University of East London

Pioneering Futures Since 1898

ALCOHOL CHANGE UK

REPORT FROM THE DISCUSSION FROM THE NETWORKING EVENT: EXPLORING APPOACHES AND IMPACT OF 'NON-INTERVENTIONIST, PEER-LED' ALCOHOL AND DRUG COMMUNITY SERVICES- JUNE 2019

Zetta Kougiali

Peter Yarwood

Susie Boxall

Ged Pickersgill

Steve Dixon

Melanie Getty

Barbara Pendry

Stefano Casalotti

Kirstie Soar

About the authors:

Dr Zetta G. Kougiali, Senior Lecturer, School of Psychology, University of East London.

Zetta is a Senior Lecturer in Forensic Psychology. Her research interests lie in the lived experiences and processes involved in recovery pathways, the exploration of factors that facilitate desistance and recovery as well as the methodological issues involved in the measurement of change and recovery. She has worked with individuals in recovery both in prison and community settings and is currently leading the BSc Forensic Psychology Programme at UEL.

Peter Yarwood, Red Rose Recovery

Peter Yarwood is the Strategic Director of engagement and a co-founder of Red Rose Recovery; a Lancashire based Recovery Infrastructure Organisation constituted as a Charity, he has been the driving force behind the emergence of the Lancashire User Forum as a dynamic stakeholder group for people with a commitment to recovery from substance misuse. He has worked closely with commissioners on system design and engages at a senior level with health, local authority and criminal justice organisations in the county. Peter is an inspirational speaker and a leader in the burgeoning recovery networks in Lancashire, he is respected for his selfless commitment to making recovery a reality for others.

Susie Boxall, Recovery Cymru

Susie is 52 and has two children; her daughter has just qualified as a nurse, and her son is at University training to be a physiotherapist. She is a qualified Occupational Therapist and worked for the NHS in Oncology and Palliative care for 24 years, for the last five years she has been working as programme Development Worker for Recovery Cymru. Recovery Cymru is a peer-led community for people in recovery from drug and alcohol misuse. They provide seven days a week 365 days of the year recovery support for people in Cardiff and the Vale of Glamorgan, run different courses and groups to assist people in recovery to develop coping strategies and maintain their recovery. They also provide peer-led 1:1 support and telephone recovery support and are all members of the RC community.

Ged Pickersgill, The Well

Steve Dixon, Changes UK

Steve's lived experience of addiction has informed the practice followed by Changes UK, which is recognised as employing a groundbreaking model of innovative recovery services, social enterprise and community regeneration and transformation. Steve's ethos of "Changing Pain Into Purpose" underpins the culture and social conscience of his driving dedication to restore the dignity of those and their families affected by addiction; to empower communities to be part of the solution, bringing recovery services into a whole new dimension, with a passion to ensure that no one is suffering alone without knowing that they too are entitled to a life with love and purpose.Runner up at the EY 2016 Entrepreneur of the year awards Steve's entrepreneurial passion extends to ensuring those on the road back to recovery are given every support and encouragement to not just live a life existing but one of purpose, connection and value.

Melanie Getty, The Aurora Project

Dr Kirstie Soar, Reader in Drugs and Addictive Behaviours, School of Psychology, University of East London

Dr Soar is a Reader in Drugs and Addictive Behaviours at the University of East London. Her research interests involve looking at the long-term psychological effects of substances of abuse and has worked at UEL as a lecturer and now Reader since 2004. Kirstie's research has been published in international peer-reviewed journals, and

she has presented at numerous national and international conferences. Kirstie currently leads the UEL Drugs and Addictive Behaviours Research Group. This group builds on our tradition of studying the psychological effects of drugs, as well as behavioural addictions.

Dr Stefano Casalotti, Visiting Senior Lecturer, Department Health, Sports & Bioscience, University of East London.

Dr Stefano Casalotti has a PhD in Neuroscience (1988) and has carried out research and taught in the UK, US and Thailand. His specific interest in the field of substance abuse is understanding the molecular changes that occur in the central nervous system following the use of psychoactive substances. His past work has focused on amphetamines, opiates and his current research is on alcohol, using a variety of animal models. He also has a strong interest in multidisciplinary approaches to substance abuse and he coordinated a multidisciplinary group of academics and practitioners at the University of East London. He is a member of the British Neuroscience Society, British Pharmacological Society, Royal Biological Society and Society for the Study of Addiction, and Senior Fellow of Higher Education Academy. He is currently Honorary Lecturer at the University of East London and Director of BiosearLab CIC.

