



Public Health  
England

# **Improving access to mutual aid**

A brief guide for commissioners

## About Public Health England

Public Health England's mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. PHE is an operationally autonomous executive agency of the Department of Health.

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## **Our aim and the purpose of this guide**

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 support local areas in fostering effective links between drug and alcohol treatment services and relevant community and mutual aid groups (see Annexes 1 and 2 for a list of groups) to enhance social integration and wellbeing.

A wide range of international, peer-reviewed evidence demonstrates the efficacy and effectiveness of mutual aid and its potential role in improving service users' community integration, their social networks and recovery outcomes, along with the health and wellbeing of their families and relatives.

The evidence base has been examined by the National Institute of Health Care Excellence (NICE), the Recovery Oriented Drug Treatment Expert Group (RODT) and the Advisory Council on the Misuse of Drugs (ACMD). They recommend more should be done to promote access and choice to a range of groups including, SMART Recovery, 12-step and community recovery organisations.

On the basis of these recommendations a recent PHE publication concluded that further development of mutual aid in the UK should be encouraged in local communities, by local commissioners, providers and other stakeholders.<sup>1</sup>

This document outlines the appropriate role commissioners can play in supporting the further development of mutual aid, its relationship to treatment services, and the practical steps commissioners can take.

## **Local objectives and leadership**

Commissioners are responsible for leading on the mutual aid agenda and helping to improve recovery rates by:

- working with mutual aid groups and treatment providers to improve the availability of a range of mutual aid groups
- ensuring all keyworkers support their clients to access mutual aid by delivering the structured Facilitated Access to Mutual Aid (FAMA) approach.<sup>2</sup> For further information access the PHE guidance document online <http://www.nta.nhs.uk/uploads/mutualaid-fama.pdf>

## **The role commissioners can play**

Commissioners need to ensure there is a shared, locally developed vision of recovery where mutual aid is fully integrated with alcohol and drug services (including in-patient and residential treatment). Creating this vision will help to ensure all staff are aware of the value and benefits of mutual aid and how it fits in with the local treatment offer. It will also provide a foundation for further improvements.

'Medications in recovery' emphasised the need to promote choice. So commissioners may want to ensure that people in treatment have access to a range of peer-based recovery support options, including 12-step, SMART Recovery and other community recovery organisations. While some of these cannot be directly commissioned there are a number of ways to encourage and support local development.

## **Twelve-step fellowships**

Twelve-step fellowships currently provide a substantial majority of mutual aid meetings in England. The three largest fellowships operating in England are Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and Cocaine Anonymous (CA) (see annex 1 for a full list). Some are registered charities.

These fellowships are not for profit. They are governed, in part, by adhering to a set of traditions (the 12 traditions). These traditions exist mainly to ensure that fellowships are not diverted from their prime purpose of helping people to recover from drug and alcohol dependence, and its negative impact. Two key traditions are that fellowships:

1. Are fully self-supported by member contributions ('pass the hat' at meetings) and selling approved literature
2. Have no opinion on outside issues, so that the fellowships are not drawn into any public controversy

These two traditions also mean that 12-step fellowships cannot be directly commissioned. Although the fellowships are not affiliated with any sect, denomination, politics, organisation or institution, they do value cooperation with professionals. So while commissioners cannot directly commission a local 12-step meeting, they can benefit by working with the organisers. A useful resource for further information is the publication 'How AA members cooperate with professionals'<sup>4</sup>

## **SMART Recovery**

SMART Recovery is a registered charity and similarly raises funds via donations and selling materials, though most income comes from a partnership scheme with the treatment sector. The programme itself is secular and based on cognitive behavioural and therapeutic lifestyle change models similar to those used in treatment services.

Commissioners and treatment providers can encourage or support the availability of SMART Recovery via a well-established partnership scheme. This includes a number of options, such as encouraging or incentivising providers to become partners, or working as a commissioning group with SMART Recovery in order to develop a whole DAT roll-out project. For further information see 'SMART Recovery guidance for commissioners and public health'.<sup>5</sup>

## Recovery community organisations

These are typically commissioned locally, though some are entirely unfunded. Although they are not mutual aid groups they share many important characteristics and can contribute substantially to supporting people in recovery. They are well placed to help improve the links between treatment services and local mutual aid groups, and might be able to support in other ways, such as accompanying users to meetings.

