STEPWISE RECOVERY

Referral Pathways Guide

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Referral Pathways Guide

How UK professionals can support clients into appropriate recovery pathways

There is no single route into recovery — your client may move between pathways, or combine them. Your role is to know what's available, explain the options clearly, and make the first step as easy as possible. This guide maps the main pathways UK professionals and clients can access right now.

The Pathways: An Overview

Recovery from addiction is possible, and clients respond to different entry points. Some prefer one-to-one professional help; others find community in mutual aid; many combine both. Your role is to offer choice, respect autonomy, and remove barriers.

The main routes in the UK are: direct self-referral to local drug and alcohol services; GP-supported pathways; mutual aid fellowships; online meetings and communities; and harm reduction services. Stepwise Recovery guides sit alongside these, not instead of them.

Self-Referral to Local Services

How it works

Most people can self-refer directly to their local integrated drug and alcohol service (usually part of the local council's public health team). No GP gatekeeping, no waiting for a referral letter. Your client contacts the service themselves, or you can help them make the call.

What to do

- Find your local service: type '[Your local authority] drug and alcohol services' into a search engine or ring FRANK (0300 123 6600)
- Call the service directly or ask about online referral forms
- Your client can do this alone, or you can sit with them and help
- They'll be asked about current use, any health concerns, and what kind of support they want
- Explain that assessment doesn't mean treatment is automatic — it means understanding what fits
- Keep the number visible; offer to write it down

What to expect

Local services offer assessment, detox planning, counselling, group work, community prescribing (if relevant), supported housing routes, and ongoing recovery support. Speed of access varies by area; some are quick, some have waiting lists. If your client is in acute crisis or at risk, escalate to A&E; or NHS 111.

The GP Route

What GPs can offer

GPs can offer: monitoring during detox, prescribing support (including opiate substitution), management of co-occurring physical or mental health, and NHS-funded talking therapies. Many GPs are trained in brief interventions and can start a conversation about readiness. The appointment doesn't commit your client to anything — it opens a door.

How to introduce it

Try this: "Your GP can help with health checks, talk through whether medication might help, and refer you to counselling or the local drug service. You could book an appointment and just say you want to talk about reducing your use."

Addressing common fears

- Fear of judgement: remind them GPs are there to help, not police
- Fear of losing children: clarify that disclosure to GP is confidential unless there's a specific safeguarding concern
- "I'm not ready for treatment yet": explain a GP conversation is just exploration — not a commitment
- No GP registered: signpost to NHS.UK find-a-GP or suggest the local drug service instead
- Previous bad experience: offer to role-play the conversation or attend the appointment as support

Mutual Aid Fellowships

Alcoholics Anonymous (AA)

- For alcohol; also welcomes people with polysubstance use where alcohol is a primary concern
- 12-step spiritual approach; emphasis on anonymity and mutual support
- www.alcoholics-anonymous.org.uk — type your postcode to find meetings
- Newcomers usually find an established member ('sponsor') to guide them
- "90 in 90" informal guidance: attend 90 meetings in 90 days to find your fit

Narcotics Anonymous (NA) and Cocaine Anonymous (CA)

- NA: for any drug; same 12-step framework as AA. www.ukna.org
- CA: specifically for cocaine and crack, though welcomes other drugs too. www.cocaineanonymous.org.uk

- Both welcome people still in active use; no requirement to be abstinent to attend
- Same sponsor model as AA
- Meetings vary in tone and pace; encourage trying a few before deciding fit

SMART Recovery and Al-Anon

- SMART: non-spiritual approach based on cognitive behavioural methods; emphasis on self-empowerment. www.smartrecovery.org.uk. Suits some people perfectly; others prefer fellowship of AA/NA. Clients often do SMART and AA simultaneously
- Al-Anon: for families and friends of people with alcohol addiction. Help for relatives, not the drinker themselves. www.alanon.org.uk

How to introduce mutual aid

Avoid overselling. Try: "There's a group that meets [day/time/location] — local people talking about recovery. You could just go and listen, no one will push you to speak. It costs nothing." Accompany them to a first meeting if they're nervous. Suggest they visit 3–4 meetings before deciding it's "not for them" — early meetings can feel awkward. Recovery often starts with a small step, not a big commitment.

Online Meetings, Harm Reduction & Other Routes

Online meetings and communities

Online meetings remove travel, time, and local-limited-options barriers. AA and NA run daily online meetings (check their websites for Zoom links). SMART Recovery runs online sessions; many local meetings are now hybrid. Reddit communities (r/stopdrinking, r/OpioidRecovery), WhatsApp and Telegram groups, and some local drug services offer virtual drop-in support. If your client has connectivity issues, help troubleshoot. Some online meetings are video-on; others audio-only — that choice itself can ease anxiety.

