



BEYOND TREATMENT: BUILDING RECOVERY-ORIENTED SYSTEMS OF CARE IN PAKISTAN



Asia Ashraf

Director Rehabilitation, Greenfield Hospital of Psychiatry

Webinar organized by ISSUP



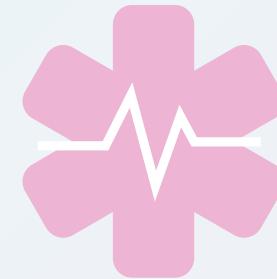
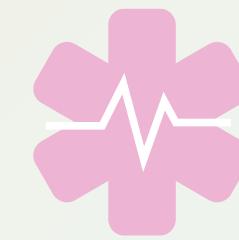
ISSUP | INTERNATIONAL
SOCIETY OF
SUBSTANCE USE
PROFESSIONALS
ISSUP IN PAKISTAN



TABLE OF CONTENT:

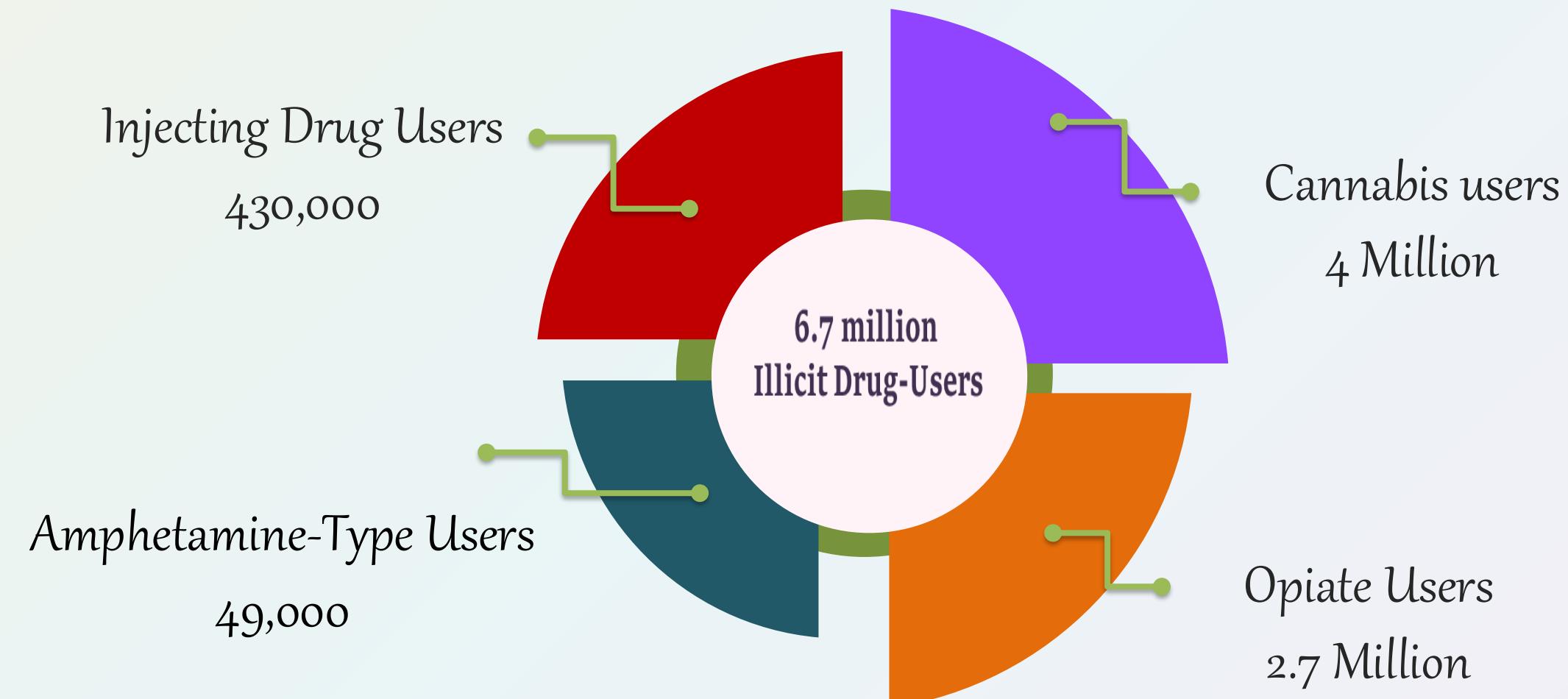
- The Substance use landscape in Pakistan
- Patterns , Treatment Capacity & Unmet needs
- Understanding Recovery
- Three Terms, Different Meanings
- Principles of Recovery & Recovery Capital
- Recovery-Oriented System of Care (ROSC)
- Culturally Relevant Recovery Approaches in Pakistan
- Conclusion & Call to Action





SUBSTANCE USE LANDSCAPE IN PAKISTAN





**Crystal meth (ICE): A growing
Challenge in Pakistan**



<https://archive.pakistantoday.com.pk/2016/11/07/the-rising-tide-of-ecstasy-culture-in-pakistan/>



PAKISTAN TODAY

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THE DEPENDENT

Comment Columns

The rising tide of ecstasy culture in Pakistan

By [Abuzar Salman Khan Niazi](#) - November 7, 2016

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TREATMENT CAPACITY



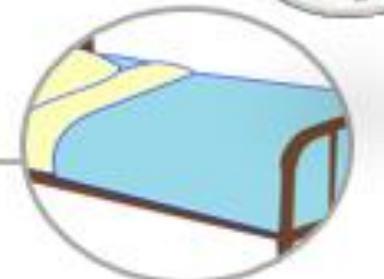


Around 96 Drug Treatment
& Rehabilitation Centers

UNODC, 2013



478 Psychologists
400 Psychiatrists
(WHO-2017)



30,000
Annual Treatment
Capacity



Male Oriented



Limited Female -Specific
Centers





WHAT DO WE MEAN BY RECOVERY?



DEFINITION:

Recovery is **process of change** through which individuals **improve their health and wellness, live a self-directed life, and strive to reach their full potential**

Source: SAMHSA (2012) Working definition of recovery.

