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Grassroots Recovery Support in the UK: An Interview with Laura Graham Addiction Recovery Foundation

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Introduction

Recovery advocacy movements can be difficult to track at a global level. They often involve multiple grassroots organizations and activities unfolding simultaneously across expansive geographical regions. This is precisely what is unfolding in the UK at the present time. I recently asked Laura Graham to help connect the dots to see what larger picture is emerging there. In her role with the Addiction Recovery Foundation, Laura has tracked the recent boon in recovery support and advocacy activities in the UK and offers insightful glimpses into these projects and the larger movement. Please join me in this sweeping review of the UK recovery advocacy and support landscape.

Bill White: Laura, it seems everyone connected with recovery has a story, so let's

start with the story of how you became interested in the recovery advocacy and support movement in the UK?

Laura Graham: My father was an alcoholic so you could say I was born into it, though my interest in recovery came much later when I had to face my own relationship with substances. My interest in recovery probably started in my late twenties in trying to understand and make sense of my own life and how my family worked. That seemed to flip a switch so that my thirst for knowledge about it will never be satisfied ...it's been that way for about eighteen years! I suppose I'm a bit of a recovery geek!

Bill White: Your role at the Addiction Recovery Foundation would seem to provide a unique vantage point to discuss what is happening with the UK recovery movement at a grassroots level. Describe the ARF and your role in it.

Laura Graham: The ARF is a peer-run charity and was established in 1989 to provide advice, support and guidance to anyone suffering from addictions/dependencies and to those involved in their care; educate, teach and train professionals working with people with addictions in the methods and practices for prevention of and recovery from addiction/dependency and to conduct and disseminate research into the care and treatment of people with addiction or dependency problems.

ARF publishes the bi-monthly journal *Addiction Today*, an on-line newspaper on the website www.addictiontoday.org and organises the UK and European Symposium of Addictive Disorders (UKESAD). This is an annual three-day event in London with the sister annual symposium in Cape Cod (CCSAD).

Most of the ARF team is in recovery including Deirdre Boyd, the CEO of ARF and Editor of *Addiction Today* who just celebrated 20 years in recovery. Deirdre is one of the most high-profile recovery advocates in the UK and highly respected for her courage and determination in supporting greater access to recovery for more people.

I've been writing articles for *Addiction Today* for almost two years and have had a regular column, *Laura Loves*, *Laura Loathes* for just over a year. In *Loves* I highlight examples of good practice, record something that has inspired me or anything new that's going on which provides a positive contribution to our field. *Loathes* highlights areas that need improvement. This includes shoddy research, legislation that impacts negatively on recovery, and raising awareness about issues that require more thinking, debate, or direct action in order to challenge injustice. I find writing like this to be a cathartic experience. I used to go to conferences and rant about some of the nonsense being presented and assumptions or ideology demonstrated but now I have *Loathes*, I'm much better behaved!

Since March, I've been working in the office at ARF as a guest researcher and I feel very privileged to be part of the team.

My usual role is an Independent Consultant undertaking research and policy and strategy development across the addiction, mental health and criminal justice spectrum. Having spent years working for government where I had to filter my opinion in public, and at times felt like a lone voice amongst my former colleagues, it's important for me now to be able to think out loud. I love working at ARF as we are all on the same page. It feels like coming home!

We've just had the eighth UKESAD in May. UKESAD is the biggest symposium of its kind in Europe and this was the biggest so far with 600 people coming through the door from across the globe! A vast majority of delegates are people in recovery now working back in the addiction field. The UKESAD "buzz" is incredible and unique to this event. It's an amazing do and is the only event in the UK of this scale where people in recovery are norm rather than the exception.

Bill White: There is much talk these days about a rising recovery advocacy movement in the UK. How would you describe the rise and current state of interest in recovery in the UK?

Laura Graham: "Recovery" has become fashionable over the last few years in the UK. Obviously, it's always been here but recovery has suddenly become "the new black". However, there is a lot of confusion about what recovery means. For many years, we had a drugs policy that had harm reduction at its core. The focus has concentrated on reducing crime, reducing blood borne viruses, and getting as many people into treatment as possible. A disgraceful term used to describe the people targeted within this system is PDU abbreviated from Problematic Drug User with an emphasis on heroin and crack cocaine users. A few years ago, concerns started to be raised about the large numbers of people going into treatment but the tiny proportion of people leaving drug treatment. It was found that our treatment system has developed into a culture of a methadone script and not much else service and where abstinence-based treatment has become

marginalised. Some people have been stuck in this system for years. Additionally, there is very little mainstream treatment available for people requiring help with drugs other than heroin or crack. Very little help exists for alcohol or cannabis dependency and there is terrible denial about our prescription drug addiction problem.

