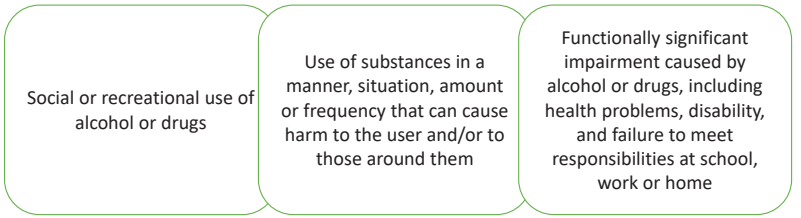
Delivering a Recovery-Orientated System of Care:

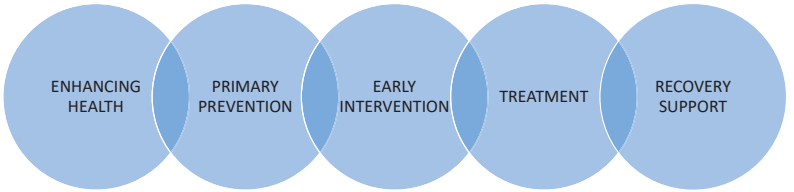
Progress made and work to do

Ed Day

DB Recovery+ UKESAD Conference

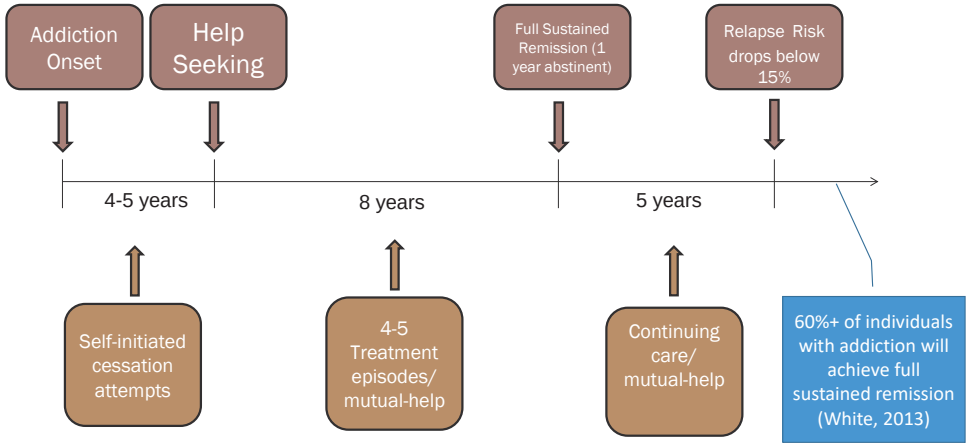
London, June 2025





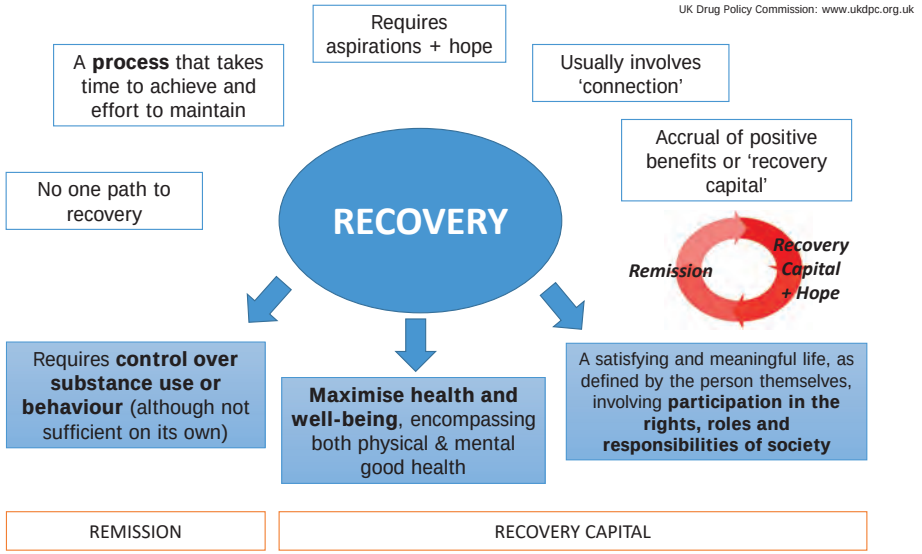
For more severely dependent individuals …

