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AA Health Liaison Officers
&
“Mutual Aid Facilitation”

York
27th February 2016

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1. Introduction

- What is PHE?
- Why is alcohol a PHE priority?
- What is Mutual Aid?

2. The evidence base for Mutual Aid

- Positive social networks
- NICE Guidance
- Why does it work?

3. Mutual Aid Reference Group (MARG)

- Membership and aims
- PHE Mutual Aid Toolkit
- Other work

4. Two years on – some reflections

- Myths, workforce and other barriers
- What's worked well

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Introduction

- What is PHE?
- Why is alcohol a PHE priority?
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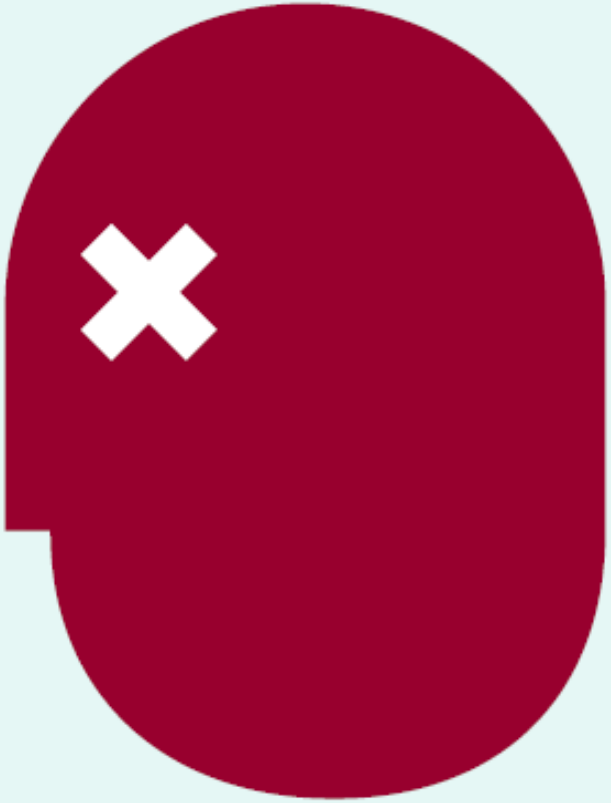
Alcohol problems are widespread