Harm reduction services

For clients not yet ready for abstinence. Harm reduction meets people where they are and reduces immediate dangers. Services include needle and syringe programmes (NSP) for injecting users; opiate substitution (methadone, buprenorphine); overdose awareness and take-home naloxone kits; sexual health and BBV testing; outreach services for street-involved clients; and support around domestic abuse and safeguarding. Harm reduction is not "giving up on recovery" — it's protecting health while your client is still using, and often it's the bridge into treatment.

Specialist services

Depending on your local area: co-occurring mental health support, women-only or LGBTQ+ groups, young people's services (under-18s), recovery housing, employment support, and peer mentoring schemes. Ask your local integrated service or primary care network what's available.

Making a Referral Conversation Effective

The best referral conversation is short, clear, and gives your client agency. Use this checklist to make the first step as easy as possible.

- Ask permission: 'Would it help to talk about some options?' Not everyone is ready; respect that.
- Offer choice: present 2–3 pathways, not one 'right answer.'
- Be specific: give them an actual meeting time/location, a phone number, or a website they can visit right now.
- Normalise uncertainty: 'Most people are nervous the first time. That's completely normal.'
- Remove obstacles: if transport is a barrier, sort it. If they're afraid of judgement, speak to that directly.
- Write it down: give them a piece of paper with contact details and what to expect.
- Offer accompaniment: say you'll come with them if they want, or that you'll follow up after.
- Clarify next steps: 'They'll ask you some questions about your use and what kind of help you want. Nothing gets decided in that first chat.'

Where Stepwise Recovery Guides Fit In

Stepwise Recovery guides are literature designed to sit alongside professional and peer support, not replace them. They're rooted in lived experience of people in recovery and grounded in the Six-Lens Framework: Identification and Denial (recognising the problem), Powerlessness (reaching the limit of willpower alone), Turning Point and Surrender (a moment or process of change), Spiritual Experience (whatever sustains recovery), Spiritual Resistance and Ego Defence (the blocks that come up), and Passing It On (recovering by helping others).

When to suggest Stepwise guides

- Early reading: if your client is still in denial or at pre-contemplation, a guide exploring that lens can open conversation without pressure
- Alongside treatment: many counsellors recommend clients read a relevant guide during their support, as a reflection tool
- Family members: Al-Anon attendees and relatives often find Stepwise guides for families helpful during their own recovery
- Aftercare: clients leaving residential treatment or therapy often use Stepwise guides as part of longer-term structure
- Self-referral support: if someone is accessing mutual aid or local services, a guide can deepen understanding between meetings/appointments

How to position it

"This is a book written by people in recovery, about how they moved through this. It's not medical advice, and it won't replace the help you're getting, but it might speak to you. You could read it if you want — or give it to someone else who might find it useful."

Safety Escalation & Follow-Up

When to escalate

- Overdose risk, urgent health concern: A&E; (999) or NHS 111
- Acute mental health crisis: NHS 111 or local crisis team
- Suicidal thoughts: Samaritans 116 123 (free, 24/7) or Crisis Text Line (text SHOUT to 85258)
- Under-19 with safeguarding concerns: Childline 0800 1111
- Domestic abuse: Women's Aid 0808 2000 247; SafeLives; local authority safeguarding team
- Children in household + substance use: local authority children's services and early help (they assess and support, not punish)

Explaining escalation

Escalating isn't betrayal — it's care. Be honest: "I'm contacting [service] because I'm worried about your safety. I'm doing this with you, or I'll be honest if I need to do it without your permission."

Follow-up and motivation

Motivation ebbs and flows. Follow up after a few days: "How did you get on with that number I gave you?" — no judgement, just check-in. If they didn't call, explore why: shame, fear, practical barriers, or timing? Offer a different pathway: maybe mutual aid felt scary, but a GP appointment feels smaller. Connect them to someone they trust who's been through recovery. Remind them: recovery often starts with a small step. A phone call is enough.

Keep going — you're not alone

This resource is one of a full library of free tools, worksheets and reading at **stepwiserecovery.com/resources** — take what helps and leave the rest. These tools are designed to sit alongside fellowship programmes, meetings and sponsorship — never to replace them.

The Stepwise Recovery Guides

Substance-specific recovery guides written by people who've recovered — for cocaine, ketamine, families, young people, and children. Free preview chapters, no email required, at **stepwiserecovery.com/guides**

Our 1-in-10 Pledge

For every ten guides sold, we donate one to someone who can't afford it — through treatment centres and prison recovery programmes.

Need help right now?

Samaritans: 116 123 (free, 24 hours) · FRANK: 0300 123 6600
Narcotics Anonymous UK: 0300 999 1212 · SHOUT: text 85258
Childline (under 19s): 0800 1111 · Nacoa: 0800 358 3456