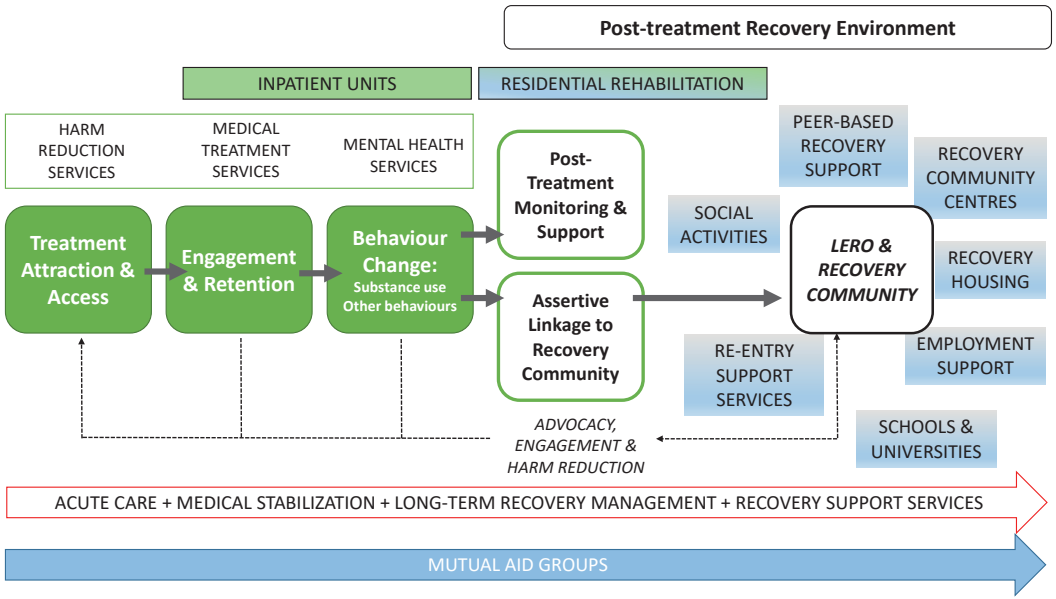
course of dependence and achievement of stable recovery can take a long time …



Slide from Prof John Kelly, with thanks

UK Drug Policy Commission: www.ukdpc.org.uk



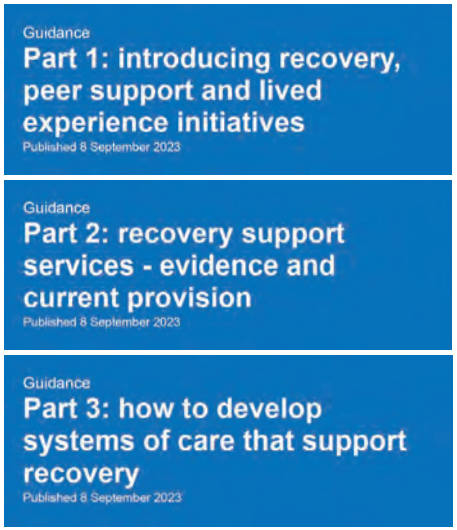


From Harm to Hope:

A 10-year drugs plan to cut crime and save lives

COMMISSIONING MENU

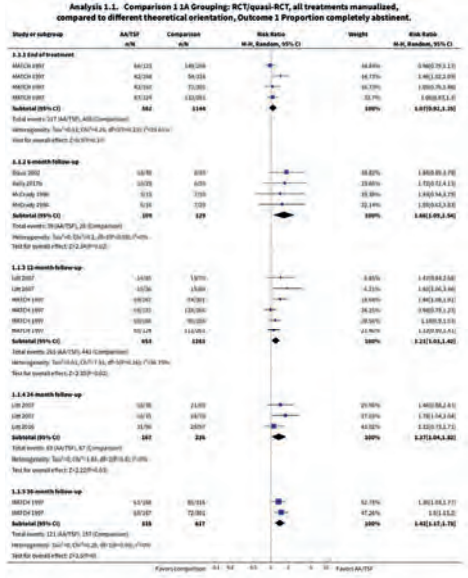
1. SYSTEM COORDINATION & COMMISSIONING
2. ENHANCED HARM REDUCTION PROVISION
3. INCREASED TREATMENT CAPACITY
4. INCREASED INTEGRATION & WITH CJ SYSTEM
5. ENHANCED TREATMENT QUALITY
6. RESIDENTIAL REHAB & INPATIENT DETOX
7. BETTER RESPONSE TO PHYSICAL & MENTAL HEALTH ISSUES
8. ENHANCED RECOVERY SUPPORT
9. OTHER INTERVENTIONS



https://www.gov.uk/government/publications/recovery-support-services-and-lived-experience-initiatives

Recovery support services: evidence and current provision

Forest plot comparing RCTs/Quasi-RCTs comparing AA/TSF vs other treatment where the outcome is proportion completely abstinent.



AA/TSF Findings Summary

For alcohol-related outcomes other than complete abstinence, AA/TSF interventions are at least as effective as other well-established treatments

For abstinence outcomes, AA and TSF interventions are as effective or better than other well-established treatments

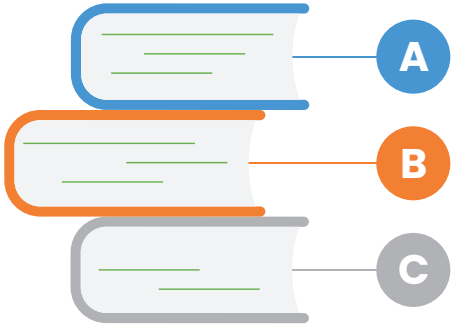
Implementing AA/TSF also appears to produce substantial health care cost savings

TSF produces benefits through fostering AA participation during/following end of formal treatment

AA mobilizes therapeutic mechanisms mobilized by formal treatment but does so over long-term, for free, in communities in which people live

RECOVERY SUPPORT SERVICES

A growing evidence base



RECOVERY CHECK-UPS

Telephone or face-to-face interventions to support recovery and promote treatment re-engagement after relapse

RECOVERY HOUSING

4 levels of intensity, support abstinence, increase employment and reduce crime

PEER-BASED INTERVENTIONS

Reduce harm, increase treatment engagement, build recovery capital and linkage to communities

RECOVERY SUPPORT SERVICES

A growing evidence base

EMPLOYMENT SUPPORT

Multiple RCTs supporting Individual Placement Support (IPS)

RECOVERY IN EDUCATIONAL SETTINGS

Collegiate Recovery Programs reduce student drop-out and produce better academic results

RECOVERY COMMUNITY CENTRES

Build recovery capital, social network support and quality of life

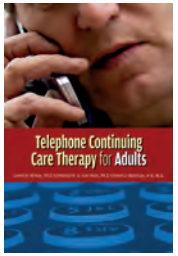
A

REVIEW

Efficacy of extensive intervention models for substance use disorders: A systematic review

HÉLÈNE SIMONEAU[1], ERVANE KAMGANG[1], JOËL TREMBLAY[2], KARINE BERTRAND[1], SERGE BROCHU[1] & MARIE-JOSÉE FLEURY[1]

- **Group A:** quarterly intervention over 2-4 years, comprising telephone monitoring and feedback components [2 studies] [*Dennis & Scott*]
- **Group B:** monitoring and feedback AND other components e.g. stepped care or outreach. Telephone intervention is more frequent (weekly or twice/month) and lasts from 3 months to 2 years [7 studies] [*McKay et al.*]
- **Group C:** more intensive intervention models with weekly or twice/week individual and group outpatient sessions. A mental health component is also included [2 studies]
- **Group D** interventions are the most intensive (up to daily contact, unlimited time in treatment). Most are integrated and multi-component interventions. [5 studies]



The Effectiveness of Telephone-Based Continuing Care for Alcohol and Cocaine Dependence

24-Month Outcomes

James R. McKay, PhD; Kevin G. Lynch, PhD; Donald S. Shepard, PhD; Helen M. Pettinati, PhD