9 million adults drink at levels that increase the risk of harm to their health

1.6 million adults show some signs of alcohol dependence

Alcohol is the third biggest risk factor for illness and death

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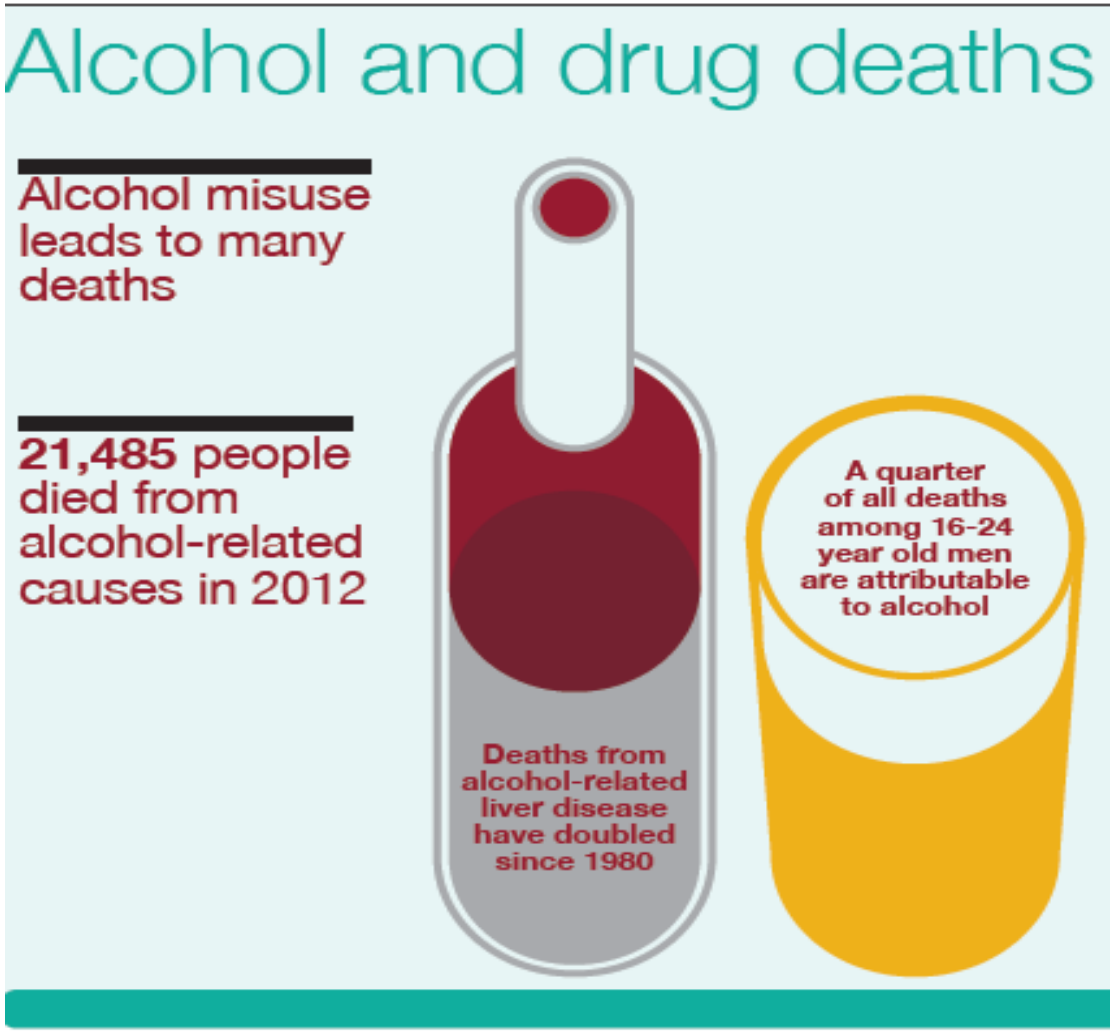

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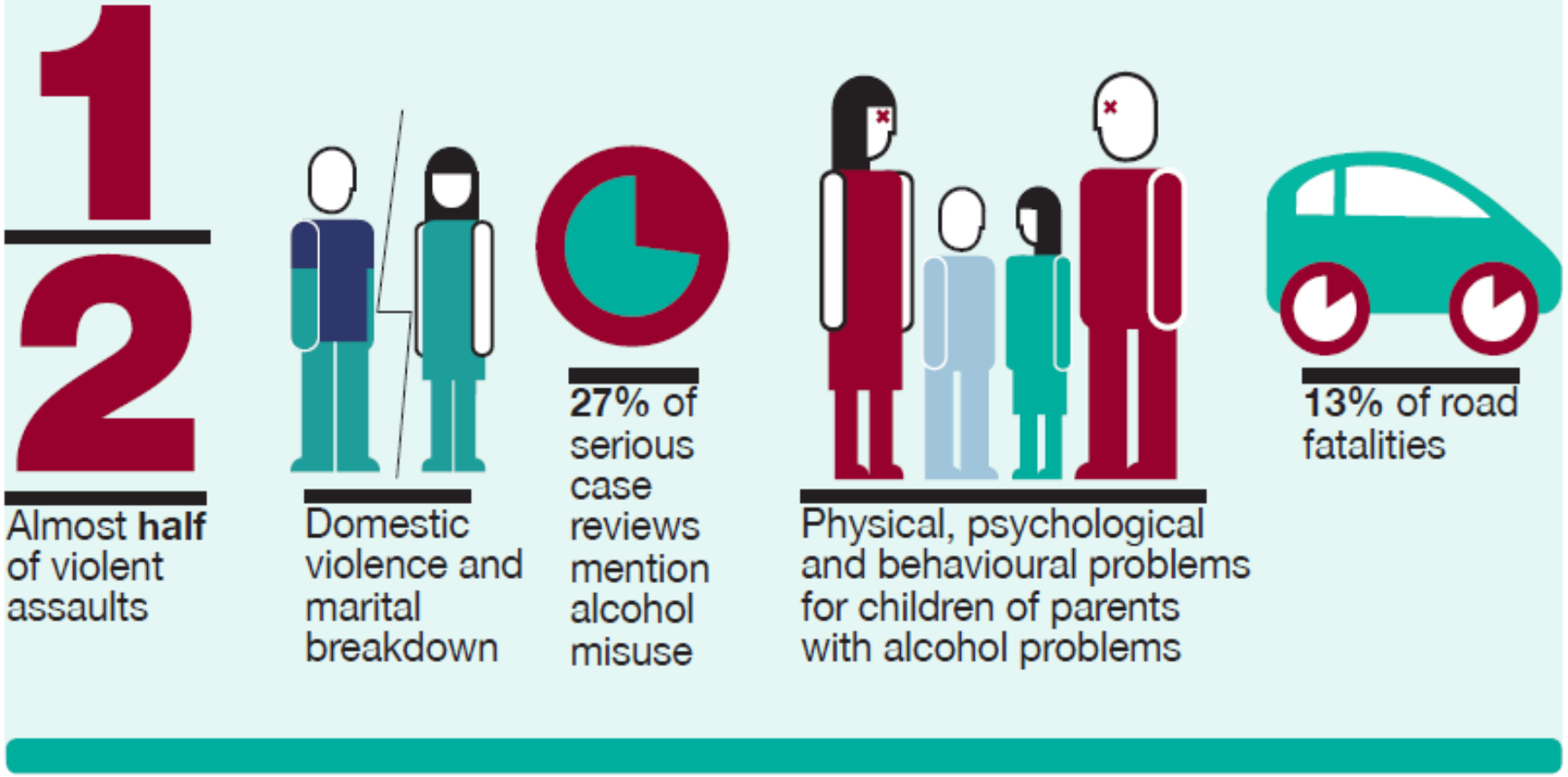
Alcohol misuse harms families and communities



