Developing choice in peer-support
How alcohol services can support SMART Recovery
Alcohol Concern

Alcohol Concern is the national agency on alcohol misuse campaigning for effective alcohol policy and improved services for people whose lives are affected by alcohol-related problems.

This report was written and researched by Liz Ainsworth as part of the Alcohol Concern SMART Recovery Project funded by the Department of Health.

Published by
Alcohol Concern, 64 Leman Street, London, E1 8EU. Tel: 020 7264 0510 Fax: 020 7488 9213 Email: contact@alcoholconcern.org.uk Website: www.alcoholconcern.org.uk March 2010

Copyright: Alcohol Concern March 2010 All rights reserved. No part of this publication may be produced, stored in a retrieval system, or transmitted by any means without the permission of the publishers and the copyright holders.

Alcohol Concern is a registered charity no. 291705 and a company limited by guarantee registered in London no. 1908221.
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>More on peer-support</td>
<td>6</td>
</tr>
<tr>
<td>SMART Recovery</td>
<td>8</td>
</tr>
<tr>
<td>The Alcohol Concern SMART Recovery project</td>
<td>9</td>
</tr>
<tr>
<td>Establishing and supporting SMART Recovery Groups</td>
<td>10</td>
</tr>
<tr>
<td>Ongoing support</td>
<td>12</td>
</tr>
<tr>
<td>Summary</td>
<td>17</td>
</tr>
<tr>
<td>Helpful hints</td>
<td>18</td>
</tr>
<tr>
<td>Check-list</td>
<td>19</td>
</tr>
<tr>
<td>Resources</td>
<td>20</td>
</tr>
<tr>
<td>Acknowledgments</td>
<td>21</td>
</tr>
</tbody>
</table>
Introduction

From 2008 to 2010 Alcohol Concern managed a project that aimed to establish and develop new peer-support groups for problem drinkers based on the SMART Recovery model. The Department of Health funded the project which worked with SMART Recovery UK and six services in England which acted as pilot sites.

This manual aims to provide guidance to alcohol services and others working with alcohol misusing clients as to how they can help the establishment and development of SMART Recovery groups in their area. The manual is based on learning from the Alcohol Concern SMART Recovery project and includes a description of how the project developed, along with discussion on what worked well in the project and what worked less well. The project was based on a peer-led model, with service users taking on the role of SMART meeting facilitators. However, professionals facilitate some SMART groups. The project was focused on alcohol as opposed to other substances but SMART Recovery benefits people with any addictive substance or behaviour. Therefore the experience and advice in this manual is applicable to those working with all substance misusing clients.

Peer-support groups can help people overcome problems with alcohol. They not only provide benefit to individuals wishing to address their alcohol use, they can also assist alcohol services by providing an effective aftercare resource which may prevent relapse and a return to the service. Benefits of peer-support include enhanced self-efficacy, coping skills and motivation, improved social support and reduced depression and anxiety (1).

In addition, studies examining the effectiveness of peer-support show that, not only can peer-support help reduce substance misuse, it can also reduce health care costs. Research from the USA has shown that treatment services that promoted peer-support involvement among their clients reduced costs by approximately 40% in the year following treatment (2). With the cost of alcohol misuse to society increasing, peer-support groups can help relieve the burden on often over-stretched resources.

Peer-support can help people while they are in treatment, people who have left treatment, those waiting to get into treatment and also those who don’t wish to enter treatment. Working alongside one another, services and peer-support groups can help provide continuous support in an individual’s journey toward recovery.
Alcoholics Anonymous (AA) is an example of how successful peer-support can be. AA has helped millions of people worldwide recover from dependence on alcohol. It is a popular and well-respected organisation that holds thousands of meetings throughout England. However, despite its popularity, not everyone is suited to the Twelve-step programme on which AA is based. It would therefore be helpful if there were other peer-support options more widely available.

For people who are seeking help for alcohol dependence, the more local options there are the better, as different approaches work for different people. Also, some people may attend more than one kind of meeting, both AA and SMART meetings for example. As there is no one size that fits all approaches to recovery, it is important that individuals have as much choice available to them as possible to improve their own prospects of recovery.