N=359
Post 4-week intensive OP program

TEL
Phone-based monitoring + counselling

+ weekly group for 4 weeks

RP
2-weekly CBT / Relapse Prevention

STND
2-weekly standard group counselling

RESULTS:

TEL group had higher rates of total abstinence

Alcohol: lower rates of GGT + at 24 months

Cocaine: lower rate of cocaine + samples

B Recovery Housing

- All provide an abstinent living environment and social support for recovery within a communal living arrangement

- LEVEL 1 [Oxford Houses]
  - no on-site staff/services
  - run by residents
  - small and in residential area
  - fees cover housing only
  - indefinite stay

- LEVEL 2 [Sober Living Houses]
  - Like level 1 but with on-site manager (recovering peer with reduced rent)

- LEVEL 3 [Philadelphia]
  - like level 1 & 2
  - + on-site recovery support/other services
  - employ paid staff

- LEVEL 4
  - full organizational hierarchy
  - on-site clinical services
  - larger
  - licenced as treatment program

Communal Housing Settings Enhance Substance Abuse Recovery

| Leonard A. Jason, PhD, Bradley D. Olson, PhD, Joseph R. Ferrari, PhD, and Anthony T. Lo Sasso, PhD

- N=150 individuals who completed treatment at SUD facilities in Chicago (>50% women)
- Random assignment to live in Oxford House vs. community-based aftercare (usual care)
- Significant effects in terms of:
  - **Substance use**: 31% of OH group reported substance use at 24/12 vs. 65% of usual care
  - **Employment**: 76% of OH group vs. 49% of usual care reported being employed at 24/12
  - **Crime**: days engaged in illegal activities in 30 days before final assessment (mean = 0.9 (SD 4.43) for OH vs. mean = 1.8 (SD = 6.12) TAU)
- 87% of female participants had children, but 50% had lost custody due to their addiction
  - 24/12 30% of women assigned to OH had regained custody of their children, 2% (n=1) had lost custody
  - In TAU condition, 13% of all the women regained custody of children, 4% (n=2) lost custody.
- **Economic data**:
  - OH group earned ~ $550/month more than TAU
  - Lower rate of incarceration (3% vs. 9%) among OH vs. TAU corresponded to annualized savings for OH sample of ~ $119,000.
  - **Together, productivity + incarceration benefits yield ~$613,000 in savings accruing to OH participants**

C

The Power of Lived Experience

Peer Volunteer

Offering and receiving help based on shared understanding, respect and mutual empowerment between people in similar situations