We have an incredible situation where drugs workers, commissioners and others in the field don't even know what residential rehab is, they've never been encouraged to visit one or trained how to refer a client to one, never met anybody in recovery and have never been to any fellowship or other mutual aid meetings. It is stunning that only 2% of people seeking help with their drug problem have funded access to rehab.

In December 2010, our government published a new drug strategy which attempts to put recovery at its core. Our politicians get it, the public gets it, our civil servants and commissioners don't and at times it seems they are determined to undermine it! This unfortunately means that recovery advocates are really having to work harder to be heard. Our civil servants are being supported by a few who have vested interests in retaining the status quo and are putting great effort into re-branding the system rather than changing it in line with the new strategy. Drug treatment is big business in the UK and for years has been dominated by some big organisations and others who it seems are in no hurry to change the way they work in order to help people get better than well.

Despite their efforts, there are some great advocates and advocacy work and they are happy to stand up to this challenge and educate those who need it. I remain optimistic and I can even see some humour in the current debate. You really do have to laugh when you hear people say things like "there are some great drugs to support abstinence", or that people who are abstinent have high-jacked the recovery agenda.

Bill White: How would you describe the current status of AA, NA, SMART Recovery

and other recovery mutual aid fellowships in the UK?

Laura Graham: The Fellowships continue to grow in the UK though sadly there are some areas where access is sporadic. It would be great to see more access to family groups. However, I do think there is a lot of myth about the Fellowships that we need to challenge, particularly the misunderstanding that it's a religious organisation or that that all meetings are the same when actually there's a huge variety to choose from. I think it's important that professionals in the field increase their understanding of mutual aid. For instance, it should be part of clinical training to experience a meeting. Without this how can they be expected to pass this on to their patients.

SMART Recovery UK was becoming a viable choice in mutual aid here in the UK until their change of direction last year. Until then, SMART meetings were largely peer-led. Now facilitation of a meeting can be professionally led or facilitated by anyone who is interested but not necessarily in recovery or affected in any way by substance problems. I understand that this is more aligned to the American model of SMART which I know is an absolutely tiny organisation in the US. Figures released by SMART recently showed that 89 meetings here are peer-led with 92 professionally facilitated. There is also a partnership arrangement for SMART and treatment providers here now which is subject to an annual license fee, compulsory training and restricted access to the SMART Manual so that it can no longer be downloaded from the UK website, etc. There's very little evidence to suggest that any of this has been helpful to the organisation who seem interested in growth but not really considerate of quality. There's been lots of celebration from the current Board about the "phenomenal growth" of SMART recently but it's clear from the meeting list that many of the original peer-led meetings have gone. They're not being nurtured. The emphasis is very much on quantity but not on supporting meetings to flourish. Since the changes, we don't know if people are engaging with SMART as

a regular feature of their recovery, or if there is a high turn-over of people trying it once. So many of the original meetings have faded away, it's sad. Alcohol Concern developed a project to pilot SMART in England. Six sites were supported and monitored to further establish SMART, now only two of those remain, yet the partnership model links to this project. Of course, when money is involved in these types of situations they are always vulnerable.

I really like peer-led SMART meetings. I was at the Bromley (Kent) meeting recently which is completely independent of the services and it was great. People in early recovery learning from people who have been on the journey for longer, many years longer for some. I think relying on the treatment services to provide professionally led meetings for the treatment services clients to access would struggle to capture that. Where would that experiential sharing happen? I can see that it is difficult for the current Board to understand what this part of SMART history represents and could potentially lead them. It is a shame that they lost Fraser Ross who could advise them. It's widely accepted that he's our SMART expert in the UK and he learned from experience. It's unfortunate that the current lot are repeating a lot of the early mistakes rather than learning from their own history.

It's worrying that the current Board at SMART have not considered where this licensing of meetings could go. They seem quite content to do business with some big treatment providers, many have multi-million pound a year budgets. In this sense SMART is quite vulnerable to a takeover when financially they don't have the capacity to mount any legal challenge against the big organisations who could quite literally take the SMART model and do what they like with it, including re-branding and selling it. It's a shame that the SMART Board are blind to the value of the Twelve Traditions which have supported the longevity of the Twelve Step Fellowships as without such they can't really be considered alongside them. The Traditions and in particular a commitment not to professionalise, not to involve finance and not to have an opinion on outside issues

have protected the Fellowships from a lot of the current SMART debate. The Board are making very public statements at the moment including views on the treatment system, and about what SMART is based on assumption about what the Fellowship isn't which really isn't helpful in terms of recovery advocacy. The statements are that of the Board but are issued without consultation of the members so reducing the peer-led nature of the organisation even further. I think it is more accurate to refer to SMART as a volunteer organisation rather peer-led mutual aid. In that sense, it is not similar to the Fellowships. SMART has mutated into a very different organisation.