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The annual cost of alcohol-related harm

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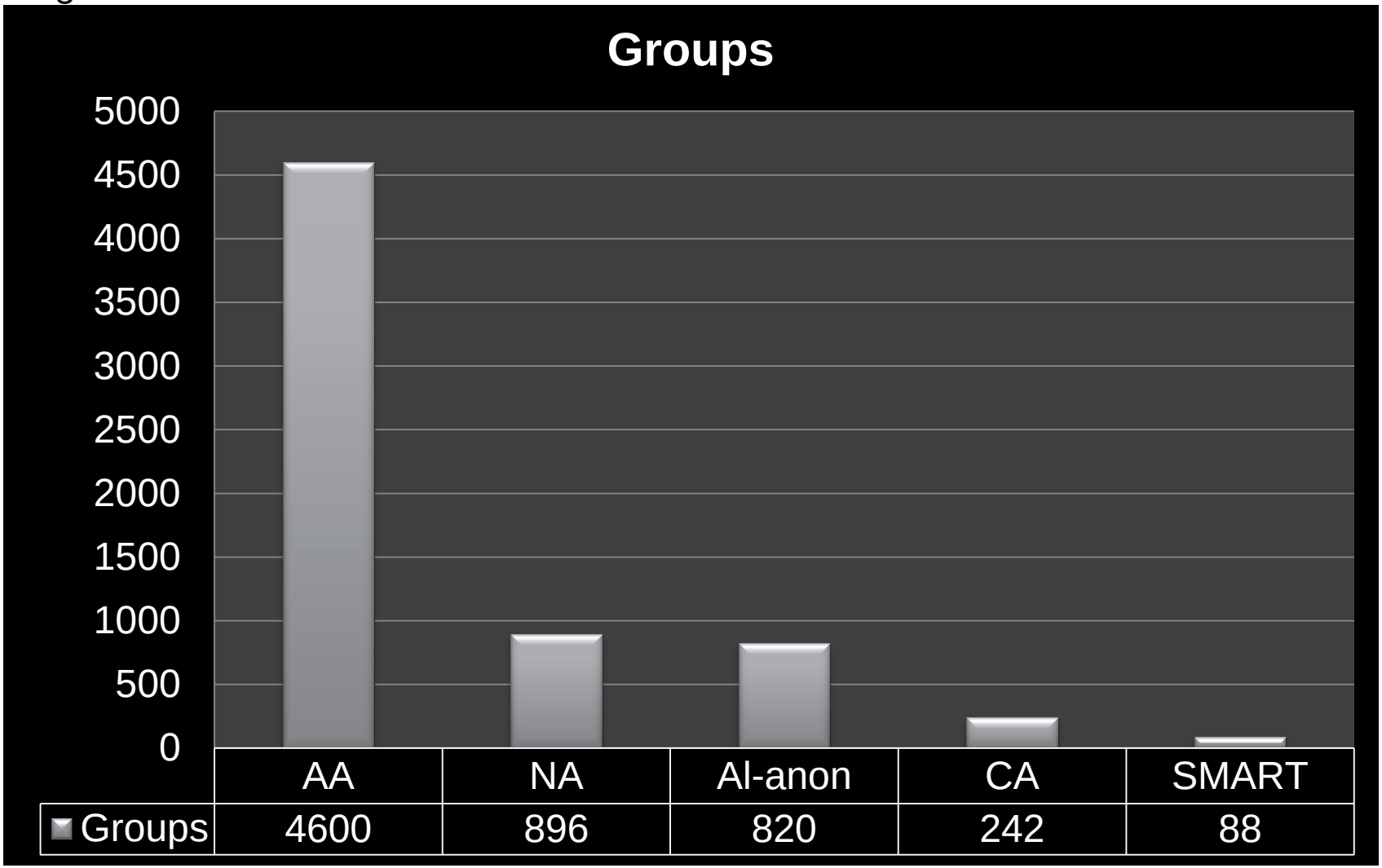
Mutual Aid in the UK (2013)