<http://store.samhsa.gov/shin/content//PEP12-RECDEF/PEP12-RECDEF.pdf>





FOUR DIMENSIONS OF RECOVERY

1. HEALTH

Overcoming one's disease

- Physical,
- Psychological
- Psychiatric,
- Substance free



2. HOME

- Having a stable and safe place to live.
- Enjoying your home
- Gaining satisfaction from your home environment



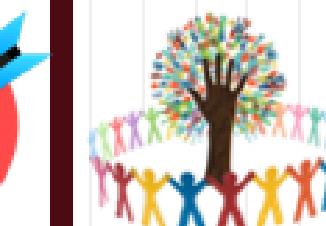
3. PURPOSE

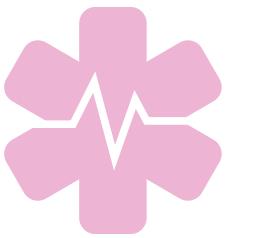
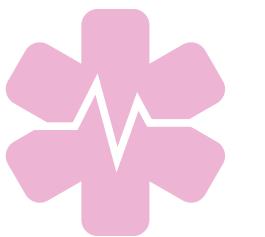
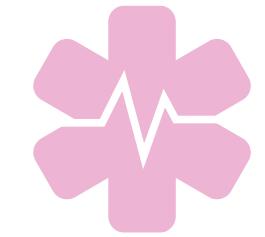
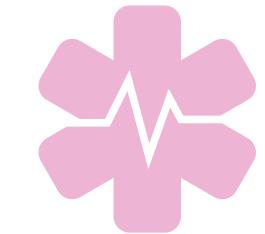
- Believing and contributing
- Engaging in meaningful activities
- Meaningful work life



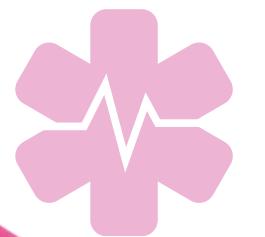
4. COMMUNITY

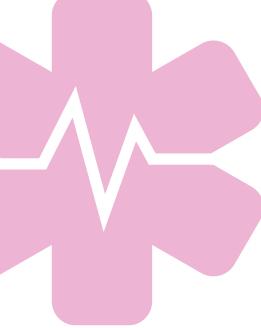
- Building relationships &
- Social networks





THREE TERMS: DIFFERENT MEANINGS





DIFFERENCE BETWEEN TREATMENT, DETOXIFICATION, AND RECOVERY

Aspect	Detoxification	Treatment	Recovery
Definition	A short-term medical intervention to manage withdrawal symptoms from substances.	A structured intervention to address the psychological, behavioral, and emotional aspects of substance use.	A long-term process of personal growth, healing, and reintegration into society.
Duration	Typically, 3–10 days	Weeks to months	Lifelong or long-term
Focus	Physical stabilization and safety	Symptom reduction, learning coping skills, relapse prevention	Building a meaningful life, maintaining wellness, enhancing quality of life



GUIDING PRINCIPLES OF RECOVERY :

- ✓ Person-driven
- ✓ Individual and Holistic
- ✓ Empowering
- ✓ Non-Linear
- ✓ Strength-based
- ✓ Peer Supported
- ✓ Respect
- ✓ Responsibility
- ✓ Hope
- ✓ Culturally -Informed



DEFINITION:

- Not just abstinence – about connection, purpose, and quality of life
- Recovery is non-linear, individual, and holistic

“Recovery is not a destination, it’s a journey”





RECOVERY CAPITAL



RECOVERY CAPITAL

Recovery Capital refers to the total sum of resources that individuals can draw on to start and maintain recovery from substance use disorder.

“shift focus from deficits and pathology to strengths and assets”

THREE MAIN DOMAINS:

1. Personal Recovery Capital
2. Family & Social Recovery Capital
3. Community & Cultural Recovery Capital



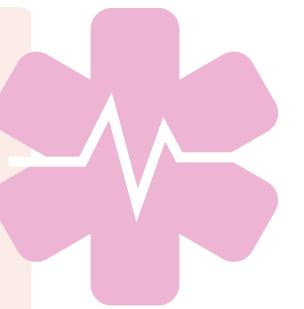
Source: Cloud, W. & Granfield, R. (2001) Natural recovery from substance dependency: Lessons for treatment providers. *Journal of Social Work Practice in the Addictions*, 1(1). 83-104



1. PERSONAL RECOVERY CAPITAL

Refers to the internal resources an individual possesses.

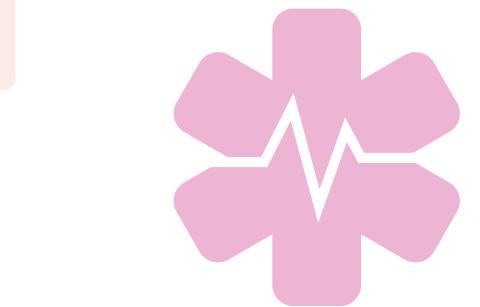
- Physical health and wellness
- Mental health and emotional resilience
- Problem-solving and coping skills
- Education and employability
- Self-efficacy (belief in one's ability to succeed)



2. FAMILY & SOCIAL RECOVERY CAPITAL

Relates to the strength and quality of an individual's relationships and social support systems.

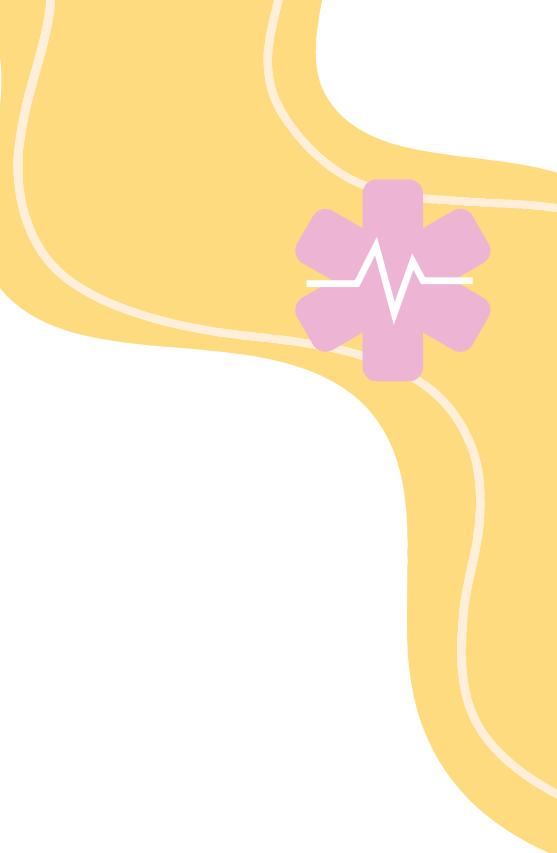
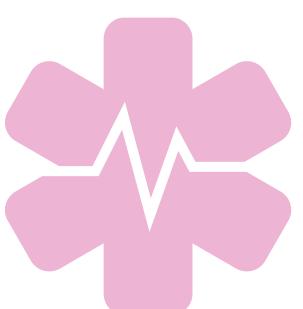
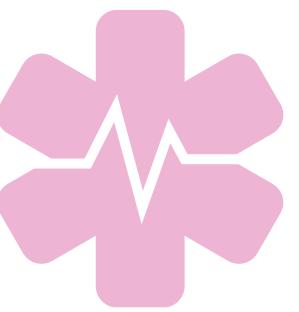
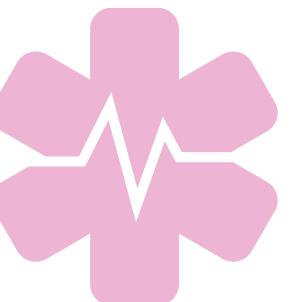
- Supportive family members
- Friends who do not use substances
- Recovery mentors or sponsors
- Participation in mutual aid groups (e.g., AA, NA, SMART Recovery)



3. COMMUNITY & CULTURAL RECOVERY CAPITAL

These are the external and environmental resources that support recovery in the wider community.

