

Visible Vocal Valuable

A Toolkit for Recovery Month



INTRODUCTION

Now in its 26th year, international Recovery Month raises awareness of alcohol and drug use disorders and promotes the benefits of prevention, treatment and recovery support services. Throughout September, thousands of people in the UK will be organising local events celebrating the fact that recovery from addiction to alcohol and other drugs is a lived reality in their lives. The highlight of Recovery Month in the UK is the annual UK Recovery Walk, this year in Halton on 10th September, when several thousand people in long term recovery, their friends and families, will be making visible the viable and varied recovery solutions for addiction to alcohol and other drugs.

Faces and Voices of Recovery UK is the only organisation in the UK supporting, unifying and mobilising the UK Recovery Movement. We are also a public and professional education and advocacy organisation, challenging attempts to dehumanise, objectify and demonise those with alcohol and other drug problems. We have produced this toolkit to support people planning events activities across the UK in Recovery Month (and throughout the rest of the year). We hope you find the ideas, tips and practical suggestions helpful, whether you are an established Recovery Community, treatment or recovery support service, a peer led recovery support project, a service user group or simply a handful of people in recovery getting together to organise something.

We look forward to seeing you at the 8th UK Recovery Walk in Halton on 10th September and next year in Blackpool, to celebrate the achievements of individuals in recovery and acknowledge the work of prevention, treatment, and recovery support services. Why not visit our website to find out more, download some of our free resources and even join the charity (it's free) and support our work:

<http://www.facesandvoicesofrecoveryuk.org/>

Annemarie Ward

Chief Exec, Faces and Voices of Recovery UK



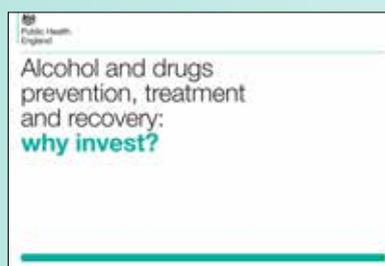
Making the case

Now, more than ever before, services to treat and support people with alcohol and other drug problems need to make friends and influence people. At a national level, there has been continuous support for services for people with problems with alcohol and other drugs. Politicians have been persuaded by the strong evidence that treatment and recovery support services can save lives, improve health, cut crime and tackle social exclusion. Investment in alcohol and other drug treatment and recovery support services is also cost effective, saving a much bigger outlay of public money further down the line.

However, over the last few years, we have seen big changes in the way treatment and recovery support services are funded. Local decision makers - some of them in new roles - have much more say over how public money is spent. At the same time, local budgets are being cut and there is a need for these decision makers to respond to their community's concerns and priorities. Drug and alcohol services may not top the list of priorities in the community or for local decision makers with responsibilities for broad areas like public health or community safety. Local politicians, broadcasters and newspapers may hold misperceptions and prejudices about addiction to alcohol and other drugs. This can create or reinforce barriers to community support.



One of the best resources available for you to use in local presentations, press releases etc. is a set of slides produced by Public Health England called *Alcohol and drugs prevention, treatment and recovery: why invest?* A PDF version can be downloaded at the link below:



<http://www.nta.nhs.uk/uploads/why-invest-2014-alcohol-and-drugs.pdf>

Collating and presenting data about your organisation, particularly on outcomes and cost savings, can be done quite simply, but provides strong evidence of the high impact of your organisation's work. Do an audit of the data you already collect at your service. Are you missing anything? Do you routinely collect information from the people you work with about their progress towards other elements of recovery, capital, housing status, employment prospects, physical and mental wellbeing? What does the support offered by your organisation help people to do – or not do?

Telling our stories

Storytelling is one of the most powerful tools of persuasion. Stories have impact and they stick in people's minds. In the world of recovery there are lots of stories. Everyone in recovery has a past which affects his or her present. We all bring our unique experiences, struggles and successes to our treatment journey and are all hopeful of a future in recovery. Telling these stories means that treatment statistics are more than just numbers in a chart – they are real people, with real families and friends, whose lives have been affected by alcohol and other drug problems.

Telling stories helps to create empathy. It may also help explain why some people started using drugs or alcohol. Not being able to understand this is often a major barrier to more positive or compassionate attitudes to people with drug and alcohol problems. Telling stories also helps people understand what alcohol and other drugs treatment can achieve and what recovery means for people. It helps you explain how important your work is – and why it should continue to receive funding.

We are the living proof that there are solutions to alcohol and drug addiction. By adding our voices we can change the focus from the problem to the solution - treatment and long-term recovery. Together, we can break down the wall of shame and stigma that keeps people from finding their path to long-term recovery. If you are talking about your addiction, keep it clear and concise, do not get caught up in sharing specific personal examples of your behaviour whilst in active addiction (to protect you, your family and friends). Instead use meaningful general statements – such as:

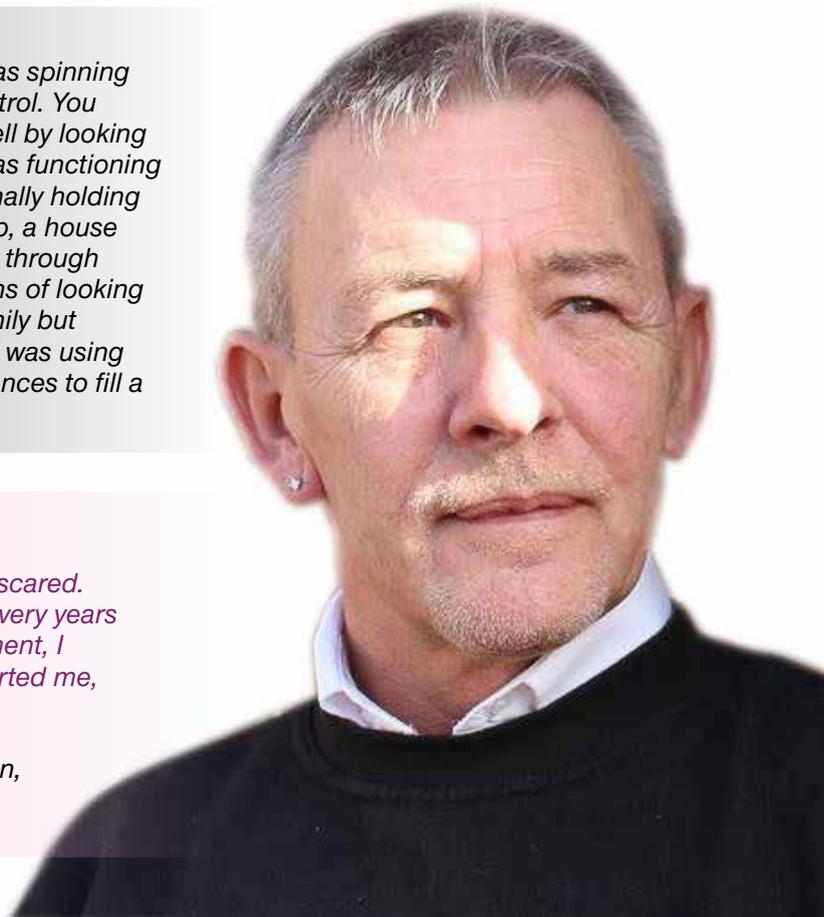
“In the latter stages of my addiction, I could not imagine living without alcohol or other drugs.

I was no longer able to see the meaning, purpose, and connection to others that once filled me. My passion, sense of purpose, and self-respect had been replaced by hopelessness, shame, and a sense of self-betrayal”

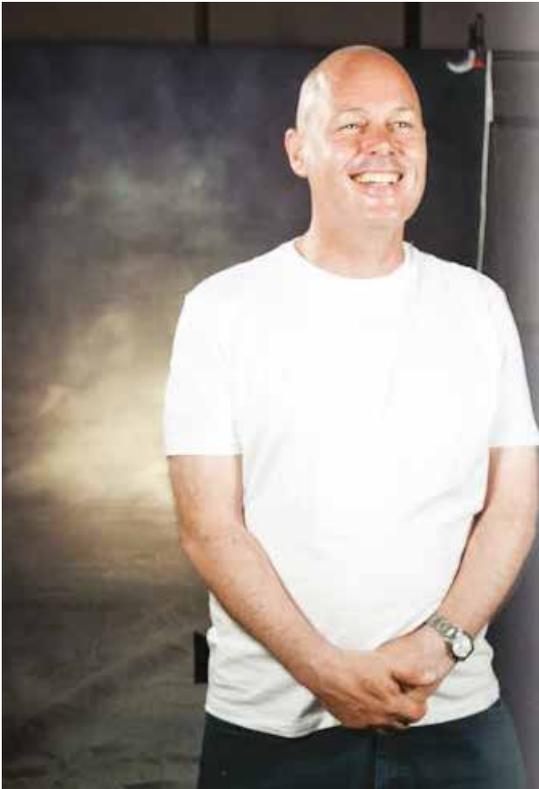
“My life was spinning out of control. You couldn't tell by looking at me. I was functioning well externally holding down a job, a house and going through the motions of looking after a family but internally I was using the substances to fill a void I felt”

“When I entered an inpatient treatment program / community rehab in 2010, I was confused and scared. I did not intend, plan, or expect to still be in recovery years later. However, after I completed my initial treatment, I found people in recovery that guided me, supported me, and encouraged me”

“Although I was able to keep my addiction hidden, I struggled to maintain relationships”



Practice and training can help you learn the right language to get your story across. Focus on recovery and the barriers that prevent people from getting treatment and sustaining their recovery. Here are a few pointers for you to use when you talk about your recovery and what it means to you:



- Make it personal
- Keep it simple and in the present tense, so that it's real and understandable
- Help people understand what recovery means. That you, or the person that you care about, are no longer using alcohol or drugs. You can do this by saying "long-term recovery", talking about stability and mentioning the length of time that you or that person have been in recovery
- Focus on your recovery, not your addiction
- Help people understand that there's more to recovery than not using alcohol or drugs, and that a major part of recovery is creating a better life

If you are using your story to talk with different groups of people about addiction, recovery, stigma and discrimination there is a useful toolkit available at the link below:

<http://www.facesandvoicesofrecoveryuk.org/wp-content/uploads/2015/04/Using-Your-Story-Booklet-Updated-2015.pdf>

Here are two examples of powerful statements that are now being used by people in recovery in different countries:

For a person in recovery

I'm *[Your name]* and I am in long-term recovery, which means that I have not used *[Insert alcohol or drugs or the name of the drugs that you used]* for more than *[Insert the number of years that you are in recovery]* years. I am committed to recovery because it has given me and my family new purpose and hope for the future, while helping me gain stability in my life. I am now speaking out because long-term recovery has helped me change my life for the better, and I want to make it possible for others to do the same.

