



Public Health
England

Improving access to mutual aid

A brief guide for alcohol and drug
treatment service managers

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 treatment services and relevant community and mutual aid groups (see annexes 1 and 2 for a list of groups) to enhance service users' social integration and wellbeing.

The effectiveness of mutual aid in promoting and supporting people to make a sustained recovery from dependence has been examined by the National Institute of Health and Care Excellence (NICE) who recommend that treatment providers facilitate access to mutual aid. For further information click [here](#) or access the PHE guide on evidence-based treatment recommendations on mutual aid online.

The role of local treatment systems

Local alcohol and drug treatment providers can improve the rates of recovery within the local treatment system by:

1. Developing a local vision of recovery where mutual aid is fully integrated with locally commissioned alcohol and drug services, so that all staff are aware of how mutual aid fits with the local treatment offer
2. Developing strong and cooperative relationships with local mutual aid organisations/groups
3. Improving access to mutual aid via community-based treatment by implementing FAMA, a structured approach to facilitating access to mutual aid. For further information access the PHE guidance document online <http://www.nta.nhs.uk/uploads/mutualaid-fama.pdf>
4. Making their premises available to local mutual aid groups at a nominal rate

Supporting publications

PHE has recently published several documents to help local areas make improvements to mutual aid group engagement.

In developing these products PHE consulted a national mutual aid reference group (MARG) . MARG membership includes representatives from the various mutual aid organisations, commissioners and service providers.

The publications include:

1. Evidence-based treatment guidance recommendations on mutual aid
2. Mutual aid self-assessment tool
3. Facilitating access to mutual aid (FAMA)
4. A guide for commissioners

Additional publications, including a professional development guide, will be available in the coming months.

Practical actions that service managers can take

Service managers can support mutual aid by:

- ensuring their services take appropriate steps to improve the visibility of recovery
- developing cooperative and supportive links with local mutual aid groups
- ensuring staff are sufficiently knowledgeable and competent to facilitate service users' access to mutual aid

The remainder of this document sets out some of the practical steps that service managers can take to help them achieve such aims within their service.

Supporting staff competence

Staff who understand and can explain the key concepts of mutual aid organisations will be in a better position to promote the value and benefits of mutual aid and encourage service users to take part.

Service managers can support staff development by:

- making sure relevant publications and guidelines, such as PHE's mutual aid evidence briefing and FAMA guide, are available to all staff who work directly with service users in a therapeutic way
- ensuring all staff are sufficiently trained, have the knowledge base, and are competent to effectively facilitate access to mutual aid
- ensuring mutual aid features in the professional development plans for all staff
- providing ongoing support to staff by including mutual aid in line management and/or clinical supervision
- providing staff with sufficient time during the working week and ensuring they have access to all the necessary information about the various mutual aid groups and their approaches. As a minimum, staff should be aware of, and have access to, the mutual organisations websites listed in annexes 1 and 2. Third party websites, such as YouTube, Daily Motion, Big Think and others, host a range of relevant media, often including video/audio clips of mutual aid group members talking about their experience of working through the 12-steps or demonstrating the tools used in the SMART Recovery 4-point programme
- providing access to key texts, such as the SMART Recovery handbook, the Big Book used by both Alcoholics Anonymous and Cocaine Anonymous, the Basic Text of Narcotics Anonymous, etc
- encouraging all keyworkers to attend a range of open mutual aid meetings. These meetings are for anyone interested in learning more about what happens in meetings and about the programme. People who are not in recovery are allowed to attend open meetings, though professionals must identify themselves before the meeting starts

- ensuring staff know how to contact mutual aid groups. Most 12-step organisations operate a public information and/or health liaison service, whose purpose is to talk to professionals about their work. SMART Recovery has a growing network of volunteer local leads and regional coordinators. The contact people within these organisations are often those with substantial experience of recovery
- encouraging staff to learn from colleagues and clients. Many alcohol and drug services have staff and service users who attend mutual aid groups and who may be willing to share their knowledge and experience with colleagues
- considering employing professional and volunteer staff who have experience of recovery and are familiar with various mutual aid organisations' programmes of recovery
- providing staff with local information about the mutual aid groups and meetings that operate in the area, including meeting times and directions by foot, car and public transport. It may also be useful to provide information on the type/format and the typical size
- ensuring staff are aware of the importance of choice and that they encourage service users to try different mutual aid organisations and meeting types, as different meetings may suit particular service users better
- promoting the 'newcomers meetings', which are targeted at people new to the programme and may be particularly important for service users who have no previous experience

Service level actions

To support mutual aid in the local area, develop a cooperative relationship with the groups and enhance the visibility of recovery within local services, managers may wish to consider the following:

- invite members from each mutual aid group operating in the area to speak to staff. Twelve-step fellowships have a service post specifically for this purpose – called public information liaison (Alcoholics Anonymous also has a network of health liaison officers who fulfil a similar role); SMART Recovery has points of contact at a local, regional and national level; see the SMART Recovery website under 'about' and then 'making contact'
- make mutual aid a routine component of keyworking sessions. This might be achieved by including it in assessment and care-planning processes, and in paperwork via FAMA
- make meeting rooms available where mutual aid groups can hold meetings. Charge a nominal rate to ensure local groups can afford the rooms
- encourage mutual aid groups to hold meetings during operational hours to help ensure service users have easy access and can attend opportunistically. This

also gives staff the chance to develop relationships with group members including the chair/facilitator

- work with mutual aid group members to develop a process for ensuring service users are accompanied to their first meeting. See Annex 1 of the FAMA guide for further recommendations on peer accompaniment
- ensure recovery support groups/organisations, peer mentoring services and current or ex-clients with experience of recovery are included in local improvement planning forums. Their skills and experience will help to support staff and service users
- ensure service users have access to mutual aid group literature. This can usually be ordered for a small fee from the organisations' websites
- print local meeting lists and update them regularly, as meetings, times and locations change
- give service users adequate directions to the meetings they chose to attend. This will include printed directions and maps with directions by foot, car and public transport
- consider providing fares and appropriate incentives for service users to attend meetings
- consider a texting or telephoning service users to remind them of the meetings they have selected to attend – in particular during the delivery of FAMA

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

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

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

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