- Access to quality treatment services
- Employment and education opportunities
- Transportation
- Non-stigmatizing and inclusive environments
- Recovery-friendly policies and programs
- Availability of culturally appropriate recovery services
- Recognition of multiple recovery pathways (Faith-based, Indigenous healing)



□ CURRENT MODEL

- Acute, episode-based care
- Institution-centered
- Clinician-led
- Abstinence as the only outcome



WHY PAKISTAN NEEDS A CONTINUUM OF RECOVERY CARE

- High relapse rates after detox & inpatient treatment
- Limited treatment capacity → need cost-effective recovery supports
- Stigma reduces help-seeking → recovery communities reduce isolation

BUT

- Strong family and community systems already exist
- Faith, mosques, and community elders can support recovery



□ NEEDED MODEL

- ✓ Long-term recovery support
- ✓ Community-centered
- ✓ Person- and family-led
- ✓ Multiple recovery outcomes

*“Recovery does not only happen in Clinics;
it happens in homes, communities, mosques,
workplaces, and peer spaces.”*

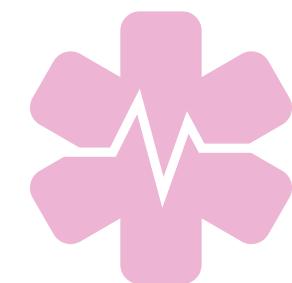


WHY PAKISTAN NEEDS A CONTINUUM OF RECOVERY CARE

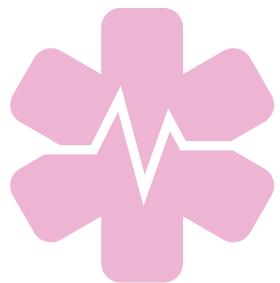
“A young man completes detox/treatment in a rehabilitation center”

- In a treatment model, he is discharged and sent home.
- In a recovery-oriented continuum, he is connected to:
 - A peer mentor
 - Family counseling
 - Mosque-based community support
 - Skills training
 - Recovery club





RECOVERY MANAGEMENT:



Shifts the focus away from discrete episodes of treatment, or acute care, toward a long-term, client-directed view of recovery



RECOVERY MANAGEMENT:

- Client empowerment
- Assessment
- Recovery resource development
- Recovery education and training
- Ongoing monitoring and support
- Recovery advocacy
- Evidence-based treatment and support services



□ **CLIENT EMPOWERMENT:**

Ensuring that those in treatment participate fully
in:

- ✓ Their treatment and recovery planning
- ✓ Emphasizes self-determination, personal responsibility, and hope
- ✓ Involves goal-setting, decision-making, and promoting independence.



ASSESSMENT:

Identifying both the problems and the
STRENGTHS of individuals and their families



RECOVERY RESOURCE DEVELOPMENT:

- ✓ Creating a full continuum of treatment & recovery support services.
- ✓ Focuses on building community capacity to support recovery: Housing, Employment, Peer networks & Transportation etc.



□ RECOVERY EDUCATION & TRAINING:

- ✓ Enhancing the recovery-based knowledge and skills of individuals in recovery, their families, service providers, and the larger community
- ✓ Offers recovery literacy to reduce stigma and promote compassion.



ONGOING MONITORING & SUPPORT:

- ✓ Professional checkups
- ✓ Peer mentoring/recovery coaching
- ✓ Encourages engagement in community and self-help groups



□ RECOVERY ADVOCACY:

- ✓ Promotes recovery-positive narratives to reduce stigma.
- ✓ Involves people with lived experience in policy-making and service design.



EVIDENCE BASED TREATMENT & SUPPORT SERVICES:

- ✓ Replacing less effective treatment and recovery support services with approaches that have a sturdier foundation of scientific support
- ✓ Developing services that remove barriers to recovery and enhance individuals' recovery capital



RECOVERY-ORIENTED SYSTEM OF CARE

White (2008) defined a Recovery-Oriented System of Care as;

“the **complete network of indigenous and professional services and relationships** that can **support the long-term recovery of individuals and families** and the **creation of values and policies** in the larger cultural and policy environment that are supportive of these recovery Processes” (2008, 28).



ROLE OF ADDICTION COUNSELORS IN ROSC

Shift from “Fixing the patient”

To

Coaching the recovery journey

New Roles

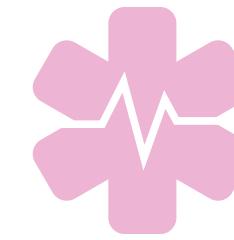
- Recovery coach
- Systems connector
- Family educator



BARRIERS/CHALLENGES

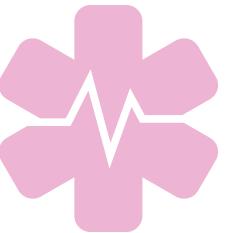
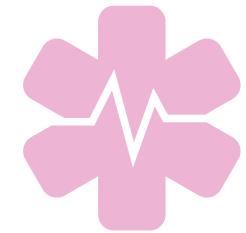
- Treatment-Centric Mindset (Not Recovery-Centric)
- Stigma, Shame & Moral Judgment
- Fragmented Services & Poor Inter-Sectoral Collaboration
- Absence of Peer Support & Lived Experience Leadership
- Weak Community & Aftercare Structures
- Gender-Blind Systems (Especially for Women)
- Economic & Structural Constraints
- Limited training in recovery science
- Lack of Data, Research & Local Evidence
- Lack of Policy & National Recovery Framework





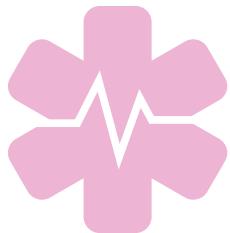
OBSERVING RECOVERY IN ACTION: UK RECOVERY MONTH EXPERIENCE





PROFESSOR DAVID BEST

- The world's first Professor of Addiction Recovery
- An experienced addiction recovery researcher, champion and advocate.
- Founding **STAR Recovery** (**Stronger Together Around Recovery**) to promote community-led, inclusive addiction recovery through "**Inclusive Recovery Cities**" initiatives



INCLUSIVE RECOVERY CITIES (IRC)



In an IRC, all citizens and organisations commit to working together with people in recovery to **support them in their recovery process**.

The **requirements** to be an IRC are:

- Led by Lived Experience Recovery Organisations (LEROs)
- Increased visibility and awareness of recovery
- Improved access to community resources for people at all stages of recovery
- Reduced stigma and exclusion
- Positive and inclusive social events - a minimum of four a year that actively engage the community
- Contributing to citizenship, volunteering and community participation
- Participation in national (and international) forums

“What I learned from the UK experience is that recovery flourishes when **it is visible, valued, and owned by communities**—not when it is confined to clinics.”