For a family member or a friend of a person in recovery

I'm *[Your name]*. My *[Insert son, daughter, mum, dad, friend]* is in long-term recovery, which means that *[Insert he/she]* has not used *[Insert alcohol or drugs or the name of the drugs that he or she used]* for more than *[Insert the number of years]* years. I am committed to recovery because it has given me and my family new purpose and hope for the future. I am now speaking out because long-term recovery helped us change our lives for the better and I want to make it possible for others to do the same.

Telling our stories

Whenever you are talking about your recovery, it helps to again use meaningful general statements that are personal to you. You can start practicing by using the phrase “Recovery has given me” and then go on to list the gifts of your recovery. For example:

- “My recovery group has supported me every step of the way. They have listened to me. They have never judged me or treated me any differently. They have loved me unconditionally”
- “I now understand that it’s okay to get help – from family, friends, counsellors, doctors, recovery groups, and yes, even medications”
- “I am committed to recovery because it has given me and my family new purpose and hope for the future, while helping me gain stability in my life”
- “I am now speaking out because long-term recovery has helped me change my life for the better, and I want to make it possible for others to do the same”
- “We can change the conversation on addiction and recovery and, in so doing, pave the way for healthier and safer individuals, families, and communities”
- “For almost 20 years, I chose not to talk publicly about my addiction and my recovery. While my family and friends knew I was in recovery, others did not”
- “As a result of being in recovery, I have a university education and a meaningful career. I have rediscovered lost interests and broadened my experiences, and I am blessed with the support and love of others in recovery, as well as friends and family who support and believe in recovery”
- “Recovery has given me many fun, unique, and exciting opportunities. I use my time now to give back to my family, friends and community that I previously took from”
- “Today, I love my life, and I am grateful for the challenges that have come my way”



It should be quite easy to identify people who use your services or are part of your organisation and have strong stories to tell. Make collecting service user stories an ongoing, organisation-wide activity. Remind colleagues at regular intervals to suggest people who may be prepared to support the organisations' work in this way. You can strengthen the appeal of your communications by using stories in a number of ways. For example, you could add personal stories to:

- Your website
- Your publications, including annual reports and leaflets
- Presentations to local decision makers
- Media work
- Fundraising activities

OBTAINING INFORMED CONSENT

You need to discuss the issue of consent with anyone interested in telling their story to make sure they fully understand the potential implications of doing so. You will need to ensure that they understand:

- Why you are looking for personal stories
- To what use this information will be put
- How being featured on a website, in a publication or in the media might affect them (and their family) not just now, but in the future

People should also be aware that:

- They can remain anonymous if they prefer
- They can withdraw permission for continued use of their story at any time and for any reason and that this will not affect the services and support that they receive
- They will be contacted on a regular basis to check they are happy for their story to continue to be used
- Their story will be used for no longer than, for example, three years, and less if they prefer
- Their information will be stored securely

GETTING A GOOD STORY

Before starting interviews, think about how your organisation wants to use the information. Do you only want a written record? Most smartphones have the capacity to record audio and video – is this something you would like to feature on your website, or use in presentations? Here are some tips to get the best out of an interview:

- It's always better to meet face to face
- Even if you're not intending to use audio or video, consider recording the interview to type up later – it frees you up to have a more natural conversation. Make sure you ask permission first
- Re-assure your interviewee that they can stop the interview at any time if they feel upset
- Avoid closed questions, where the interviewee can just answer 'yes' or 'no' - use open questions that invite reflection and more detailed responses
- Listen actively and prompt for further information on interesting points
- Make sure that you understand everything and ask for clarity if you're unsure





To try and get as complete a picture as possible, you could cover the following:

- A brief biography
- His/her alcohol or other drug history and treatment journey so far
- His/her current circumstances (in treatment, in recovery, on maintenance etc.)
- How your organisation has helped him/her
- His/her future aspirations
- Anything else they would like to include

Our stories can help convince the man or woman who is still sick to take the leap of faith and be inspired to try recovery for themselves. How we tell our stories, and in particular the language we use, can directly affect how people feel, think and act towards us and perhaps more importantly to those who are still caught up in active addiction.

We offer free training to help you to hone your skills as a carrier of the recovery message, and covers:

- Recovery Messaging
- How to tell your recovery story in the most positive, informative and influential way
- How to use recovery messages in all parts of your life, including representing the recovery community in the media and other public places
- Speak without breaking the traditions if you are a member of a 12 step fellowship

The training will help you to gain an understanding of how to:

- Organise and mobilise people in the UK in long-term recovery from alcohol and other drug addiction – and our families, friends and allies – to speak with one voice
- Change public perceptions of recovery
- Speak with confidence and clarity whatever your chosen pathway to recovery is
- Promote effective public policy in the UK
- Keep a focus on the fact that recovery works and is making life better for us, our families and our communities
- Raise the UK Recovery Movement's national profile
- Support local recovery advocacy and recovery community organisations in your area

Each training session will take a full day. If your organisation is interested in being hosts of this training to support people, families, staff and organisations in your area, please get in touch.

