reduction: Harm reduction refers to policies, programs and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop. The defining features are the focus on the prevention of harm, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs. (Source: Harm Reduction International)

Mutual aid groups: Mutual aid groups provide non-clinical and non-professional help to achieve long-term recovery from addiction. (Source: Substance Abuse and Mental Health Service Administration)

Recovery capital: Recovery capital is the combination of intrapersonal, interpersonal and community resources that can be drawn upon to initiate and sustain addiction recovery (White & Cloud, 2008).

Relapse: Relapse refers to the process of returning to the use of alcohol or drugs after a period of abstinence. Relapse is possible no matter how long an individual has been abstinent and is most helpfully regarded as a normal part of the recovery journey. (Source: Service Model and Provincial Standards for Adult Residential Substance Use Services, Ministry of Health, British Columbia, 2011)

Substance Use Disorder: A problematic pattern of use of an intoxicating substance leading to clinically significant impairment of distress based on evidence of impaired control, social impairment, risky use and pharmacological criteria. (Source: DSM-5, American Psychiatric Association, 2013)



Resource List

- British Columbia Ministry of Health, *Service model and provincial standards for adult residential substance use services*, 2011.
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- Substance Abuse and Mental Health Services Administration (SAMHSA), *Working definition of recovery*, 2011.
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- SAMHSA, *Recovery-oriented systems of care (ROSC) resource guide*, 2010.
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- SAMHSA, *Recovery and recovery support*, 2015.
www.samhsa.gov/recovery
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Appendix A: A National Commitment to Recovery from the Disease of Addiction in Canada

The disease of addiction is a health issue and it impacts all Canadians.

On January 27 and 28, 2015, individuals from across Canada representing recovery, treatment, continuing care, education, research and government came together to create a united vision for what Recovery means in Canada. This document is the result of that Summit, and an important step toward promoting Recovery in Canada.

Vision

Through this National Commitment to Recovery in Canada, we collectively declare our vision for a Canada in which:

- Recovery is real, available, attainable and sustainable.
- Recovery is an ongoing journey free of stigma and discrimination.
- Individuals, families, workplaces and communities are celebrated for their perseverance and commitment to Recovery.
- Recovery-focused services and supports are based on collaboration and partnership.

Principles

There are many pathways in Recovery

Recovery involves a process of personal growth along a continuum leading to abstinence. It includes a range of services and supports that spans peer support, mutual aid, early identification and intervention, outreach and engagement, specialized treatment, relapse prevention and continuing care.

Recovery requires collaboration

Recovery-focused systems require collaboration across sectors, including peer support and mutual aid, health, social, educational, criminal justice, employment, economic, spiritual and housing sectors.

Recovery is a personal journey toward wellbeing

Recovery is an ongoing and dynamic process that is unique to the individual's strengths, culture, gender, personal qualities and experiences.

Recovery extends beyond the individual

Recovery involves family, peers, workplaces and the community.

Recovery is multidimensional

Recovery enhances physical, social, mental, emotional and spiritual health.

Recovery involves everyone

Everyone has a role to play in overcoming the stigma of addiction and in supporting and celebrating Recovery.

Let's celebrate Recovery!

Note: Participants of the National Summit on Addiction Recovery agreed to use the definitions of recovery, addiction and abstinence provided by the [American Society of Addiction Medicine](#).



Appendix B: Members of the National Recovery Advisory Committee

- Rita Notarandrea, Canadian Centre on Substance Use and Addiction (Chair)
- Geri Bemister, Vancouver Island University (B.C.)
- Dr. Peter Butt, University of Saskatchewan (Sask.)
- Dr. Colleen Anne Dell, University of Saskatchewan (Sask.)
- Ann Dowsett Johnston, Author (Drink), FAVOR Canada (Ont.)
- Annie McCullough, FAVOR Canada (Ont.)
- Stacey Petersen, Fresh Start Recovery Centre (Alta.)
- Marshall Smith, Cedars at Cobble Hill (B.C.)
- Rand Teed, Drug Class (Sask.)
- Dr. Ray Baker, MD, University of British Columbia Faculty of Medicine (B.C.)
- Dr. Michael O'Malley, Addiction Medicine Specialist (B.C.)