Note on terminology used in this manual

SMART meetings are steered by facilitators. In the Alcohol Concern project, facilitators were service users at the pilot sites. The pilot sites were services that worked with substance misusing clients and were selected by the project to participate. The pilot sites are also known as host agencies. A champion is a professional working within the pilot site (host agency) who plays a role in supporting and promoting SMART groups in the service.
Peer-support groups are a common and effective way in which people seek help for alcohol-related problems. Peer-support, mutual aid and self-help are all terms used to describe a process in which group members all share and wish to address a common problem (e.g. a problem with alcohol). The groups are run by group members, not professionals. Whilst professionally-run groups can be an important part of treatment for alcohol problems, they are not the same as peer-support groups. Peer-support groups can be part of large organisations such as Alcoholics Anonymous or SMART Recovery or they can be autonomous.

Peer-support organisations vary in a number of ways – for example, in their philosophy, size and willingness to accept financial support from external sources. However, the following are common characteristics of peer-support:

- the belief that individuals can work together to address a shared problem
- there is no outside expert. Instead of professional knowledge being relied upon, knowledge that has been gained from ‘being there too’ (experiential) is utilised
- members give and receive help (reciprocal helping)
- there are no fees (members can make voluntary contributions)
- membership is voluntary
- works toward the goal of personal change
- not contingent on outside funding
- there is a lack of hierarchy.

The most well-known peer-support organisation internationally is Alcoholics Anonymous (AA). AA meetings, based on the Twelve-step programme, can now be found in over 150 countries. Whilst Twelve-step peer-support groups (including AA) are the most well-known, there are other peer-support organisations that offer alternative programmes, including SMART Recovery, Moderation Management, SOS (Secular Organizations for Sobriety) and Women for Sobriety.
Supporting peer-support organisations

Treatment providers and commissioners can help to encourage and sustain peer-support groups. Both Models of Care for Alcohol Misusers (MoCAM) and the National Treatment Agency (NTA) document, Review of the Effectiveness of Treatment for Alcohol Problems recommend this. Peer-support organisations are an ally of, and not a competitor with, professional treatment. Working alongside each other, peer-support organisations and alcohol service providers can help to reduce the social and economic cost of alcohol-related problems in the UK. It is of fundamental importance that peer-support organisations are seen for what they are - autonomous entities and not merely an extension of professional treatment.

A team of researchers and experts in the addiction field have stated that: ‘Self-help is so important that professionals should intervene to promote and support it and can do so without undermining self-help principles’ (3).
SMART Recovery

SMART is an acronym for “Self-Management and Recovery Training.” SMART Recovery was established in 1994 in the USA and views excessive use of alcohol and other drugs as a maladaptive behaviour rather than a disease. It is an abstinence-based programme that uses cognitive-behavioural techniques based around four steps:

1. building motivation
2. coping with urges
3. problem solving
4. lifestyle balance.

SMART Recovery strives to help its members gain a better understanding of how their emotions and thinking lead them to act in the way they do. According to SMART Recovery philosophy, by discovering one’s unhelpful thoughts and emotions and replacing them with more positive and helpful thinking, addiction and addictive behaviours become manageable.

SMART meetings can be held almost anywhere, e.g. community halls, churches, etc. The meetings are confidential and last between 60-90 minutes. They are steered by a facilitator and follow a simple format as described to the right.

SMART Meeting Outline (60-90mins)

Welcome and introduction (5mins)
The facilitator introduces themselves and reads out an introductory statement explaining SMART Recovery and the meeting outline.

Check in (5 - 20mins)
The facilitator invites everyone to take a couple of minutes for a personal update and raise any issues (thoughts, behaviours, events) for discussion at the meeting.

Agenda setting (5mins)
The facilitator invites the group to agree an agenda and order for discussion based on the issues from the check in.

Working time (30-45mins)
This time is used for discussion, role-playing, and introduces members to the tools and techniques that SMART uses to combat addictions and addictive behaviours. The focus is on the here and now and how to change rather than on the past unless the group can learn from it.

