

# Walk the line

While recovery champions are being urged into the spotlight, relapse lurks in the wings. How effective is the supporting cast in helping them protect their own recovery? By **Harry Shapiro**.  
Additional reporting by **Caroline Oubridge**



Billy (not his real name) was the archetypal recovery champion. Previously a prolific offender, his treatment journey began in prison, after which he rose through the ranks of his local NA and became a leading light within the North West recovery community. And then a few months ago, relationship problems with his girlfriend caused him to relapse. And he wasn't the only one; NTA Strategic Lead on Recovery Mark Gilman estimates that at least ten recovery leaders in the region have relapsed in the past two years. It has sent a seismic shock through the local recovery community and beyond. The North West was the pioneering area on which the whole paradigm shift of recovery embedded in the drug strategy was based. What had happened? Nothing other than people had relapsed; research shows that even after five years drug and alcohol-free, the relapse rate is still 15 per cent. But so passionate was the community about promoting an abstinence-based recovery agenda that nobody had given much thought to what happens if the light from one of their beacons started to flicker.

Mark Gilman has been the recovery driving force in the area since around 2005. "I felt there was a governance issue here, not clinical, but an ethical duty to respond. Heartbreaking though it is, I'm not surprised it has happened. For many of these guys, it is dis-covery, not recovery. They barely went to school, career criminals, some are third generation addicts. They've never been taught how to live." And as he freely admits, "as more and more people come forward to be recovery champions, you are going to get more of this."

### From 'change' to 'recovery'

In 2011, Addaction held its first conference for the organisation's own recovery champions. The main speaker was therapeutic community guru and creator of the Recovery-Oriented-Integrated-System (ROIS), George de Leon. He reflected back to the 1960s and the early days of Phoenix House and Synanon, whose founders, he said, were the first recovery champions, "only we didn't call it 'recovery', we called it

'change'". But then he acknowledged that the word recovery came into vogue off the back of political and funding considerations in America. Something similar happened in the UK. While the notion of service-user led recovery is well-established within mental health, it was an innovation for the addictions field. The word was rapidly peppered through official documents. 'Change' has nothing like the political brio of 'recovery' and the word has become freighted with all kinds of implications, not least financial as we enter the era of payment by results. And who have become the standard bearers of recovery? A group of highly vulnerable people.

### DRUGLINK WAS TOLD OF PEOPLE HAVING BEEN DECLARED 'RECOVERY CHAMPIONS' WITH CERTIFICATES AND AWARD CEREMONIES, AND THEN SEEMINGLY LEFT TO THEIR OWN DEVICES

Few of the service user representatives who spoke to *Druglink* have any real problem with the notion of making recovery visible; of using current and former service users to inspire and motivate others through peer support, mentoring and mutual aid. However, some did feel strongly that with abstinence at the heart of the recovery agenda, those who were still on scripts were, as one said, being made "to feel crap about themselves" by some services.

So what are some of the key issues surrounding the elevation of former service users to the role of recovery champions?

### A rock and a hard place

There is a real danger that recovery champions can get caught between a

rock and hard place. They have been promoted out of their peer group, but at the same time, they are not part of the professional suits sitting around the meeting table. This has always been a potential problem for service user representatives, but the issue can be more acute for people tagged with the label 'champion'. They have flown higher and have further to fall.

John Howard of the Reading Users' Forum expressed concerns about lack of clarity and assistance. "I'm not sure how much support goes into preparing people for this role. They are asked if they will attend certain meetings and they're dropped in at the deep end, maybe with the limited support of a worker. It's not like the volunteer role, where you take up references, there is a volunteer contract and a joint understanding of what is expected."

*Druglink* was told of people having been declared 'recovery champions' with certificates and award ceremonies, and then seemingly left to their own devices, with no role descriptions, networks, forums or any sort of communication channel to link into, no way of sharing good practice and no guidance on how to champion recovery in their community

James Gough is a service user advocate for Patient Opinion, an anonymous feedback mechanism for NHS services. He raises another issue. "One of the problems is that the system is predicated on people being thrust forward in quite early recovery. When things start going wrong, people tend not to ask for help. One minute you are a beacon of responsibility, you're giving talks to everybody, you're in the local paper; next minute, you are walking back into treatment with your tail between your legs, sitting in the waiting room with everybody else. And that's really happening."