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The evidence base for Mutual Aid

- Positive social networks
- NICE Guidance
- Why does it work?

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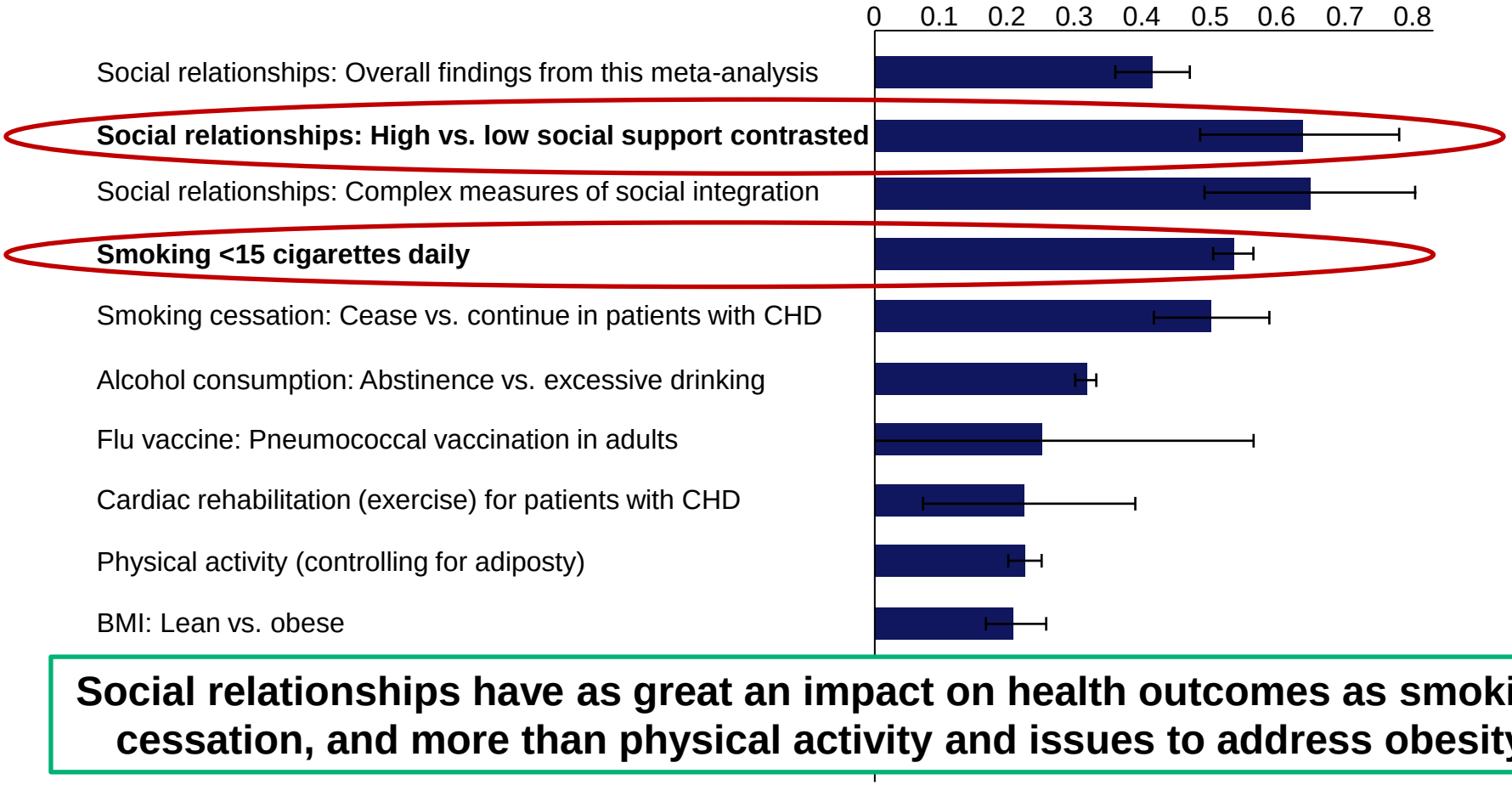
Social relationships have big impact: comparative odds of decreased mortality



