

BRISTOL IN RECOVERY: ASSET MAPPING AND SERVICE USER-LED PROJECT



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Bristol in Recovery: Asset Mapping and Service User-Led Project

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Forward by Councillor Cara Lavan

This independent report has been conducted by The Care Forum, with support from a wide range of stakeholders from across the city and with funding from Bristol City Council, to understand better how recovery from alcohol or other drug addiction is understood and attained in Bristol.

Bristol can be very proud of its multi-agency approach to harm reduction and recovery and I welcome the commissioning of this report which offers a comprehensive overview of recovery services in Bristol, looking at substance use service provisions, whilst exploring lived experience of the users of these services. Through cataloguing the rehabilitation services currently on offer and talking to 146 people experiencing different stages of recovery, it identifies current service gaps and suggests ways these could be filled.

This report also demonstrates that we are still learning lessons and can always do better. People experiencing problematic substance use face huge amounts of stigma from society. Many have complex needs and have been through a great deal before they start misusing substances. Societal stigma also means people can be quick to blame themselves for the additional challenges they face when substance misuse becomes part of the problem.

The findings here demonstrate that breaking the cycle of relapse-recovery requires more than just physical treatment. People need community, friends, work, activities, all of which help them to rebuild their lives – or build their lives in ways they were never able to before. The personal stories underline the conclusion that a ‘one size fits all’ approach to recovery can only have limited success.

The authors believe that a singular space serving as “a bridge between the lifestyle and behaviours necessary for survival during addiction and the new behaviours required for recovery” would be a valuable addition to Bristol’s recovery facilities. I hope the necessary resources can be found to make this a reality.

I would like to express congratulations to all involved in compiling this report. I look forward to seeing how it informs and influences Bristol’s public health officials and recovery services going forward.

Councillor Cara Lavan, Member of Public Health and Communities Committee and Health Overview Scrutiny Committee., whose partner, Jacob Coe, died in 2014 from an accidental drug overdose following several unsuccessful attempts at recovery.

Introduction and Background

This independent report has been conducted by The Care Forum, with support from a wide range of stakeholders from across the city and with funding from Bristol City Council, to understand better how recovery from alcohol or other drug addiction is understood and attained in Bristol.

We mapped the recovery landscape in Bristol by comprehensively looking at the existing resources related to substance misuse treatment and recovery in the city and by interviewing individuals in recovery, and professionals working in alcohol or other drug treatment services in Bristol. This project intends to define what people mean by 'recovery' and to identify potential gaps in service provision while recognising the diverse range of organisations, services, programmes, and activities contributing to this cause.

In a broader context, the city's drug and alcohol partnership continues to evolve, with additional services funded as part of the national drug strategy coming online, including a reconfiguration of local authority-funded treatment services in 2025. The proactive approach undertaken as part of this research will seek deep insights into the community's support in helping individuals affected by alcohol or other drug addiction, as well as their families and friends. This was done through interviewing, surveying, recording podcasts and supporting new creative workshops that aligned with previous lived experience research.

The report also aligns with the Bristol One City Plan's commitment to addressing health inequalities through a public health approach, emphasising preventive and early intervention strategies that are person-centred and community-based. It focuses on local priorities outlined in the Bristol City Council Drug Strategy and the Bristol Local Drug Strategy Group. These priorities include:

- increasing access to structured treatment interventions
- improving alcohol detox and psychosocial interventions
- enhancing the involvement of individuals with lived experiences in decision-making and service design
- ensuring continuity of care for released prisoners needing ongoing treatment
- improving access to residential rehab
- strengthening links between various treatment services and local partners such as prisons, healthcare providers, mental health services, and family support services.

Recommendations

Based on the feedback given by participants of this report, the following recommendations are made:

1. BCC should review the types of behaviour change approaches offered within the newly commissioned treatment system and consider ensuring a broader availability of behaviour change approaches, which should be delivered alongside traditional psychoeducational approaches.

2. BCC should consider the availability of a suitably located community hub that would be able to:
 - support the practical steps necessary for achieving behavioural change
 - offer courses, groups and activities co-facilitated by peers
 - allow people the ability to drop in for ad hoc support
3. The inclusion of Social Activities Coordinators into the treatment system should be considered to ensure meaningful activities, aimed at supporting successful behaviour change to be achieved, are available to people accessing services.
4. BCC should review the delivery of the ARA's social prescribing model and consider whether this can be rolled out across the wider drug and alcohol system, with due consideration to the issues of judgement and stigma in increasing access to community services.

Service User Review of Bristol's Substance Use Services

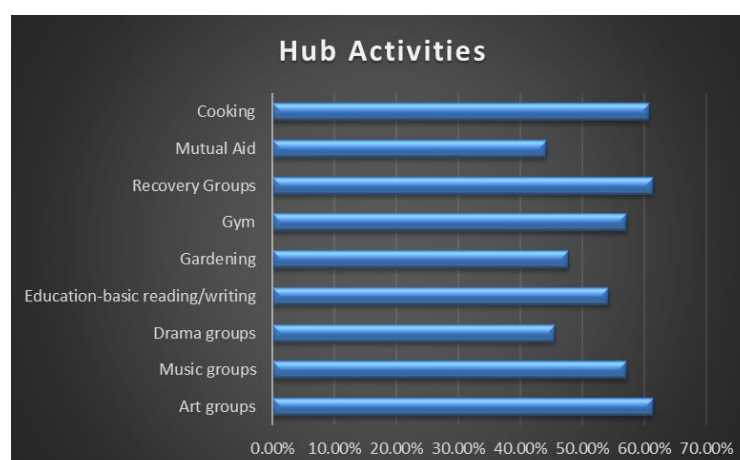
Throughout 2023, The Care Forum (TCF) carried out a lived experience review of Bristol's substance use services. Our main goal in these surveys was to engage individuals across all stages of recovery and also those who had not previously considered recovery. We went out and spoke to people across the city, meeting people where they were. We worked hard to ensure that we reached a wide range of people and made sure we spoke to people outside of the treatment systems. This was to help us ensure that we reached those whose voices were often missed or unheard. We reached out to individuals directly at events like the Recovery Festival, which drew a varied audience in different recovery stages. Another successful approach was collaborating with existing services and interacting with their clients on-site. Some of these services include Bristol Outreach Street Homeless (BOSH), Homeless Health and CGL in Bristol prison. In total, we spoke to 165 people. We have used the findings of this report to help guide how we approached this current piece of work. We ensured that we created welcoming inclusive environments in order to capture views and people's experiences.

Key Findings from this research project:

In general, individuals shared positive feedback regarding detox, OST prescribing and harm reduction services. However, there was a general agreement that services were less effective at providing holistic support options. People were asking for groups and things to do that were outside of the current treatment offer, particularly a hub space with educational and creative groups. We were particularly interested in hearing the voices of those experiencing homelessness, who were far less likely to be receiving help from standardised services.