Gough says in the general enthusiasm for recovery, services often won't even acknowledge that relapse is a possibility when dealing with their recovery champions. "Right at the start of the process, services should take extra time and care to discuss relapse. People need to know they are still valued if they relapse, and they need to know what

practices and procedures are in place to support them. You might have a lapse and want to step back from the role for a bit, but then come back. But you don't want to start again with a whole new treatment programme. So how do you manage that? How do you maintain position and momentum?"

Gough also acknowledges that people can be 'parked' in recovery. "This is another version of something I've seen with service user involvement. I meet people who have been in that role, not being paid, for five years just so commissioners and services can tick the right boxes. They have been elevated above their peer group, given status with no incentive to move on, because you are a somebody in a small pool, rather than a nobody in a much bigger pool. And that's what will happen with recovery – people completely misunderstand that recovery is all about making progress. You might be a recovery champion for a while, but then move on. Meanwhile, services want stability, they don't want to have to keep finding new recovery champions. You have this weird existence, where you have left treatment, but you are still there. How healthy is that for people? Is that real recovery?"

There was a time when few service users or staff ever saw recovery in action. People left the service and, by definition, if all was well, you never saw them again. The advent of service user representation in the last decade has changed that pattern, one that will accelerate as more people are actively encouraged to 'give something back' and help build their own self-esteem by becoming recovery champions. So if the key issue is building a supportive infrastructure around people who are prepared to be identified in this way, what does good practice look like?

### 'The Two Year Rule'

An immediate consideration is whether somebody fresh out of treatment should walk straight back in wearing a new badge, be it volunteer, peer support worker, service user rep or champion. Across everybody interviewed for this article, opinion differed hugely. Most made reference to what became known as 'The Two Year Rule'. This was never actually a rule, but simply guidance from the Standing Conference on Drug Abuse back in the 1980s that drug services should not employ a former user until they had been out of treatment for a minimum of two years. Members of the Strategic Service User Group for the NHS drug services in CNW London were adamant that there should be no 'time

out' imposed. James Gough agreed; "the measure should be people's stability, not how long they have been out of treatment."

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James McDermott from Recovery Is Out There (RIOT) takes a different view. "If somebody comes forward, we tell them to go away and come back in two or three months and show us what kind of structure they have in place, so they are not just sitting around watching Jeremy Kyle." Mark Gilman veers towards the time-out approach too; "I'm not so sure it is a good idea to go from that kind of life and then get straight back into the game. Some people say to me, well if I'm going to work in Tesco's I might as well as be on drugs. To which I say, that's a bit of insult to the people who work in Tesco's."

### Champion support

The kinds of support structures best equipped to help people coming forward are, perhaps not surprisingly, found in those services which have carefully thought through the implications of establishing a recovery champion programme. Addaction is one such service. As David Badcock, Head of Research and Development explains, "We have over 100 services and many potential recovery champions, so we felt we had to have a structured framework in place, broken down into national, regional and local forums. This makes sure that people are linked in, get the support they need and allows them to make a contribution at all levels, from their local service right up to the National Recovery Conference." Addaction has a number of unpaid roles within the organisation, each with a clearly defined set of boundaries. Recovery champions are able to undergo a three day training programme, after which they can have meet and greet functions and assist in group work. They can also act as sources of help and advice if people want to query their treatment. At Addaction's Lincolnshire service, they are running the whole