Dr Barbara Pendry, Principal Lecturer, Department Health, Sports & Bioscience, University of East London.

Dr Pendry is an Herbal Medicine Practitioner with a PhD in Phytotherapy and extensive clinical experience in the management of chronic age-related diseases and substance abuse. Her particular interest in the treatment of Cancer with Complementary therapies and mental health has evolved from her previous work as a practitioner with Barnet Cancer Care and as a Mental Health Act Manager for Barnet, Enfield and Haringey Mental Health Trust and latterly Cornerstone House a service providing a rehabilitation and recovery service for those people suffering from a mental illness. Dr Pendry is a member of the Medicines Research Group at UEL whose current focus is quality assessment and drug discovery potential for natural products related to public health promotion and disease prevention in emerging and developed economies. She is a member of the government's Herbal Medicine Advisory Committee and Editor-In Chief of the Elsevier Journal of Herbal Medicine.

Additional participating services:

The Edge Café

Build on Belief

Bubic

B-3

WDP

Contact details: Dr Zetta Kougiali
School of Psychology
University of East London
Water Lane, London E15 4LZ
☏ +44 (0) 20 8223 4005 ✉ Z.Kougiali@uel.ac.uk

CONTENTS:

1. Executive Summary:

On Tuesday 4th June 2019, a networking event jointly funded by UEL and AlcoholChangeUK, brought together ten services, that adopt a non-interventionist, peer-led approach to supporting individuals with alcohol and drug problems. The event offered services the opportunity to share their knowledge and experiences in peer-led practice. It provided the opportunity for service user involvement, with University East London (UEL) researchers and representation from Public Health England (PHE), in discussions about the identification of future research and policy influence to help achieve the common goal of supporting those with alcohol (and drug) problems. Service presentations were delivered providing context and structure to each service and their unique organisational approach towards recovery and provision of peer-led support. A facilitated open-discussion was then held, resulting in jointly agreed event outcomes, including this co-authored report.

2. Introduction:

There is strong evidence suggesting a shift from pathology, deficit-focused approaches in the treatment of alcohol and substance use towards a strengths-based recovery paradigm[1-3]. This shift, along with the growing acknowledgement that recovery is not an event, but a long, gradual and discontinuous process indicates that brief interventions are not sufficient, and there is a need to extend support within larger recovery-oriented systems of care.[3-5]

Historically, mutual aid, peer-led groups have been designed to run parallel and extend the provision of support pre-treatment, in treatment and post-treatment and assist individuals towards transition in community life[3] while addressing the need for continuous aftercare support[12]. The benefits of being involved in peer-led groups have been consistently recorded as contributing towards lower rates of relapse[6], improvements in quality of life[7], increased psychological well-being[8], a significant reduction in relapse rates and return to homelessness[9] and overall towards the maintenance and achievement of long term recovery[10].

Although the effectiveness of peer-led support has been thoroughly documented the nature of such services, highly depending and originating from individual drive and commitment, has led to variation in provision models, different role structures and settings of implementation[11] , suggesting the need for a more systematic approach that would enable their development and growth. To this end we

organised a networking event which brought together 10 services from Wales, Essex, London, Cambridgeshire, West Yorkshire and Lancashire and one charity which provides drug and alcohol services across London, the North West, South East and East of England, that adopt a non-interventionist, peer-led approach to supporting individuals with alcohol and drug problems, as well as representation from PHE. Services were invited to share details on their context, structure and unique organisational approach towards recovery, followed by a facilitated open-discussion which resulted in sharing their knowledge and experiences in peer-led practice, the identification of jointly agreed future research and policy influence in order to help achieve the common goal of supporting those with alcohol (and drug) problems. Outlined below are the main issues arising from the joint discussion. Broadly, these are summarised in three sections: 1) common elements of peer-led approaches, 2) main challenges in current service delivery, and 3) recommendations for future practice and further development.

3. Discussion summary:

3.1. Common elements of peer-led approaches

a) Individually tailored approaches

Services highlighted that their lived experience and shared pasts with people involved in their services equipped them with a better understanding of addiction and allowed flexibility in their approach. This understanding and knowledge, along with the fact that recovery is on the centre of their ethos, results in a value instead of an outcome-driven method, often employed by mainstream services. The values and ethos adopted by the services guide approaches that are 1) flexible and realistic, allowing clients to seek recovery in their own pace, allowing choice in creating personal recovery pathways and 2) strengths-based, with a focus on personal development, acquisition of skills, empowerment and a sense of purpose.

b) Address gaps in service provision

Problems with the fragmented provision of support from traditional services have also been mentioned, primarily focussing on the existence of different outcome measures, different funding sources, limited or no information exchange between services and referrals to services with varying approaches which might employ different practices and offer contradictory guidance/advice to individuals. Peer-led services address the maintenance of

recovery, which is not necessarily provided by traditional services and brief interventions. Often, maintaining recovery depends on personal motivation and planning; it was noted that individuals at this stage are especially vulnerable and receive limited or no support and encouragement.

c) Committed and Value-driven

Peer-led services are rooted in volunteering and lived experience, resulting in the unique composition of each service but guided by practices that are united in effort and commitment.