1. We asked people whether they felt the current groupwork offer from substance use services was enough. We found that services were not meeting the needs of homeless people and they felt underserved by the current set-up.
 - 44% of people said they felt it was not enough.
 - 29% of people said they were unsure or didn't want to answer.
 - 27% of people said they thought the current offer was enough.
 - 53% of homeless people said that the groupwork programme was not sufficient.
2. We asked: 'Other cities across the country offer open-access hubs. If Bristol offered this, would you use it?' Our findings suggest that implementing a hub could potentially address the needs and preferences of a significant portion of the population seeking accessible services.
 - 86% of people said that they would use a hub.
 - 89% of the homeless people we asked said that they would attend.
3. We asked people who had received Peer Support 'Was it helpful?':
 - 94% said that it was helpful. This illustrates the power of using lived experience to support people. However, the number of people who have received this form of support was low. Only 11% of people currently experiencing homelessness had received mutual aid support.
4. We asked participants what type of activities people would like to take part in outside of the structured groupwork programme. We asked them to think about this in the context of a

‘recovery hub’ where people could come and take part in different groups. All of the suggested hub activities had a very similar level of interest across the groups we spoke to.



- We used this data as part of our mapping and planning for the next stage of the project.

Defining Recovery:

This project will frequently refer to the term 'recovery,' drawing its meaning from the perspective of service users. We acknowledge that recovery is a deeply personal journey that varies based on an individual's unique needs and goals. Rather than imposing a specific definition of recovery, we value the importance of allowing participants to articulate their own experiences of recovery. For some individuals, recovery may involve complete abstinence from their primary substance of concern as well as other mind-altering substances. Alternatively, some may opt to refrain from the problematic substance while occasionally using other substances without adverse effects. Additionally, others may define their recovery as the ability to use substances sporadically or in moderation without experiencing negative outcomes.

Throughout the project, we asked people what 'recovery' meant to them. This includes the podcasts, the survey and the pieces of art produced. People often come to the same conclusion: recovery is the process of improving your life through changing behaviour. There was a clear link between recovery from addiction and the impact on physical, psychological and social health. Recovery was the word used to encompass all these elements.

Recovery is not something that can easily be measured due the fact that recovery occurs over a long period of time, and there is great variation in how 'recovery' shows up and is understood from person to person. There have been many efforts to try and quantify recovery, including the National Drug Treatment Monitoring System (NDTMS). We found that the feedback from individuals we engaged with did not align with these standardised tools. Furthermore, having a rigid definition that does not consider individual preferences can be damaging, stigmatising and lead to people feeling excluded, in particular where the definition includes a requirement for abstinence.

National Drug Treatment Monitoring System (NDTMS)

NDTMS is a national audit and evaluation system that tracks drug treatment outcomes for substance use treatment partnerships nationally. As such, the outcomes and indicators tracked by NDTMS end up driving the design of treatment services and the priorities of those delivering treatment.

We talked to those involved in service provision about NDTMS and its influence on the design of treatment services.

While there is a range of Recovery Support interventions monitored by NDTMS (including Peer Support, mental health support, complementary therapies and employment support), there does not appear to be at present any specific indicator for engagement in meaningful activities or for supporting people around isolation, loneliness or relationship building. Although reasonable, these could fall under the 'Peer Support' category.

Furthermore, NDTMS puts much more emphasis on structured psychosocial interventions, with recovery support being seen as secondary, even though these two approaches appeared to be considered equally important by the people we interviewed and contributed equally to people's recovery. Some individuals did not engage in a structured offer and only participated in recovery support-type interventions in the community. Recovery interventions delivered outside of a structured treatment intervention or delivered outside of commissioned services are not captured by NDTMS - as such, there is a lack of recorded data around rates of engagement or how 'recovery' interventions impact health outcomes and substance-using.

The new NDTMS 'Treatment Progress Measure' introduced last year recognises a change in a more nuanced way and is a welcome improvement on the previous approach to measuring successful treatment (a more rigid approach to measuring success when a person leaves treatment abstinent of their primary substance and does not re-present to services within 6 months).

Defining 'recovery' for this report

We are using a definition of recovery derived from the participants of our project. Throughout the process, we asked people, "What is recovery?" and based our definition on the feedback we received.

Recovery is the ongoing process of achieving and maintaining a state of wellbeing, including emotional, mental and physical health. It involves leading a fulfilling and productive life within society. Recovery extends beyond merely stopping substance use. It includes rebuilding and enriching your life, transforming chaos into stability and moving from isolation to community. While some people require complete abstinence to achieve these goals, this is not necessary for everybody and should not be seen as a defining feature of recovery.

Participants described recovery as a transformation—a way of reclaiming your identity, making sense of your past and taking control of the future. This process includes holistic improvements in health and overall emotional wellbeing. It involves engaging in purposeful activities, rekindling old hobbies, learning new skills, volunteering, and taking on educational and professional opportunities. Each person has their own personal goals and aspirations that define their recovery.

Support networks such as family, loved ones, and friends—are important when defining personal recoveries. Recovery involves improving existing relationships, choosing healthier social circles and creating new, supportive networks. Engaging with groups and communities that align with personal values and providing mutual support for sustained recovery.

Building resilience and adaptability is another key aspect of recovery. People spoke of the importance of facing and navigating life events without using substances as coping mechanisms. Resilience is built over time and requires continuous effort. It allows you to face the good times and the bad without returning to past behaviours that take you away from where you want to be.

Ultimately, defining recovery is entirely personal to everyone. While each person's path may look different, the underlying theme is the transformation towards a healthier, more fulfilling life. Through continuous support, personal growth and community engagement, those on the path to recovery can find hope and build a future free from reliance on substances. There is no clearly defined finish line to reach. It is a sustained effort over time that needs constant nurturing and support.

Mapping of Recovery Services

As part of this project, we have carried out an asset mapping exercise to show where substance use services are located. This includes commissioned services and other places that offer direct help to service users. The mapping process was created with the Well Aware directory of services.

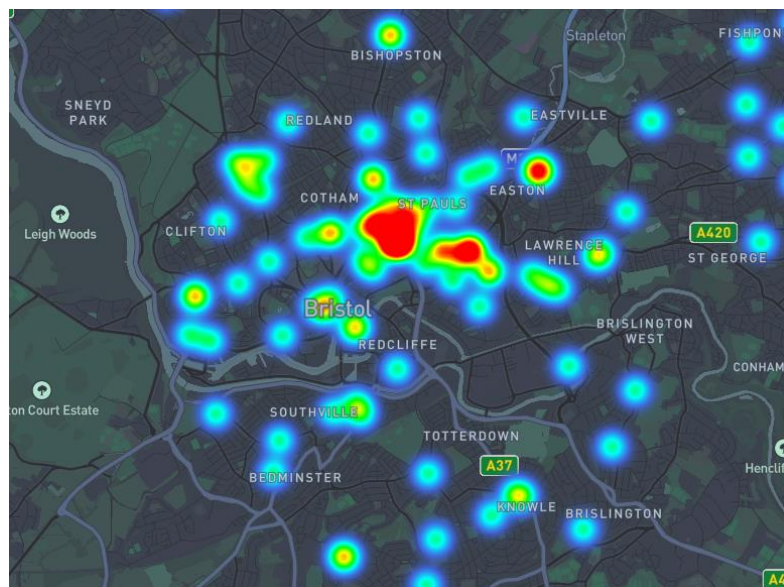
Our primary focus points:

- Commissioned services, spoke hubs and offices.
- Mutual aid venues. These include Smart Recovery, Alcoholics Anonymous, Narcotics Anonymous and Cocaine Anonymous.
- Needle exchange venues.

