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## The UK Recovery Movement: An Interview with Anne Marie Ward

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In 2009, I had the pleasure of lecturing in London and Scotland on the New Recovery Advocacy Movement in The United States. During that trip, I met a number of professionals interested in increasing the recovery orientation of the UK treatment system, and I also met many members of a growing UK recovery advocacy community. One of the more memorable of these encounters was with Anne Marie Ward, who I suspected would develop into one of the most dynamic leaders of the UK recovery movement. In the time that has passed since my visit, that presentiment has proven to be correct. In early 2011, I interviewed Anne Marie about her advocacy activities and her thoughts on the history and future of the UK recovery movement. Please join us in what I found to be a most fascinating discussion.

**Bill White:** Anne Marie, perhaps we should begin by having you introduce yourself to our readers and share how you came to be involved in the recovery movement in the UK.

**Anne Marie Ward:** Sure, Bill. As a person in long-term recovery, I began about 9 years ago in a professional role to explore how local statutory services could be more involved in helping individuals and families who were suffering from addiction. Part of my role then was to develop a forum whereby service providers could discuss with those they were supposed to serve various issues that the statutory services felt were important. It quickly became apparent that the two groups couldn't be further apart in what they each identified as important. The beginning of my role as an advocate began from my experience in that role, witnessing people's voices not being heard, and the powerlessness they expressed. During my time in this role bringing various providers of services together, it was also very clear that providers worked in competition, isolation, and even in conflict with each other. They were often unaware of

what each organisation provided, which was a great hindrance to people accessing the services they needed.

**Bill:** In looking back, what do you think were some of the most important catalysts and milestones in the UK recovery movement?

**Anne Marie:** Great question, but it's difficult to say exactly what the precise catalysts were. Many people, often in isolation, were doing important things for a very long time before things really took off, and we are still in the very early days of the UK recovery movement. I can only speak from my own experience, Bill, and I am very blessed to be a small part of what's going on in the UK. For me, there were three important catalysts.

First was the May 2008 Scottish Government strategic guidance document, "The Road to Recovery." It really was a pivotal moment. Although it was only a visionary and rhetorical document, the essence of what it said was "We want our services to be more ambitious for those they serve."

Then came *The Recovery Bill of Rights*, which was a statement of the principle that all Americans have a right to recover from addiction to alcohol and other drugs. That gave those of us here in Scotland who had been advocating for change the turbo boost to challenge our leaders in the current system, which was then and some would argue still, focused on only producing a crime reduction dividend rather than a health or social one.

Third, whilst many grassroots organisations were labouring away and as usual struggling to be funded or heard, another critical document emerged. *Changing Scotland's Relationship with Alcohol: A Framework for Action*, from the Scottish Government, argued that it was time to move beyond treating people in the latest stages of addiction and that a whole population approach was needed to reach people at early stages of problem development. This guidance really hit a nerve, highlighting the problems we faced as a nation; we are the worst in Europe when it

comes to alcohol and other drug dependency problems.

These three documents gave advocates at a grassroots level all over Scotland the opportunity to try and influence the change process that was emerging and perhaps more importantly, to challenge the status quo.

**Bill:** What key organisations played important roles in the rise of this movement in the UK?

**Anne Marie:** From my point of view, it was organisations in the USA that had walked the walk before us whose presence online gave us a wealth of resources we could draw upon. I would say that the resources available online from Faces and Voices of Recovery, CCAR, and the work of John McKnight on asset-based community development have influenced and inspired many of us. But we also have our own traditions that are being drawn on. The UK has a long history of mutual aid groups, and many of the residential rehabs have a long tradition of trying to connect folks to supportive communities. The work of various bodies and organisations like the drug and alcohol charities, the northwest region of the national treatment agency, the trade press publications *Drink and Drug News* and *Addiction Today*, the UKESAD conferences, the candlelight vigils in Liverpool, and the birth of the website Wired In all gave advocates the platform to come together with others interested in taking the recovery agenda forward.

**Bill:** Could you describe the role Wired In played in mobilizing people within the early days of this movement?

**Anne Marie:** Basically, Wired In is an online community that aims to empower people to tackle drug and alcohol use problems and through this, it provides a permanent cyberspace platform to meet online to discuss problems and arrange to take action forward in real life. In the beginning, it was also a place where we could gain support for each other, question and debate the

proposed changes, and discuss our fears and concerns with others who were very skeptical about the change in strategic direction from government that was now happening in England too.

