



Public Health
England

A briefing on the evidence-based drug and alcohol treatment guidance recommendations on mutual aid

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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Policy background

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 increase the number of areas that have fostered effective links between treatment services and relevant community and mutual aid groups with the aim of enhancing social integration and wellbeing.

The importance of mutual aid in promoting and sustaining recovery from drug dependence is also highlighted within the government's drug strategyⁱ: "Active promotion and support of local mutual aid networks such as Alcoholics and Narcotics Anonymous will be essential."

About this briefing

The role played by mutual aid in promoting and sustaining recovery from drug and alcohol problems has already been examined by the National Institute of Health and Care Excellence (NICE), the Recovery Orientated Drug Treatment Expert Group (RODT) and the Advisory Council on the Misuse of Drugs (ACMD). This briefing aims to bring these existing findings and recommendations on mutual aid together to increase their visibility and accessibility for the alcohol and drug treatment field.

What is mutual aid?

Mutual Aid refers to the social, emotional and informational support provided by, and to, members of a group at every stage of recovery. Groups often include people who are abstinent and want help to remain so – these people are actively changing their behaviour using a programme of mutual aid. They also include people who are thinking about stopping and/or actively trying to stop their drug and alcohol use. Groups also exist to support families, children and friends affected by substance misuse.

The most common mutual aid groups in England include 12-step fellowships and SMART Recovery. The fellowships (eg, Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Cocaine Anonymous (CA) and AI-Anon) are based on a 12-step self-help philosophy developed in the 1930s. SMART Recovery applies cognitive behavioural techniques and therapeutic lifestyle change to its mutual aid groups to help people manage their recovery.

NICE

The NICE Quality Statement (QS23)ⁱⁱ for drug use disorders sets out what high-quality care should include, based on NICE drug misuse technology appraisals and clinical guidelines. It comprises ten quality statements, one of which recommends that people in drug treatment are offered support to access mutual aid organisations, which are

defined as including SMART (self-management and recovery training) Recovery and those based on 12-step principles, eg, NA, AA and CA.

NICE Clinical Guidelines CG51ⁱⁱⁱ on psychosocial interventions for drug misuse set out recommendations that are developed using systematic methods to identify and evaluate the best available evidence.

Seven studies assessing the efficacy of 12-step self-help groups met the inclusion eligibility criteria and all were published in peer-reviewed journals. Based on this evidence their guideline recommendation was:

“If a person who misuses drugs has expressed an interest in attending a 12-step self-help group, staff should consider facilitating the person's initial contact with the group, for example by making the appointment, arranging transport, accompanying him or her to the first session and dealing with any concerns.”

NICE Clinical Guidelines CG115^{iv} cover diagnosing, assessing and managing harmful drinking and alcohol dependence, setting out recommendations about the treatment and care of people with alcohol use disorders that are also developed using systematic methods to identify and evaluate the best available evidence.

A systematic review of randomized controlled trials (RCTs) was undertaken and six trials met the eligibility criteria. All were published in peer-review journals between 1997 and 2009. The guideline recommendation was:

For all people seeking help for alcohol misuse:

- give information on the value and availability of community support networks and self-help groups (eg, AA or SMART Recovery)
- help them to participate in community support networks and self-help groups by encouraging them to go to meetings and arranging support so that they can attend

‘Medications in recovery’, the report of the RODT^v

This key piece of drug treatment guidance, aimed at commissioners and providers of drug treatment, describes principles and prompts for re-orientating drug treatment towards recovery and helping more heroin users to recover and break free of dependence. This guidance was informed by a substantial scientific evidence base and developed by means of consensus among a group of experts in the drug treatment field, chaired by Professor John Strang.

The report seeks “to use this knowledge to set a new benchmark for the English treatment system that is both radically ambitious and scientifically rigorous.” It highlights the benefits of mutual aid in strengthening community integration and developing recovery capital, and makes clear recommendations around promoting choice and facilitating access to mutual aid:

“Strengthen or develop patients’ social networks, involving families where appropriate and facilitating access to mutual aid by, for example, providing information, transport, or premises for meetings, and by bringing local recovery champions into the service to meet patients.”

“Promote choice by ensuring people in treatment have a range of peer-support options including 12-step, SMART Recovery and other local peer-support services”

Local areas are encouraged to build good relationships with mutual aid organisations to encourage the best possible range of accessible support for their local populations:

“To optimise the benefits of self-help approaches it will be crucial that local areas develop good relationships with existing local mutual aid networks and other peer-based recovery support groups and encourage the development of new local groups/services in the community and within the treatment population.”

ACMD

The ACMD recovery committee has been created as a standing committee of the ACMD to provide evidence-based advice to government on recovery from dependence on drugs and alcohol. Its second report “What recovery outcomes does the evidence tell we can expect?”^{vi} welcomes the valuable role played in recovery by mutual aid, including AA, NA and SMART Recovery

This report draws upon a wide range of international peer-reviewed evidence that demonstrates the efficacy and effectiveness of mutual aid. The evidence cited in this report demonstrates that:

- involvement with mutual aid can significantly improve recovery outcomes
- more active or frequent involvement, such as becoming a sponsor, is associated with greater improvement in outcomes
- substance misuse treatment providers can improve sustained recovery outcomes (including abstinence) by actively encouraging service users to engage with mutual aid

The report also highlights emerging evidence that a close match between personal beliefs and choice of mutual aid group attended improves outcomes and that non 12-step groups are probably as effective as 12-step fellowships:

“The large majority of mutual aid research is based on the ‘12 step’ or ‘fellowship’ approach that is practiced by Narcotics Anonymous and Alcoholics Anonymous. The vast majority of research evidence is from the USA and relates to these fellowships. There is emerging evidence on other forms of mutual aid, for example, SMART Recovery”.

The report concludes that further development of mutual aid in the UK should be encouraged in local communities by local commissioners, providers and other stakeholders.

References

- ⁱ Drug Strategy 2010. Reducing Demand, Restricting Supply, Building Recovery: Supporting people to live a drug free life. HM Government. 2010
- ⁱⁱ Drug use disorders. NICE Quality Standards QS23. 2012
- ⁱⁱⁱ Drug misuse – psychosocial interventions NICE clinical guideline CG51. 2013
- ^{iv} Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. NICE clinical guideline CG 115. 2011.
- ^v Medications in recovery: re-orientating drug dependence treatment. RODT expert group, NTA 2012.
- ^{vi} What recovery outcomes does the evidence tell us we can expect. Second report of the Recovery Committee. Advisory Council on the Misuse of Drugs. 2013