- Homeless hostels and night shelters.
- Foodbanks.
- Services that support friends, family, carers and loved ones.
- Mental health services.
- Day centres that support homeless people.
- Money advice services.
- Housing services.

We used Google Maps as the API for our mapping. This interactive map allows for real-time updates to reflect changes in services, closures, and new additions. The map can be found [here](#).

In addition, we have developed a heat map highlighting service locations and pinpointing central service areas and areas that may be underserved. This was created through the Map Box and can be found [here](#). The map shows that services are very centralised, particularly around St Pauls and the surrounding areas.

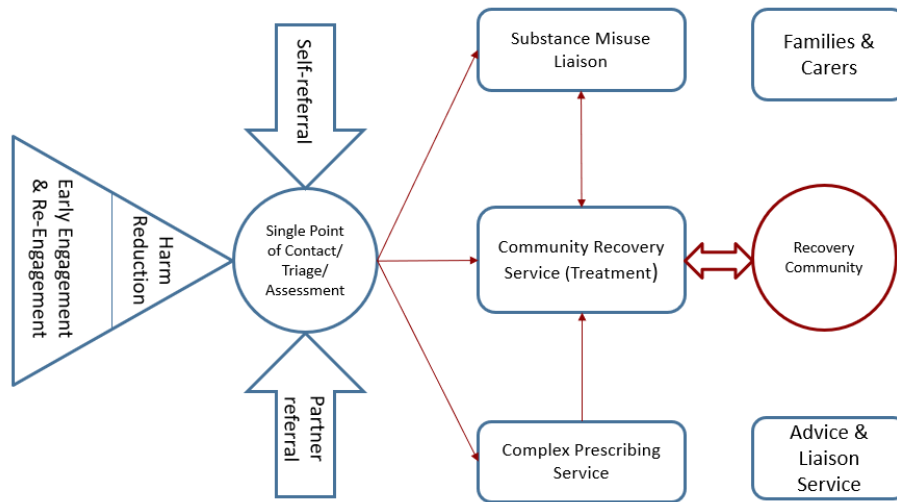


There is less of a presence of services in the suburban areas of Bristol. Areas such as Hartcliffe, Knowle West and Southmead are all areas which appear as 'cold-spots' on the heatmap. These spots do have access to certain things, such as food banks and pharmacies. However, there is very limited commissioned or structured recovery support. It is these areas have some of the highest rates of problematic substance use, deprivation and health inequalities.

Bristol's 'Drug and Alcohol' or Alcohol and Other Drug Support Services

According to the NDTMS data for 2023-2024, the number of people accessing support from Bristol's commissioned alcohol and other drug services was 3,350. Of these people, 12% successfully complete treatment in accordance with their definition and do not represent within 6 months.

Bristol's commissioned services are a group of organisations known as ROADS (Recovery Orientated Alcohol and Drugs Services). Outside of this group, there are lots of other organisations and community groups that contribute to the support of those needing help with their substance use.



Below is a brief overview of the key stakeholders within the ROADS delivery model. The information for the services has been taken directly from the organisations websites.

Developing Health and Independence (DHI)

Developing Health and Independence (DHI) offers adult substance misuse services aimed at assisting individuals in overcoming their unhealthy relationships with alcohol and other drugs. DHI provides free and confidential support through Community Recovery Hubs located in central, norther and southern Bristol.

Service Overview:

DHI's services cater to different stages of recovery, including preparation for change, active recovery building, and relapse prevention. After an initial assessment, clients are invited to a Welcome & Action Planning session to establish treatment goals. Key offerings include:

- Individual Recovery Worker support
- Structured group programmes (including abstinence support and mutual aid)
- Peer support and training programmes for those aiming to become peers

Peer support:

DHI integrates lived experience into its support services. Peers, who are individuals in recovery from substance misuse, play a role in assisting others facing similar challenges. They engage in multiple capacities, such as:

- Promoting recovery through placements in community centres, detox units, and housing services
- Leading treatment groups alongside recovery workers
- Running support groups for clients

Peers also provide feedback on DHI's services and contribute to the development of community resources.

Other Services:

DHI offers specialised support for individuals using "party drugs" and prepares clients for detox from alcohol and/or other drugs. They also provide training programmes aimed at improving employability.

Family and Carers Support:

Recognising the impact of substance misuse on families, DHI offers support to those affected, which includes:

- Anonymous online assessment (webFAM) for families
- Structured support groups, including groups for parents of teenagers
- One-on-one counselling and advice
- Annual conferences for families and carers

Bristol Drugs Project (BDP):

Bristol Drugs Project (BDP) has been a part of the Bristol community for 35 years. Operating as part of Bristol ROADS, BDP focuses on harm reduction associated with substance misuse and facilitating access to various support services for adults in need.

Detox and Opiate Substitution Treatment (OST):

- Alcohol Detox: Collaborating with GP Practices to offer community-based alcohol detoxification.
- OST: Supporting individuals dependent on opioids through prescription services.

Needle Exchange:

BDP operates free and confidential Needle Exchange services across Bristol. This programme aims to reduce the risks associated with drug use. Individuals can walk in to exchange needles, receive safer injecting advice and access information about additional support services. BDP also provides free naloxone training and equipment to those likely to encounter opioid use.

Youth Services:

- 12 weeks of individual assistance for those directly using substances or impacted by family substance use.
- Group workshops targeting at-risk youth using outreach work throughout the city.
- Specific support for young people adversely affected by cannabis, including alternative thinking strategies and activities to reduce dependency.

Club and Party Drug Support:

The Drop is BDP's initiative providing support for recreational and party drug users. It includes:

- Harm reduction advice
- One-on-one support for regaining control over drug use

- Outreach services at events and drug awareness training for venue staff

Blood Borne Viruses (BBVs):

BDP also addresses public health concerns related to blood-borne viruses. They provide testing and treatment referrals and maintain connections with healthcare providers for those needing structured support.

Diverse Community Support:

- Women's Group: Weekly social groups for women with substance issues.
- Older People: Activities and group meetings for individuals over 50.
- Students: Harm reduction support for University of Bristol students, offering a safe space to discuss alcohol and other drug use.
- LGBTQ+ Community: The PRISM project offers specialized support for LGBTQ+ individuals regarding substance use.

Bereavement Support:

Through the Bereavement Through Addiction group, BDP offers monthly support sessions for individuals grieving the loss of loved ones due to substance misuse.

Avon and Wiltshire Partnership (AWP):

AWP community drug and alcohol services focus on delivering specialised treatment and psychological interventions aimed at supporting individuals in their recovery journey from substance misuse.