Donations (1min)
The facilitator explains that SMART Recovery relies on donations and invites anyone who wishes to make one, to do so after the meeting or at a later time. Donations are used to help pay for expenses such as meeting room hire, photocopying or refreshments.

Check out (15mins)
This gives members the opportunity to say what from the discussion was most meaningful to them. They may also say what new things they are going to try as “homework”. Self-help books and exercises can also be made available.
Alcohol Concern’s SMART Recovery project was a two-year Department of Health funded project that aimed to increase access to SMART Recovery peer-support groups for people seeking help for problems with alcohol. The project worked with six services to establish SMART Recovery groups across England. SMART Recovery UK delivered training to 63 service users and approximately 30 staff working in the six services. The SMART Recovery project was managed by Alcohol Concern, funded by the Department of Health and overseen by a steering committee consisting of specialists in the field of alcohol recovery and mutual aid. The project has been evaluated by Professor Susanne MacGregor and Dr Rachel Herring of Middlesex University.

Thirty-three services applied to be pilot sites. The six pilot sites were chosen based on indications of commitment and resources available to support meetings. Additionally the project wanted to ensure that the services selected as pilot sites varied in terms of regions, rural/urban mix and range of services provided. The six pilot sites consisted of four drug and alcohol services, one alcohol-specific service and one housing service. One of the original pilot sites withdrew from the project early on. A further pilot site was recruited to take the place of the one that withdrew. By the end of the project two further pilot sites had withdrawn as they experienced difficulties in getting service users interested in facilitating groups and the SMART groups that had started had ceased to exist. At the end of the project, there were twelve SMART meetings happening at the remaining four pilot sites.

The pilot sites gave a number of reasons why they wanted to be involved in the project. Mostly they were interested in ensuring their clients had additional support available to help them recover from alcohol misuse. It was also felt that the peer-support approach empowered clients to take responsibility for their own recovery. The pilot sites were all very keen on working alongside service users in a joint side-by-side approach as opposed to the customary professional-client relationship. Over and above supporting the idea of peer-support in general, the pilot sites were enthusiastic in helping to promote SMART Recovery in particular. Some of the staff working in the services felt that expanding access to non-Twelve-step peer support was long overdue. They believed that SMART Recovery offered a supportive and positive programme.
The following guidance is based upon learning from the Alcohol Concern SMART Recovery project. Feedback was gathered from the champions at the host agencies and from the service users who are facilitating SMART Recovery meetings.

**Costs**
The costs involved in helping to establish a SMART meeting are relatively small, especially when taking into consideration the benefits that peer-support can bring. As noted above, research from the USA has shown that treatment services that promoted peer-support involvement among their clients reduced costs by approximately 40% in the year following treatment (4).

Whilst the costs of supporting peer-support are small, experience from this project has shown that having some money available to support the establishment and development of meetings is very beneficial to successfully establishing the group.

This money would cover payment for training, printing, photocopying, phone and internet costs, plus refreshments for a weekly meeting. There will also be costs involved in staff time.

**Training**
SMART Recovery UK delivered two different training courses at each pilot site in the project:

- a two-day facilitator training course for service users that were interested in becoming facilitators
- a one-day training course for staff at the service that was championing SMART Recovery.

**Facilitator training**
Pilot sites promoted the facilitator training to service users. Service users who were interested in finding out more about SMART Recovery attended a two-day training course that covered:

- what happens in a SMART meeting
- the tools and techniques of SMART Recovery
- an introduction to REBT (Rational Emotive Behaviour Therapy) on which the SMART philosophy is based
- how to facilitate a meeting
- establishing a meeting (publicity, finding a venue).

The facilitator training was very well received by those attending. Service users were very excited about the prospect of another peer-
support option being available to them and liked the SMART model. Attendees generally felt that they gained a good knowledge of SMART Recovery but would have liked more information on the practical/logistical aspects of starting a meeting.