Prioritisation of this ethos and commitment was highlighted as opposing measuring outcomes and approaching recovery as a timed 'before and after' event. It was acknowledged that the underlying ethos of the services does not necessarily agree with commissioning and outcome-focused practices; however, lack of funding was also a key element in keeping services independent and value-driven. Furthermore, the lack of funding was mentioned to be contributing to better engagement with the community and resulting in more meaningful outcomes:

'When we focus on our community rather than outcomes is when we measure success.'

3.2. The challenges

a) Commissioning, values and resources

The issues arising from the commissioning framework have been highlighted as one of the most critical challenges faced by peer-led services. Firstly, the focus on outcomes contradicts the very nature of recovery, which cannot be necessarily measured as a linear and timed event, also echoed in relevant research literature. Evidence of success from peer-led services does not fit the traditional measurements required as evidence of success. Because of this, funding in the area would be more helpful if it was grant-based instead of key performance indicator (KPI) commission driven.

A particular issue related to the commissioning framework is similarly found on the contradiction between what recovery and success are assumed to be and the definition/approach employed by the peer-led services. An apparent conflict of values has

been noted whereby maintaining the ethos and philosophy that underpins peer-led services as well as securing independence is not possible within the current framework. Services felt that they are often faced with the decision of either maintaining the service's values or gaining funding and either being a self-sustained service or become a corporate level service. This dilemma is noted alongside the limited resources, and funding cuts peer-led services are facing which contribute to increasing workloads for their volunteers who are called to adopt large amounts of cases that they often cannot cope with.

b) Limited returns and recognition

The services noted that 'lived experience' is not recognised as 'expertise' due to lack of qualifications and training. It is not uncommon for 'corporate-minded' organisations, including Universities, to request access or pay for work and keep the intellectual property or not attribute recognition and acknowledgement of the services' work.

c) Lack of united voice and fragmentation

Services agreed on the lack of a united front, links and communication between them. Group members noted that their work is locally restricted and even though they have cultivated strong relationships with local authorities, they have no input on a national level. One reason for this could be the lack of united 'voice', and even though services face the same challenges and echo each other on many key points, there is no unified 'forum' to voice these issues and communicate with each other. The representative from PHE noted that it is equally problematic in the Policy sector to locate people with lived experience who can contribute to the discussions and a collective voice in the voluntary sector could help towards that.

d) Leadership, progression and growth

Peer-led organisations have been created out of passion and have their foundations in people and charismatic individuals while their recruitment approach is unique in the way it is conducted organically. Many organisations are still growing, but there is no plan or example of what a peer-led business would look like. In this context, there are no foundations for sustainable growth for both services and their leaders and no guidelines on what the meaning of a 'leader' is. Having input from people with different experiences and business expertise was mentioned as a way to move forward, however training on funding practices,

commissioning and service development should be conducted in a way that service values and ethos are maintained.

3.3. Recommendations

The open discussion resulted in a number of recommendations concerning peer-led approaches, services and organisations, presented in no particular order these included:

i. A need for a collective organisation; a safe space where knowledge, ideas and concerns can be exchanged. This space/forum should maintain ethical principles of confidentiality and trust where services can get support and recommendations. while preserving privacy and trust.

ii. Further discussion on identifying a systematic approach of creating a unified front, given the differences and the complexity in organisational structures and composition identified within the services who attended the event.

iii. Have social return on investments

iv. A leadership academy, such as a national meeting that will include training and where common issues can be discussed

v. Specialised training in different levels of staged progression within peer-led services, from volunteers to leaders. Identified needs especially for leaders who require support, training and development as this is a role where progression and growth have not been taken into account. More discussion is needed to identify resources for such needs.

vi. A need for a multidisciplinary team with specialised skills and understanding, providing mentoring and experience in coaching, business etc.

vii. Universities to have more input in their areas and having a part in meaningful community work, while services can provide first-hand knowledge to students and those entering relevant academic fields. External organisations, including Universities to be mindful of services' role and ensure ethical practices are adhered to.

