

# Working recovery



The 'discovery' that work can have a positive effect on recovery is nothing new, says **Nick Barton**, who looks back over a decade of helping clients into rewarding employment

When the world catches up with you it is difficult to know whether to indulge in a bout of somewhat resentful self-righteousness ('what on earth took you so long?') or bathe in the more noble sentiment of relief that others are recognising an important way forward. Let us settle for the latter – improved understanding should result in more people receiving the help they need to sustain their journeys out of substance dependency.

What am I referring to? Well, I recently attended a gathering at Barclays' 'global HQ' in Canary Wharf at which the UK Drug Policy Commission (UKDPC) presented findings of its review on getting problem drug users into employment. UKDPC commissioner Jeremy Hardie delivered an eloquent introduction to the report, *Working towards recovery: getting problem drug users into jobs* – a review that has roughly coincided with the national drugs strategy, and which also emphasises the need for recovering drug users to build recovery capital beyond treatment in the form of employment, housing and education. You may remember that a few years ago the Audit Commission also made much of this angle to the recovery journey.

The initiative in whose historical slipstream these important developments follow is called Working Recovery – a project that has been in business for ten years, having been officially opened by Keith Hellawell, the then 'drug czar'. Its longevity is certainly something to celebrate given that it has survived on charitable giving and lottery funding, apart from a very small annual grant from the local authority. But longevity alone is not the point. The project has now helped nearly 700 people to get a real start on what is rather turgidly referred to as social reintegration, and in so doing brought benefit to the local community.

In 1997 I got a call from a former client of one of our residential services who was living in Boscombe, an area of Bournemouth that regularly appears among the most deprived localities of the South West region. He wanted me to visit a project he had started off his own bat. Intrigued, I found that John had set up a workshop in a dilapidated back street garage that someone had loaned him. In this unlikely venue John, who had been a very skilled

It soon became clear that John was not alone. As this new venture began, other people in recovery appeared, drawn out of curiosity to what became known as The Recovery Project. They began to ask John how he did this or that, and he began to teach them. Word got around and more people appeared. It was a social hub, but one with another purpose as well. The Recovery Project began to undertake small commissions to make or repair.

It was impossible not to be impressed by this service user-led initiative. It was clearly meeting a need. However, it was also not difficult to be alarmed at the health and safety nightmare that was looming. Having reflected for a while on how Clouds (as we were then) might help, I returned to John with the following proposition: the charity would absorb the project, raise enough money to put it on a proper footing, and train him in both basic counselling skills and management. It was important to me that it should not lose its beneficiary led spirit. I proposed the new name Working Recovery and the slogan 'a working recovery is a recovery working', both of which John readily accepted.

A major appeal resulted in our being able to rent part of a warehouse for a fully equipped woodworking workshop. This was made accessible to people who had received treatment and who had managed to establish some basis of recovery. Under the

watchful guidance of skilled and caring trainers, they learned to use simple tools and quite complex equipment to make and repair things. Attendance was expected as if it were indeed a workplace.

One aspect of the original initiative we were keen to retain was for the project to generate income through real work done for real clients in the surrounding community. There was little to compete with this when it came to filling clients with pride and building their confidence. The realisation that real people wanted to pay for things they had produced or

'When the world catches up with you it is difficult to know whether to indulge in a bout of somewhat resentful self-righteousness... or bathe in the more noble sentiment of relief that others are recognising an important way forward. Let us settle for the latter.'

joiner in his time, had managed to collect some tools for carpentry and other jobs like painting and decorating. He explained to me that he had decided on this course because he feared that boredom and lack of direction would lead to relapse. Sitting around in cafes talking about recovery and going to anonymous fellowship meetings – while providing him with essential support – were clearly not, on their own, going to lead him further forward along the path of a self-sustaining recovery over the long term. He needed to get a life, and a working life at that.

work they had done was a tremendous boost to self-esteem. Not only would this benefit clients and the project, it would help the local community to recognise the value of investment in projects promoting recovery.

The first commission was to make replacement furniture for an old people's home. A wide variety of others have followed, including such highlights as constructing and installing a replica of a Victorian umbrella seat in Stourhead gardens – one of the National Trust's most visited sites – along with garden seats, work benches, picnic tables, bird boxes, coffee tables, bookshelves, children's outdoor play furniture and a signposted local nature trail. It is particularly heartening that a couple of other treatment providers have commissioned items from the Working Recovery workshop. Early on, Clouds House commissioned three garden cabins, which are used to this day.

While the woodwork programme continues, we have added an IT suite, basic skills training – including literacy and numeracy – work experience and a creative skills programme. Most recently the clients have played a significant part in producing the local community newsletter. A productive relationship has been built with local colleges in Bournemouth and Poole. Opportunities for volunteering are taken up and former service users encouraged to provide mentoring support.