Core Services:

- comprehensive assessment
- case management
- specialist prescribing
- access to specialist psychological interventions

Addiction Recovery Agency (ARA):

ARA offers a range of housing services aimed at providing safe accommodation to support individuals in their recovery from substance misuse. In collaboration with partners such as The Junction Project and The Salvation Army Bridge programme.

Housing Services:

- Prep Intake: Housing for individuals who are motivated to address their substance misuse challenges.
- Prep Housing: Designed for individuals who are stable on substitute prescriptions, this housing provides a living environment for those in transition.
- In Treatment Housing: This accommodation is intended for individuals who have recently become abstinent from substitute prescribing, alcohol, or non-prescribed drugs, providing a stable setting for their recovery.

Long-term Independent Dwellings (LIDs):

ARA also offers long-term independent dwellings in small, shared properties for individuals ready to transition from supported accommodation to independent living. The rents are affordably set, allowing residents to prepare for independence.

Therapeutic Communities

Based on our initial findings, TCF commissioned and supported three groups in the community. These groups were explicitly asked to speak to people about recovery and what it means to them. The activities selected were chosen for their potential to enhance social interaction and improve mental well-being. Additionally, we partnered with a fitness class to incorporate an element of physical health into our offer.

The target group for these sessions were those that were connected to the recovery community. The criteria included the following target cohorts:

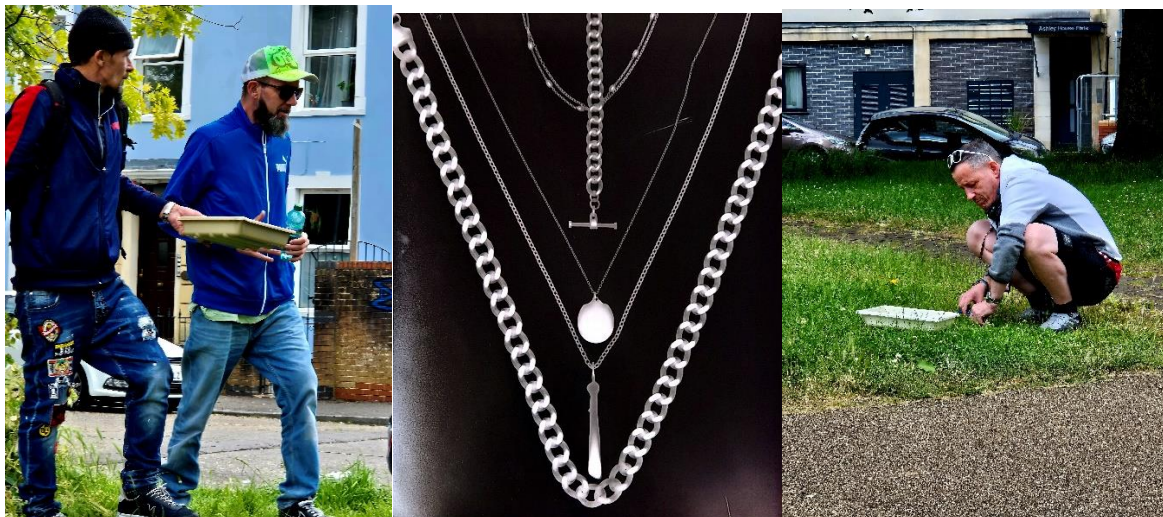
- People in recovery.
- People actively trying to move towards recovery.
- People who are still using substances and are beginning to consider recovery.
- Loved ones, family and friends of people who either actively use or did use substances.
- Professionals who work in substance use services.

- Volunteers in substance use services.
- Commissioners and senior managers of substance use services.
- Homeless or vulnerably housed people.

Real Photography Company

The Community Interest Company (CIC) is based at St Pauls Learning Centre, has a fully equipped studio complete with a darkroom. They have been working in Bristol for a long time and became a CIC in 2017. RPC has a history of community projects, actively participating in initiatives such as the Warm Spaces government scheme in response to the post-COVID cost of living crisis. We were first made aware of RPC when we met with them at The Recovery Festival. At the festivals, they run different workshops where people can try different forms of photography. During our initial research, lots of people expressed an interest in taking part in photography if it was made available.

We met with RPC and agreed to run 6 workshops for people in the recovery community and those who are connected. The workshops aim to create a nurturing environment where participants can engage in meaningful social interactions within a small, supportive group setting.



A key focus of the workshops is introducing participants to experimental photography techniques and encouraging self-expression through creative processes. Participants will learn about analogue photographic materials and gain hands-on experience with darkroom techniques. The workshops are structured to enable participants to produce their own photographic images using the newly acquired skills and techniques. An aspect of this is to ensure that participants not only learn and create but also have an enjoyable and rewarding experience.

As part of the project, the group discussed aspects of recovery with participants and used the following questions about recovery as prompts for discussion:

- What is needed to start your journey/maintain your journey?
- What will help you?

- What bits are easily obtained and where are the gaps?
- What would your life look like when in recovery?
- How would you mark being successfully recovered ie. having a home/job/social life?

These questions were explained when people joined the sessions and were referred to throughout. The facilitators made it clear that people could say as much or as little as they felt comfortable with and anything shared was in confidence within the group.

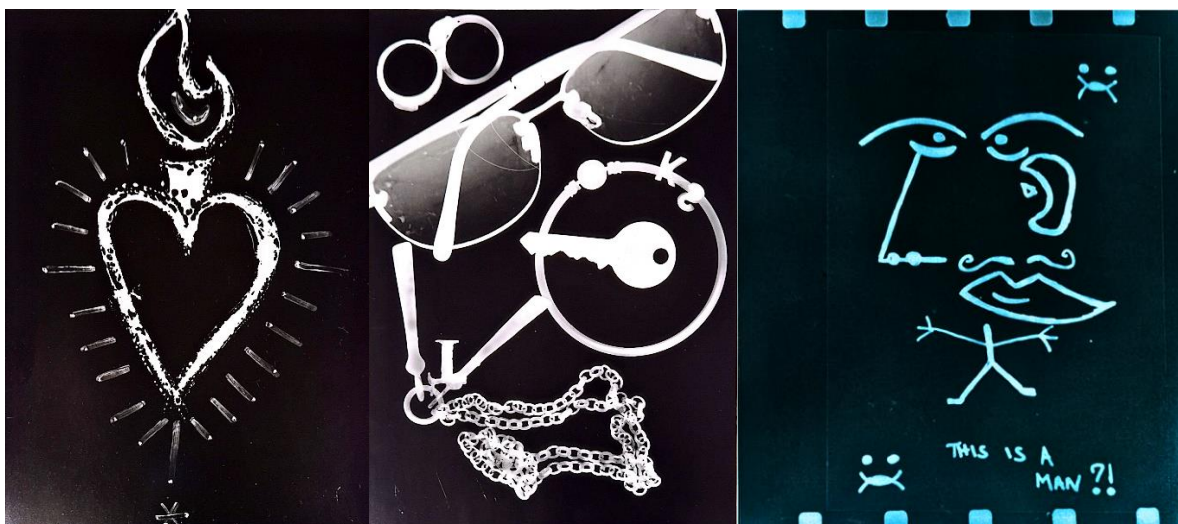
The workshops focused on photography activities that were both accessible and easy for participants to learn. These activities were designed to be flexible, allowing participants to manipulate them to express themselves creatively according to their personal preferences in each session.