Bill White: There is a long history of recovery mutual aid in the UK, but recovery advocacy—the mobilization of people in recovery to create advocacy and peer recovery support organizations distinct from these mutual aid societies—seems a relatively recent development. How did such a movement develop in the UK?

Laura Graham: I think that in recent years the growth of these groups and recovery advocacy has largely arisen out in response to our treatment system which has supported the myth that people don't recover. The system has grown on the mantra that addiction is a chronically relapsing condition but where are the longitudinal studies to support this? One of the key things of recovery is resonance with something. For example, people stick with the *Big Book* because what they read resonates with them, it strikes a chord, it can't be ignored, it works. Similarly, if you hear something that strikes a chord but at a completely different end of the scale, you can't ignore that either. So when people in recovery keep hearing that people can't recover or similar and it is not their experience, or that of their peers, they have to speak up and the more who do, the more others will. It's an incredibly powerful message and I believe the system will change as the result. The myths and those who use them can't last.

I don't think our previous drug strategy has been helpful in the way people in recovery are perceived and a lot of challenging misconceptions has been required. If the message is continually sent out that drug users are criminals, infectious, must be contained or will die if they don't take their medicine forever you can understand why employers or landlords might be less than welcoming to people in recovery.

So many of our really great recovery support organisations have come from people in recovery developing an idea based on what would have helped them but was missing or under-developed or poorly designed. Spaces to meet people and socialise is a biggy, advice hubs is another, and just support without much else is another. Largely, none of these organisations have relied on funding, or waited for an evidence-base, it's just happened with innovation, determination, skill, hard work and a deep belief that it's right thing to do.

Bill White: What are the key organizations that are providing leadership of this movement in England, Scotland and Wales?

Laura Graham: I am not sure that we have key leaders representing countries of the UK but we do we have pockets of recovery communities across the UK and it's relatively easy to identify the leaders or the driving forces within them.

We have organisations that are inspiring others to develop projects and it is individuals working in these projects that inspire others too. I think Jacquie Johnston-Lynch at SHARP (Self Help Addiction Recovery Programmes, an abstinence based structured day facility in Liverpool) and Carl Edwards at the Parkview Project in Liverpool are examples of that. Carl and Jacquie have been at the core of creating an environment for a recovery community to develop up in Liverpool. It was Jacquie and her team at SHARP who instigated the UK's first national recovery walk in 2009, although technically, Fraser Ross and the Highlands Faces and Voices of Recovery were the first

recovery walk. A much smaller local event, on the same day as Liverpool but starting at a ridiculously early time of the morning so that the walk could cover about ten miles the Scottish Highlands followed by a party after. I get tired even at the thought!

I think Norman Preddy, Karen Ozzatti and their team at the West Glamorgan Advisory Council on Drugs and Alcohol Abuse (WGCADA) in Wales are a similar example. Norman's just recently retired but WGCADA has been in operation for 31 years and does everything from general advice, needle exchange, 12-step treatment, post-treatment aftercare, family support, tenancy support, employer relations, Criminal Justice involvement, a Service User Network with its own facilities (the SUN Lounge) and The Pad for young people.

Since 1997, the DOMINO project has run parallel to all their other services. DOMINO (Development of Motivation In New Outlooks) is led by a musician Keith Morgan, and provides a whole range of activities such as relaxation techniques, assertiveness training, computer classes, sport, gardening, cookery and music. Music is really loved here and they have a band called the Box of Frogs where people can learn to play any instrument they choose, they write their own songs, they produce CDs - people stay involved with DOMINO for years because it's such good fun. WGCADA are a great example of how an abstinence-based philosophy can co-exist with harm reduction to support individual requirements. If somebody suggests an activity that might help them, WGCADA go all out to facilitate it. They do camping trips out in the wilds of Wales and they have a mini-bus which they use to collect people to take them to AA/NA meetings and for drives out into the Welsh hills...where they have to walk back - everyone says that this helps to get a good night's sleep in early recovery. It's the people who make a difference. WGCADA staff really do go that extra mile. There's a sense of family at DOMINO, everyone's welcome and people can stay for as long as they want.