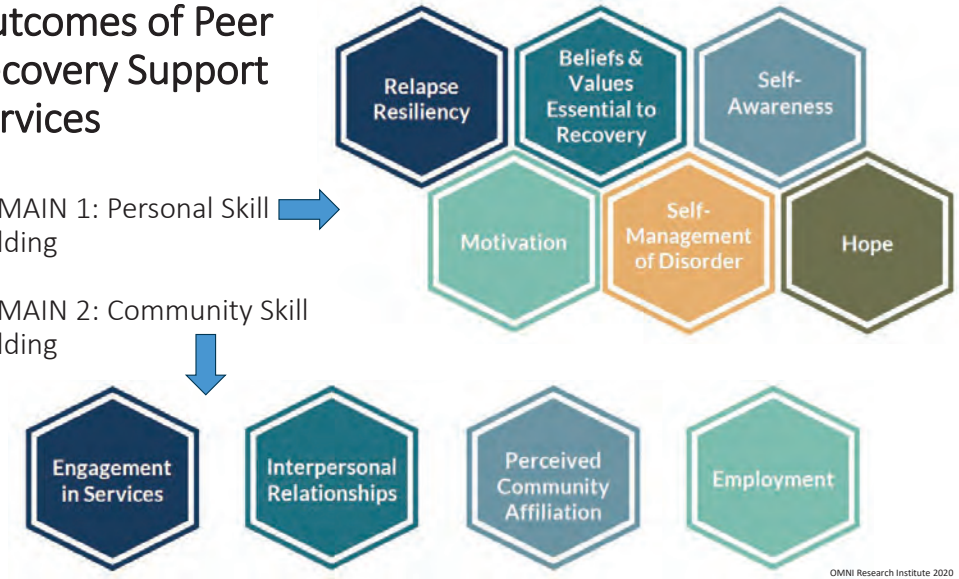
Peer Support Worker

- Peer trained to provide informational, emotional, social and practical support to people with alcohol or drug problems
- Delivered through a variety of organizational sponsors
- Typically paid employee working part- or full-time with some degree of formal training and certification
- Models recovery values of honesty, open-mindedness, capacity for introspection, problem-solving abilities, construction of a recovery-based identity, and a recovery-supportive network

Outcomes of Peer Recovery Support Services

DOMAIN 1: Personal Skill Building

DOMAIN 2: Community Skill Building



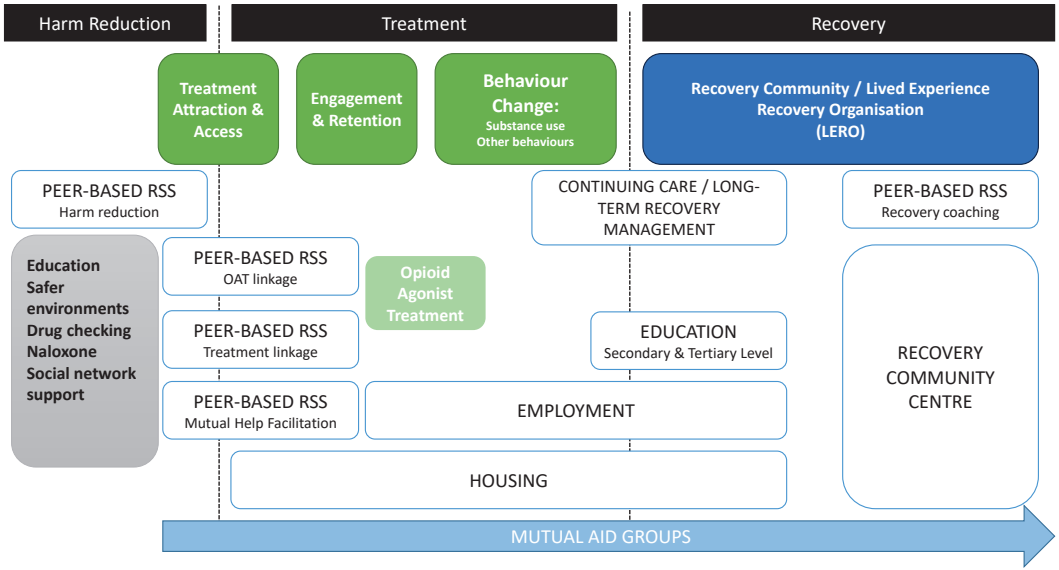
Lived Experience in New Models of Care for Substance Use Disorder: A Systematic Review of Peer Recovery Support Services and Recovery Coaching

- 7 x RCTs
- 4 x quasi-experiments
- 8 x single- or multi-group prospective or retrospective studies
- 2 x cross-sectional investigations