The training will be free, however if you or your organisation would like to donate or provide sponsorship please do get in touch as there are costs attached to delivering.

For further information please contact: annemarie@facesandvoicesofrecoveryuk.org

Using the Media

Before jumping in identify your target media, get your objectives straight: why do you want to raise your media profile? What's in it for you? Successful media work could help you improve community relations, for example, or draw more clients into treatment. In the long term, it could help you to raise your profile with local decision makers.

Successful engagement with local media outlets can be invaluable in promoting a positive image of your work to the community. Start to look out for opportunities. There are two kinds of media engagement – proactive, where you promote a story actively to the media, or reactive, where you respond to a story that's prompted by something external. There is a useful guide to generating local media available at the link below:

<http://resources.mediatrust.org/uploads/127660369798208/original.pdf>

PROACTIVE MEDIA WORK

When you promote a story actively to the media, it takes a bit of planning. Anything that gives 'new' information to the public – about a fundraising event, a new service opening or an issue affecting your service users – would be classed as news. If you don't have anything 'newsy' but still want to bring attention to ongoing work carried out by your organisation, you might want to consider preparing a feature idea. This could be pitched to one journalist, allowing them exclusive access to the information. For example a feature might look at one person's successful journey through treatment.

Before undertaking any proactive media work, identify your key spokespeople – the staff members who are going to undertake any interviews. They should be credible and confident. It might not always be your chief executive!



Using the Media

WRITING A PRESS RELEASE

A press release is a standard format for providing news to journalists and will allow journalists to assess whether they are interested in following up the story. It should be clear, concise and to the point. Here are some tips on how to put one together.

Format

- Keep it to one page in Word, two at most
- Use email to send your press release and copy the text into the body of the email (rather than sending it as an attachment)
- Put all your email addresses in the BCC (blind copy) box and put your own email address in the 'To' box so that journalists don't know who else is on your mailing list

Timing

- Think about when you want coverage to appear
- Make it clear to journalists receiving the release when you want it to appear
- If your release is about an event give a week to ten days' notice to the media so that editors can plan ahead and allocate staff to cover it

Style

- The release should be objective, concise and have short, punchy sentences – don't try to 'oversell' the story

- Don't use jargon. It must be attention grabbing, for the journalist firstly, but also for his or her audience. Does it answer the 'so what?' question?
- Imagine you are reading about your service or organisation for the first time, knowing nothing about it and what it does. Keep in mind that the people reading it may not know a lot about addiction to alcohol and other drugs – or feel particularly positive towards people who are addicted
- The work of your organisation to help people recover from difficult problems should be central to any good news story you are trying to obtain coverage for

There are two phrases you can use to let journalists know when they can use the information you are providing

- Embargoed until [TIME AND DATE IN THE FUTURE]: Use this if you do not want the information used by the media until a specific time and date e.g. if you have an event coming up such as the launch of a new project. This means that you can brief the journalist, but they cannot print anything about it until the embargo date and time specified has passed.
- For immediate release [TODAY'S DATE]: Use this if the story is not limited by a specific time or date.



HERE IS A TEMPLATE YOU CAN USE FOR WRITING A PRESS-RELEASE

- Write '**Press release**' in large print at the top.
- Make your timing clear at the top: either '**Embargoed until [TIME AND DATE]**' or '**For immediate release [TODAY'S DATE]**'
- **Headline (Title)** - Your headline should give the essence of what the press release is about. It should be short and simple. It should convey the key point raised in the opening paragraph clearly
- **Opening paragraph** - Your first paragraph is the most important part of the press release. It must show why your story is relevant and newsworthy. The aim is to get your audience interested in reading more. However, you should bear in mind that many journalists won't read past this point, so you must include the key details of your story by answering the Five W's: **Who, What, Why, Where** and **When**
- **The second paragraph** - This is where your message should fully develop but remember to keep sentences short and punchy
- **Quotes** - The quote is the part of the press release that may be replicated in full in the published article, therefore it must summarise and stress your key messages. It should be attributed to a relevant spokesperson and should sound like a comment that someone would say not write
- **Any following paragraphs** - The most important information should be written in your earliest paragraphs. Press releases should contain as much information as possible but you should not swamp the reader with detail. Stand back and objectively consider the most important information to convey. Journalists can and will ask you for any further information they require
- **Ends** - Once you have finished the body of the text, write *****Ends***** to clearly indicate to the journalist what information can and cannot be quoted
- **Contact details** - This should be a named contact, with an email address, office telephone number and wherever possible, a mobile number
- **Notes to editors** - The press release should conclude with a 'notes to editors' section that includes relevant background information on the subject of the press release and details about the organisation



There is a useful briefing on preparing press releases available at the link below:
<http://resources.mediatrust.org/uploads/132214345275836/original.pdf>

Using the Media

REACTIVE MEDIA WORK

Responding to a story that's prompted by something external can be just as important as proactive media activity. In this situation, journalists might call your service if they're covering a local story about alcohol or other drugs. The first and most important rule is.... *you don't have to respond immediately on the phone*. Take down the details, find out their deadline and say you'll get back to them. This is perfectly acceptable – never feel pressured into giving a statement on the phone. If it's appropriate (and remember it's your choice!), respond with a statement or comment for their piece that puts across your organisation's perspective on the news. Try and incorporate at least one of your key messages in your statement.