CULTURALLY RELEVANT RECOVERY APPROACHES IN PAKISTAN



□ SHIFT THE NARRATIVE

- ❖ From (**Shame**) to (**Hope**)
- ❖ Replace fear-based and moralistic language in treatment centers and media with recovery language
- ❖ Introduce the term "**Recovery**" instead of only "**Abstinence**"
- ❖ Pakistan is a storytelling society—people connect through examples, not concepts
- ❖ Integrate spirituality without moral policing
- ❖ Collaborate with trained, recovery-aware religious scholars
- ❖ Short recovery stories shared in Friday khutbas, community gatherings, or hospital waiting areas



□ BUILD CONTINUITY AFTER TREATMENT

- ❖ Biggest Gap in Pakistan
- ❖ Every patient leaves treatment with:
 - A peer contact
 - A community meeting location
 - A family supporter identified
- ❖ People need hand-holding, not paperwork
- ❖ First 90 days post-discharge:
 - Weekly peer check-ins
 - Fortnightly family check ins



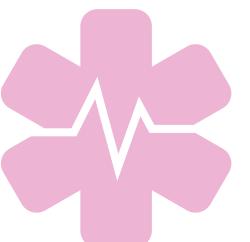
❑ USE FAMILIES AS RECOVERY PARTNERS (NOT JUST CARETAKERS)

- ❖ Family is the strongest recovery asset in Pakistan
- ❖ Create **monthly family recovery circles** at treatment centers, Parks, Community centers or mosques
- ❖ Train families on :How not to shame, How to support boundaries, How to recognize relapse signs without panic
- ❖ Normalize Relapse as Part of Recovery (Not Failure)
- ❖ Train staff and families to respond to relapse with support, not expulsion



☐ ESTABLISH LOW-COST RECOVERY SPACES (BEYOND CLINICS)

- ❖ Convert existing spaces into **recovery-friendly areas**: Mosque side rooms/Churches, Community halls, NGO offices, Hospital outpatient rooms (after hours)
- ❖ Pakistan values safe communal spaces
- ❖ **Weekly Recovery Baithak**: Tea, Discussion, Peer sharing, No registration, No fee
- ❖ Peer-led



□ RECOVERY LOUNGE:

- Open, Friendly & Safe space
- Over a cup of tea/coffee
- Peer support

Let's
SUPPORT
EACH
OTHER
♥



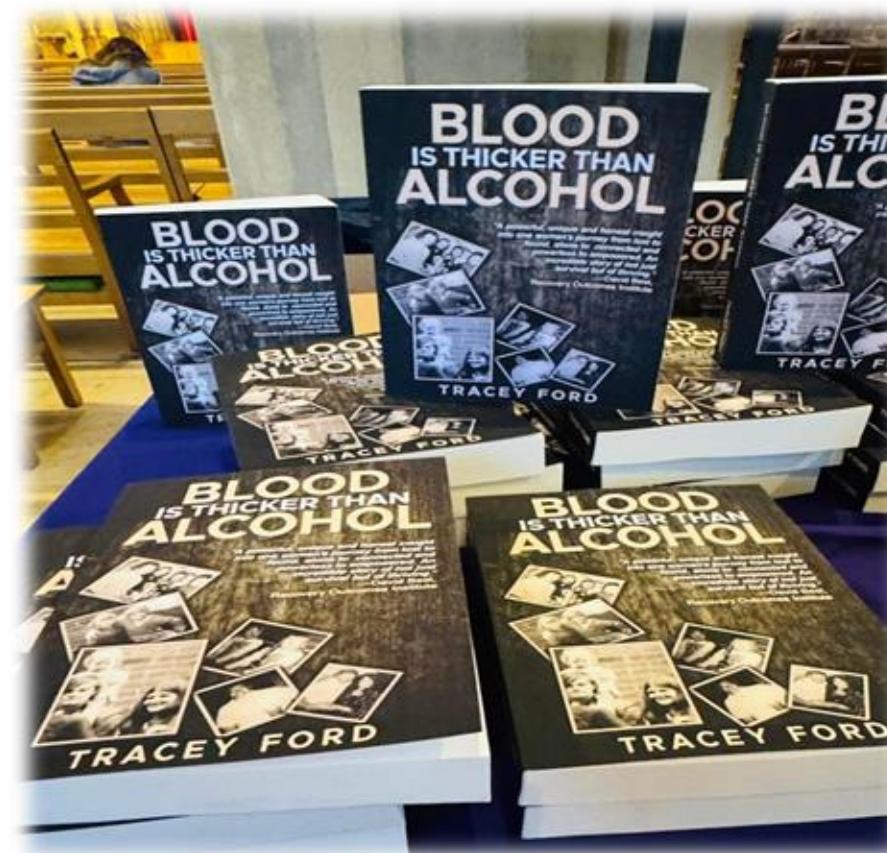
□ FORMALIZE PEER SUPPORT (LIVED EXPERIENCE AS AN ASSET)

- ❖ Identify stable individuals in recovery (1+ year)
- ❖ Train them as;
 - **Recovery buddies,**
 - **Outreach supporters,**
 - **Family navigators**
- ❖ Pair one peer with 3-4 newly discharged patients for weekly check-ins (calls or chai meetups).





TRACEY FORD



CHRIS SYLVESTER



CREATE RECOVERY-FRIENDLY LIVELIHOOD

- ❖ Culturally respect is tied to earning
- ❖ Partner with: Small shop owners, vocational training institutes, Workshops, Tailoring units, Ride-hailing or delivery services
- ❖ **“Recovery-friendly employer”** stickers or recognition
- ❖ Informal apprenticeships instead of formal jobs initially.



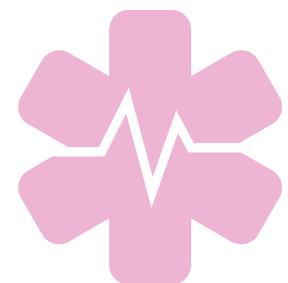
□ MAKE RECOVERY VISIBLE IN COMMUNITIES

- ❖ Celebrate Recovery month
- ❖ Organise Recovery walks, Drives, Community talks
- ❖ Celebrate 6 months, 1 year, 2 years, 5 years of recovery
- ❖ Recovery anniversaries with:
Dua, Family presence, Certificates
- ❖ Start Small, City by City (Inclusive Recovery Communities)
- ❖ Pilot Recovery-Friendly Zones in 1–2 neighborhoods.