**Champions training**

In addition to training for service users interested in becoming SMART Recovery facilitators, training for professionals was also delivered. This one-day training provided an introduction to SMART Recovery and advised staff at the host agency how they could support service users in setting up SMART meetings.

Feedback from the project suggested that having the champions training prior to the facilitator training would have been beneficial for staff as they would have felt more confident in promoting SMART Recovery to service users.

Training was delivered by SMART Recovery UK who can be contacted on 0845 603 9830 or info@smartrecovery.org.uk.
Ongoing support

After the training most pilot sites held a logistical meeting with both a member of staff and service user present where they agreed between them on a day of the week and time that the SMART meeting would take place.

Logistical support

Meeting room
All the pilot sites were able to offer a regular meeting room to the SMART group. The more flexible the service can be with room availability, the better. There is often a demand for meetings in the evening and weekend in addition to daytime. Where meeting room requirements cannot be accommodated by the service, then help and encouragement in finding an external meeting venue will be beneficial to the SMART group. If an external meeting room is required then assistance with room hire costs, at least initially, would be of assistance. If services are keen to support the establishment of a SMART Recovery meeting, then locating a suitable and flexible meeting room in advance would be helpful.

Access to equipment
The SMART group will often need materials printed or photocopied and will sometimes need to make phone calls; it would be helpful if these needs could be met by the service. One of the services in the project was able to fund the purchase and running costs of a mobile phone. This proved very helpful but, as this resource may not always be available, then alternatives could be sought. One alternative is a telephone number that is solely for the purpose of the SMART group and which has a message saying something like: “If you are interested in finding out more about the SMART meeting at ________, please leave your contact details and someone will return your call”.

Emotional support
SMART groups may take a while to get off the ground. In most pilot areas, attendance at SMART meetings was quite low at the beginning. This led to disillusionment amongst some facilitators. However, encouragement and reminders that it is normal for new ventures to take time in getting going can be of benefit to the facilitator. Some SMART meetings have taken months to develop with sometimes just three people attending before they have grown and, in some instances, the facilitator has been the only person to attend. Some meetings that now regularly get 10-15 people took a while to get going.

In addition to encouragement, sometimes facilitators may welcome the opportunity to talk
over any concerns they have in facilitating the meeting. It is important that there is time and opportunity for this level of support to take place, if it is needed.

The facilitators involved in the project highlighted the importance of encouragement from professionals rather than interference. Champions at the host agencies recognised the importance of this and were able to find the balance between supporting and controlling the meeting. For some other members of staff at the host agencies, it was difficult to stand back and let the service users get on with it. Some felt they wanted to care-take when things were not going so well.

“Make sure from the outset that it is self-facilitated. We did and are glad we did. The group know that we support them and do behind the scenes work, such as photocopying, promotion and importantly supporting the facilitators and motivating them. They also know that they can come to us at any time if there is a problem, such as a client with suicidal ideation (not happened but just in case, they know we are there to take the ‘responsibility’). Regular contact with the facilitators helps, ensuring it is not a client/worker type meeting but a general conversation. My advice is basically, just go for it. I think it is a win-win situation.” (Champion)
Facilitators may sometimes feel out of their depth and believe they don’t have the necessary knowledge or training to give people advice. Meeting facilitators should feel confident in referring people to a professional when necessary. It would be helpful for facilitators to have a list of local contacts and national helplines, such as the Samaritans. As SMART grows and develops in the UK there will be more contacts that SMART facilitators can get in touch with for advice, encouragement and support. Getting in touch with the central SMART office or visiting the SMART website www.smartrecovery.org.uk should point people in the right direction.

**Referrals**

One of the major concerns that has arisen in the project has been the difficulty in getting people to attend meetings. The meetings that have had the most success are those where staff at the pilot site are very active in promoting SMART to their clients.

Some of the facilitators in the project have been very proactive and have delivered presentations at a wide variety of agencies in their local area, for example:

- other substance misuse services
- probation services
- GP surgeries
- housing services
- DAATs
- detox wards.

Making as many people locally aware of the SMART meeting is of enormous benefit and has helped ensure the viability of SMART meetings where they have been most successfully established.