viii. Next steps for a meeting would be including experts in the conversation such as academics and practitioners that can provide information and listen themselves, providing a two-way process.

ix. Establish forum/expert groups that services sit in on to inform policy. These must be meaningful and not just to tick a box, such that there is an element of building essential relationships in influencing policy.

x. The transition from a commissioning system and KPIs, which do not fit the ethos employed by the services or the way recovery can be measured, towards grand funding.

xi. Develop and have a shared manifesto

4. **Summary:**

It is acknowledged that there are variations in peer-led service provision, models, structures and settings[11]; however this report resulting from the joint discussion has highlighted common elements of peer-led approaches and helped to identify shared challenges in current service delivery, and as a result identify recommendations for future practice and further development. It should be noted that the views expressed in this report are a summary of discussion from 10 services and therefore can not represent all peer-led services supporting those with drug and alcohol problems within the UK. However, services are drawn from different areas of the UK including Wales, London, the North West, South East and East of England. Discussions suggest that there is a place for peer-led services in supporting those with drug and/or alcohol problems, with their strongly shared values and commitment, and 'lived experience' which is invaluable for supporting many in their recovery, at whatever stage, from drug and alcohol issues. However, in order for these services to enhance the delivery of this important approach, and further complement existing traditional services, it is clear such services could benefit from having a collective voice and forum for a) both supporting and sharing practice amongst themselves, b) developing training and development of volunteers, and c) for informing future drug and alcohol policy and treatment provision.

5. References:

1. El-Guebaly, N. (2012). The meanings of recovery from addiction: Evolution and promises. *Journal of Addiction Medicine*, *6*(1), 1-9.
2. Laudet, A. B. (2008). The road to recovery: where are we going and how do we get there? Empirically driven conclusions and future directions for service development and research. *Substance use & misuse*, *43*(12-13), 2001-2020.
3. White, W. L. (2008). Recovery: old wine, flavor of the month or new organizing paradigm?. *Substance use & misuse*, *43*(12-13), 1987-2000.
4. Kelly, J. F., & White, W. L. (Eds.). (2011). *Addiction recovery management*. New York, NY: Springer.
5. Kougiali, Z. G., Fasulo, A., Needs, A., & Van Laar, D. (2017). Planting the seeds of change: Directionality in the narrative construction of recovery from addiction. *Psychology & health*, *32*(6), 639-664.
6. Armitage, E. V., Lyons, H., & Moore, T. L. (2010). Recovery Association Project (RAP), Portland, Oregon. *Alcoholism Treatment Quarterly*, *28*(3), 339-357.
7. Barker, S. L., & Maguire, N. (2017). Experts by experience: peer support and its use with the homeless. *Community mental health journal*, *53*(5), 598-612.
8. Kelly, J. F., Stout, R. L., Magill, M., Tonigan, J. S., & Pagano, M. E. (2010). Mechanisms of behavior change in alcoholics anonymous: does Alcoholics Anonymous lead to better alcohol use outcomes by reducing depression symptoms? *Addiction*, *105*(4), 626-636.
9. Boisvert, R. A., Martin, L. M., Grosek, M., & Clarie, A. J. (2008). Effectiveness of a peer-support community in addiction recovery: Participation as intervention. *Occupational therapy international*, *15*(4), 205-220.
10. Best, D., Gow, J., Knox, T., Taylor, A., Groshkova, T., and White, W. (2012). Mapping the recovery stories of drinkers and drug users in Glasgow: Quality of life and its associations with measures of recovery capital. D*rug and Alcohol Review*, *31(3),* 334-341.
11. Bassuk, E. L., Hanson, J., Greene, R. N., Richard, M., & Laudet, A. (2016). Peer-delivered recovery support services for addictions in the United States: a systematic review. *Journal of substance abuse treatment*, *63*, 1-9.
12. Kougiali Z., Soar K., Pytlik A., Brown J., Wozniak K., Nsumba F., Wilkins T., Oliva E., Osunsanya S., Clarke C., Casalotti S., Pendry B. (Under review). Jigsaw recovery: the spatio-temporalities of alcohol abuse and recovery in a non-interventionist, peer-led service.

6. **Acknowledgments:**

The authors would like to thank Lily Levic and Alicja Pytlik for their invaluable contribution to both the event and note taking during the discussion, which allowed this report to take form.

Funding: This event was supported by Alcohol Change UK and internal University funding.

COI: The authors declare no conflict of interest.