I think ARF have had a major influence on changing the current system. I'm in no doubt that if it wasn't for people like

Deirdre none of the current debate would be happening. It really hasn't been easy for her and she has had to take on some really tough attacks from detractors but she has never shifted from her advocacy work and is held in huge esteem for it. We're very lucky to have her although she will probably tell me off for saying it! For many years she was out in the wilderness as a recovery advocate but she carried on. It helps that she has a brain the size of a planet and is utterly charming.

I think we are just starting to assess this moment in our history and where we're at and where we're heading. Some early analysis is already being debated and it is interesting to see key moments have included the ARF and the importance of UKESAD and *Addiction Today*. None of the work of ARF was ever really designed with the sole intention of developing a movement but it has happened organically, a movement has grown up around it as people have gravitated towards it. There's still a lot of work to be done and I think we're still making our history here Bill, so I think we're too young just yet to identify who and what.

And it has to be said that a lot of the current interest in recovery and recovery advocacy has come from you and your work Bill. Over the last few years here your work has done the rounds on the conference circuit and in discussions. Thank you for this!

Bill White: How do you see the rising recovery advocacy movement influencing the design and delivery of addiction treatment in the UK?

Laura Graham: Earlier this year, ARF were approached by various residential rehabs in the UK who were concerned about the lack of funded places available to people in need of rehab. After many discussions, the Concordat was formed (convened by ARF). Concordat is made up of 50 -60, of the UK's residential rehab providers, mostly independent and small charities run by people in recovery and some of the larger charities like the Salvation Army and RAPt, to campaign for greater access for people needing rehab. As I said earlier, currently only 2% of people seeking treatment get

referred to rehab and Concordat is hoping to improve access for many more. It is quite shocking that people seeking treatment are placed on a waiting list when rehabs can provide a place immediately! It is also shocking that people who need help are bumped around inappropriate services for years before they can secure a place in rehab. It's only since Concordat was formed that these issues are being discussed but some of the evidence now being gathered is horrific – we know of people who are virtually dying on the doorstep at the rehab or turning up with broken bones and they have been engaged with other treatment services for years! Or people who have been asking for a place in a rehab for years only to be denied a place on the assumption by drugs workers in day services or their GPs that “it won't work”, or “you don't need it”! People have to try and exhaust every other avenue first – it's madness. We know of people who have been stable on methadone for a period who ask for rehab only to be placed on a waiting list because those who are less stable and in desperate clinical need have priority! This is purely a commissioning issue as the rehabs have empty beds and there is absolutely no need for prioritisation! There's an awful culture which has developed in recent years that has created skepticism around rehab which has led to this situation which really has to be challenged. It's cruel and such an inhumane way to treat people! I think it's a human rights issue, denying people access to good treatment and pushing them in direction of inappropriate “treatment” until their condition has worsened so that they are offered rehab as a “last resort”!, all those wasted years, heart ache for the individuals and their families, all that unnecessary suffering! It's twisted!

Concordat formed as a group earlier this year and has already achieved a great deal with their campaign. This has included raising awareness about the lack of access to rehab, are educating policy makers and politicians about what residential rehab can do, challenging much of the misinformation, ignorance and mythology about rehabs and gathering data for research. I love working with Concordat who have real passion for

what they do in helping people to get well and the dignity with which they conduct their campaign and support each other. It is interesting when we discussed leadership earlier as the individuals of Concordat speak as one voice with a shared aim and I don't think any would be comfortable with a leadership role. Concordat works within eight principles, influenced by the Twelve Traditions. Principles over personalities I guess!

Bill White: Is anything being done to support and mobilize those who have completed residential rehab?

Laura Graham: Yes, an offshoot of the Concordat is the mighty Graduates! The clue is in the title, they are a network of people who have graduated from residential rehab and who want to be involved in the Concordat campaign in supporting greater access to rehab. They have also said that they as "graduates" of treatment they don't feel represented by other groups which have a tendency to focus on "service users". Additionally, the debate around what recovery is at the moment has caused confusion to the point where those who have graduated from treatment are joining "recovery groups" but are having to explain that they are in "abstinent recovery" rather than using less, using differently or on substitutes and all the other shades of recovery currently up for debate. So, now the Graduates have a representative body and they are huge... about 20,000 people from across the UK so far and growing as the word gets around, and this is before any official launch! Already, the Graduates are meeting their local MPs, working locally to raise awareness, challenging perceptions, and as they are drawn from such a diverse population they are all bringing their individual skills, experience and resources to the party – real people power drawing on their group assets ...extra-ordinary, an army of rehabilitation revolutionaries! Watch this space!

Bill White: I would like to talk about what you see as some of the more innovative approaches to recovery support in the UK.