If services are keen to support SMART they should feel confident in referring clients to a SMART meeting. SMART meetings provide good additional support before, during and after treatment.
Networking

One of the aspects of the project that facilitators found most useful was the opportunity to get together with other facilitators from the pilot sites. The project held quarterly networking meetings where facilitators from all the pilot sites got together and shared experiences with each other. Knowing that there are others out there doing the same thing and facing the same hurdles can make the process a lot easier for facilitators.

It would be helpful if services could assist with travel costs for facilitators to visit SMART meetings in other areas of the country because learning from others who are also facilitating SMART meetings is hugely beneficial.

Additional learning

There have been challenges in this project which may be worth bearing in mind. First, there is some time and commitment involved both for facilitators and professionals and it is worth recognising this in advance and making time available in a member of staff’s workload.

It can be difficult keeping enthusiasm going, particularly when things appear to be developing slowly. Encouraging facilitators to maintain regular contact with other SMART Recovery facilitators in other areas is hugely beneficial.

Some of the meetings that have started at the pilot sites did not succeed in taking off. There are a number of reasons for this. First, there were occasions when the facilitator of the meeting relapsed and there were no other people wishing to take the helm. There tend to be many people who want to attend SMART meetings but fewer that wish to take the lead and facilitate or help establish the meetings. Some professionals have found it very difficult to let go and let the facilitators get on with it. Professionals may want to care-take and perhaps take over when things are not going well. While this may be a normal reaction, it is important that facilitators are supported in the process rather than directed.
When facilitators in this project were asked what they would find unhelpful from a service they responded with:

1. Interference
2. Being treated as a “client”
3. Giving false information to service users

### What SMART facilitators would like from host agencies

- a phone – either a mobile or a phone line with an answer message giving information about the local meetings
- service providers to trust the capabilities of facilitators
- a room, preferably one that is available in the evenings as well as in the day
- the freedom to run a SMART meeting without the service providers taking it over
- office time/admin – photocopying, use of computer – perhaps an hour a week
- appropriate interest from staff – not interference but interest
- promoting SMART
- leaflets in reception
- admin/reception staff as well as key workers knowing about SMART and passing on this information.

### References

The Alcohol Concern SMART Recovery project worked with SMART Recovery UK and six services to introduce SMART Recovery peer-support groups in new areas in England. Overwhelmingly professionals at the six services and service users who attended the facilitator training welcomed the opportunity to embrace a further peer-support option. Whilst Alcoholics Anonymous is an important feature of the recovery landscape, not everybody is suited to its programme. Peer-support is an invaluable resource for people seeking help with alcohol misuse and the more peer-support options there are available, the better. Not only can individuals benefit from more choice in peer-support but services too will see the benefit of increased availability of peer-support options as treatment services and peer-support groups work together to help reduce alcohol-related harm.

The project has highlighted that introducing SMART Recovery can involve some time and effort, at least initially, and services should be prepared for this, but the small amount of initial financial outlay and staff time will pay off; encouraging service users independence from treatment is a worthy goal in itself as well as something that commissioners of alcohol services value.

For services interested in helping establish and support SMART Recovery, it is hoped this manual provides some guidance.

A good summary of the research surrounding professionals working with peer-support can be found in in *Self-help: don’t leave it to the patients* an article by Keith Humphreys which can be found on the Drug and Alcohol Findings website: http://www.findings.org.uk/docs/Humphreys_K_21.pdf
Helpful hints

- Listen to the facilitators’ needs – some are very proactive and need far less support than others. Be guided by them about the level of support that is required.

- Meetings take time to get going and disillusionment is normal. Keep at it.

- It is very helpful to have staff on board with the idea. Some may find it difficult at first to understand the concept of self-help within a treatment setting. The SMART facilitators can give presentations or training to staff at the service.