**Bill:** You have been involved in the UK Recovery Federation (UKRF) since its inception. Could you describe in more detail what the Federation is and what it hopes to achieve?

**Anne Marie:** Basically, Bill, the Federation is a collection of individuals, organisations, and networks that subscribe to the UKRF Recovery principles and who support the development of a diverse UK-wide Recovery Movement. The essential aims of the Federation at the moment are to give a voice and face to people in recovery and to support individuals, groups, organisations, and communities in the development of their “Recovery Capital.” Further down the line, we hope to be able to promote and support diverse and effective community-focused recovery models and practices as we develop, and be in a position too to support community-focused organisations and groups in the delivery of recovery-oriented services.

We have come a long way since we started back in January 2009, which when you consider it is a relatively short time. We have made a substantial start in bringing together a UK network of individuals and organisations that support local, regional, and national community-led recovery initiatives. We eventually would like to see and be able to support the establishment of recovery advocates in every UK region who will come together via the national and local walks to promote and celebrate positive aspects of recovery. We hope it is time to change public perceptions of addiction and recovery and hopefully influence public policy here in the UK.

Right now, we are involved with several individuals and organisations in early talks about the development of recovery-oriented guidelines and competency-based recovery credentials. These discussions are quite exciting, and we hope that this work will

raise the standards and aspirations of those who intend to deliver services.

**Bill:** You were involved in helping organise National Recovery Walks. What were these first experiences like of people marching publicly to put a face and voice on recovery?

**Anne Marie:** Until I came across the Faces and Voices of Recovery website around 2007, I had never heard of a walk in support of recovery from addiction. I began speaking about it to as many people as would listen. When it finally happened here in the UK in 2009, I was amazed at the appetite for celebration and how many people actually turned up in Liverpool that night. We had about 800 if memory serves me well. It felt like we were marching not only to celebrate but to show the public and the current treatment system that we do actually recover. There were many of us there that day saying, “It’s not just that we don’t use alcohol or drugs anymore: we have had an opportunity for personal growth that many normal folks don’t get a chance to access. We have changed our own lives, and recovery has given us so much that we want to share it with others.”

A year later, there was even more support and momentum for the walk in Glasgow. I get a sense that recovery is truly becoming more visible. Since those marches, people who have worked in the field for many years finally feel safe enough to publicly reveal their recovery status for the first time. I am sure this “coming out” process and the hope it is generating will continue as the walks grow not just in numbers but in consciousness. This year’s celebration in Wales will be even better and more exciting I’m sure.

**Bill:** You are now seeing recovery conferences, recovery-focused research, recovery-themed government policy documents and such. Are these some of the fruits of the recovery movement’s efforts?

**Anne Marie:** Without a doubt, Bill, and long may it continue. The academics and civil

servants in the UK have also been influenced by the works of the advocates in the United States, and for that, we will continue to be grateful.

We will continue to remain vigilant, especially in light of the continuing economic recession. It is essential that we turn the rhetoric of recovery into a reality for ever-growing numbers of people. And we will hold ourselves and our systems accountable to ensure that this window of opportunity we have does not pass us by without creating greater recovery support resources for those individuals and families who are still suffering.

**Bill:** At a recent national conference in the UK, the question was raised about whether the recovery movement was being hijacked by mainstream treatment and policy agendas. Could you describe the nature of this concern? Is this part of a related discussion about the potential influence of money on the recovery movement?

**Anne Marie:** Some might say this is not the time for innovation in public services—that we just need to “get through” the next few years before we consider new ways of doing things. As you know, there are immense and growing pressures facing our public services. Early experiments in increasing the recovery orientation of service systems demonstrate that radical change is possible within mainstream public services. It also exemplifies a range of interesting paradoxes about this type of innovation.

The issue of addiction and recovery is of course a deeply personal one, but it is also a massive social issue with huge costs to our economy and society. It is appropriate then that the recovery approach is both very personal based on practitioners working in equal partnership relationships with users of services, but also that it has a wider significance for how we organise many of our public services.

Talking about the importance of public services that “build relationships” might seem somewhat esoteric given very real budget reductions, but in fact it represents a crucial way in which services could be much

more effective and significantly more cost-effective.

What must be learned is that recovery, while it has strong theoretical roots, is not just an abstract theory. It is not something just to be used as rhetoric—a sign above a service office claiming to be a recovery service. We can actually show them it can be done and the long-term benefits that it brings. Approaches such as recovery-orientated services start with listening to the “lived experience” of service users as people, yet the wider adoption of the recovery approach depends on leadership and support for frontline staff to stay true to what it actually is rather than what they were doing all along.