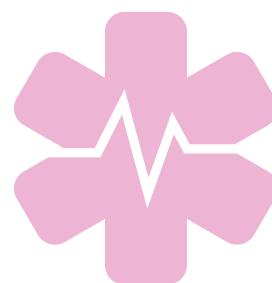




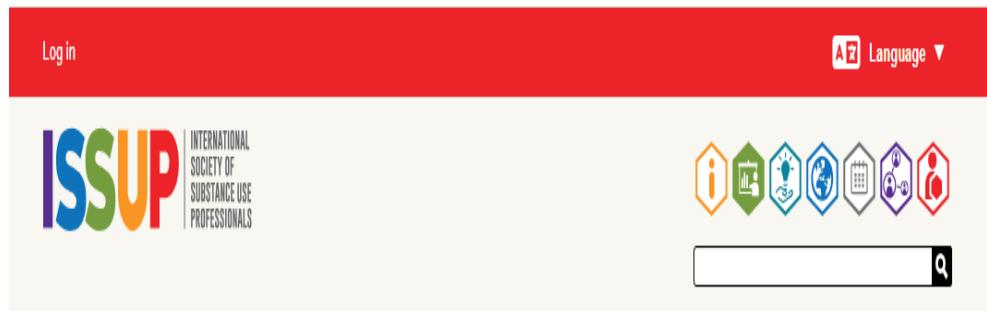
□ TRANSFORMING SYSTEMS TO SUPPORT LONG-TERM RECOVERY IN PAKISTAN:



- Develop ROSC guidelines
- Train professionals in recovery orientation
- Advocate policy shift
- Support peer workforce development
- Promote recovery research in Pakistan



CAPACITY BUILDING RESOURCES FOR RECOVERY-ORIENTED CARE



The screenshot shows the ISSUP website's navigation bar with 'Log in' and 'Language' options. The main content area is titled 'Universal Recovery Curriculum' and features a grid of icons representing various recovery support services. Below the grid, a section titled 'Professional Development' lists 'Online Learning Hub', 'How to Register', 'UTC Self Led Courses', 'Universal Curricula (UC)', 'Universal Prevention Curriculum', 'Universal Treatment Curriculum', 'Universal Recovery Curriculum', 'Access UPC & UTC', 'Training Providers', and 'Becoming a Training Provider'.

Professional Development

Online Learning Hub

How to Register

UTC Self Led Courses

Universal Curricula (UC)

Universal Prevention Curriculum

Universal Treatment Curriculum

Universal Recovery Curriculum

Access UPC & UTC

Training Providers

Becoming a Training Provider

Universal Recovery Curriculum

Recovery from substance use disorders is more than just not using alcohol or other substances. It is more than just going through substance use disorder treatment. It is a long-term process of learning to live life and solve problems without alcohol or other drugs. Long-term support is often necessary for individuals with substance use disorders to achieve and sustain recovery.

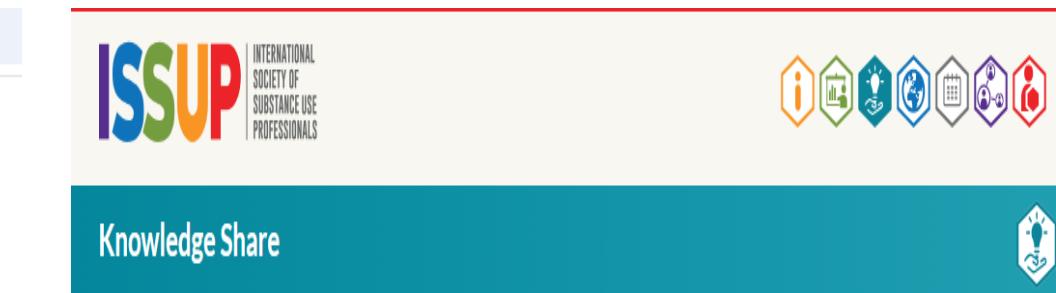
Both of the URC courses focus on equipping participants with core competencies and skills to work as a recovery support professional. One course is designed for those individuals who themselves are in recovery from a substance use disorder and the other is for those individuals who do not identify as being in recovery. Successful completion of either one of the recovery-focused courses will allow participants to become eligible to sit for an exam through the Global Centre for Credentialing and Certification (GCC) to qualify to work as a recovery support professional in the field. (For more information contact: www.globalcc.org)

Example Materials

[Virtual Participant Manual.pdf](#)



The screenshot shows the ISSUP website's 'Knowledge Share' page. The header includes the ISSUP logo and a search bar. The main content area features a section titled 'URC: Delivering Recovery Support Services' with a sub-section 'URC 1: Delivering Recovery Support Services: The PEER (Peer Experiences Empower Recovery) Model'. Below this, there is a detailed description of the course, mentioning 'This course does not require prerequisite training and is designed to be a stand-alone course so that recovery support professionals can be trained quickly in the field. This course, often referred to as "PEER," provides a brief foundation that defines substance use disorders and recovery, and then provides the needed information about competencies and skills, including awareness of trauma-informed care, self-care, and boundary setting, to work successfully as a recovery support professional.' Another section, 'URC 2: Delivering Recovery Support Services: The Recovery Allies (Allies Link and Lend Inventive Engaging Support) Model', is also partially visible with a similar description.



The screenshot shows the ISSUP website's 'Knowledge Share' page. The header includes the ISSUP logo and a search bar. The main content area features a section titled 'URC: Delivering Recovery Support Services' with a sub-section 'URC 1: Delivering Recovery Support Services: The PEER (Peer Experiences Empower Recovery) Model'. Below this, there is a detailed description of the course, mentioning 'This course does not require prerequisite training and is designed to be a stand-alone course so that recovery support professionals can be trained quickly in the field. This course, often referred to as "PEER," provides a brief foundation that defines substance use disorders and recovery, and then provides the needed information about competencies and skills, including awareness of trauma-informed care, self-care, and boundary setting, to work successfully as a recovery support professional.'

Search Knowledge Share

[See all of the Knowledge Share >](#)