The techniques introduced included pinhole photography, offering participants the ability to create pinhole selfies, alongside Cyanotype printing and Lumen printing. Participants also learned to make Photograms using objects, drawings, and phone images with enlargers. Unique methods such as Turmeric printing and Water grams were part of the curriculum as well. During the final session, participants were given the opportunity to combine the various techniques and processes they had learned, resulting in a personalised and creative culmination of their workshop experience.



Participants reported learning various new skills, such as developing prints in the darkroom, witnessing the image development process, creating blueprints and using pinhole cameras. They found accessing this equipment enjoyable and exciting and appreciated the opportunity to engage with materials they typically did not have access to.

People enjoyed the creative and novel aspects of the workshop. Many valued the opportunity to learn new photography techniques and expressed a desire to explore the field further. The social component was also important, as participants appreciated meeting like-minded individuals, making new friends and praising the supportive group leaders.



The workshop had a positive impact on the participants' moods, with everyone indicating they felt happy, cheerful or very happy afterwards. The workshop was seen as beneficial in several ways. It encouraged participants to try new activities, provided mental relaxation and opened potential new hobbies. Participants described feeling calm and grounded and valued the sober and creative environment. The workshop offered them structure, focus and new social interactions, which were noted as supportive elements in their recovery journey.

[The project was featured on ITV West Country News. Here is a link to the footage.](#) The commentary has been removed for copyright purposes.

Recovery Rap Group (RRG)

The Recovery Rap Group was chosen as one of the groups for the research project due to the passion both Stuart and Lorissa exhibited when we first discussed this as an option. Their explanation of how it allowed people to voice their thoughts and feelings in a positive and creative way. It gave people a chance to show strengths they had which were not recognised in other activities/groups offered. What we also witnessed were people who had not previously experienced this type of creative writing finding confidence and a new skill set. Performing the pieces gave them a sense of achievement and a chance to overcome fear-based thinking and behaviour. The fact that the whole group had created the pieces they were using gave them ownership of each piece and a feeling of belonging together.

We arranged a space at the St Pauls Learning Centre and assisted Stuart and Lorissa with promotion efforts. We took their design and created posters and flyers for them to distribute throughout the city, which both agreed to do. They made some effort by visiting the services where they were volunteering, placing posters on boards and leaving flyers with staff members.

When we launched the group, however, no attendees showed up. Following this, we had a discussion with the facilitators about exploring different promotional strategies, as they felt uncomfortable promoting directly to clients and preferred that we find participants for them. To encourage more direct promotion, we brainstormed ways to support them in this area. Lorissa and a member of the team then went out into the city to engage with people about the project. We found that many

individuals expressed interest and mentioned that they had written their own pieces of verse. When we informed them about the venue, they indicated that they would attend.

However, upon speaking with some individuals currently using our homeless services, we learned that while they wanted to participate, they were deterred when they realised the venue was not located at the Bosh hub—a place familiar to people without homes. As a result, they were no longer willing to attend.

Reflecting on this, we asked them about their discomfort with attending locations where they felt out of place. Discussing the possibility of establishing a space like the Bosh hub where the spoken word group and photography group could run alongside other activities, we inquired if they would be willing to come then. They posed several questions, such as whether an appointment would be necessary, if they could show up like they can at the Bosh hub, whether the door would be open, if people like them would be present, and if they could come in and make a coffee to see what the atmosphere was like.

Despite the setbacks, they successfully established a consistent group that met weekly, with attendance fluctuating between a minimum of six and a maximum of ten participants. The group comprised individuals at various stages of recovery, ranging from those still struggling with active addiction to others who had been substance free for eight years.

One notable observation was the support participants provided one another as they navigated different issues and challenges. The group focused heavily on solution-oriented work, where members shared their experiences and treatment pathways, helping others understand the available resources. We witnessed participants receiving support with housing, benefits and personal issues—factors that can contribute to a relapse into active addiction.

Additionally, attendees organised activities outside of the group, fostering social connections and friendship networks. Some participants occasionally missed meetings but chose to return and when we inquired if they had re-engaged with other structured groups led by different services, they expressed that they felt safer attending our group. They appreciated the understanding and support from their peers, which contributed to a sense of safety.

We continue to receive inquiries from other professionals who have heard about our group and whose clients are interested in attending. This further underscores the need for various support groups to be offered.

Sober Wolf

Sober Wolf, led by Richard Donlan, stands as an independent avenue of support for individuals in recovery. Established with a customised syllabus, Sober Wolf offers a programme catering not only to those recovering from alcohol and other substance issues but also to individuals facing mental, physical health struggles, experiencing family bereavements or feeling isolated. This broad demographic diversity has been served over the last two years, promoting positive connections among participants and gaining support from backing associations.

The creation of a structured boxing programme was a key turning point for Richard, combining his passion for sports with recovery. With guidance, Richard developed a six to eight-week rolling programme involving structured classes that offer consistency while focusing on fitness, mental resilience and recovery-focused narratives. By encouraging a supportive environment, the programme allows participants to grow at their own pace without the pressures of a traditional gym setting.

The evolution of Sober Wolf has been a learning process, adapting to client needs and logistical challenges. Originally housed at various locations, the programme found a home in the Unitarian Meeting Hall, central to the recovery community. The success of the programme, with over 250 clients and 1,000 attendances, led to the creation of classes like Sweats and Smiles at St. Paul's Sports Centre, expanding the impact of Sober Wolf within the community.

Sober Wolf offers a varied range of activities, balancing disciplined fitness and recovery-focused classes with fun, engaging sports sessions. By incorporating neurotic activities that help clients form new neural pathways, the programme supports physical fitness and mental resilience, reinforcing the recovery process and fostering a sense of responsibility and transparency among participants.

The approach has resulted in numerous success stories, including clients who have transformed their lives and become instructors. By progressing through the programme's structured stages, participants gain qualifications and confidence, often helping others in their recovery journeys. The programme also addresses specific needs, such as developing a same-sex programme to support those affected by domestic violence, providing a safe and inclusive environment for all.

Looking ahead, Sober Wolf aims to establish an all-encompassing recovery hub. This vision involves creating a centralised space where individuals can access various recovery capital resources, including therapy sessions and fitness classes, ultimately integrating Sober Wolf as a recognised part of the community. The goal is to make comprehensive support accessible to those in recovery, driving the mission and passion behind Sober Wolf forward.

We agreed to fund the room hire for 10 sessions in exchange for access to his groups and the opportunity to speak with the participants.

[Here is a podcast that we recorded with Rich where he speaks about the journey of Sober Wolf.](#)

Podcasts and Summaries:

Throughout the project, we conducted interviews with people from the recovery community. In total, we recorded 10 podcasts which included services users and professionals. The conversations were focused on the core question of the report, what is recovery. Here are the summaries of our discussions. There are also links to YouTube which will take you to the full recordings of the interviews.