**Bill:** One of the things that is of great interest to me since we have not seen anything quite like it in the US is the rise of recovery cafés. Could you describe these recovery cafés?

**Anne Marie:** The one I know most about is The Serenity Café in Edinburgh. There are others popping up all over the UK, and we have a couple of established ones now in Blackburn and Bristol in England. Basically, it's people recovering from addiction developing their own recovery community. The hub of the community is a social enterprise café. The café is a focal point for people in recovery living in Edinburgh or visiting the city, and it's also a place where the general public can chill out, meet friends, and enjoy themselves in a drug and alcohol-free environment.

The main premise is that the recovery community is the collective approach to helping others in recovery build their recovery capital. It's a wonderful approach, as there are volunteers, trainees, and employees in recovery, gaining skills and experience for their future. The Serenity Café also has produced a fantastic guide about their journey and how they went about setting up the café if there are others who are interested in maybe doing something similar. It's available at <http://www.comas.org.uk/page4.htm>.

**Bill:** One of the central ideas in the recovery advocacy movement in the US is that there are many (religious, spiritual, secular) pathways to long-term recovery and that all are cause for celebration. Is this idea also a key tenet of the UK recovery movement?

**Anne Marie:** Yes, I think it will be as we gather momentum and value, although there have been discussions around the phrase “all are a cause of celebration.” I am not sure how this will pan out, but I have hope that we can be inclusive enough to eventually come to a place where we recognise that if it works for that individual and he/she is not exploited or coerced, then we too will agree “all” are a cause for celebration.

**Bill:** Do you see recovery support alternatives expanding in the UK?

**Anne Marie:** I do, Bill, but I am aware it will take time, probably more time than I have the patience for. You see, our current system is like a massive tanker ship, and it won't be easy or quick to turn it around to be more recovery-orientated care. In England, there is a new system of payment by results that is causing great concern, which I am sure Alistair Sinclair can tell you about in much more detail. Scotland and England have increasingly become very separate health care systems. However, there has been a much quicker response to the growth over the last few years of mutual aid groups such as Cocaine Anonymous and SMART Recovery across the UK. I envision a day when we will also have meetings of Women for Sobriety and other secular mutual aid groups that haven't reached our shores yet developing and growing. This is all contingent on achieving broad consensus that there are indeed many pathways to recovery.

**Bill:** What have been the best moments you have experienced in your recovery advocacy activities?

**Anne Marie:** Wow, the best moments? There have been so many. Can I say meeting you is one of my favourite moments,

or is that too sickening for the readers? Okay, then meeting Alistair Sinclair, one of the other UK Recovery Federation directors whose passion for social justice, intelligent observations, and strategic vision has taken the whole advocacy role that we play as part of the UKRF above and beyond anything I could have put into practice. My best moments would also have to include taking part in the two UK walks, but there have also been much smaller events, like meeting a girl I thought I couldn't help and at the time just giving her the name and number of someone else who had recovered and a list of mutual aid meetings, only to meet her 3 years later and not only had she called the friend, but she was three years into her recovery and in her second year at Glasgow University studying Law.

Our first and subsequent recovery conferences were also noteworthy. We emphasised the need for broad representation in the workshops. We encouraged and supported delegates from diverse communities of recovery to come together and make alliances. What have emerged are lots of cross relationships built through the workshops and appreciation for each other's roles. The advocates that took part told us these recovery workshops left them more capable and more motivated. There was quite a lot of fear associated with this since this had never been done before here in the UK. Many friendships and alliances were built at these events and our attitudes toward these different styles of recovery are much more respectful and tolerant today as a result of some of the ongoing work the delegates involved are now doing, which makes us very proud.

But I think one of the best moments ever occurred when I went to pay what I felt was an unjust driving fine at my busy local council office. As you can imagine, I was a wee bit aggrieved at having to hand over yet more money to my local authority, so there I was grumpily standing in line in the queue when I became involved in a conversation about local drug addicts who were, according to the two ladies chatting, quite

possibly the devil incarnate. As usual, I entered into my mode of challenging what they were saying and letting them know that millions of people all over the world had recovered and went on to become contributing and productive members of society, including myself. Anyway, I paid the fine and left the building with a bad taste in my mouth, thinking I had not even made a dent in the ladies' thinking and feeling pretty low. A man approached me and started to ask how I had recovered (he had overheard the heated debate in the queue). I knew instantly by his reaction and following questions that he too was currently suffering from addiction. To cut a long story short, that day I was able to not only realise what was important and to stop feeling sorry for myself immediately, but I was able to offer real hope to another person who had never met anyone who had recovered before. I also know through friends that he is now well into his own recovery journey.