Resources for Building Compassionate and Responsive Recovery Systems

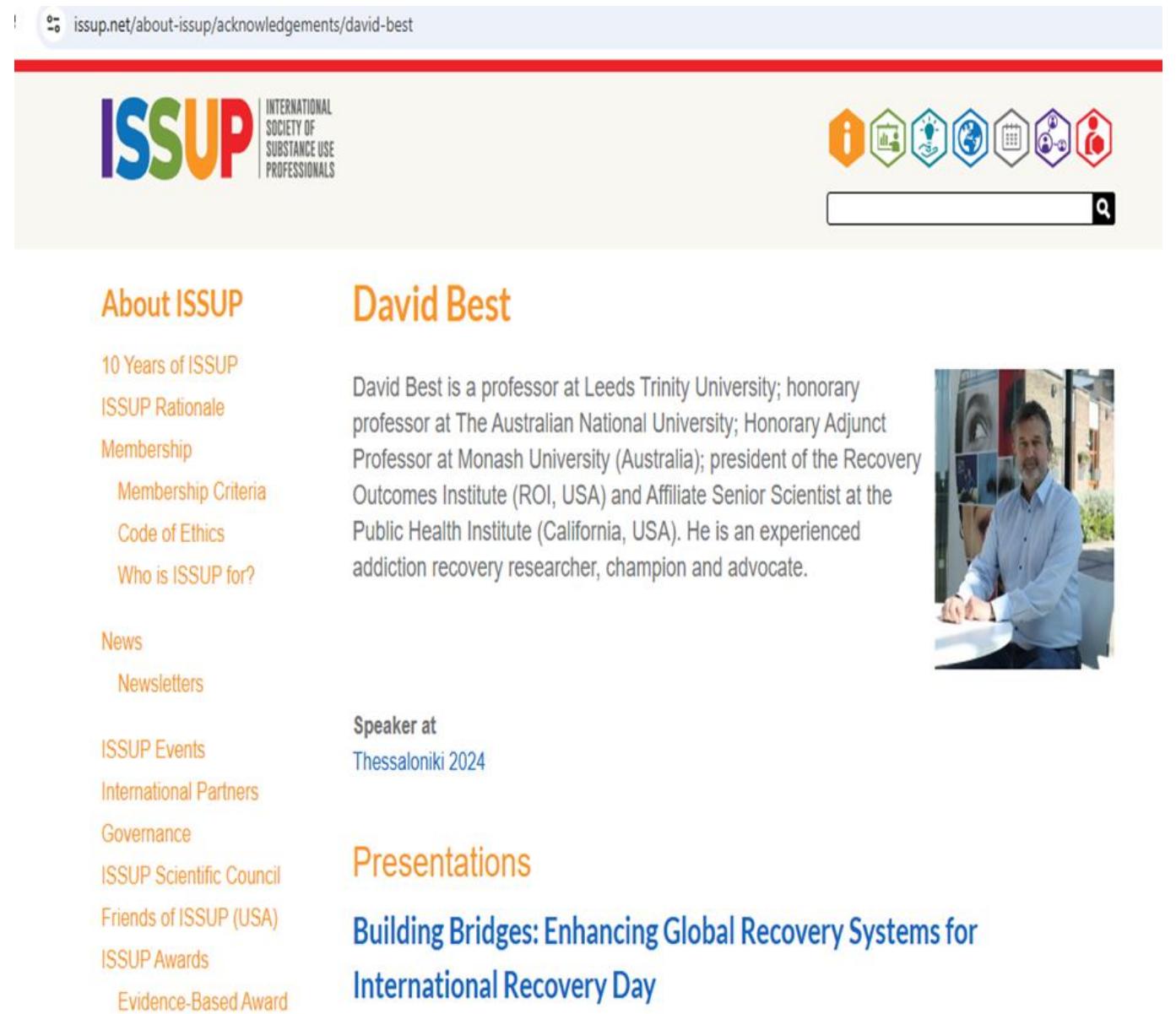
Submitted by Rasha Abi Hana - 10 July 2025

Recovery is not a one-size-fits-all process—it is dynamic, multifaceted, and deeply individual. To truly support individuals on their recovery journey, practitioners must access tools, systems, and knowledge that reflect the realities of those they serve. This curated collection of resources provides insight into global frameworks, responsive care, and emerging technologies that are reshaping the future of addiction recovery. Whether you're a clinician, nurse,



CONT....

issup.net/about-issup/acknowledgements/david-best



ISSUP INTERNATIONAL SOCIETY OF SUBSTANCE USE PROFESSIONALS

About ISSUP

- 10 Years of ISSUP
- ISSUP Rationale
- Membership
- Membership Criteria
- Code of Ethics
- Who is ISSUP for?

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- Newsletters

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- International Partners
- Governance
- ISSUP Scientific Council
- Friends of ISSUP (USA)
- ISSUP Awards
- Evidence-Based Award

David Best

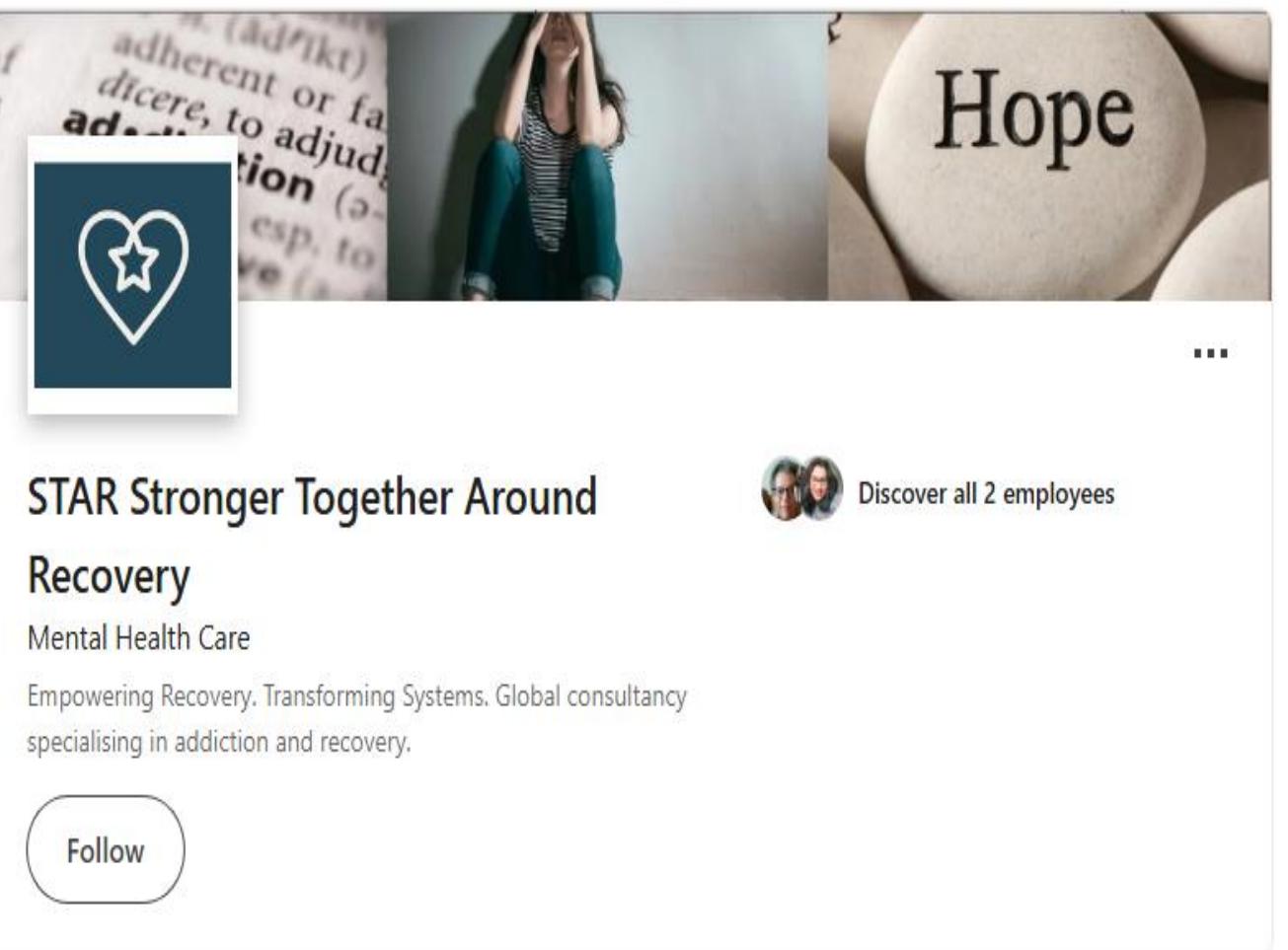
David Best is a professor at Leeds Trinity University; honorary professor at The Australian National University; Honorary Adjunct Professor at Monash University (Australia); president of the Recovery Outcomes Institute (ROI, USA) and Affiliate Senior Scientist at the Public Health Institute (California, USA). He is an experienced addiction recovery researcher, champion and advocate.