Social relationships have as great an impact on health outcomes as smoking cessation, and more than physical activity and issues to address obesity

Holt-Lunstad J et al. (2010)

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Recovery and positive social networks

- **Mutual aid works because….it provides social support** *(Humphreys et al 1997, Humphreys et al 1999, Project MATCH 1998, Bond 2003, Kelly et al 2011)*
- **Review of 24 studies of AA recovery - positive social networks** *(Groh et al 2008)*
- **Peer Support Community involvement reduced risk of relapse** *(Boisvert et al 2008)*
- **College campus Recovery Communities in US** *(Smock et al 2011)*
- **Recovery depends on social support** *(Longabaugh 1993, Brady 1995, Spicer 2001, Laudet et al 2006, Best 2008, Best 2012)*

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Changing network support for drinking Litt et al. (2009)

The addition of just one abstinent person to a social network increased the probability of abstinence for the next year by 27%.

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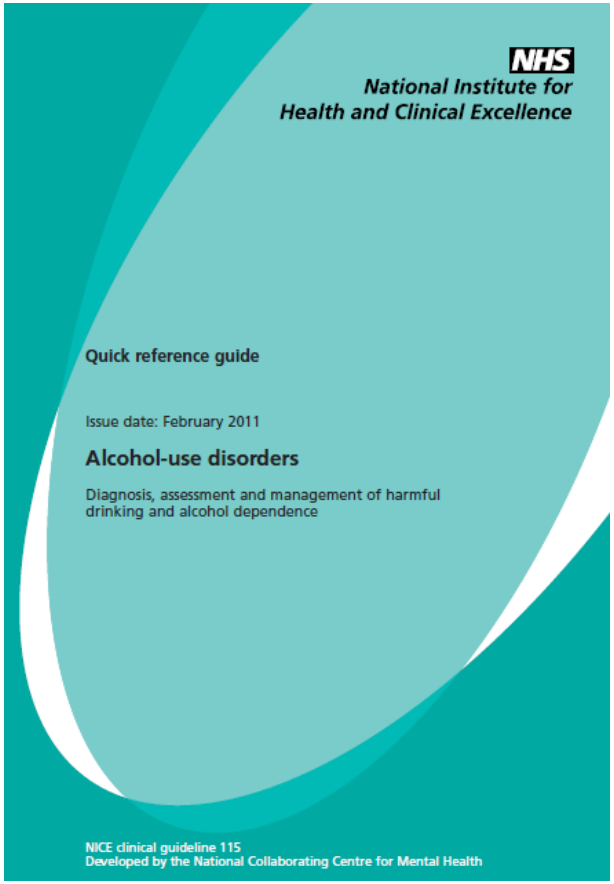
NICE Clinical Guidelines CG115 (2011) Diagnosing, assessing and managing harmful drinking and alcohol dependence