Ali:

[Link to video.](#)

Ali shares his journey through recovery, which began five years ago. Initially characterised by chaos, Ali found structure and responsibility in group meetings, which significantly reduced his drinking and drug use. Engaging in activities like photography and arts helped shift his focus away from substances.

A notable change in his life involves reconnecting with his children, especially his daughter, who now seeks his support and advice. Ali takes pride in being a positive role model, a stark contrast to the isolation caused by his addiction.

He encourages others in similar situations to explore recovery, highlighting the growth he's witnessed in others. Staying actively engaged in recovery-related and enjoyable activities is vital for maintaining his mental health and overall wellbeing.

Looking ahead, Ali aims to work in the recovery field and secure a home for himself and his daughter. He emphasises the importance of balancing recovery work and leisure, using creative to stay grounded during challenging times.

Hayley:

[Link to video.](#)

Hayley shares her journey through recovery, underscoring the significant changes it has brought to her life, including improved self-care, relationships, and overall happiness. A turning point was the removal of her children, which highlighted the severity of her drinking problem. With support from her brothers, she began her recovery by gradually reducing alcohol use and ultimately seeking help from drug services.

Initially, Hayley faced emotional stress and struggled to engage in groups due to discomfort in sharing her experiences and feelings of racial isolation within predominantly white groups. Despite these obstacles, her strong motivation to change for herself and her children drove her to persevere.

She found a welcoming environment in creative recovery groups, where the non-judgmental support led to connection and community. This supportive setting helped her feel understood and accepted, which supported her healing process.

Hayley's living situation has also played a role in her recovery. She is in a quiet area away from past triggers, which has provided the peace needed for her sobriety. She has become more open about her past, distancing herself from negative influences that could undermine her progress.

Furthermore, she has engaged in education and training, including peer support work and various courses, which have given her purpose and are moving her toward a career helping others.

Jack:

[Link to video.](#)

Jack, who has been in recovery for a year, highlights the importance of balance in his journey. He found support through Sober Wolf, which positively influenced his physical health, mental wellbeing, and social skills. Rebuilding personal and familial relationships and gradually reintegrating into work and education.

Jack has faced challenges, including reaching out for help and maintaining a healthy life balance. Establishing a routine and breaking tasks into manageable steps have been key. Fitness activities like boxing and martial arts have helped him overcome social anxiety and embrace new experiences, while regular meditation keeps him grounded.

He envisions a supportive community hub where individuals in recovery can connect, socialise, volunteer, and engage in various activities to strengthen their journeys. Jack has a desire to give back and help others in recovery, believing in the power of support and encouragement to facilitate positive change in people's lives.

John:

[Link to video.](#)

John, a deputy instructor for Sober Wolf, shares his recovery journey which began as a participant and evolved into a volunteering role that gave him purpose and allowed him to give back to the community. After 9-12 months of training, he achieved a brown logo status.

His motivation for recovery was started by the birth of his daughter, which made him realise the need for change in both his life and for her wellbeing. Although he relapsed due to stress, John ultimately committed to recovery by severing ties with his past and seeking help, which provided stable housing and supported his sobriety through mandatory drug tests and meetings.

Despite managing his recovery independently at first, John acknowledges the role of professional support from services and mental health services in sustaining his progress. These services offered him critical education and a changed perspective on drug use.

He highlights that a successful recovery journey requires a genuine desire to change, as well as proper support systems and points out the challenges faced at the beginning of recovery, particularly the lack of information about available services. John advocates for better promotion of these resources by GPs and local authorities to aid individuals struggling with addiction.

Reflecting on his recovery, John aims to raise awareness about drug dangers, especially ketamine, drawing from his personal experiences. He defines his life in recovery as healthy, stable, and fulfilling, noting improvements in his mental and physical health, financial stability and future aspirations. His goal is to own a business and a home while leading a successful, drug-free life—achievements that would have seemed impossible before.

Kate:

[Link to video.](#)

Kate describes recovery as a transformation that includes stable employment, a secure home, and living free from substance use. Her journey began with a decision to seek help from a local drug project, leading to detox and rehab. Although she faced challenges transitioning to a life without active addiction, she found guidance and support during this difficult time.

While detox and rehab provided a structured environment, the true challenge emerged upon leaving these settings. Kate discovered support at a day centre offering various activities like cooking, painting, and educational programs, which were needed for rebuilding her life. This centre fostered a sense of community that helped her regain confidence and explore new interests.

Kate explains how shared experiences and belonging were key to her recovery. She encourages taking small, manageable steps towards rebuilding life, discovering personal interests and engaging with a network of support.

After her time at the day centre, Kate returned to Bristol, where she continued her recovery by volunteering, ultimately leading to a successful career. Now, she enjoys a fulfilling life alongside a loving partner, strong family connections and secure friendships. Despite enduring significant personal losses, including the death of her son, Kate relied on the foundation built during her recovery to navigate these difficulties.

Believing that true recovery involves more than just abstaining from substances, she stresses the importance of replacing old behaviours with positive, structured activities and engaging in a supportive community. Laughter, love, and connection are fundamental aspects of her recovery journey.

Kate acknowledges that each path to recovery is unique and requires personalised interventions that cater to individual histories and needs. She advises those in recovery to build a strong foundation, address psychological issues, and continually participate in meaningful, structured activities for long-term sobriety and well-being.

Luke:

[Link to video.](#)

Luke shares his perspective on recovery and the importance of staying clean and structuring his days with meaningful activities. He finds fulfilment in meeting new people, engaging in creative activities, and breaking free from negative cycles by exploring new experiences, such as going on day trips or photography sessions.

Luke emphasises the significance of staying away from influences that may lead back to drugs and isolation. He values the therapeutic aspect of group activities and the sense of community and support they provide. Luke has a desire for more opportunities, like the ones he is doing as part of the project, to be available to everyone in need of support.

He envisions creating houses in various areas where individuals can engage in activities, motivate each other, and work towards sobriety collectively. Luke believes in the power of bringing people together, helping others, and finding inspiration in group activities that offer alternatives to drug use.

Luke reflects on his journey towards financial stability and dreams of having the freedom to travel and explore new places and aspirations for a brighter future beyond addiction.

Sarah:

[Link to video.](#)

Sarah Stacey, a clinical psychologist and chair of the Faculty for Addictions at the British Psychological Society, addresses the complexity of recovery from addiction, its individualistic aspects, including differing goals, values and definitions of a meaningful life beyond substance use. For many, recovery comprises engaging in fulfilling activities, regaining control of their lives and building connections within the community and family, free from drugs or alcohol.

She highlights the importance of support in the recovery process, noting that while some individuals may navigate recovery independently, many benefit significantly from being part of a recovery community that offers professional support, access to medication and psychological counselling. The hope and belief from others can be key for those struggling to find motivation within themselves.

Sarah describes life in recovery as generally calmer and more peaceful than the chaos associated with addiction, but stresses that a total lifestyle change is needed for sustainable recovery. Simply abstaining from substance use without broader life alterations may leave people vulnerable to relapse.