Laura Graham: Perhaps we could start with RIOT (Recovery Is Out There) which is led by the young and handsome James McDermott. James set up RIOT, an abstinence based organisation when he was about six months into his recovery with support from Noreen Oliver OBE, founder of BAC O'Connor (a peer-run residential rehab' in

Burton). RIOT provides recovery champions to local community-based treatment services and criminal justice services. RIOT also works with the local police to go into schools to give talks about substances and addiction. As an example how unique this group are James told me a story about how, whilst on a school visit, James looked out over an assembly hall where a large group of children were listening intently he had a flashback to his own schooldays. He instantly thought where would he be if this talk had been offered to him at their age. So he excused himself from the hall and went to the school "smokers" hideout (which is where he would have been!). There he found kids smoking and as he says "the ones who really needed to hear what he had to say". So he chatted with them about his experience and got the response "well you don't look like drugs did you any harm" - James responded by taking his false teeth out...the kids were horrified!

RIOT was also involved in a poster campaign in GP surgery's showing the face of drug use (James modeled a crack-pipe burn on his lip, etc.) which he says made his mum cry with pride!

RIOT doesn't follow a programme but works as a positive face of recovery - I used to work for the National Offender Management Service developing the offender drug strategy and would have RIOT join me at conferences to enhance what I was trying to promote and help me to educate prison staff, police and probation staff that change does happen. Alongside ARF, RIOT are also members of the UK Recovery Group, a lobby group which

campaigns for an improved treatment system in the UK. This involvement has meant that RIOT has received a great deal of

political interest. An incredible achievement for such a young organization where they now have funding enough to have four paid Recovery Champions.

Bill White: If you were to pick an organization that links music and recovery, what would be the first that comes to mind?

Laura Graham: I've already mentioned DOMINO's Box of Frogs but we also have a wide variety of other projects. For example, we have Jim Smith and his Two Different Roads whereby he travels to rehabs across the UK and across the world with his guitar and tells his addiction and recovery story through music, encouraging others to do the same. He's about to tour America soon visiting music projects under a Winston Churchill Fellowship where he'll bring back learning from the States and apply it to his work here.

On a larger scale, we have John Sinclair, former keyboard player with Ozzy Osbourne, now in recovery who offers Motivation Through Music at his recording studio in the Scottish Highlands. Additionally, he is part of a project called "Rock School" where he and a group of musicians travel across the country in order to engage marginalised young people and adults in a musical performance of their choice. Over three days the participants come up with a play list, learn an instrument to be part of the band with a grand performance in front of an invited audience on the final day. This has been amazing in developing interests, building confidence and self-esteem, developing the ability to be part of a team (the band!), instilling discipline and time management, raising awareness about addiction and recovery and just really good fun with wide appeal.

Bill White: What other efforts have there been to integrate music and recovery support?

Laura Graham: We do like our music! Some examples are London-based recovery cover band, The Should Be Deads, and they're all about "steps, hugs and rock 'n' soul" (rather than sex, drugs and rock 'n' roll), playing to a broad crowd including fellowship conventions here and in Europe as well as performances to raise funds to support other projects in the recovery arena.

Liverpool-based, The Raucous Chorus Recovery Chorus singing group (hosted by SHARP) tour the country. Recovery Cymru have For-Matt which work on a similar basis to DOMINO in that everyone can get involved.

Bill White: Are there other organizations that integrate the arts into the recovery support process?

Laura Graham: An example of that would be the Outside Edge Theatre Company - based in London. This is 11-year-old "chemically-independent" theatre company led by Founder and Artistic Director Phil Fox. The company welcomes anyone affected by substance misuse to be involved in writing, performing, and directing plays. They run support groups on Tuesday nights including an informal group of people in early recovery with little or no experience of drama but with an emphasis on having fun and another group for people further down the road of recovery to develop performance projects. To join the later group people must have attended at least three of the earlier groups. They have just started a women only group on Thursday evenings.

Outside Edge use theatre and performing arts to give people affected by addiction a voice, enabling them to reach and recognise their potential, find an identity and build skills and confidence. All performances are based on lived experience - I've seen about five of their plays and they are truly powerful and educational. They also provide audience participation performances which are great. They run a short play about someone affected

by substance misuse which usually has a sad ending (as the result of poor professional involvement or lack of support) and then asks the audience to come up with a more positive ending. The audience then re-start the play and join in at critical moments so that the ending changes - one play ended with the audiences wish that one of the key players murders the bad guy so they could get alcohol treatment in prison! (That's the hope we have in our treatment system!). It acts as a very effective training tool. Outside Edge also take their interactive plays on tour around UK treatment facilities so that clients can work through their own scenarios and gain a greater awareness of relapse triggers and how to deal with real life situations and stay safe ahead of leaving treatment – like a rehearsal for life post-treatment.