Sometimes, being reactive is actually about using proactive methods. If there's a story in your local press that misrepresents people with alcohol or other drug problems, draft a letter for publication to put across an alternative viewpoint or call the journalist and suggest how the story might have been done differently. Then offer them the opportunity to come to your service and interview people if appropriate. If there's a story in your local press – or a story in the national press that you think has local implications - you might choose to send out a press release in response. Local media will always be keen to find the local angle on a strong national story, so this piggyback approach can be very effective.

TIPS FOR INTERVIEWS

- **Do** ask what the first question will be, especially for broadcast interviews
- **Do** prepare – learn relevant facts or figures and be clear on the three key messages you want to get across
- **Do** use real life examples from your experience working in drug and alcohol treatment to illustrate the points you're making
- **Do** correct inaccuracies
- **Do** try and anticipate and prepare for difficult questions

- **Don't** use jargon or acronyms. For example, when we are briefing journalists at DrugScope, instead of referring to the Advisory Council on the Misuse of Drugs, we might talk about “the government's drug advisors”
- **Don't** wing it! There is nothing wrong with saying, “I don't know the answer to that question, I'll get back to you on that” – as long as you do get back to them with the information in a timely manner
- **Don't** say anything to a journalist that you would not want them to use – nothing is off the record
- **Don't** say ‘no comment’; it looks as though you are concealing something



CASE STUDIES

Case studies are a short-hand way journalists refer to 'people with first-hand experience'. Often, journalists will only tell a story if the human interest angle is there, and for that, they need access to people who will tell their stories. Providing media access to case studies in the world of recovery is, of course, fraught with difficulty. Some people may have justifiable fears of discrimination and stigmatisation if they are identified as having or being in recovery from drug and/or alcohol problems. And while individuals in recovery may be happy to be identified, family members may not be.

However, the stories of real people in recovery can be invaluable to the promotion of your organisation's work to the wider public. As well as, more broadly, to helping reduce the stigma faced by people with experience of drug and alcohol problems. Done carefully, ensuring that the client is aware of the potential implications of speaking out and making sure everyone involved is clear about the boundaries, it can be an empowering experience for people in recovery. Some points to think about if you are putting someone up to speak to the media:

- Are they fully aware of the implications of media exposure and material about them being online? (See earlier section for more information about this)?
- Are their families aware they are planning to be interviewed and what do they think?
- Are you and the service user clear on the context in which the journalist intends to use the material?
- Can a pseudonym be used or, if filmed, can a back of the head or over-the-shoulder shot be used to preserve anonymity if preferred?

Individuals will need to be asked every time whether they would like to take part – never assume that because someone has said yes once, they will do so again. If the interview is done over the phone, don't provide the journalist with direct contact details for

the individual as they may store this information for future reference – you need to remain the 'broker' of any arrangements. Instead, organise a time for them to speak to the journalist so that you can also be present for the call. If they are being filmed, make sure you are present too – to provide moral support and ensure that they are happy with the way the interview is conducted. Keep good notes, not only of the person's story, but how, when and where it has been used. Get in touch with the interviewee after the interview and broadcast/publication, firstly to make sure they have seen the coverage and are happy with it and also to see how they found the experience and whether there were any problems or things that could be done better next time.



A toolkit containing a range of practical ideas and advice on using the media, including television and radio interviews, is available from the link below:

<http://resources.mediatrust.org/uploads/132214345275836/original.pdf>

Involving local decision makers

WHO DO YOU WANT TO INFLUENCE?

Firstly, ideally with other members of your team, brainstorm a list of key local decision makers – you can use google to find out who they are for your area. Your list will probably include:

- Director of Public Health
- Chair of Health and Wellbeing Board
- Local councillors
- Clinical Commissioning Group reps
- NHS England Local Area Team reps
- Local Public Health England reps
- Police and Crime Commissioner
- Local Healthwatch
- Local Voluntary Council Services rep

You now need to know more about them, including how best to engage and communicate with them. With your team, make a note of who you already know from the list. Does anyone on your team have personal contact with any of them? If you've got established relationships, use them whenever you can – this saves legwork.

GETTING TO KNOW YOUR LOCAL DECISION MAKERS

Next, write down what you know about the people on your list. What are their areas of interest? If you don't know, try and find out – speak to colleagues, check online, look at minutes and records of meetings where they have spoken, find out what previous jobs people have held. For example, has your local Director of Public Health got a lot or a little experience of alcohol and other drug issues? Is your local Police and Crime Commissioner someone who has made public commitments to addressing problem drinking, or help people committing crime to pay for drugs, and can you offer to help them achieve this? Key questions that can help you understand your stakeholders are:

- What information do they want or need from you?
- How do they want to receive information from you?

- What is the best way of communicating your message to them?
- What are their targets? What can you do to help them achieve these?
- Have they heard of you?
- What is their current opinion of your work? Is it based on good information?
- Who influences their opinions generally, and who influences their opinion of you?
- Who else might be influenced by their opinions?

One of the simplest ways to answer these questions is to talk to them directly – people are often quite open about their views, and asking people's opinions is often the first step in building a successful relationship with them.