Appendix C: Members of the Recovery Expert Advisory Group

- Dr. Amy Porath Waller, Director, Research and Policy, CCSA (Chair)
- Dr. Ray Baker, Health Quest Occupational Health Group
- Neal Berger, Cedars at Cobble Hill
- Geri Bemister, Vancouver Island University
- Ann Dowsett Johnston, Author (Drink), FAVOR Canada
- Dr. Paul Maxim, Wilfrid Laurier University
- Dr. Colleen Anne Dell, University of Saskatchewan



Appendix D: Life in Recovery from Addiction in Canada (Report at a Glance)

The Canadian Centre on Substance Use and Addiction (CCSA), together with the National Recovery Advisory Committee, conducted the first Canadian survey of people in recovery from addiction to alcohol and drugs. This survey provides a wealth of information about recovery in Canada that can inform healthcare providers, decision makers and the public as they work towards building a system of care and a society that supports the principles of recovery and celebrates recovery.

Key Messages

- Recovery is positive, achievable and sustainable.
- Recovery brings positive citizenship – engagement with family, friends, the community and the workforce. The vast majority of individuals in recovery describe a positive quality of life.
- Individuals use many different pathways in their recovery journey, including professional treatment services, informal supports and mutual-support groups.
- Many individuals experience challenges and barriers starting their recovery journey, including problems accessing services, financial barriers with privately funded treatment services and facilities, and more. However, fewer individuals experience barriers to sustaining recovery.

Why Does this Matter?

Addiction is a complex health and social issue that affects Canadians, causing harm to individuals, families and communities. Costs related to addiction and substance use are rising in Canada.^{4,2} For example, hospitalizing people with substance use disorders cost \$267 million in 2011, an increase of 22% from \$219 million in 2006.⁵ However, recovery from addiction is possible when people have access to quality, evidence-informed services and supports.

What Did We Do?

CCSA is working with partners to change the conversation about addiction. We must move away from stigma towards compassion, understanding and celebration of the fact that people can and do recover from addiction. As part of this work, CCSA, together with leaders from the Canadian recovery community that form the National Recovery Advisory Committee, and with other experts, conducted the first nationwide survey of people in recovery from addiction to alcohol and drugs. The Canadian survey is based on previous Life in Recovery (LIR) surveys conducted in the United States, Australia and the United Kingdom. However, it is the first LIR survey to ask people about stigma and barriers to starting their journey of recovery and sustaining recovery.

4 Rehm, J., Baliunas, D., Brochu, S., Fischer, B., Gnam, W., Patra, J., . . . Taylor, B. (2006). *The costs of substance abuse in Canada 2002*. Ottawa, Ont.: Canadian Centre on Substance Use and Addiction.

5 Young, M.M., & Jesseman, R.J. (2014). *The impact of substance use disorders on hospital use*. Ottawa, Ont.: Canadian Centre on Substance Use and Addiction.



The Canadian LIR study used an online survey that was available from April 18, 2016, to June 1, 2016. CCSA distributed the survey link to partners, stakeholders and other organizations in their network, which in turn shared the survey link with their networks of individuals in recovery.

“I recognized that drugs and alcohol had become more important than my family and the people I loved.”

The Canadian LIR survey results provide a detailed description of the experiences and lives of individuals in recovery, including information about their substance use and experiences during active addiction, the services and supports they used and how they are doing in different areas of life such as work, health and family.

Findings from this survey can inform healthcare providers, decision makers and the public about the types of resources and supports that can help people along their journey of recovery and the system-related challenges and barriers that stand in the way.

What Did We Find?

The Canadian LIR survey report details the findings from this survey and provides a wealth of information about the lives and experiences of people in recovery. A total of 855 people, who identified themselves as being in recovery from addiction, completed the survey. These people were 18 to 85 years of age, with an average age of 47 years; 45.7% identified themselves as male, 53.0% as female, and 1.3% as other. The following are key findings from the survey results:

Substance Use and Active Addiction

- Participants were young when they used substances for the first time (median age of 13 years) and when they first reported having an addiction (median age of 18 years). These ages did not differ by gender.
- Alcohol was the most commonly used substance, and the substance that participants preferred the most. A total of 93.3% of participants reported using alcohol during active addiction and 50.5% reported that alcohol was their preferred substance.

“Finding treatment during my youth when I needed it the most was next to impossible and my family couldn’t afford a private treatment centre.”

Life in Recovery

- The majority of participants defined recovery as including abstinence, improved health, social connections and functioning, and higher quality of life.
- 90.7% reported their quality of life as either excellent, very good or good.
- 51.2% achieved recovery without experiencing a single relapse.