A big English actor, Larry Lamb (formerly of EastEnders – the most popular soap opera on UK TV and Gavin and Stacey – the nations favourite comedy show) has just become an Ambassador for Outside Edge. And they have Jimmy Page (of Led Zepplin) as one of their Patrons and he has recently been joined by the actor Gary Oldham. Outside Edge are currently working on “Substance Misuse – The Musical”, music again you see!

Bill White: What other recovery-linked theatre activities are you witnessing?

Laura Graham: We have Genie in the Gutter, a theatre and film company linked to Carl Edwards at the Liverpool-based Parkview Project (residential rehab). They have produced some great stuff including some really helpful films about the treatment system and recovery.

Bill White: You have referenced the growth of recovery cafés.

Laura Graham: We've had a few recovery cafes spring up in recent years which is great though we have this in our history with the early Temperance Bars in Scotland. Recently, there are regular café evenings and day events across the UK providing a

local space for people in recovery to socialize in a safe and welcoming environment. There are the Serenity Cafes in Edinburgh and Newcastle, and the Recovery Link Up Cafes blooming across London. These types of cafes are sprouting up across the country and are great for developing local recovery networks.

We are now getting designed for purpose recovery cafes too. The Brink a recovery social enterprise is about to open which will be a really great place to socialize in a multi-purpose venue for the recovery community and the mainstream public to eat, drink and socialize in central Liverpool. The Brink will offer hot and cold food and non-alcoholic drinks seven days and nights per week and intends to promote health and well-being initiatives through a programme of exciting creative and cultural events. There are plans for bike clubs, baking clubs, yoga clubs... any suggestions are welcome.

Later in the year, the O'Connor Gateway Charitable Trust cafe will open in Staffordshire and will be inspired, managed and staffed by people who have completed BAC O'Connor abstinence based programme in paid and voluntary work placements. The café will provide a “Victorian style tea-room” with homemade food, a shop, an internet café, a gym, complementary therapies, and in the evenings a drug and alcohol-free lounge with a pool table and wide screen TV's for all major sporting events. There will a space for a broad range of peer-led mutual aid groups including family groups to run throughout the day and evening.

Bill White: Are there other recovery-focused social outlets emerging?

Laura Graham: Godspeed (meaning successful journey) is one example of such an outlet. Since November 2009, Godspeed has operated as a monthly nightclub in London's King Cross led by recovering DJs Tony Gordon (aka Fat Tony), Mark Pavey and Boy George. The venue is an up-market nightclub which, on Godspeed night has its bar removed and replaced with mocktails (Safe Sex on the Beach, Virgin Mary,

Sunrise (no tequila) etc.) and no drugs - everyone is frisked on the way in but I think anyone who tried to deal drugs or was drunk or drugged in there would stand out like a sore thumb so I think it's more self-policed than risk managed.

It attracts people in recovery but also in residential rehab which is a tremendous development - going out nightclubbing whilst in treatment! People can go there with their sponsors, their recovery groups or on their own.

I wrote about Godspeed for *Addiction Today* and I interviewed a few clubbers for the article and mostly they said it was their first experience of sober dancing, and they loved it because they felt safe and accepted. I was completely blown away by the atmosphere - incredible energy and everyone wanted to talk! A really great place and one of the most exciting developments of the last few years! Apart from being really good fun, its high quality, and the DJs are cool - a powerfully attractive combination for younger people but also for us old ravers!

Bill White: What other projects come to mind when you think of innovations in recovery support?

Laura Graham: I would have to include the Freedom from Addiction Project on any such list. Founder and project coordinator Gary Topley set up this peer-run and peer-led project in Derbyshire last year for people with alcohol problems. This came from Gary's personal experience that very little support was available for people experiencing problems with alcohol to become empowered and inspired to have better lives.

His group meets every Tuesday evening in a space provided in a GP surgery and offers non-judgmental peer support to promote well-being and recovery in a safe environment. During this meeting the group are able to work through some of their issues relating to alcohol, or the time is used to plan future activities including social events and raising awareness about the dangers of

alcohol, or do fun stuff like quizzes or design Free from Addiction Project promotional materials. Last year, the group was offered some wasteland by the Local Authority and they have now established quite a sizeable allotment where they are growing fresh vegetables. This is a fantastic development as it provides a lovely hobby, exercise and fresh air as well as fresh healthy home-grown food! Thanks to the efforts of those involved, the wasteland has now been rejuvenated into an oasis of calm, so good for the wider local community.