- 23 original studies
- 6544 participants
- 63% men 37% women

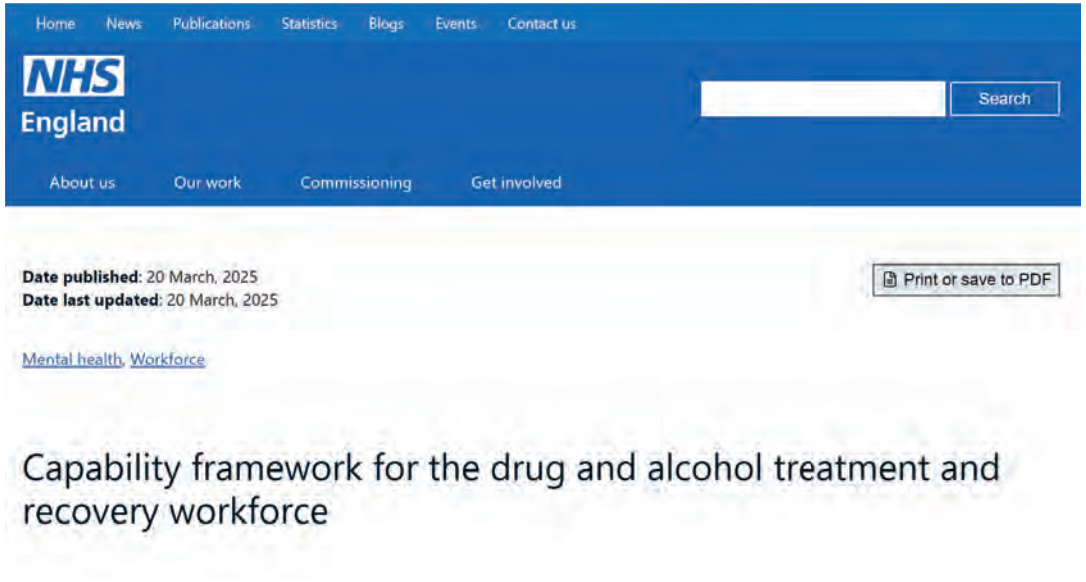
- Follow-up from 1 week to 3 years

- OUTCOMES:
- Self-report/urine abstinence
- ASI scores
- Outpatient treatment attendance
- 12-Step meeting attendance
- Medical appointment attendance
- IPU utilization
- IPU readmissions
- Social functioning
- Psychiatric inpatient nights
- Length of time without hospitalization



SAMHSA Core Competencies for Peer Workers

- Engages peers (i.e., consumers) in collaborative and caring relationships
- Provides Support
- Shares lived experiences of recovery
- Personalizes peer support
- Supports recovery planning
- Links to resources, services, and supports
- Provides information about skills related to health, wellness, and recovery
- Helps peers (i.e., consumers) to manage crises
- Values communication
- Supports collaboration and teamwork
- Promotes leadership and advocacy
- Promotes growth and development



CLERO ACTIVITY

- Monthly members meetings
- Website
- LERO standards
- What works where? Presentations
- OHID-funded CLERO Building project
  - Masterclasses
  - Mentoring

Benefits of LEROs

Peer connection
Led by and for people with lived experience

Entrepreneurial
Skilled at tapping into community resources.

Experts by experience
Understand, connect with and help people to sustain recovery.

Independent & autonomous
Vital to ability to respond, evolve and advocate effectively

Person-centred
Focus on supporting personal growth as much as substance use.

Diverse & inclusive
Grow in response to local needs and work in partnership with local groups.

Asset-based approach
Built on local assets and developed in response to community needs.

No one pathway to recovery
Recognise and respect others' journeys

Reduce stigma
Model recovery in the community, showing that it is possible.

Culture of recovery
Help people to develop a new identity, social network and life.

Complement treatment
'Bookends' treatment journey by providing support before and after.

Advocates for people
Understand substance-related problems and experiences of services.

Agile & innovative
Create change and respond quickly to new situations.

Accessible & flexible
Evenings and weekends, in-person or remote

Involve & support families
Recognise the importance and power of close relationships on recovery.

CULTURE AND VALUES

1. Is led, governed and delivered by PWLE
2. Maintains its independence and autonomy to best serve the recovery community
3. Promotes and recognises people's right to choose their own recovery pathway
4. Advocates for people with living and lived experience
5. Co-creates their offer with PWLE to meet identified community needs
6. Takes an asset-based approach, building on the strengths of individuals, the recovery community and the wider community and maximising the value of available resource
7. Creates safer communities
8. Reaches and supports excluded and under-represented groups
9. Manages and supports behavioural change in staff, volunteers and the people we support
10. Tackles stigma by making recovery visible

