

## ABSTRACTS

**David Best*****What makes people recover?* – Dr David Best, Associate Professor Monash University & Turning Point Alcohol and Drug Centre, Australia**

The aim of the presentation will be to present the findings from a range of recent and current research studies into factors predictive of recovery, based on three conceptual ideas – (1) that recovery is contagious and spreads through social control and social learning, (2) that individual pathways to recovery can be tracked in terms of growing recovery capital and (3) that community recovery capital varies as a function of recovery support groups and resources and their visibility – what constitutes the therapeutic landscape of recovery. The implications for recovery care planning, clinical practice and policy will be discussed.

**Steve Dixon**

Steve Dixon is the founder of Changes UK and is a leading figure in the recovery community in Birmingham and a campaigner and social entrepreneur. Changes UK is a Community Interest Company providing recovery services to those who have previously suffered from addiction, who are committed to making enduring lifestyle changes and who feel they are ready to move forward with their lives. The aim is to provide clients with living skills through ongoing practical support within the community, facilitated self-management skills and behavioural self-monitoring. This presentation will describe how the organisation came about, its work within the growing recovery community in Birmingham and Solihull, and potential future directions.

**Tony Bullock*****A 'specialist' and community-led strategy* – Tony Bullock, Public Health Staffordshire**

Staffordshire is part way through a comprehensive transformation of its drug and alcohol strategy. The primary focus on this new approach is on the people and places affected by drugs and alcohol, rather than 'substance misuse' or 'addiction' per se. The strategy cuts across prevention, early intervention and 'treatment' and involves traditional commissioned services complemented in a balanced manner by peer-led initiatives and wider community development approaches. These commitments help to integrate the strategy into wider the public health arena and potentially offer a more sustainable future.

**Wendy Dossett*****How Religious are AA/NA?* – Dr Wendy Dossett, University of Chester**

Research has shown that the so-called 'spirituality' of 12-step Mutual Aid is one of the most significant barriers to recommendation by addictions workers (Day et al 2005), and to take-up by qualifying populations (Best et al, 2001; Lopez Gaston et al, 2010). Religion and spirituality are seen as private matters not relevant to public health issues such as substance misuse. The Higher Power Project is a large scale qualitative project exploring the language and experiences of those in 12-step recovery from drug, alcohol and other addictions. Its findings suggest that people in 12-step recovery are significantly less likely to describe themselves as religious or belonging to a religion than the general population. Just what do 12-step practitioners mean when they say their programmes are 'spiritual' and why might 'outsider assumptions' about the category of spirituality be more problematic than the reality? This paper draws on qualitative data which indicates that personal autonomy is valued more highly than assent to authoritative propositional statements within the contemporary twelve-step scene.

**Ed Day*****Twelve Step Fellowships & Programmes: Potential Options & Barriers* – Dr Ed Day, Senior Clinical Lecturer in Addiction Psychiatry, National Addiction Centre**

Mutual self-help groups are an effective and cost-effective way of helping people to overcome addiction, and yet recent UK evidence suggests that professional staff only recommend attendance to half of their clients. This presentation asks why professional staff don't refer more clients to mutual self-help groups, and what can be done to overcome potential barriers to referral. The presentation will review the evidence base for the role of professional staff in facilitating and promoting access to mutual self-help groups, and present some recent findings from a UK study in this area.

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**Mark Gilman*****Desistance, Recovery & Austerity* – Mark Gilman, Public Health England**

Desistance from crime is a process through which people cease and refrain from offending. The process is very similar to the journeys that 'addicts' and 'alcoholics' make from active addiction to recovery. Successful desistance and long term recovery involve changes in identity and social networks. This is best achieved by getting a job, a house and new friends. The process may also involve ending dependencies on professionally delivered services. This element is of particular importance in an age of austerity where Public Service Reform may be the guiding principle.

**Peter H*****How addicts stay clean through Narcotics Anonymous* – Peter H, Narcotics Anonymous Public Information Committee**

Narcotics Anonymous is a self-help non-profit making fellowship of men and women who meet regularly to help each other stay clean from all drugs, including alcohol. We have found that leading a happy, normal, drug-free life is possible through N.A.

**National NA Helpline: 0300 999 1212 · <http://ukna.org/>**

**Geoff H****Trustee for Health Liaison, General Service Board, Alcoholics Anonymous*****Day 1 Conference: An AA Board Member's Perspective***

An overview of Alcoholics Anonymous, how it relates to the wider society, a description of the recovery process in AA, how people may access the Fellowship, the availability of AA throughout the country, an outline of the service structure, and some of the initiatives with which we are involved.