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



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NICE Clinical Guidelines CG115 Diagnosing, assessing and managing harmful drinking and alcohol dependence

- TSF v CBT - *Easton (2007)*
- TSF v MET and CBT - *MATCH (1997)*
- TSF v coping skills - *Walitzer (2009)*
- TSF v couples therapy and psycho-educational intervention - *Falsstewart (2005), Falsstewart (2006)*

- Standard TSF v intensive TSF – *Timko (2007)*
- Directive TSF v motivational TSF and coping skills – *Walitzer (2009)*

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NICE Clinical Guidelines CG115 Diagnosing, assessing and managing harmful drinking and alcohol dependence

Clinical summary

- TSF was significantly better than other active interventions in reducing the amount of alcohol consumed when assessed at 6-month follow-up
- Those receiving TSF were more likely to be retained at 9-month follow-up
- Intensive TSF was significantly more effective than standard TSF in maintaining abstinence at 12-month follow-up
- Directive TSF was more effective at maintaining abstinence than motivational TSF up to 12-month follow-up

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Why does it work?

- **Social learning - role models & new norms and values** *(Moos 2007)*
- **Sense of meaning, meaningful activities and improves quality of life** *(Laudet 2011)*
- **Help to access community capital** *(Laudet & Best 2012)*
- **Transmitters of hope** *(Leamy 2011)*
- **Benefits of helping others** *(Galanter 2007, Witbrodt & Kaskutas 2005)*

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Mutual Aid Reference Group (MARG)

- Membership and aims
- PHE Mutual Aid Toolkit
- Other work

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PHE toolkit

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

Brings together existing findings and recommendations from:

- NICE Quality Standards and Clinical Guidelines
- RODT: Medications in Recovery
- ACMD: Recovery Standing Committee's 2nd report on recovery outcomes

http://www.nta.nhs.uk/uploads/mutualaid-briefing.pdf

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PHE toolkit

Mutual aid self-assessment tool

- Availability
- Promoting mutual aid
- Leadership and workforce
- Facilitation
- Local strategic planning and monitoring

http://www.nta.nhs.uk/uploads/self-assessment-tool-final-pdf-version.pdf

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PHE toolkit

Facilitating access to mutual aid: three essential stages for helping clients access appropriate mutual aid support

The three stage FAMA model:

1. Introducing mutual aid
2. Encouraging the client to engage with a mutual aid group
3. Taking an interest in the client's experience of mutual aid groups

Recommendations for peer accompaniment

Hand outs

http://www.nta.nhs.uk/uploads/mutualaid-fama.pdf

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PHE toolkit

Improving access to mutual aid: a brief guide for commissioners

- Leadership
- Needs assessment
- Local plans
- Service specifications
- Contact with local mutual aid groups
- Local steering groups
- Recording and monitoring (NDTMS)

http://www.nta.nhs.uk/commissioners-guide-to-mutual-aid.aspx

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PHE toolkit

Improving access to mutual aid: a brief guide for alcohol and drug service managers

- Promotion within service e.g. literature
- Staff knowledge & competence
- Staff supervision & 3 stage FAMA
- Care planning process
- Access to literature
- Practicalities e.g. transport & text reminders

http://www.nta.nhs.uk/service-managers-guide.aspx

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PHE toolkit

Improving mutual aid engagement: a professional development resource

- How different meetings work
- Existing skills and competencies of keyworkers
- Induction training for newly recruited staff
- Supervision
- Online resources
- Other references

http://www.nta.nhs.uk/uploads/improving-mutual-aid-engagement-a-professional-development-resource-feb-2015.pdf

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Two years on – some reflections

- Myths, workforce and other barriers
- What's worked well

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Myths

- Religious cult
- Need to be sober
- Sexual predators/safe-guarding

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Workforce

- Knowledge & understanding
- Attending open meetings
- Job security
- Co-dependency

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Other barriers

- Geography
- Re-tendering

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What worked well?

- Building relationships
- Local steering groups
- Service specifications
- Staff workshops

- Using public health language
  - Asset based approaches
  - 5 ways to wellbeing
- Health inequalities

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Thank You

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