Gary's group are also about to participate in a scheme called "Care Farm" in order to support local farmers in their community. The UK's farmers have suffered in recent years following health scares (mad cow disease, foot and mouth etc.) and the demand for cheaper food and intensive farming. Care Farm helps by providing a regular stream of volunteers to help out with crops, collecting eggs, building sheds etc. The group also have regular training with their local gym and enjoy going out and about as a group of friends to comedy clubs, to see a film or the theatre. They would like to do more but are as yet unfunded and are therefore restricted to a limited budget. However, they're keen to support others in related fields. This includes, in the near future a sponsored parachute jump to raise funds for the British Liver Trust.

Gary has won awards for this project including Peak (District) FM Local Hero Award 2010, and Derbyshire Times Pride of Chesterfield Award 2011.

Bill White: Another project we have discussed is Recovery Cymru. Could you describe this for our readers?

Laura Graham: Recovery Cymru (RC) is a mutual aid support community in Cardiff for people in or seeking recovery. Founded by Sarah Davies in March 2010, achieving charity status in January 2011, from the origins of a weekly support group established two years before. RC members have a shared passion about developing and strengthening recovery communities and support and empower people to initiate and

continue recovery journeys in pursuing fulfilment, exploring their skills and interests and improving their quality of life.

As well as people in or seeking recovery, RC includes others such as family members, volunteers and professionals (three student doctors are about to undertake work placements at RC in order to understand recovery from addiction). However, the activities are designed and run by people in recovery and include self-help, support, advice and friendship, positive and meaningful activities, new skills, hobbies and community networks, relapse prevention and management and awareness raising, recovery advocacy and community building.

RC is now supported by the Welsh Assembly Government and has full project funding for two years as part of a wider research programme in Wales. The groups provide a “relaxed” time in which people can share experiences and understanding with a focus on life rather than addiction. RC has a music project “For-Matt” where people have learned to play instruments and make music. RC have various other activity groups such as crafts, and “activity Saturdays”. RC strongly believe in the reciprocal benefits of volunteering and have been able to participate in some great local community events. This has included the “Great Taff Tidy” which was a community event to clean up the river Taff in Wales and they have taken part in two sponsored runs including a recent event in support of the Cystic Fibrosis Trust. RC is at the heart of organising the first Welsh Recovery Walk in Cardiff in September.

Bill White: I’ve recently become interested in projects that integrate athletic competition into recovery support activities. Are there any such projects in the UK?

Laura Graham: Sadly, we lost David Bruce earlier this year but his legacy of Glasgow-based Carlton Athletic Recovery Group (CARG) will hopefully run for years to come. David established CARG in 1985 as a football team and support group for people in recovery. Based on his own experience of addiction, he was clear that participation at

CARG required abstinence and a willingness to change. He set this as requirement as he wanted CARG to be ambassadors of what addicts can achieve through how they presented themselves when representing CARG and in their fitness and health, including competitiveness in sport.

CARG concentrates on fitness through running, fitness training and football. David published a book about CARG and his experiences of addiction and recovery in 2005 called “Alive and Kicking”. CARG members have got involved with great adventures including mountain climbing, following the Inca Trail in Peru, marathons, winning football matches and tournaments, all off their own steam (again, CARG is unfunded), and their own hard work in getting to fitness levels enough to be able to participate. David is quoted as saying that “...the goal at Carlton Athletic is to be ODCs (Ordinary Decent Citizens), maybe outstanding citizens in some cases.”

Down in Bournemouth, Streetscene a treatment charity has developed links with Boscombe Celtic football club which was started by a member of staff at Streetscene. People in early recovery there can take part in local Football Association games. Streetscene also have a fishing club.

Bill White: Are there any efforts to increase recovery support services available to people who are in medication-assisted treatment, such as with methadone or buprenorphine?

Laura Graham: I think most organisations mentioned would welcome all but my observation is that most groups aimed at people who are still receiving treatment are defined as “service user” groups, as in still using the services. There are hundreds of service user groups and have many variations including those open only to current service users, those which are open to former and current service users, and those who are open to anyone currently using a service and people in recovery generally but not necessarily connected to the service hosting the service user group.

I met a guy recently who has just set up a service user advocacy group as a social enterprise where he is developing support outside of any particular service in order to help people to make independent and informed choices about their medication so that they can move on in their journey. Its early days but I think it's a great move forward. He has had his own difficult journey through the medication minefield and as he says huge "power struggles" with people who knew best only to appreciate how unhelpful this was. He and a team of volunteers offer advice and advocacy in medical situations for people on medication for their opiate problems. A hugely important support service.