SUPPORT OFFER

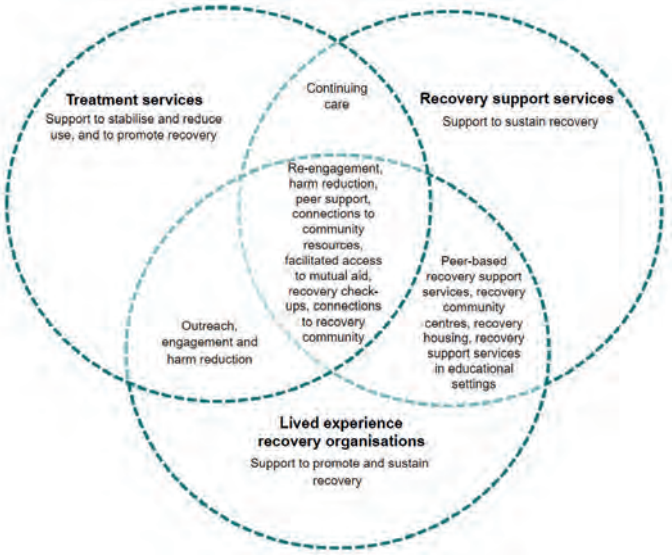
11. Is free at the point of access
12. Does not time-limit support
13. Is directed by and for local residents
14. Reduces drug- and alcohol-related harm and supports recovery
15. Supports people to improve their general health and wellbeing
16. Offers a culture of recovery in which people can connect and support each other
17. Creates opportunities for people to be active citizens in the recovery community and wider community
18. Involves and supports families and friends
19. Engages with the wider community
20. Provides support and activities in welcoming and accessible spaces
21. Provides support that is inclusive and works to advance equality of opportunity

STAFF & VOLUNTEERS

22. Recruits staff and volunteers safely, fairly and to serve the recovery community
23. Helps staff and volunteers fit into their role and the service comfortably and safely
24. Supports staff and volunteers
25. Is clear about and champions the role and value of peer workers and volunteers
26. Develops peer leaders and leadership roles
27. Proactively eliminates discrimination, harassment and victimisation and is divers and inclusive

CULTURE AND VALUES

28. Is well governed and supported to function effectively and sustainably
29. Trains and inducts staff and volunteers to help them develop and do a good job
30. Checks staff and volunteers where they are working with children or vulnerable adults
31. Protects employees, those accessing support and the public
32. Protects and upholds people's right to confidentiality (except where there is a legal duty mandating sharing information)
33. Assesses quality and performance to ensure safety, impact and equitable service provision



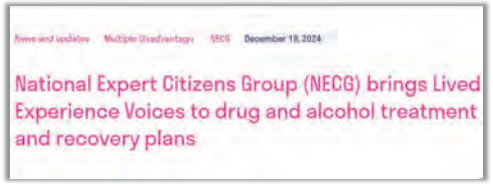
How to develop systems of care that support recovery

How you can develop and strengthen recovery support and lived experience initiatives

- Are people with lived experience and lived experience initiatives respected and autonomous members of the partnership?
- What services that support recovery already exist locally? How well are they connected and where are the gaps in support?
- Does the planning and commissioning of treatment and recovery services build and integrate recovery support services and lived experience initiatives?
- How is the partnership ensuring that lived experience initiatives are safe and effective?
- What is the role of the partnership in the funding and growth of recovery support services and lived experience initiatives?
- Can the partnership co-produce new ways of monitoring impact?

Office for Health Improvement and Disparities

Problems implementing this in current system



- Trained ‘researchers’ with lived experience of addiction and recovery
- Targeting populations under-served by treatment
- Direct feedback to senior policy makers

- Monthly online webinar and toolkit:
  - Asset Mapping, co-design and co-delivery
  - Mission, vision and values
  - Organisational governance and legal requirements
  - Staffing, induction, training and volunteering
  - Negotiation skills & partnership working
  - HR and employment law
  - Funding, fundraising & sustainability
- Mentoring of LERO leaders

What we still need to do…

- Establish RSS/LEROs in each local system – '**parity of esteem**'
  + Work on interface with 'professional' services
- Establish **quality markers** for LEROs
- Define and develop the **Peer Support Worker** role
- Develop **process** and **outcome measures** for RSS and ROSC
- Conduct UK research to explore **mechanism of action for LEROs** and efficacy of RSS

Map showing CLERO membership

Contact details
e.j.day@bham.ac.uk

OHID programme team:
Suzie.Roscoe@dhsc.gov.uk
Laura.Pechey@dhsc.gov.uk

TO JOIN THE CLERO:
www.clero.co.uk