



Public Health
England

Mutual aid self-assessment tool

Alcohol and drug recovery

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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A brief user guide

Policy background

One of Public Health England's (PHE) key 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 (see Annexes 5 & 6 for a list of groups) to enhance social integration and wellbeing.

About this tool

This self-assessment tool has been developed to support local authority partnerships to improve their understanding of the availability of mutual aid locally, to identify any gaps that may exist and to highlight any potential barriers that may need to be overcome. The information gathered as a result of its undertaking will enable partnerships to develop a local action plan that ensures they are taking steps towards fostering effective links between treatment services and local mutual aid groups, and ensuring that all clients have the opportunity and encouragement to access a mutual aid programme of their choice.

Who should use this self-assessment tool

It is suggested that local commissioners of alcohol and drug services lead on this mutual aid self-assessment. The quality of the self-assessment is likely to be enhanced by completing it in close collaboration with local treatment providers, service user representatives and where possible representatives of local mutual aid groups.

Support in using this tool

Support in using this self-assessment tool can be provided by the alcohol and drugs teams at your local PHE centres. You should contact the head of alcohol and drugs at your local PHE centre in the first instance. Additional support can be provided by PHE's health and wellbeing directorate national recovery strategic lead, where necessary.

			Comments/supporting evidence
Availability	1.1	Keeping an up to date record of the mutual aid groups available is a task that is prioritised locally (see annex 5 & 6 for web links to this information)	
	1.2	The meeting schedule for each mutual aid group is known by a) the local partnership, b) local providers (see annex 1)	
	1.3	Treatment providers make their premises available to mutual aid groups so that meetings can be held and new meetings encouraged to start	
	1.4	Service users can access a mutual aid meeting 7-days a week, should they choose	
	1.5	Service users have sufficient choice of mutual aid programmes to attend	

			Comments/supporting evidence
Promoting mutual aid	2.1	A current list of meetings, for each mutual aid organisation, is available to service users from every local treatment provider	
	2.2	Mutual aid group literature is available to service users at each local treatment provider	
	2.3	Treatment staff discuss the benefits of mutual aid programmes with service users at assessment, review and during keyworking sessions, where appropriate	
	2.4	Recovery is visible: service users have the opportunity to speak with group members and see the benefits of mutual aid programmes to their recovery	
	2.5	Treatment providers invite MA group members into their service to talk to service users about their programmes of recovery (see annex 3 for further information)	

		Comments/supporting evidence
Leadership & workforce	3.1	There is clear leadership of the recovery agenda with local areas having established recovery champions at three levels (strategic, therapeutic, community). For more information and definitions of recovery champions, see the National Drug Strategy 2010
	3.2	There is a link between the local authority's strategic public health lead and representatives of local mutual aid groups
	3.2	All alcohol and drug keyworkers know who to contact for information and support around mutual aid and how to make contact with them. This may be the providers or the local area's therapeutic or community recovery champion depending on the type of information and support required.
	3.3	Treatment staff are sufficiently knowledgeable about the mutual aid programmes that are locally available, eg, philosophy, programme content, structure and format of meetings, etc
	3.4	Treatment providers invite mutual aid group members to the service to talk to staff about their programmes of recovery (see annex 3 for who to contact in each mutual aid organisation)
	3.5	Treatment staff are encouraged and afforded the time to attend meetings, as appropriate
	3.6	Training on mutual aid is provided to treatment staff by local recovery champions or other means

			Comments/supporting evidence
Facilitation	4.1	Treatment providers are aware of and adopt the three essential stages for facilitating access to mutual aid. These are described in brief in the Evidence to Practice briefing on the Recovery Resources web page and set out in detail in the Facilitating access to mutual aid (FAMA) guidance document	
	4.2	Treatment providers hold explicit and structured conversations with service users and set care-planned goals around attending meetings and engaging in programmes	
	4.3	Treatment providers have staff who are trained to facilitate engagement with specific mutual aid organisations through specialised protocol-based interventions (eg, SMART Recovery and 12-Step Facilitation)	
	4.4	There are arrangements in place for service users to be accompanied to meetings, where necessary	