## Service specifications

To help ensure FAMA is delivered within the local treatment system, commissioners may wish to consider including a number of actions in their service specifications:

- keyworkers are required to help service users access mutual aid, perhaps by delivering FAMA
- drug treatment providers are required to develop and maintain appropriate links with mutual aid organisations
- where appropriate, local service providers are required to make their premises available for mutual aid organisations to hold meetings, for a nominal fee
- NDTMS recovery support interventions should be routinely and robustly completed

Commissioners may also want to consider:

- encouraging providers to offer more structured mutual aid facilitation programmes, such as 12-step facilitation (TSF) and SMART Recovery-based interventions

## Identifying local need

The type and frequency of mutual aid meetings varies from area to area. Some will have a broad range of mutual aid organisations and daily meetings, others may have only one or two 12-step fellowships. Commissioners should support choice by appropriately supporting the development of a range of options for the local community.

There is also a great deal of variability among providers and staff in their attitudes towards various mutual aid organisations. This may present barriers that will need to be overcome to improve the availability and access to mutual aid among people in community treatment.

## Self-assessment

Partnerships seeking to improve availability and access to mutual aid in the local treatment system are recommended to use PHE's self-assessment tool. Click [here](#) to access the tool.

The tool can help local authority partnerships improve their understanding of the availability of mutual aid, to identify any gaps that exist, and to highlight any barriers that may need to be overcome within the existing treatment system.

## **Local action plans**

The information gathered from the self-assessment will help partnerships to develop a local action plan. The primary objective is to help ensure steps are taken towards fostering effective links between treatment services and mutual aid groups, and to ensure all clients have access to a mutual aid programme of their choice. The results of the self-assessment might also be included in joint strategic needs assessments, and the resulting action plans included in health and wellbeing strategies.

## **Initiating and maintaining contact with mutual aid groups**

On completing the self-assessment and local action plan, partnerships may want to contact mutual aid groups operating within the local authority area. This can be straightforward.

Most mutual aid organisations have structures in place to liaise with professionals. They can provide formal presentations, seminars and in-house training sessions or staff talks. The individuals fulfilling these roles are nearly always members with substantial experience of recovery.

In 12-step fellowships this role is filled by either the public information (PI) service roles or a health liaison service. Contact the fellowships via the national helpline (see annex 1) if you do not already have the local PI details. SMART Recovery is building a network of local, regional and national contacts. To find your local contact, see the SMART Recovery website under 'about' and then 'making contact'.

If there is not a range of mutual aid options in your area, consider contacting others via their national contact numbers (see annex 1) and inviting them to establish local groups.

## **Communicating local objectives**

Partnerships may want to invite representatives from all mutual aid groups operating in the local authority area to an introductory meeting. Where possible, organisations not currently operating in the area, but which would increase choice, should also be invited. Although not mutual aid as such, recovery community organisations can play a role in helping create effective pathways to mutual aid and may also be worth inviting.

An introductory meeting mutual aid representatives and commissioners can communicate their aims and objectives, share the findings of their self-assessments, and develop an agreement to work towards a common goal – eg, supporting more people to participate in mutual aid via community treatment providers. An introductory

meeting may also help to alleviate any concerns and anxieties that mutual aid members and professionals may have.

## **Establishing a mutual aid steering group**

Local partnerships may want to set up a mutual aid steering group to review the findings of self-assessments, to agree any gaps in availability and access to mutual aid groups. and to feed into the development of the local action plan, detailing who will lead on specific actions and what further action might be taken.

It is recommended the membership of this group includes:

- members of all locally available mutual aid groups and, where possible, those not currently operating locally
- representatives of locally commissioned recovery community organisations
- managers/recovery leads from all locally commissioned treatment providers
- service users and/or service user group representatives

Incorporating this steering group into an existing group's operation (eg, a treatment provider group) may help to avoid duplication and reduce any associated costs.