She discusses the challenges of accessing recovery services, pointing out that, although initial support like group work and detox medication is somewhat available, obtaining long-term support and psychological counselling remains difficult. Sarah criticises the system for being more adept at initiating recovery than providing the ongoing support necessary for meaningful, sustained recovery.

When discussing the NDTMS definition of recovery, Sarah notes that it often involves being free from problematic substances and not needing treatment services for a period. However, she advocates for a broader beyond the NDTMS understanding of recovery that encompasses personal choice and a meaningful life rather than mere abstinence. She underscores that recovery is an ongoing process that requires continuous self-improvement and adaptability to life's challenges.

Savannah:

[Link to video.](#)

Savannah, a social prescribing link worker for TCF and previous drug and alcohol worker, shares her views on recovery as a unique and individual journey towards freedom. She highlights the importance of a supportive network comprising various forms of support, such as social, family and peer support, to help individuals take their first steps towards recovery.

Savannah speaks of the significance of addressing the gaps in recovery services by focusing on the individual's needs and preferences. She talks the importance of centring on the individual's voice and empowering them to have agency in their recovery journey. Savannah believes that success in recovery should not be measured by traditional benchmarks but by the individual's progress and sense of freedom and peace.

For Savannah, recovery is about feeling free and reconnecting with oneself, and she advocates for a holistic approach that caters to the diverse needs of individuals on their path to recovery.

Scott:

[Link to video.](#)

Scott, who entered the project through ARA and DHI's detox program, speaks about his recovery journey and reflections on what recovery means to him. He views recovery as a state of wellness, presence, and not relying on substances to manage anxiety and depression, aiming to feel like himself after a long time.

For Scott, attending creative groups has provided structure, helping him avoid isolation and staying engaged. These groups benefit him by meeting different people and supporting his mental health.

He values groups led by people with lived experiences, as they create a supportive environment that discourages relapse. Knowing others are also sober helps him stay on track. Initially, he needed support in attending the first group, highlighting a push to overcome the daunting start.

Scott talked about the importance of having people around him to avoid spiralling back into addiction. Building new relationships, having support workers and being in a supportive community are all factors in a successful recovery. He also mentions the benefit of getting out in nature, either alone or with others.

Attending creative groups has not only provided structure but also given Scott a sense of purpose on specific days, preventing boredom and its potential negative consequences.

Lastly, Scott says he may never be totally recovered but believes that achieving better mental health and living independently could signify a successful recovery. He aspires to be a fully paid artist, seeing creativity as a part of his sobriety, which has historically been hindered by substance use.

Lessons Learned:

Throughout the process we were assessing the groups and the activities preformed. The feedback we received, numbers who attended and the feedback we received. We used this feedback to help services plan for future groups.

Location

Throughout the project, the significance of location emerged as a key factor for consideration when developing programs for people in recovery. Sober Wolf serves as a case illustrating how an appropriate location can improve attendance rates. Also, Sober Wolf discovered that their choice of location influenced funding decisions from potential commissioning organisations.

We recommend organising groups in areas familiar to potential service users. For instance, in Bristol, Brunswick Square is known for its alcohol and other drug services. This familiarity can create a sense of comfort and encourage attendance among individuals seeking support. This choice was one key reason behind Sober Wolf's success in engaging and retaining clients.

Other groups in the project faced challenges related to their chosen locations. Although the Learning Centre is situated in Saint Pauls, just a short walk from Brunswick Square, it was not perceived as a familiar destination for potential attendees. This became evident during our visit to BOSH, where individuals expressed interest in participating but hesitated due to concerns about walking to the venue. Some people also said that they avoid certain areas as they find them triggering or they are concerned about bumping into people they may wish to avoid.

Service providers should need to consider how people will get to groups and activities. Those travelling from areas outside the city centre, such as Hartcliffe, may need to take two buses and allocate over an hour for each leg of their journey.

When setting up new groups, it will be important for service providers to undertake surveys with need to survey the potential client group, with those that may refer to or promote what you are doing and those who may want to help. While no location will be ideal for everyone, addressing these considerations will enhance the likelihood of success.

Flexibility and Time-keeping

Throughout the project, we witnessed different approaches to timekeeping among the organisations involved. RPC emphasised the importance of punctuality, clearly stating that lateness was not okay. The need for safety talks was important, driving this need to stick to time and ensuring sufficient time for participants to complete multiple tasks. RPC did not turn anyone away for lateness, but they

did make their feelings clear. Similarly, Sober Wolf also promoted good timekeeping, but their approach aligned more with their overarching mission to change behavioural patterns. Sober Wolf aimed to foster a culture of accountability and mutual respect among participants. However, he was flexible and did not deny entry to individuals who arrived late.

In contrast, the rap group had a more relaxed policy with no set start time, allowing participants to join at any point.

The varying strategies presented both benefits and limitations, leading to mixed feedback from those we interviewed. Some participants appreciated the stricter cutoff points. For instance, during a podcast with Ali, he recalled an experience of being late for a session and being denied entry, which he viewed as an important learning opportunity that prompted him to arrive early in the future.

However, it is important to note that strict timekeeping may adversely affect certain groups, particularly those travelling from outside the city. Therefore, we recommend that timekeeping be a guideline and a tool for teaching responsibility and accountability within the recovery process. Punctuality can be a valuable lesson for participants; however, groups should refrain from turning individuals away who arrive late. Many participants put significant effort into attending, often incurring travel expenses, and being denied entry can be disheartening and counterproductive to the group's purpose.

Activities Co-ordination

Three staff members from TCF oversaw and organised the project, identifying and supporting the groups and activities throughout. Their role was natural, and their work included promoting these groups to potential participants, ensuring interconnections between them, providing support on event days and furthering an environment open to change.

Without this input, the rap and photography group would have faced challenges attracting and retaining a service user base. The staff's efforts raised awareness of all three groups and encouraged attendance, resulting in participants filling their weeks with three separate activities. Outreach to partner and connected agencies helped convey the project's purpose and benefits, as well as the practical details of each group. This was modelled on the asset-based community development model.

For future projects, we recommend incorporating social activities coordinators into the new system. These coordinators could assume the roles previously covered by TCF staff, thereby maximising attendance, ensuring participant safety and addressing any potential issues that may arise.

The coordinator should be responsible for identifying individuals who would benefit from the groups and supporting their participation. This approach is similar to the Social Prescribing model, which has success in reintegrating those with mental health challenges and substance use issues back into the community. Social Prescribing emphasises community connection and the importance of giving back, all of which resonate with the target demographic of these new groups.

Additionally, the coordinator will gather participant feedback to build on the current offerings. If gaps are identified, these should be addressed and individuals should be encouraged to contribute by introducing relevant activities that meet the needs of the community.

Recovery Community Hub

Throughout this project and our previous research, the concept of a centralised hub has consistently come up. As spoken about in the podcasts, participants from various groups have expressed that a hub would greatly benefit them. It would unite people, organisations and communities around a shared goal of supporting individuals on their journey towards recovery from addiction and ill mental health. A dedicated space would promote a sense of belonging and demonstrate to participants that they are not alone.