Speaker at
Thessaloniki 2024

Presentations

Building Bridges: Enhancing Global Recovery Systems for International Recovery Day



STAR Stronger Together Around Recovery

Mental Health Care

Empowering Recovery. Transforming Systems. Global consultancy specialising in addiction and recovery.

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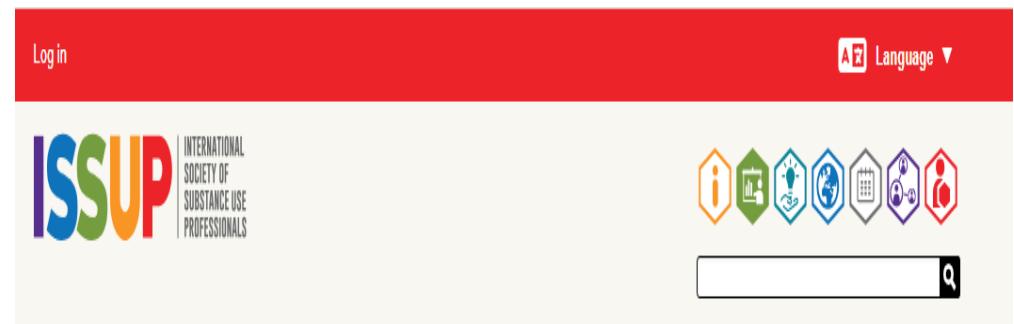
Hope

About us

Welcome to STAR - Stronger Together Around Recovery – a global consultancy specialising in addiction



CERTIFICATION/CREDENTIALING



The screenshot shows the ISSUP website's 'Professional Development' section. The 'ICAP certification' heading is visible, along with a description of the Center for Credentialing and Accreditation (CCA) and its role in providing experience verification and exams. It also includes a 'Become an International Certified Addiction Professional (ICAP)' section with bullet points and a 'Find out more about:' section with links to CCA, ICAP certification, and the process.

Professional Development

Online Learning Hub
How to Register
UTC Self Led Courses

Universal Curricula (UC)
Universal Prevention Curriculum
Universal Treatment Curriculum
Universal Recovery Curriculum
Access UPC & UTC
Training Providers
Becoming a Training Provider

ICAP certification

The Center for Credentialing and Accreditation (CCA) provides experience verification and appropriate exams to ensure that governments and other employers are hiring and utilizing the most qualified professionals to improve the likelihood of positive outcomes for individuals, families, and communities.

Become an International Certified Addiction Professional (ICAP)

- Help individuals, families, and communities address the devastating impact of addiction.
- Use the latest in research-based prevention, interventions, and treatment and support modalities.
- Accelerate your career with credentials that indicate passion and commitment to high standards for treatment.

Find out more about:

- CCA
- the ICAP certification
- the process



The screenshot shows a page from the ISSUP website with the URL 'issup.net/training/resources/icap-certification'. It contains text about ICAP Treatment-III and ICAP Treatment-IV requirements, followed by a section titled 'Special Population Endorsements (coming soon)'.

ICAP Treatment-III requires 3 years of supervised experience and 500 hours of education/training

ICAP Treatment-IV requires a Master's degree or higher in SUD/Addiction and/or related counseling subjects 5 years of supervised experience and 500 hours of education/training

Special Population Endorsements (coming soon):

Specialized Treatment for Women

Specialized Treatment for Children

Recovery Support

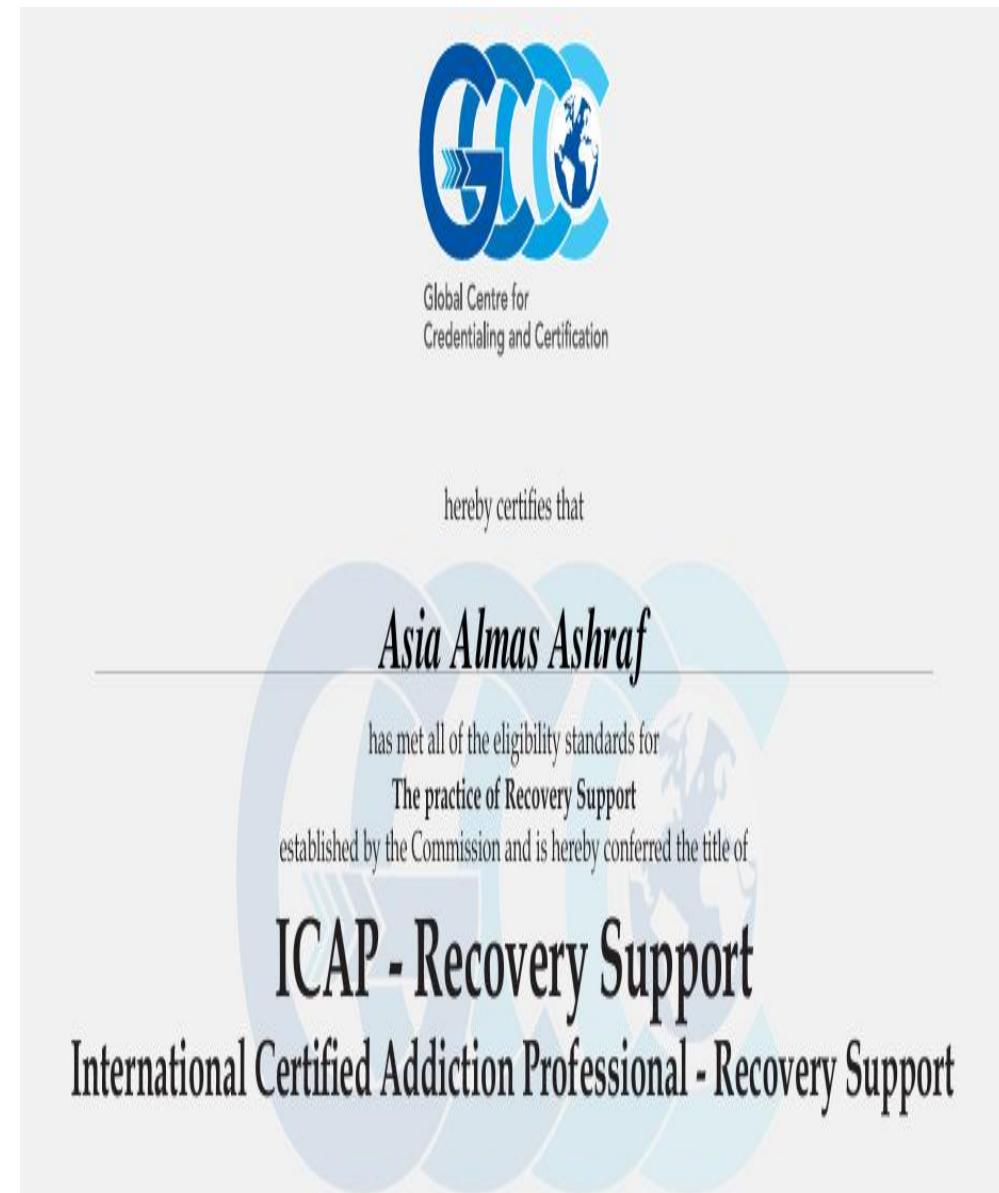
A Certified Professional in Recovery Support has been trained in the best practices of supporting those in recovery of addiction.