Over the years Working Recovery has become a key component of integrated services offered by the charity in Bournemouth that now includes pre-treatment, structured day treatment and continuing care programmes. Working Recovery can, subject to assessment, now be accessed by people at different stages, under the SHARP (Self-Help Addiction Recovery Programme) banner.

Working Recovery clearly plays a key role in helping to build the personal and social capital that will support individuals in the ongoing process of self-managed recovery. This in turn helps the local community as it leads to productive citizens keen to give something back. It plays a role in reducing drug-related crime and increasing community safety. Given that much of the generous three year funding from the Big Lottery and charitable sources is coming to an end, the question is whether those charged with investing public money will also recognise this value and ensure that this project survives for another ten years.

The value of this model project was most vividly brought home during a visit to Working Recovery from the then drugs minister Caroline Flint. A man, who had made full use of what Working Recovery had to offer, had developed sufficient skills and confidence to launch his own joinery business. As a result, he no longer needed to be on benefits. He had become independent in every sense of the word – a fine example that a working recovery is a recovery working.

*Nick Barton is chief executive of Action on Addiction*



### Sharyn Smiles – MA, drug worker, trainer, lecturer, PhD student, daughter, sister, friend, drug addict and alcoholic says off with labels and on with the reality of relapse

**The sleeves on my jumpers get lower, along with the tracks on my arms.** I'm sitting down because I'm in agony from the abscess on my leg. Baggy clothes hide the fact that I'm desperately underweight. Make-up hides my deteriorating complexion and sunglasses hide the pain in my eyes. This is the worst pain – the pain no one can see, feel or understand. The shame, the guilt, the hurt, the desperation, the sheer mental torture of my reality – where can I find a drug that could take away the plague in my head, polluting every cell in my body, a cloud with no silver lining?

I was a person lost in a sea of self-hatred, a representation of shattered dreams, anguish, pain, distress and self-ridicule – all shielded in a veil of secrecy. It preoccupied my days and haunted my sleep. I survived in complete despair – seven and a half years of abstinence. Little did I know my addiction was sitting waiting to detonate, finally exploding like an atom bomb, and I found myself back in the middle of chaos, deep in the heart of what I can only describe as a hellish nightmare.

The first problem for me was even considering treatment. How could I possibly tell people what had happened? Surely I should know better – I've been there and done all that before. I see the devastation caused by addiction every day, the damage and destruction to families, coupled with the sheer waste of human life.

I work in the drugs field, I can recite almost every theory of drug treatment known to man. I've seen the figures and done the maths – how did this happen? Where did it all go wrong? How will I ever live with the shame, humiliation, guilt and embarrassment? Perhaps more importantly, why can't I apply the mass of knowledge and theory to my own life?

Then there's the question of my colleagues who were already working under massive pressure. I didn't want to lumber and burden them with my problems. The secrecy and dishonesty I had used in an attempt to protect my addiction and maintain a professional image were about to be revealed. I was about to approach a service I worked for and helped to build.

Panic and anxiety overwhelmed me as I thought about the possibility of losing my job, house and the last threads of security I had – not to mention the

respect of my colleagues and the reputation of an entire company. I didn't know how to tell my colleagues, who had also become my friends, what I had done and what I felt I had become.

It could be argued that drug treatment is at its pinnacle. But when I couldn't trust myself, or those I hold dear, how could I trust a system? Did I have the faith that this system could salvage the debris of a broken life? Could I or would I trust it with my life?

Entering treatment this time was the most challenging and arduous thing I have ever had to do and I was doubtful it could really salvage the remains of my broken life. I arrived in a comfortable waiting room where I saw a drug-related magazine – it sported my name and an article I had written, and seemed to sneer at my hypocrisy, which I felt was a representation of my life.

A nurse took me to my room where I started a drug and alcohol detoxification. Forever the cynic, I waited for something to go wrong, for judgement, for mistakes, for miscommunications, for broken confidentiality, for poor treatment, for being treated like a number. It didn't happen – drug treatment has changed. The empathy, patience, kindness, compassion and professionalism were without parallel. What began was a new journey, a new beginning, a place of safety to explore and discover who I was.

What have I gained from this experience? Peace of mind and pleasure in the small things I had become blind to. Contentment and a harmony I'd long forgotten. Friends from across the globe who come to England for the sole purpose of drug treatment – now that's telling in itself!

The joy of genuine laughter, learning to care for me again and the beginnings of a reconciliation with myself. I gained a restored faith and belief in drug treatment and a new way of looking at things.

Ultimately it was my colleagues who believed in me, when I couldn't believe in myself. I consider myself privileged to work for an organisation that practises what it preaches. I feel no pride and I feel no shame in sharing my truth – if it helps one other person it's been worth it.

So would I trust drug treatment with my life? I just did.