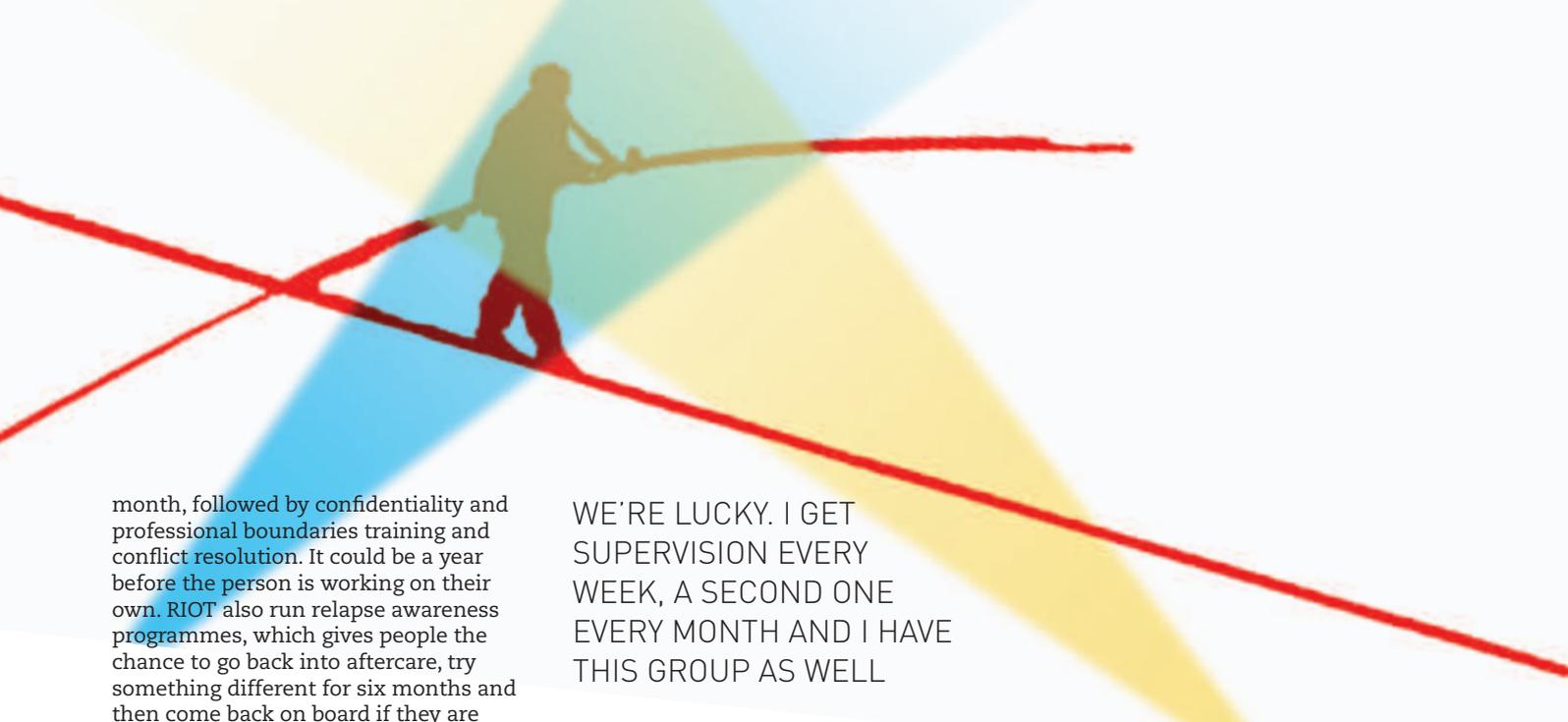
reception area, the café and allotments where they organise groups of people in treatment to come along and take part in some meaningful activity.

What about direct support for champions? For Director of Community Services Gerv McGrath, "it is important to recognise that a recovery champion is often very vulnerable. We have staff recovery champions who act as 'buddies', so they can work with them if there is a wobble. And we have recovery champion groups that work together and those who have come through NA/AA are used to giving peer support."

Coming from the therapeutic community (TC) tradition, with its sense of family and 'looking after our own', has meant a more seamless transition to the notion of supporting recovery champions for Phoenix Futures, with less impact on their existing support structures. "The TC model of increased responsibility as you move through the programme means you get used to holding that responsibility," says Chief Executive Karen Biggs. "A key focus of the re-entry stage of the programme is to support residents to take on activities in the wider community. This includes volunteering, but not exclusively in our, or other, treatment services. It is a key part of our tradition that everyone who graduates is a recovery champion, an example of recovery, to other Phoenix residents." And, she adds, "While it's really important that people see living examples of others who have recovered, there is too much investment in the phrase 'recovery champions'. We don't identify individuals as 'champions' which can put a huge amount of pressure on them not to re-engage with services if they need some support in the future."