- Get the word out to other agencies. SMART meetings will be successful with encouragement and commitment from local agencies.
# Checklist

## Prior to training

<table>
<thead>
<tr>
<th>Action</th>
<th>Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact SMART Recovery UK to organise training for both staff and service users</td>
<td></td>
</tr>
<tr>
<td>Develop posters to advertise training</td>
<td></td>
</tr>
<tr>
<td>Inform service users of SMART Recovery and signpost to facilitator training</td>
<td></td>
</tr>
<tr>
<td>Encourage staff to attend champions training</td>
<td></td>
</tr>
<tr>
<td>Download manuals from <a href="http://www.smartrecovery.org.uk">www.smartrecovery.org.uk</a> and give to training attendees</td>
<td></td>
</tr>
<tr>
<td>Make available a room that can be accessed every week for the SMART meeting</td>
<td></td>
</tr>
</tbody>
</table>

## Post training

<table>
<thead>
<tr>
<th>Action</th>
<th>Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set up a regular meeting date and time</td>
<td></td>
</tr>
<tr>
<td>Pay expenses for an experienced SMART facilitator to attend first few meetings, if requested by the facilitator</td>
<td></td>
</tr>
<tr>
<td>Promote SMART meeting – posters, referrals</td>
<td></td>
</tr>
<tr>
<td>Support facilitators as requested by them</td>
<td></td>
</tr>
</tbody>
</table>

## Once meeting is established

<table>
<thead>
<tr>
<th>Action</th>
<th>Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support facilitators as requested by them</td>
<td></td>
</tr>
<tr>
<td>Promote SMART meeting – posters, referrals etc</td>
<td></td>
</tr>
<tr>
<td>Assess whether professionals feel confident about SMART and referring clients and if not provide further information to professionals or encourage them to talk to SMART facilitators</td>
<td></td>
</tr>
<tr>
<td>Support facilitators to present about SMART Recovery to other local services (probation, GPs, detox wards etc)</td>
<td></td>
</tr>
</tbody>
</table>
Resources

SMART Recovery UK
Albyn House
37a Union Street
Inverness
IV1 1QA
Scotland
Email: info@smartrecovery.org.uk
Tel: 0845 603 9830
Fax: 01463 729548
Web: www.smartrecovery.org.uk

The following handbooks are available from
SMART Recovery UK:
• Introductory Handbook
• Facilitator Handbook
• Guide to Setting up meeting
• Guide for Professionals and Commissioners
• SMART Recovery Tools
• Homework Task Book
www.smartrecovery.org.uk/publications

Alcohol Concern
64 Leman Street
London
E1 8EU
Email: contact@alcoholconcern.org.uk
Tel: 020 7264 0510
Fax: 020 7488 9213
Web: www.alcoholconcern.org.uk
Alcohol Concern would like to thank:
The facilitators and champions from the pilot sites for the time and effort they have put into supporting the development of SMART meetings in their area.
- Aquarius, West Midlands
- Sheffield Alcohol Advisory Service (SAAS)
- South London YMCA
- NORCAS, Norwich
- ADS Cumbria
- Turning Point Gateshead

The project Steering Committee for their guidance and expertise.
- Chair - Professor Nick Heather, Emeritus Professor of Alcohol and Other Drug Studies, Northumbria University
- Fraser Ross, formerly SMART Recovery consultant
- Don Lavoie, Alcohol Policy Team, Department of Health
- Daniel Davidson, SMART Recovery facilitator, Manchester
- Kevin Malthouse, SMART Recovery facilitator, Manchester
- Nicolay Sorensen, Director of Policy and Communications, Alcohol Concern
- Liz Ainsworth, SMART Recovery Project Co-ordinator, Alcohol Concern

Also
- Professor Susanne MacGregor
- Dr Rachel Herring
- Professor Keith Humphreys

The Department of Health for funding the project.

The Alcohol Education & Research Council (AERC) for contributing towards the project conference.
Developing choice in peer support
Developing choice in peer-support
How alcohol services can support SMART Recovery

Alcohol Concern, 64 Leman Street,
London, E1 8EU.
Tel: 020 7264 0510
Fax: 020 7488 9213
Email: contact@alcoholconcern.org.uk
Website: www.alcoholconcern.org.uk