Journey of Recovery

- Participants reported that the most important reasons for starting their recovery journey were quality of life (69.1%), mental or emotional health (68.0%), marital, family or other relationships (64.9%), and physical health (45.5%).
- Participants used different pathways during their recovery journey. Many participants used a combination of professional treatment services, informal supports and mutual-support groups.



- The most common programs or supports used during their journeys were 12-step mutual-support groups (91.8%) and specialized addiction treatment programs (ranging from 60.6% for residential treatment to 5% for First Nations addiction treatment programs).

Stigma and Barriers to Recovery

- During active addiction, 48.7% experienced stigma or discrimination, compared to 33.2% who had such experiences during recovery.
- While 82.5% of participants experienced barriers to **starting** their journeys, 54.2% did **not** experience barriers to **sustaining** recovery.
- Some participants emphasized the need for more treatment facilities and options, with 47.1% reporting barriers that were specific to accessing treatment in the system.

System barriers to accessing treatment reported by participants

- Long delays for treatment
- Lack of professional help for mental health or emotional problems
- Cost of recovery services
- Lack of programs or supports in their community
- Quality of services in their community
- Lack of programs or supports that met their cultural needs or were in their preferred language

Life during Active Addiction Compared to Life in Recovery

When comparing life during active addiction to life in recovery, participants experienced improvements in their work, finances, legal issues, family life and health.

“Recovery gives me freedom. It gives me choice. It allows me to follow my dreams. I am no longer chained to my addiction.”



Table 1. Comparison of life experiences during active addiction and during recovery

	Active Addiction	Recovery
Work and Study		
Remain steadily employed	52.6%	79.1%
Frequently miss work or school	60.7%	4.3%
Finances		
Frequently unable to pay your bills	61.2%	17.3%
Pay taxes on time	43.4%	77.4%
Legal Issues		
Get arrested	42.3%	2.3%
Drive under the influence of alcohol or other drugs	80.2%	3.5%
Family Life		
Lose custody of children	10.4%	1.4%
Commit or experience family violence	41.2%	4.9%
Health		
Get regular medical checkups	33.7%	82.8%
Use tobacco products	80.1%	34.2%

Of note is that the positive outcomes of recovery reported in the Canadian LIR survey are similar to those reported in LIR surveys conducted in the United States, Australia and the United Kingdom.

What Does This Study Mean for You?

The survey findings show that recovery is achievable and leads to positive citizenship and positive life outcomes. People use different paths in their recovery journey, as shown by the variety of programs and informal supports reported by participants. However, participants also described problems accessing treatment, financial barriers with privately funded treatment services and facilities, stigma and discrimination, and other barriers to recovery.

These findings help us better understand what a system of care that supports recovery ought to look like. For example, such a system would offer a wide range of coordinated treatment, as well as support services in communities. Importantly, those services would be accessible and timely, as long wait times and financial challenges were among the common barriers mentioned by people who completed the survey. The results from the Canadian LIR survey can inform healthcare providers, decision makers and the public as they work toward building an effective system of care and a society that promotes and celebrates recovery.

What Can You Do?

To help support recovery, individuals and organizations can work to reduce stigma associated with addiction and recovery, and barriers to initiating and sustaining recovery. Individuals and organizations can also help by supporting quality programs and services, and reflecting the principles of recovery in their work. Finally, everyone can join the recovery movement in Canada.



CCSA is developing a resource for service providers and decision makers to increase knowledge about the principles of recovery, and the types of policies and practices that can help reduce barriers and create a system of care that supports recovery. This will be a living resource that can be updated as new research or practices become available, or as additional tools are needed. Visit CCSA's website to access this resource and others as they become available. Please contact recovery@ccsa.ca if you are interested in sharing examples of policies, practices or tools that support recovery, or if you have suggestions for new tools or resources that can be developed.

Where Can You Learn More?

The first Canadian LIR survey paints a picture of life in recovery for many in Canada. It demonstrates through personal stories what recovery means and what it looks like in our society and it informs how best to build a recovery-focused system of care. For more information about the results from the survey, see the [full report](#).

Visit CCSA's page on [Addiction Recovery](#) to find out more about the recovery movement in Canada, including our National Commitment to Recovery from Addiction in Canada, and to access other recovery resources as they become available.



Canadian Centre
on Substance Use
and Addiction

The Canadian Centre on Substance Use and Addiction changes lives by bringing people and knowledge together to reduce the harm of alcohol and other drugs on society. We partner with public, private and non-governmental organizations to improve the health and safety of Canadians.

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