Requirements:

100 hours of substance use disorder (SUD) recovery support and peer training

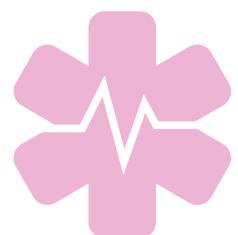
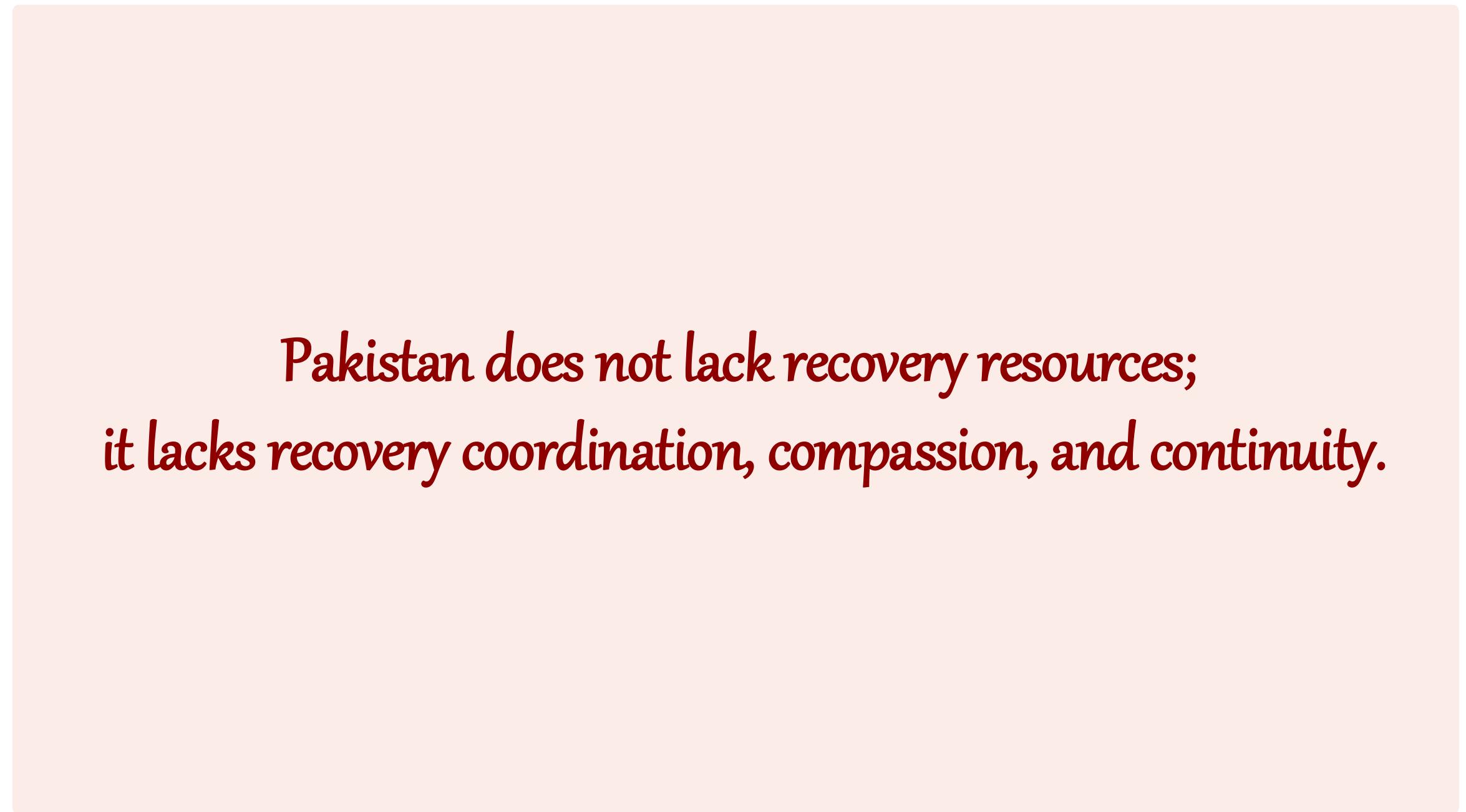
1 Year of supervised experience in a SUD-related field

All ICAPS are valid for 3 years. Continuing education is required for Renewal.



The image shows a certification card for Asia Almas Ashraf. The card features the Global Centre for Credentialing and Certification (GCC) logo and text that reads: 'hereby certifies that Asia Almas Ashraf has met all of the eligibility standards for The practice of Recovery Support established by the Commission and is hereby conferred the title of ICAP - Recovery Support International Certified Addiction Professional - Recovery Support'.





❑ KEY TAKE AWAY:

“People do not recover because they are **treated**; they **recover** because they are **supported, connected, and believed in**”

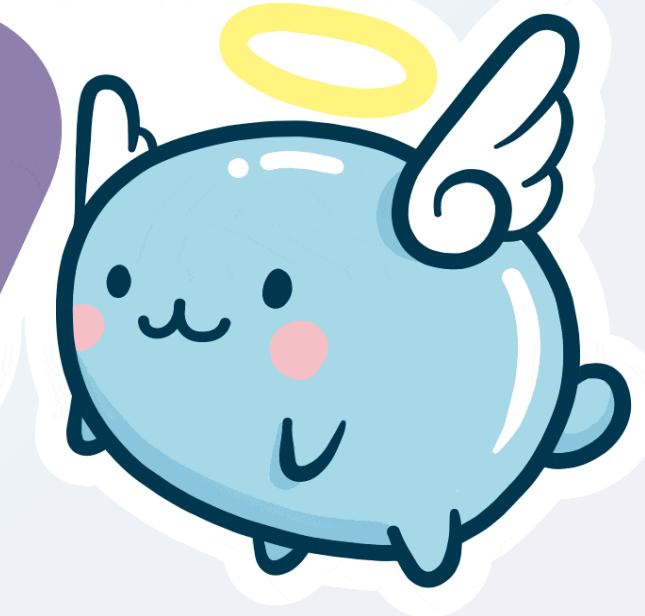




OPEN FLOOR



Thank
you!



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