

LIVED EXPERIENCE IN THE TREATMENT & RECOVERY WORKFORCE

An exploration into the perspectives of people with lived experience of substance use and addiction: transitioning from accessing services to voluntary and paid employment roles within the treatment and recovery workforce.

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Introduction

The impact of peer support approaches and lived experience is well regarded to encourage engagement and retention in treatment and recovery services (Stack et al 2022). The employment contribution of people who have previously accessed substance use and recovery services is immensely valuable within recovery-oriented systems of care (ROSC) (OHID 2023). This small phenomenological study provides an opportunity for people with lived experience to share their perspectives on the transitional stages they have undergone as individuals who have a history of substance use and/or addiction entering employment in the sector.

Objectives

Objective 1: Explore the **motivations** and **benefits** of people who have transitioned from accessing treatment and recovery services to working within them in voluntary or paid roles.

Objective 2: Examine any **challenges**, **stigma** and resulting **barriers** faced by people when seeking volunteering or employment opportunities in the sector.

Objective 3: Consider **improvement** strategies for providing **support** and **opportunities** for people with lived experience.

Objective 4: Develop **recommendations** to disseminate to local and national stakeholders to **impact** the recruitment, integration and support of people with lived and lived experience in the treatment and recovery sector.

Methodology

Ethical approval and consents

Literature review of existing research and current UK guidance and policy. (From Harm to Hope, Black Independent Reports, Workforce Strategic Plan24-34).

Qualitative Methods via semi structured interviews

Convenience sampling within an integrated treatment & recovery service and Lived Experience Recovery Organisation (LERO)

Interpretative Phenomenological Analysis (IPA) and Thematic Analysis (IPA)

References

- Black, Carol (part 1 2020) Independent Review of Drugs: phase one report.
Black, Carol (part 2 2020) Independent Review of Drugs: phase two report.
Cloud, W. and Granfield, R. (2008) Conceptualizing Recovery Capital: Expansion of a Theoretical Construct, Substance Use & Misuse
du Plessis, C. (2019). Peer support workers in substance abuse treatment services: A systematic review of the literature. Journal of Substance Use, 25(3)
HM Government (2021) From harm to hope: A 10-year drugs plan to cut crime and save lives.
Home Office (2021) UK Government Drug Recovery Champion annual report.
NHS Department of Health. (2024). 10-year Strategic Plan for the Drug and Alcohol Treatment and Recovery Workforce
Office for Health Improvement and Disparities OHID (2023) Recovery support services and lived experience initiatives. Guidance on supporting lived experience initiatives and recovery support services to help people start and sustain recovery from problem drug and alcohol use
Stack, E. et al. (2021) 'Peer Recovery Support Services across the continuum: In Community, Hospital, Corrections, and treatment and recovery agency settings – A narrative review', Journal of Addiction Medicine, 16(1), pp. 93–100.

Key Findings

- Reciprocity in Peer Work
- Self-Belief Through Employment Opportunities:
- Employment and Career Change as Recovery Capital:
- Employment Reinforces Recovery:
- Strong internal motivation to Help Others
- Key Moments and Key People:
- Ongoing Workplace Stigma:
- Stigma Against Women

Other Considerations:

How do we evidence how the engagement and employment of people with lived experience impact treatment and recovery outcomes?

What training and support provision is available and how can it be improved?

How can the sector offer the benefit of peer support roles for both living and lived experience to be inclusive and for people at all stages to be supported by their peers?

Conclusions & Recommendations

Recognise the **value of living and lived experience** by offering peer support roles and implementing Continued Professional Development opportunities with consistent supervision and training. This benefits the whole workforce with shared learning opportunities for staff with living, lived and learned/professional experience, and the combination of these.

Continued Professional Development should include self-development opportunities to reinforce progress, self-belief and value.

Acknowledge the importance of **professional boundaries** in mandatory training with accessible policies and procedures to adhere to for all staff with lived, living and learned professional experience.

Harness the **motivation** people with living and lived experience have as experts in their field for reciprocal therapeutic relationships with people accessing services to impact engagement and improve treatment outcomes.

Strive to **combat stigma** in **society** as well as **within the sector** and demonstrate this commitment in practice, policy and terminology of messaging. Consider the stigma **women** who use or have used substances face, especially as mothers, and the accessibility of services and opportunities for them.