A centralised hub would serve as a source of holistic support, bringing all groups together. It would provide an environment where individuals can engage in creative activities, participate in mutual aid and learn practical skills. This structured setting would enable individuals to learn who they are, what they want to be and their aspirations for the future. Additionally, the hub would offer opportunities for skill development in areas such as job training, coping strategies, and life skills that promote independence and confidence.

Feedback has shown that many feel lost after completing detox or structured group programs. While lots of resources exist, they are often scattered throughout the city and work in isolation. For individuals to seek out and attend these groups, a certain level of confidence and self-esteem is required. These qualities take time, practice and support to develop. It is unrealistic to expect people who have been without these traits for extended periods to readily find and engage with available services. A centralised hub would bridge this gap, lessening fears and reducing perceived stigma.

A hub would allow for shared learning. New groups led by individuals with lived experience would have the opportunity to develop programs, supported by an environment that encourages experimentation and learning from both successes and mistakes.

The feedback shows that people are scared about moving away from substances and the life they know. The options are all out there, but it is an overwhelming thought, and you just don't know where to begin. We propose that a hub would be a good way to turn that big leap into more manageable steps. It would provide an opportunity for people to prove to themselves that they can take part in positive activities, enjoy life and develop the coping skills necessary to thrive.

Lived Experience-Led

Two of the projects were initiated and run by individuals with direct lived experience of problematic substance use. The RPC, although not led by a person with lived experience, has experience working with people who have mental health and substance use problems.

The photography group was well-attended, and each session was facilitated with compassion and understanding. We found that the absence of lived experience did not diminish the quality of the

service provided. Our primary recommendation is based on the importance of offering opportunity and agency to the recovery community. Self-sustaining communities have a deeper understanding of their members' needs, rooted in authentic connections and shared life experiences.

This approach fosters the emergence of role models and empowers new community leaders who can inspire those who are earlier in their recovery journeys. This was evident in the Sober Wolf group and their badge progression system, which offers participants the chance to embark on a training journey, leading to the opportunity to run their own classes. Participants set goals and objectives requiring regular attendance over the course of a year, designed to facilitate natural expansion.

RRG was a newly formed, lived experience-led group. We observed that facilitators required guidance and support from the TCF project team due to a lack of experience and confidence. This support could be sourced from a network of lived experience groups, creating opportunities for mutual learning while allowing each group to maintain its autonomy. This collaborative concept aligns well with the proposed hub model.

Conclusion and Comments

In conclusion to this report, evidence shows the need for inclusion of different activities to be offered in our services. For recovery to be successful, we need to look at how we can offer other ways in which we can promote behaviour change that goes beyond the traditional approach of workers presenting information from a flip chart.

We should explore established models, such as Acceptance and Commitment Therapy (ACT). This model emphasises the importance of physical behaviour change, enabling individuals to manage their thoughts and feelings. While these thoughts and feelings are inevitable, adapting our behaviour in response can lead to better management and a reduction in their control over us. By incorporating new ways of doing things, we can enhance our services and support individuals in their recovery journey.

The report also shows the importance of building a sense of belonging. Encouraging individuals to participate in activities outside their comfort zones can be overwhelming. The prospect of entering unfamiliar environments, especially with people they don't know who may not understand their experiences, can lead to anxiety and, ultimately, non-attendance. In the worst-case scenario, this anxiety could trigger a return to familiar situations and relationships, potentially resulting in relapse. However, the likelihood of attending unfamiliar places increases significantly when individuals have the support of trusted friends or acquaintances. Having people they know by their side can make it easier to step out of their comfort zones and engage in new experiences.

Another challenge is that behaviour change won't occur simply by placing individuals in environments where certain behaviours are expected. People must first learn how to adapt their behaviour to fit those situations. Therefore, we need to create spaces that facilitate this learning process. One of the best ways to achieve this is through peer modelling.

We have observed individuals witnessing their friends adopting new behaviours, such as arriving on time or approaching challenges in a different manner. Additionally, conversations often arise where individuals reflect on the behaviours of others who have struggled with substance use, asking how

and why certain changes occurred. This sharing of experiences can inspire them to initiate changes in their own lives.

The evidence highlights the need for a singular space that serves as a bridge between the lifestyle and behaviours necessary for survival during addiction and the new behaviours required for recovery. This space would provide individuals with the opportunity to explore various activities alongside others who are facing similar challenges.

It would offer courses, groups, and activities and be co-facilitated by peers. Participants would receive certificates upon completing these programs, acknowledging their achievements and providing a sense of recognition. This approach would also allow individuals to discover their current interests, strengths and skills they may not have been aware of. Such discoveries could ultimately lead to more advanced courses within the community, leading to further personal growth and recovery.

The space should also provide an environment where individuals can come in, have coffee and engage in conversations without fear of judgment. We consistently heard that when people seek recovery, there is often nowhere for them to go in that immediate moment to access information about available support. Phone calls lack the same impact as having someone physically present to offer support and information.

This role doesn't always need to be filled by paid staff; having someone who is knowledgeable and can assist individuals in finding what they need can be just as effective. While this option may have a relatively significant financial cost, we must also consider the costs associated with ongoing detox treatment, prescription medications and their effects not only on addiction services but also on the criminal justice system, NHS services, and sadly the toll of deaths within these services.

Taking all of these factors into account, we must ask ourselves: is this a cost or a potential saving?

The second option is the social prescribing model, which has shown positive impacts on service users and is already being implemented by ARA housing providers. Having observed how effective this model has been for individuals accessing dry housing, we should explore ways to expand its application throughout the entire service.

One solution we considered was the introduction of specialised Social Prescribers within our services. This would ensure that all clients have access to personalised plans tailored to their needs. Specifically, we need to determine how to facilitate clients' participation in group activities while ensuring that community groups are both accepting of and capable of managing the behaviours exhibited by our clients. These groups must provide a safe environment for individuals to engage and change.

Additionally, we must consider how to manage the judgment and stigma that may arise from both parties involved within a social prescribing model (e.g. participants of community services and community service providers). This concern brings us back to the need for specialised groups that initially include only our clients, which is a feasible option. However, we need to address how to implement Peer-led facilitation in these groups; while this is possible, it would require buy-in from community organisations.

Requesting these specialised groups would also require financial investment, in addition to the costs associated with Social Prescribers and the required staffing levels. An alternative approach might be to upskill current staff to integrate these practices into their work while ensuring they remain informed about available activities.

Furthermore, we must consider whether the environments we create are psychologically informed (PIE) and how certain locations might trigger clients based on their previous experiences with community groups. Lastly, we need to devise a strategy to encourage attendance at these activities, which would likely be offered throughout the city

While this report highlights potential solutions, it also underscores the changes required in the services currently offered. The question is whether we, as a city, are prepared to implement these changes to provide individuals with the best chance for recovery. The report reflects what people have expressed as their wants and needs and it demonstrates that the requested solutions can be effective, as evidenced by our observations of successes throughout this 12-month project.