**Bill:** That is a remarkable story. What have been the most difficult situations you have encountered as a recovery advocate?

**Anne Marie:** There have been many difficult situations over the years, usually resulting from ignorance or prejudice. These issues can be relatively simple to educate and challenge, but they are draining and very time consuming, and not always successful. More recently, this question is particularly pertinent to what I have experienced from some fellow advocates. Without going into too much detail, it comes down to issues around money, power, and prestige, and this has left me hurt and deeply sad, and also aware of the fragility of the embryonic movement here in the UK. However, I am blessed to have a daily inventory process that demands rigorous honesty, as have many others within the movement who support me, and that will continue to serve us all well. I also have the experience to know that my feelings will heal as long as I continue to put the principles of my recovery and those of the recovery movement before the personalities of those

who may disagree on the best future directions of the movement.

**Bill:** What are your personal hopes for the future of the UK recovery movement?

**Anne Marie:** At the moment, my only hope is that this message eventually percolates through to the people and organisations in this field who haven't quite gotten their mindsets around the ethos of promoting hope or helping support communities of recovery. I hope there will be a consciousness-raising throughout the field about the lasting benefits of empathic support in all its forms available in recovery communities. I would also like to see the same enthusiasm and energy and hope that got us started on this journey spread to reach the communities that are not yet aware of recovery and that they too will join us in healing this country.

**Bill:** You have talked about your fears of how money and professionalism could pose significant threats to the recovery advocacy movement. What is your latest thinking about this danger?

**Anne Marie:** More and more, the UKRF is being advised and confronted by its members to challenge industries that promote and profit, not just from addictive products, but also services that claim to be recovery-orientated but have none of the recovery principles in place. It's not always easy to see the ways in which public health is being sacrificed for corporate gain or where issues like volunteering turn into exploitation, and it's even harder at times to challenge it. But again, as we grow in value and experience, that will get easier, but we are aware that in light of the economic situation, this aspect will become an ongoing challenge.

**Bill:** Do you have any tips about how advocates can separate their personal recovery support activities from their recovery advocacy activities?

**Anne Marie:** I feel very strongly about this. The first thing I would say to anyone is to thine own self be true. I am always saying to my fellow advocates when it looks like things aren't going our way, "Perhaps this is how it's meant to be, and it will all make sense further down the line. If we do as best as we can every day, it will pay off even if it is in ways we didn't foresee." The other thing I would say to advocates across our communities of recovery is that we need to pace ourselves. This is a marathon, although some of us will only be sprinters who will achieve lots in the time we are involved. Whatever the distance of our run, we need to find ways to stay focused on the bigger picture and the movement as a whole.

We really have only made a start here in the UK, and we have yet to fully build and mobilise around so many of the issues of addiction recovery. As I said in one of my blogs on Wired In recently, I think directly quoting yourself, "Recovery advocacy is a philosophy of social action; it is not a programme of personal recovery." In my experience of being in recovery, I have seen the graveyard, pubs and shooting galleries filled with folks who thought they could get and stay sober by trying to change the world by themselves. I've lost good friends who have spun off in various directions, leaving their original supports to immerse themselves in various projects. The outcome has always been the same: they die or end up using again; some make it back, thank God, and share their experience to warn others. We must try to make sure that those who are in early recovery do not make the mistake of thinking that advocacy equals recovery. Advocacy is not a means of achieving or sustaining personal recovery; it is only one of many possible fruits of recovery.

**Bill:** There will be a lot of people in recovery reading this interview. Is there anything you would like to convey to them about their potential involvement in what is rapidly becoming a worldwide recovery advocacy movement?

**Anne Marie:** Bill, I'd say that government funding has been important for some of the shift in orientation and hopefully service delivery practices in the field, but we also need the recovery community to be responsible for this movement by coming forward to financially support recovery-focused education, advocacy, and research. After all, the self-support concept has always been a principle recovering people all over the world ascribe to. We have finally found a voice here in the UK, and we are beginning to overcome some of the barriers that will help us on our way to having a really strong voice, but we have yet to create a financial foundation for this movement that comes from the recovery community itself. This is a time for us to work harder and more collaboratively, and I am pleased to say this is happening.

**Bill:** Is there anything we have not touched on in this interview that you think is important to include?

**Anne Marie:** No, I'm delighted to have had the opportunity, Bill. Thank you so much.