BUILDING RELATIONSHIPS WITH LOCAL DECISION MAKERS

Building a relationship with a local decision maker should be done over the long term, allowing the relationship to develop over time – not crammed into the month before the Police and Crime Plan is reviewed or local elections are being held. As a first step, you should invite him or her to visit your service or project. It's probably best to send a written invitation, which could be followed up if necessary by email or phone. There is a template on page 17 that you could work from.

First hand, personal contact with the people who work in, volunteer for and are helped by your organisation will make an impact on your local policymakers, putting your work in context and giving it a human face. But don't forget that your staff and volunteers and the people who are helped by your organisation need to be prepared too. If you manage to secure a visit by a local decision maker, inform both the people who work and volunteer in the organisation and the people you work with about the event.

Everyone in the organisation should be aware when the visit is taking place and who will be coming; people should be given the option of not attending that day if they prefer.

Involving local decision makers

Identify staff and people who are helped by your organisation who are happy to meet and speak to the official. Make sure they are briefed as to the purpose of the visit. Try and ensure that the official gets to meet people with a range of experiences and stories and encourage service users to speak about the support they have been receiving from your service.

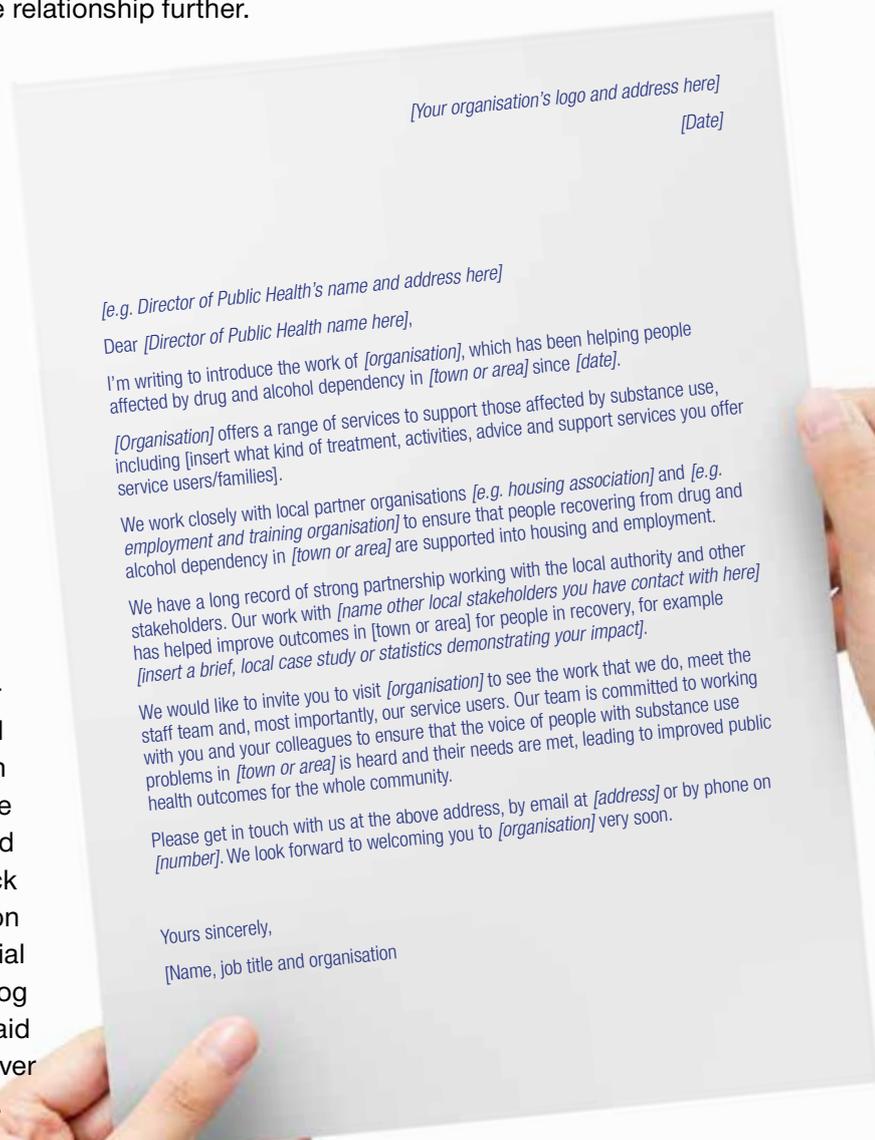
Explain how people find their way to your organisation and the different types of support available. Remember that not all your local decision makers will be knowledgeable about alcohol and other drug issues, so be prepared to explain your work and its impact. Discuss any current challenges you are facing as well: it's important not to gloss over problems just to look good, as these are the people who might be able to help you resolve them. If all the people involved are happy with the idea, why not invite the official to sit in on a meeting, group session or advice surgery? As long as you have obtained the consent of those involved and emphasised the confidential nature of the work, this is one of the best ways of bringing your work to life.

After a visit, write to the individual to thank them for their time. This gives you an opportunity to reiterate any issues you raised and confirm any actions or future meetings you discussed. Make sure that you keep up regular contact after any visit, to develop the relationship further.

For example, make sure they receive any press releases you send out and copies of any positive press coverage achieved, and put them on the mailing list for your annual report, or any other regular publications. Don't be afraid to ask local decision makers back to the service, perhaps once a year. Ask if they have colleagues from within or beyond their immediate team who they feel would benefit from a similar visit, too.