Bill White: You have made a special plea about the need to include the choices of offenders within the recovery movement in the UK. Could you describe any recovery support activities linked to your courts or prisons?

Laura Graham: I think it is important that people in recovery in prison are not left out of the current debate. There is so much going on in prison where prisoners help each other but it is largely unrecognised. We need to acknowledge the value of their work and increase understanding about this.

Our prisons are hives of peer support activity. I worked at the National Offender Management Service for almost ten years in various management roles including developing suicide and self-harm prevention policy in prison. All adult prisons in England and Wales have Listener schemes. Listeners are prisoners who are trained and supported by the Samaritans to provide a confidential, sympathetic ear to fellow prisoners who may feel suicidal or otherwise in crisis. The opportunity to become a Listener is open to any prisoner with the necessary listening and befriending skills, irrespective of their offence, legal status or their willingness to engage in offending behaviour programmes. Equally, all prisoners have equal access to Listeners. Listeners are an incredible force, hugely valued by their peers and prison staff as they

are so important in supporting people through difficult times and experiences.

I also worked on the development of the offender drug strategy. Some prisons, although not nearly enough, have a Prisoner Advice Drug Service (PADS). PADS workers are prisoners who have graduated from drug courses and are trained to deliver information to other prisoners about drugs and drugs services. PADS can provide useful information to other prisoners so that they can make informed choices about what treatments or courses they can refer themselves to.

There are also the Insiders who are prisoners that can provide practical information to people early after they have arrived at an establishment in order to make them aware of available courses and classes, the layout of the prison, details about the regime etc. In recent years, prisoners have got involved in supporting other prisoners on prison healthcare wings. All of this peer to peer engagement is so useful to all involved including the empowerment of those in these positions. There are other schemes that develop mentoring, buddying and practical skills like prisoners teaching other prisoners to read and write etc.

An estimated forty per cent of prison drugs workers working in prison are people in recovery. Usually, these paid staff are provided by charities working in the drug sector rather than employed directly by the prison. We do have some great prison officers performing drug worker roles but they are reflexive to being re-deployed should there be a lack of staff elsewhere in a prison which in turn can mean a disruption to a prisoner's engagement in a drugs programme.

We have an amazing charity, the Rehabilitation of Addicted Prisoner Trust (RAPt) who deliver intensive abstinence-based drugs programmes in prison and beyond. They have worked hard for many years in supporting people to make positive changes in their lives and are very a highly regarded organisation because of the commitment of their workforce who are very skilled at what they do, inspirational and are

an example of what going that extra mile can do for people.

Bill White: What do you see as the most significant threats and opportunities facing the recovery advocacy and peer recovery support movement in the UK?

Laura Graham: As mentioned earlier the professionalisation of mutual aid is a big threat, it's completely unnecessary but likely to be based on deep-rooted myths that people in recovery can't do. At the same time we need to be cautious as to not exclude professionals from recovery but instead, support them in their work, their continued professional development and raise their aspirations that people can and do recover. We cannot support the current re-branding of recovery so that recovery becomes meaningless, or is sacrificed in order to retain the status quo in our treatment system.

We have a huge hurdle to overcome with our civil servants but the difficulties in their tangled webs are becoming clearer so the problem is challenging but not insurmountable. The mess that is the introduction of Payment By Results in the treatment field is just about as far away from a recovery orientated system of care as you could possibly get but it is being rushed through at an astonishing rate. Those in charge are not listening to the advice we give them. The suggested outcomes are now out for public consultation but were designed without consultation in the first place. It's a threat which is a shame as it could so easily have been an opportunity. We will continue to offer help in this matter.

We must work harder at developing relationships across the advocacy field. In recording our history I hope the public disputes within the "movement" are not erased as we need to learn from them so that we can move on. By ignoring them, yet at the same time not presenting a united front is akin to ignoring the elephant in the room and to ignore our problems is unhealthy. To exclude this when capturing our story is fraudulent and I would hope that we are committed enough to the cause to pull together rather than work in silos or against each other as has happened recently.

We also need to push for recovery research. This is so important yet still the funding for this is poor. We have to ask the people in recovery how they got there and how they stay there so that this knowledge can help others to achieve the same! Within this we must consider families in order to understand what can help them to recover.

I think the aim of any advocacy movement should be to be ignored for being heard. I look forward to that day! In the meantime, we get stronger.

Bill White: Laura, thank you for sharing your thoughts and experiences with us and for all that you are doing to support recovery in the UK.