## **Monitoring the effectiveness of local action**

An intervention category of 'Recovery support' was added to the National Drug Treatment Monitoring System (NDTMS) when core dataset-J (CDSJ) was implemented. The CDSJ recovery support intervention includes several sub-interventions – two are particularly relevant for monitoring the effectiveness of the mutual aid agenda:

- facilitated access to mutual aid: relates to the activity local service providers undertake to facilitate access to mutual aid using an approach such as that set out in the PHE FAMA guide
- peer support, which refers to the activity of local recovery community organisations

## **Recording recovery support interventions in NDTMS**

According to NDTMS CDSJ business definitions, recovery support interventions should be recorded for interventions delivered alongside and/or integrated with psychosocial or pharmacological interventions. Recovery support interventions may also be delivered and recorded outside of structured treatment and following an exit from structured treatment as part of post treatment recovery support. (See [NDTMS CDSJ business definitions for further information](#)).

## **Data completeness and reporting of recovery support interventions**

Recovery support data is available to commissioners and providers via NDTMS.net. This is restricted data and can only be accessed with the appropriate NDTMS login credentials.

An early analysis of the recovery support interventions and sub interventions has shown that these important fields can be poorly reported and are currently unable to provide a baseline for monitoring improvements in mutual aid agenda.

Commissioners are recommended to highlight with their service providers the importance of completing this section of NDTMS, and consider building this into local governance frameworks, using audit teams to ensure the data is a true reflection of activity.



## References

1. A briefing on evidence-based drug and alcohol treatment guidance recommendations on mutual aid. Public Health England. December 2013
2. Mutual aid self-assessment tool: alcohol and drugs recovery. Public Health England. December 2013
3. Facilitating access to mutual aid: three essential stages for helping clients access appropriate mutual aid support. December 2013
4. How AA members cooperate with professionals: cooperation, but not affiliation
5. SMART Recovery: guidance for commissioners and public health.  
<http://goo.gl/nTrKoL>

## Annex 1: mutual aid groups for people who use alcohol/drugs

<b>Mutual aid group</b>	<b>For</b>	<b>Website</b>	<b>Helpline telephone</b>
SMART Recovery	Any mood altering substance or addictive behaviour	<a href="http://www.smartrecovery.org.uk">www.smartrecovery.org.uk</a>	0845 603 9830
Alcoholics Anonymous (AA)	Alcohol	<a href="http://www.alcoholics-anonymous.org.uk">www.alcoholics-anonymous.org.uk</a>	0845 769 7555
Cocaine Anonymous (CA)	Cocaine and other mood altering substances	<a href="http://www.cauk.org.uk">www.cauk.org.uk</a>	0300 111 2285 or 0800 612 0225
Drug Addicts Anonymous (DAA)	Any mood altering substance	<a href="http://www.drugaddictsanonymous.org.uk">www.drugaddictsanonymous.org.uk</a>	0300 030 3000
Marijuana Anonymous (MA)	Any form of cannabis	<a href="http://www.marijuana-anonymous.co.uk">www.marijuana-anonymous.co.uk</a>	07940 503438
Narcotics Anonymous (NA)	Any mood altering substance	<a href="http://www.ukna.org">www.ukna.org</a>	0300 999 1212

## Annex 2: mutual aid groups for relatives, friends and others affected by someone's drug/alcohol use

<b>Mutual aid group</b>	<b>For</b>	<b>Website</b>
Alateen	Teenage relatives of alcoholics	<a href="http://www.al-anonuk.org.uk/alateen">www.al-anonuk.org.uk/alateen</a>
Al-Anon	Relatives, friends & colleagues affected or concerned by a person's alcoholism or alcohol misuse	<a href="http://www.al-anonuk.org.uk">www.al-anonuk.org.uk</a> <a href="http://www.al-anonlondon.org.uk">www.al-anonlondon.org.uk</a>
Families Anonymous (FA)	Relatives and friends concerned about substance use problems	<a href="http://www.famanon.org.uk">www.famanon.org.uk</a>