There will usually be blogs, Twitter feeds and Facebook groups that are local to the area in which your organisation is based. Get online and follow these – because it's highly likely that your local councillors, Police, Crime Commissioner and Director of Public Health are too. Being involved with this local information and opinion can be useful, as it can give you a flavour of the issues that matter to the local population and consequently to local decision makers. Check to see whether any of your local decision makers use social media in their official capacities – for example, if they write a blog or are on Twitter, follow them. Don't be afraid to start a conversation, particularly if they cover issues that are relevant to your organisation.

The informal nature of socialmedia could lead to the development of connections and relationships which might be harder to form in the real world.



Involving the local community and organising community events

Good relationships with your local community can help to challenge stigma and increase 'buy-in' where it matters most - locally. Changing attitudes, even one person at a time, can lead to a snowball effect that ends in local people feeling proud of your organisation and the work it does, instead of threatened or afraid. Getting the support from a local business or the local branch of big business can be really useful in raising your profile as well as funding. Many businesses will be keen to help local charities as part of their corporate social responsibility as it helps raise their profile too. To find companies you might be able to link with, keep an eye on local media coverage, attend any events you can find which might put you in touch with local business owners, and make direct approaches. Here are two examples:

<https://www.sainsburyslocalcharity.co.uk/>

http://www.waitrose.com/content/waitrose/en/home/inspiration/community_matters.html



Community events or activities don't just improve attitudes and reduce stigma, they can also serve as effective fundraisers and offer great opportunities for your service users. There are a whole multitude of different ways you might try to put your organisation on the map, locally, so try to think about what best suits your own combination of volunteers, workers, people your organisation helps and the local community. Community events can raise funds, increase your profile, promote good relationships with the community and inspire people in the local community at the same time.

ORGANISING A RECOVERY MONTH COMMUNITY EVENT

Organising an event for Recovery Month is an ideal way to celebrate the achievements of the recovery community. Events bring people together to share real life experiences of the power of recovery from addiction to alcohol and other drugs. Before planning your event, consider the criteria that will make it a success. Setting goals will help determine the type of event you host, as well as inform what messages will resonate with the attendees. Possible goals include:

- Spreading knowledge and awareness about addiction to alcohol and other drugs and the different recovery pathways
- Promote prevention, treatment, and recovery support services in your community
- Inspire others to champion recovery as possible and attainable
- Secure coverage in the media, blogs, or social media platforms to reach those who cannot attend an event or to continue the conversation

Events can come in all forms and sizes. The following are some examples of Recovery Month events:

- **Proclamation signing:** a proclamation is an official announcement by a public official, usually an important local decision maker. The signing gathers people together to generate enthusiasm and awareness for a common cause.

Involving the local community and organising community events

By declaring September Recovery Month, public officials can alert members of the community that prevention, treatment, and recovery support services are available and that addiction to alcohol and other drugs is a significant issue affecting the local community

- **Walk, run, or rally:** these can draw large crowds of all ages and backgrounds, fostering a celebratory community atmosphere. These events can be sponsored by local businesses and organisations dedicated to treatment and recovery support. Walks or runs often consist of pre-determined lengths and routes, with social opportunities intermingled, while rallies may identify speakers and opportunities to speak with members of the recovery community
- **Barbecue or picnic:** these are an easy ways to unite friends, family, and neighbours in a positive environment. These events can be tailored to encourage treatment, celebrate recovery, or support reintegration into society
- **Public garden, artwork, or memorial dedication:** these types of events gather community members to dedicate a public landmark or item to serve as a lasting reminder of recovery. At the dedication, a local official can speak about the community's commitment to investing in prevention, treatment, and recovery support services. Other community members with personal recovery experiences can share their inspiring stories

- **Other types of events:** No event is too small to celebrate the accomplishments of individuals in recovery and those who serve them. Be sure to have information on how to get help for addiction to alcohol and other drugs readily available for event attendees

When planning a Recovery Month event, consider the following:

- **Form a Planning Group:** the first step for a successful event involves forming a planning group. It ensures that the workload is divided evenly among volunteers, staff, and partner organisations. It also encourages the exchange of ideas. The number of group members depends on the size and scope of the event. A group leader should convene the committee regularly to create a timeline and develop goals for the event
- **Agree a budget:** agreeing a budget is crucial. Deciding on a budget early will inform critical decision making about the size, shape, scope, and promotion of the event. Other items involved in the budget include fundraising costs, food and entertainment, venue and equipment rentals, permits and licenses, invitations, and speaker fees
- **Plan logistics:** select the event date, time, and venue as soon as possible after budget approval. When choosing a location, remember to select a venue that is accessible and appropriate for the type of event and size



Involving the local community and organising community events

of the audience. Ask the venue contacts if permits or licenses are required. If the event is in a public location, contact the local authority to confirm the steps needed to meet local requirements

- **Find a sponsor or partner:** hosting an event can be expensive, but partnering with local organisations or small businesses can help offset the cost in exchange for publicity. Support from partners or sponsors may come in the form of money, marketing, catering, printing, giveaways, or other significant expenditures. In addition, local treatment and recovery centres can provide volunteers to staff an event
- **Implement a publicity plan:** successful events will employ both online and traditional means of increasing awareness about an event. Some necessary outreach may involve developing flyers, banners (print and online), and advertisements, as well as using social media to start a dialogue about the event. Print or broadcast journalists, as well as bloggers, can help increase the credibility of an event. Refer to the “using the Media” section in this toolkit

for more information on garnering publicity for an event and speaking with the media

