On 29 and 30 of June this year, about 70 invited participants attended one of two days of discussions and preliminary meetings in Manchester of what we called a Recovery Academy – while a further 20-30 people could not be accommodated because of lack of space. The meetings were a preliminary exploration around what we need to know about recovery from alcohol and drug addiction in the UK, and what common ground might justify starting a group dedicated to issues around research and evidence in relation to recovery.

The two of us had never met before the event. What is outlined below is each of our stories of the origins of the Recovery Academy, and our hopes for where it goes from here.

**DAVID’S STORY.**

For many years, I worked in London and Birmingham as a clinical researcher looking at addiction through the prism of treatment services. It was a job that I was not particularly good at and one with which I had increasingly become dissatisfied, surrounded as I was by low expectations and few tangible signs of success, in spite of the growth in investment and resource for drug treatment.

I wanted to know who came out the other end of this process and I was extremely grateful to Deirdre Boyd (editor of Addiction Today and CEO of the Addiction Recovery Foundation) for providing me first with a platform and participants in research, then with access to Addiction Today to explore these issues.

Four years later, I am much more optimistic and excited about the evidence in favour of recovery. But I have remained frustrated that there is so little interest in this topic from the policy communities. So yet more drug trials were funded while exciting new developments in our field – community rehabilitation, evolving recovery communities – remained uncharted and untouched.

This view proved to be shared by many of the wide-ranging delegates at the first Recovery Academy – who also had a huge commitment to improving their awareness and knowledge, and to collaborating without the usual academic paranoias and snobberies. This was vindication enough of the need for our ‘academy’. That Stephen Bamber had such a breadth of insight and knowledge, partly from a different academic background, and that he had the commitment and drive to make the event happen, were also core elements in ensuring that the initial events lived up to our expectations and created two days of meetings that were supportive, positive and challenging.

The meetings also demonstrated that there is a real appetite for research among clinicians and commissioners – if the questions asked are about the things that really matter: who recovers, when and with what supports?

**THE RESEARCH CHALLENGE.**

So the challenge we now face is to coordinate and harness that goodwill, energy and expertise into something that can really make a contribution and a contribution that is about hope.

I want the Recovery Academy to be about research and evidence – but not the dry subjects of randomised trials. Instead, this should be a creative ‘standpointist’ research which aims to illustrate and celebrate recovery successes and to provide a vehicle for information exchange, discussion, development of techniques and methods, and above all support and enthusiasm.

Recovery research is not new to the UK. But what I want to see is the Recovery Academy as an academic mirror of the recovery communities – a place for mutual support and encouragement, for sharing knowledge and ideas and for providing guidance and support based on the fundamental premise that recovery is possible, and that each recovery story is both individual and unique yet has something to say to others and to contribute to the growth of academic understanding which in turn informs practice, policy and communities.

We will be a network for the science of recovery in the UK but one that will have at its heart the Art of Life Itself!

**STEPHEN’S STORY.**

I approached the conception of these events from three perspectives.

The first was that of someone with an extensive history of problematic drug use. The second was as someone who has worked in the field, with individuals and families affected by substance misuse.

Thirdly – my most recent incarnation – came my perspective as an academic, whose research interests lies at the intersection of addiction and spirituality and extend into the sphere of policy, practice and critical theory.

The emerging UK recovery discourse has fascinated and engaged me within each of these frames of reference. I have long been concerned by the fragmented and exclusionary nature of the diverse bodies of knowledge, expertise and material practices that shape our sector.

I felt that the potent and affirmative propositions of recovery had the potential to evolve into a unifying discursive field. We could have a shared vocabulary and a mutually intelligible framework for rethinking the governance of addiction in the UK.

The language of recovery is overwhelmingly positive. It refreshes, inspires, raises expectations. It widens the doorway of possibilities and reveals an expansive vista of opportunities and discovery. Mobilising the language of recovery allows for wider discussion and reveals new horizons of thought.

The vision of recovery is emancipating. It undermines the fragile and unstable truths which comprise the monolithic closed circuit of standardised addiction treatment and suggests...
a more pliant framework for addressing the intractable social immobility which is linked with substance misuse.

The ethic of recovery is progressive and inclusive. It rises above the rigid moral dualism of temperance and advances the benign ideals of harm reduction.

Basically, recovery is disruptive. By that, I mean it makes visible a certain form of hidden politics. It unsettles and disturbs the convoluted networks of disciplinary power which both sustain and normalise the “addict-self”. In the midst of a Gordian nexus of governmentality, it seemed to me that recovery brings the ‘personhood’ of the addict sharply into focus.

**REVEAL A FOUNDATION OF EVIDENCE.**

What is fascinating is that this emergent discourse of recovery is in a process of formation: the boundaries are not yet clearly demarcated.

Policy makers, institutions, service users, commissioners, agencies, practitioners and so forth are tentatively engaging in negotiation to define and delimit the frontiers of this new expression of addiction knowledge.

As researchers, David Best and I were acutely aware of the absence of a coherent evidence base which could translate across the various spheres of influence in the UK to inform this process. An evidence base provides the bedrock for the formation of ‘rules of truth’: in this case, the rules that predicate and govern what can be said to be true and false about recovery in our times.

Recovery from addiction happens – but the voices of recovery are marginalised and remain largely subjugated and inaudible.

It seems vital, then, to initiate a discussion about how to methodologically disclose these voices and make them heard among the background noise of financially-funded rhetoric, conjecture, and biomedical authoritarianism.

The Recovery Academy was born out of that singular aspiration.

Following the success of these inaugural symposia, this aspiration has developed into a constellation of related concerns impelled by the committed interest of others seeking to precipitate beneficial change. It has been an absolute privilege to be a part of that undertaking.

But for both of us the discipline of recovery research is in its infancy. And the network that supports it is also more limited than we would wish. So please contact us and let us know what you think about this idea and if you would be willing to become part of the Recovery Academy.

Interested readers should contact David Best at david.best@uws.ac.uk or on 07789-993065.