The role of champions is to be a visible example to people who are struggling or contemplating accessing treatment and offer the kind of support that can't be offered by those who have not had that experience. Phoenix has started a peer support group in Lanarkshire where, says Biggs, the key is having a critical mass of people to deliver the recovery message, "rather than selecting relatively few people and then putting them under a huge amount of pressure as recovery icons."

RIOT train and support those who have come through the BAC O'Connor aftercare programme and now aspire to be recovery champions. Once the person has satisfied the team that they do have some structure and stability in their lives, they will go out with an experienced staff member for a



month, followed by confidentiality and professional boundaries training and conflict resolution. It could be a year before the person is working on their own. RIOT also run relapse awareness programmes, which gives people the chance to go back into aftercare, try something different for six months and then come back on board if they are ready.

In line with many existing service user groups, the group within Central and North West London (CNWL) NHS Foundation Trust eschew the use of the phrase 'recovery champion' and instead have a Trust-wide system of local volunteers, peer support and peer mentoring workers, some of whom act as a bridge between clients and key workers. There is a strategic service users group, which meets once a month, attended by the Strategic Director of Addictions Annette Dale-Perera and her deputy. This is an opportunity for the group to share experiences, give feedback to the Trust's senior management team and have input into the work plan, including a peer audit of the services. The peer support workers are also supervised by local managers and attend accredited training at the CNWL Recovery College. "We're lucky," said one. "I get supervision every week, a second one every month and I have this group as well."

### Relapse reality

But even with all the support networks in place, admits Dale-Perera, "there is a high rate of relapse of people who were recovery champions or service user reps. It's really like snakes and ladders. You've got to a higher position, but there is always the risk of a fall from grace, and the shame people feel going back into treatment, and facing staff you might have worked with when you were no longer a client. We have an arrangement where if somebody relapses, we treat them in a service outside their area." These are just some examples of the kinds of support and training available

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within services to recovery champions and other workers with similar roles. Beyond the treatment gates, recovery colleges have been launched primarily by NHS Trusts. Initially aimed at those suffering from mental health problems, the colleges offer a range of courses, seminars and workshops that are co-designed and co-delivered by Peer Recovery Trainers and practitioners. The courses have now been extended to include those with substance misuse problems. Wired-In also runs a Recovery College and generally provides well-established support and networking opportunities. Other networks include the UK Recovery Federation and its Scottish counterpart, the Scottish Recovery Consortium. So there is plenty happening 'out there' to support and champion recovery in general, but, as the North West found, structured relapse prevention and support in the community for those who may have gone straight from prison or dropped out early from methadone treatment to NA/AA is a missing piece of the jigsaw.

An issue in the North West has been the dominance of NA/AA within the recovery community. While this works for some people in relation to keeping them drug free or sober, it doesn't work for everybody – and moreover, it doesn't provide structured support beyond helping you stop taking that first drink or hit. What if you have marital problems, are in debt, lose your job or face the myriad other reasons why you might be heading for relapse? This is important, because if you drew the treatment system and the recovery community as a diagram a few years ago, you would

have seen two separate circles; it is now supposed to be more like an overlapping Venn diagram.

### Warrior down

Eventually the North West recovery community turned to a relapse prevention and recovery support programme designed for Native Americans called 'Warrior Down'. This creates peer-to-peer response teams that provide the support and find the resources to get 'the warrior' back on track. This could include finding work, re-engaging with education or help with a range of emotional problems. The work is now underway in the North West, building informal response teams from a range of professionals, peers, friends and family members.

The message is clear. The notion of the recovery champion, while perfectly laudable, can become overheated – and the person in the spotlight can become the rabbit in the headlights. Services should not shy away from relapse prevention and recovery support planning and for those coming forward from the community, a new type of support service is needed to compliment existing provision.

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If you have any comments on, or experiences of, the issues covered in this article, please email them in confidence to [harrys@drugscope.org.uk](mailto:harrys@drugscope.org.uk)