- **Remember last-minute details:** hold a final planning meeting in the days leading up to the event. Call vendors and speakers to confirm reservations and attendance. If possible, set up any booths or multimedia equipment the day before, and plan to arrive early the day of the event in case of any unexpected issues
- **Develop a back-up plan:** Successful events have contingency plans in place. If the event location is outdoors, always plan a back-up indoor space
- **Evaluate the event:** once the event concludes, take time to review lessons learned from the event. A questionnaire is helpful to record feedback from attendees, and follow-up messages by email or social media may elicit audience response following the event
- **Saying Thank You:** after the event, take the opportunity to thank event workers, volunteers, and community leaders for participating by handwriting thank-you letters or posting a thank you letter to a blog or website.

“Until we have seen someone’s darkness we don’t really know who they are. Until we have forgiven someones darkness, we don’t really know what love is.” Marianne Williamson



Advocacy and anonymity

There are also many people across the UK in 12-step recovery that may want to advocate for funding for effective services for people with problems with alcohol and other drugs. They may want to speak out about their own recovery experiences but may feel apprehensive because of the principle of anonymity. There is, however, a long and rich tradition of people in 12-step recovery speaking out as advocates. Bill Wilson and Dr Bob were on the founding board of the National Council on Alcoholism and Drug Dependency (NCADD) America's oldest advocacy group. The NCADD was founded by Marty Mann, the first female member of AA. She knew that public attitudes had to be changed, that alcoholism was a disease and that alcoholics could be helped. She developed a plan for an organisation to conduct a vigorous plan of public education and to organise citizens' committees all over the country.

The principle of anonymity was established to assure a safe place for people to recover and keep focused on their primary purpose of helping alcoholics and addicts to recover. At the level of the media, is the cornerstone principle of many 12-step groups. It is an essential element because it gives the recovering person the protection he/she needs from scrutiny. Anonymity also plays a crucial role in establishing personal humility, which is a cornerstone of the spiritual foundation of recovery. However, you can speak about your own recovery and advocate for the rights of others, as long as you do not involve the 12-step group by name. You can also simply say, "I found recovery through a 12-step group, but our traditions do not permit me to name it in the media" or if you are an Al-Anon of Families Anonymous member, you can simply say, "I'm a family member in recovery from a relative or friend's addiction."

A leaflet and guide for recovery advocates in 12-step recovery are available to download here:

<http://www.ukrecoverywalk.org/wp-content/uploads/2013/11/Advocacy-with-Anonymity-Leaflet.doc>

Advocacy....with anonymity

There are tens of thousands of men and women across the UK who want to speak out about their Recovery experiences while honouring the principles that have worked so well for so many. This answers questions that people who want to speak out are asking as they think about how to share their experiences and make it possible for others to get the help they need

"I'm feeling better in my sobriety and I want to reach out and help others who are still in active addiction or struggling in their Recovery because of discriminatory policies and practices.

I hear the terms 'advocacy' and 'anonymity' all the time, but I'm not sure what they mean or how they apply to me. What can I do to help alcoholics and addicts who have not yet Recovered? How can I increase the public's understanding of addiction and Recovery?"

You can speak out publicly without compromising the principles of the Recovery programme that you take part in. By doing so, you will be reaching out to alcoholics, addicts, their families - providing them with new hope - and educating policy makers.

If you too are in long-term Recovery, or are a family member and want to speak out about what it means to you and your family, this leaflet aims to help you feel more comfortable with how you can do this.

At the level of the media, anonymity is the cornerstone principle of many twelve-step groups and Recovery programmes. It is an essential element because it gives the Recovering person the protection he or she needs from scrutiny.

Anonymity also plays a crucial role in establishing personal humility, which is a cornerstone of the spiritual foundation of Recovery.

Here are the traditions that lay out the principle of anonymity as it applies to many twelve-step groups.

Tradition 6: "A [twelve-step group] ought never endorse, finance or lend the [twelve-step group] name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose."

Tradition 10: "The [twelve-step group] has no opinion on outside issues; hence, the [twelve-step group] ought never to be drawn into any public controversy."

This means **you can speak about your own Recovery and advocate for the rights of others**, as long as you don't involve the twelve-step group by name.

Q: It sounds like we can be advocates as long as we don't mention our twelve-step groups or Recovery programmes. Isn't that still harmful?

A: Absolutely not. There is a long and rich tradition of people in Recovery speaking out as advocates. It's one way to let our friends and neighbours put a face on recovery.

Q: Why does the Recovery community need to organise and advocate for policies that support long-term Recovery?

A: To make Recovery a Reality for even more people across the UK and beyond, we must become visible. You are the living proof that there are solutions to alcoholism and addiction. By adding your voice we can change the focus to the solution: treatment and long-

Acknowledgements

Faces and Voices of Recovery UK would like to thank and acknowledge the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the U.S. Department of Health and Human Services, which leads public health efforts to advance the behavioural health of the nation. SAMHSA's mission is to reduce the impact of substance use disorders and mental illness on America's communities.

Faces and Voices of Recovery UK would like to thank and acknowledge Public Health England West Midlands and Indivior UK Limited for their support in producing this toolkit.