			Comments/supporting evidence
Local strategic planning and monitoring	5.1	Expectations around mutual aid are clearly set out in local service specifications	
	5.2	Mutual aid is considered, from an asset based community development (ABCD) perspective within local strategic plans and needs assessment	
	5.3	Local mutual aid representatives, who are responsible for informing professionals and the public about what they do are invited to steering groups and other relevant local forums	
	5.3	Referrals to mutual aid and peer support are monitored using NDTMS data. See recovery support intervention and sub-interventions in NDTMS core data set-J	
	5.4	Commissioners and treatment providers are aware of the proportion of service users being referred to mutual aid from their services	
	5.5	Of those referred to mutual aid, treatment providers conduct periodic follow-ups to understand a) if the service user attended b) how frequently they attend c) how helpful mutual aid has been	

Annex 1: availability of mutual aid group meetings

	Number of meetings						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
What groups are available locally?							
SMART Recovery							
Alcoholics Anonymous							
Narcotics Anonymous							
Cocaine Anonymous							
Drug Addicts Anonymous							
Marijuana Anonymous							
Families Anonymous							
Al-anon							
Local community-based recovery networks							

Annex 2: availability of local community-based recovery support

Local community-based recovery networks	Number of meetings						
<i>Name of local recovery group</i>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Annex 3: service positions

Mutual aid organisation	Service position	Brief description
Alcoholics Anonymous	Public Information	The aim of PI is to improve communications with professionals and the public sector. PI teams will make formal presentations at seminars and conferences and give in-house training sessions or staff talks on a regular basis
	Healthcare	Working with hospital and treatment centre staff including individual contact with patients
	Employment	Dialogue with management and human resource teams in the understanding of alcoholism and contact with employees who have a drink problem
	Armed services	Members who are experienced in the armed services provide talks about the programme of recovery and the availability of worldwide meetings
	Prisons	Prison visits and holding AA meetings for inmates
	Probation/social services	Providing a facility to introduce people on probation to AA meetings
Narcotics Anonymous	Public Information	The aim of UKPI is increasing awareness of the existence and effectiveness of NA among the general public and also among professionals whose work brings them into contact with addicts in the UK
	Hospitals and Institutions	NA members hold meetings in treatment centres and detox units, hospitals, young offenders institutions, secure units and prisons to carry the message of recovery
Cocaine Anonymous	Public Information	
	Hospitals and Institutions	CA's primary purpose is to carry the message of recovery to the addict who still suffers. One way we do this is by holding meetings in hospitals and institutions for people who are not able to attend outside meetings
Drug Addicts Anonymous	Information for professionals	An information for professionals guide is freely available from the DAA website. DAA actively seek links with professionals and we are happy to meet with and provide information to anyone who is interested in how we can help people to stop using drugs.

Annex 4: useful resources

NICE guidelines

NICE (2007) Drug misuse: psychosocial interventions. NICE clinical guideline 51. London: National Institute for Health and Clinical Excellence

NICE (2011) Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. NICE clinical guideline 115. London: National Institute for Health and Clinical Excellence

NICE (2012) Quality standard for drug use disorders. NICE quality standard 23. London: National Institute for Health and Clinical Excellence

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PHE (2013) Improving Mutual Aid Engagement: a strategic action plan for supporting the development of local mutual aid networks

PHE (2013) Facilitating Access to Mutual Aid: Three essential stages for helping clients access appropriate mutual aid support

PHE (2013) JSNA support packs [JSNA support pack for commissioners of recovery communities 2013 \[NTA, 2013\]](#)

[NTA, \(2012\) Helping clients to access and engage with mutual aid. Turning evidence into practice briefing](#)

Annex 5: mutual aid groups for people who use alcohol/drugs

Mutual aid group	Website
SMART Recovery	SMART Recovery UK
Alcoholics Anonymous (AA)	www.alcoholics-anonymous.org.uk
Cocaine Anonymous (CA)	www.cauk.org.uk
Drug Addicts Anonymous (DAA)	www.drugaddictsanonymous.org.uk
Marijuana Anonymous (MA)	www.marijuana-anonymous.co.uk
Narcotics Anonymous (NA)	www.ukna.org

Annex 6: mutual aid groups for relatives, friends and others affected by someone's drug/alcohol use

Mutual aid group	Website
Alateen	www.al-anonuk.org.uk/alateen
Al-Anon	www.al-anonuk.org.uk
Families Anonymous (FA)	www.famanon.org.uk