***Day 2 Workshop: The potential, constraints, availability and response of Alcoholics Anonymous***

The increased inflow of new members as people are helped to access the Fellowship will raise opportunities and challenges for both the service structure and AA groups, and these will be discussed. Also, many of the new members may be much younger than the average age of our membership, and an overview of our young people's project which is being developed to meet this particular challenge, will also be presented.

**Megan Jones & Luke Mitcheson*****Helping clients to engage with mutual aid* – Megan Jones and Luke Mitcheson, Public Health England**

One of Public Health England's (PHE) priorities is to improve recovery rates from drug dependency. To achieve this, a commitment has been made to increase the number of areas that have fostered effective links between treatment services and relevant community and mutual aid groups. PHE has developed a series of resources to promote the evidence-base and support implementation of facilitating access to mutual aid to the alcohol and drug treatment field. These include a briefing on the evidence-base, guidance for commissioners, guidance for service managers, a self-assessment audit tool for providers and a protocol that can be used in key-work. These documents are available to download from <http://www.nta.nhs.uk/r-Evidence%20and%20Guidance.aspx> This workshop will orientate participants to all these documents but focus on the three stage approach originally developed in the US for referring clients to 12-step groups (Timko, 2006). There will be opportunities to discuss barriers to implementation and share experience of how these may be overcome.

**Chris Lee*****Creating the space for the development of sustainable recovery in Lancashire* – Chris Lee, Lead Commissioner for Substance Misuse, Public Health, Lancashire County Council**

The county of Lancashire began a systematic substance misuse modernisation programme in 2008. This process across three localities has moved Lancashire on from a disparate collection of contracts to a co-ordinated prime provider led structure including integrated prison and community contracts. Alongside this process significant effort was focussed on building the Lancashire User Forum and creating a new recovery led organisation, Red Rose Recovery with a key mandate to grow sustainable recovery in Lancashire. This presentation will focus on creating the space for the development of sustainable recovery in Lancashire.

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**Tim Leighton*****Exit from treatment* – Tim Leighton, Director of Professional Education and Research, Action on Addiction**

Whether a person is choosing to discontinue their prescribed substitute medication or whether they have just completed a drug-free rehabilitation programme the risk of relapse is high. We know that sustained drug free recovery is possible for most, and that the relapse risk diminishes with time. What does a person need to negotiate the vulnerable period? Strategies for recovery preparation and continuing support are sketched out with reference to qualitative and quantitative research findings. The development of an identity project as a recovering person involves active participation rather than passive support. Recovery can be thought of as a community of practice offering roles to recovering people. Success in recovery (sustained abstinence and improved quality of life) seems to be associated with increased self-efficacy, changes in social network and in more severe cases, ability to cope with painful feelings and the adoption of spiritual practices. This short talk will claim that these characteristics evolve in the context of an identity project involving the practice of recovery. All social scientific terms will be explained in ordinary language and illustrated with examples.

**Tony Mercer*****Commissioning Mutual Aid Facilitation – obstacles and opportunities* – Tony Mercer, Health Improvement Manager (Alcohol and Drugs), PHE**

Legislative and organisational changes in 2013 have added to existing structural and ideological barriers to commissioning mutual aid facilitation. The current commissioning landscape is considered to highlight these potential barriers and stimulate thinking and discussion of how to overcome them. Similarly the changes in the commissioning landscape have provided a number of new opportunities, which are considered to stimulate thinking about developing strategies to increase facilitated access to mutual aid groups for people in drugs and alcohol treatment. Legislative and organisational changes in 2013 have added to existing structural and ideological barriers to commissioning mutual aid facilitation. The current commissioning landscape is considered to highlight these potential barriers and stimulate thinking and discussion of how to overcome them. Similarly the changes in the commissioning landscape have provided a number of new opportunities, which are considered to stimulate thinking about developing strategies to increase facilitated access to mutual aid groups for people in drugs and alcohol treatment.

**Richard Phillips****Director, SMART Recovery*****Day 1 Conference: Evidence for Mutual Aid in the UK context***

There is an extensive evidence base for mutual aid, though a large majority of this research looks specifically at Alcoholics Anonymous in the USA. It cannot be assumed that these findings will generalise to AA in the UK, to other substances of dependence, to other 12 step fellowships and to none 12 step groups such as SMART Recovery. This review considers whether the nature and extent of the evidence suggests these research findings are likely to generalise, in particular drawing on recent work on the underlying 'mechanisms' by which Mutual Aid works. The paper will suggest that increasingly robust evidence suggests that the primary mechanisms by which mutual aid works are likely to be shared across different substances, Mutual Aid organisations and cultures. There is however emerging evidence that different forms of Mutual Aid might work better for different people, underlying the importance of choice.

***Day 2 Workshop: SMART Recovery and innovations in Partnership***

This presentation will provide a very brief overview of SMART Recovery and then offer a more detailed exploration of our experience of Partnership with the treatment system. The risks, dilemmas and opportunities of closer links between Mutual Aid and Treatment services will be explored and the case made that Public Health England is getting it right with the Facilitating Access to Mutual Aid program.

**Caroline Phipps*****Recovery in Wales – Theory to Practice* – Caroline Phipps, Chief Executive of Drugaid & Chair of the Recovery sub group of APoSM which delivered the Recovery Framework for Wales**

The aim of the presentation is to look at how national policy on recovery was established in Wales. The recovery framework was a policy that was developed with service users, service providers and commissioners. The presentation will look at the barriers to implementing the framework and how service users can be involved in monitoring the implementation of policy.

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**Jonathon Roberts*****Working out what's best for you: a new approach to facilitating into mutual aid* – Jonathan C Roberts, Recovery Practitioner and Counsellor**

"You Do The MAF's" (Mutual Aid Facilitation Sessions) introduce different abstinence based approaches within a therapeutic group setting. Participants are invited to 'join the debate' and explore different 12Step/SMART and other recovery orientated philosophies/concepts; aiming to empower participants as they make their own choices. The emphasis is on 'connecting' with positive social networks, not necessarily any particular example. Key messaging is carried using recovery slogans (i.e. 'I can't, we can', etc) and Peer facilitators with a proactive/creative delivery. Inspired by a range of approaches from five steps to wellbeing to PbR, You Do The MAF's also incentivises into the recovery community.

**Alistair Sinclair*****Recovery Contagion* – Alistair Sinclair, UK Recovery Federation (UKRF) Director**

At a time when 'recovery' is co-opted and presented in many arenas, the nature of 'recovery contagion' is of deep significance. What is being 'caught' and the impact of 'contagion' will determine the future of the British Recovery Movement. The UKRF promotes the '5 Ways to Wellbeing' & asset-based principles because we believe we need to see deep change at individual, cultural and structural levels. There is much to recover from and it's our contention that the Recovery Movement can contribute significantly to the development of the '5th Wave of Public Health'. We believe the Movement can make 'co-production' real.

**Mario Sobczak*****Recovery through Community Engagement* – Mario Sobczak, Founder and Coordinator of Recovery Initiative Social Enterprise (RISE)**

Recovery has to be seen in a wider context than seen simply as treatment. Life has to be meaningful for those in recovery and community engagement, in any shape chosen by the individual themselves, is vital for a sustainable outcome. Engaging with individuals' passions and building on this is vital to our approach.

**John Stoner*****Preliminary Results from the Wrexham Recovery from Addiction Pilot Project (WRAPP)* – Prof John Stoner, CSARS Group, University of Chester**

WRAPP is a recently completed TSF pilot partnership project involving Welsh Government's Northern Area Planning Board, Wrexham CBC, the Association of Voluntary Organisations in Wrexham (AVOW) and the CSARS Group at the University of Chester. The project aimed to support a group of twenty local people with substance-misuse problems who wanted to try to achieve abstinence-based recovery. It did this by introducing the participants to the principles of 12-Step recovery programmes and local 12-Step, abstinence-based mutual-aid groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). Of the 16 original participants, 8 are still engaged with the programme and making good progress. Experience to date suggests that there has been significant resistance to 12-Step recovery amongst local staff involved with substance misuse issues. The training events held as part of the WRAPP project have started to make staff aware of the potential of recovery through mutual aid programmes and overcome some of their negative perceptions.

**Samantha Weston*****Drug Policy to Practice and the Origins of Conflict* – Dr Samantha Weston, University of Keele**

Through the analyses of drug policy and guidance documents developed since the publication of the 1998 UK Drug Strategy and interviews with practitioners from the field, this paper seeks to identify the difficulties associated with translating policy into practice. In particular, the paper illustrates how the reframing of drug policy has resulted in the articulation of inconsistent messages that not only provide opportunities for the developing of varying interpretations but may have reinforced the polarised treatment ideologies observed in professionals working with dependent drug users. Implications for drug treatment and recovery will also be discussed.