

Word Count: 2000

Addiction – A Result of Choices or Mistakes?

“Reality is just a crutch for people who can’t handle drugs” – Robin Williams.¹

Introduction

How does someone go from drinking alcohol and taking drugs in a recreational fashion, to becoming dependent and eventually addicted? Is it a series of bad choices or mistakes? Is there a point when the individual knows the next high will be the difference between recreational drug taking and addiction? Is it that black and white? Is it a personality trait, a lifestyle factor or something else?

My aim going into this project was to try and understand what leads someone to becoming an addict; and then what leads to them wanting to quit their addiction – and what leads to their success or failure.

Text Box 1**Tiers of Drug Treatment Provision in the UK²⁻³****Tier 1**

Includes non-specific drug interventions and general services; such as: help and advice from a GP – including screening for drug-user clients and signposting to other services. Previous models of care also included probation and housing services; though not so heavily since the updates in 2006.

Tier 2

Open-access services; such as: advice and information, drop-in services and harm-reduction facilities including needle-exchange programmes. Immunisations and advice regarding blood-borne viruses also features in tier 2. These are also services that may be used by previous service-users who are now “drug-free” but wish to have continued support.

Tier 3

Community services, such as: community drug teams, drug dependency units and day treatment. These service users are assessed and have structured care-plans put into place. GPs may prescribe for drug users with care-plans under tier 3.

Tier 4a

Specialist – detoxification and residential services.

Tier 4b

Highly specialist services: i.e. inpatient hepatology users, e.g. those suffering with problems caused by hepatitis C infections – though due to the Models of Care update in 2006; this has been re-designated as a tier 1 service.

Before the Voyage

The concept of addiction has always been something I have found intriguing and wanted the opportunity to explore. On a third year psychiatry placement, I spoke to recovering addicts, and it was then that I realised how susceptible anyone (quite literally) is to becoming an addict. Before commencing this SSU, addiction was something I struggled to understand – just how do you get to that point? Why can't you say no before it is too late?

Spending time on a boat, a confined space out at sea, living and working on board with people who are going through a recovery process sounded like an experience that would stay with you forever. My hopes of taking part in this SSU were for an experience that will help me to understand what these clients are going through; and how best I can help future patients in similar situations.

Text Box 2:**Why is this relevant to me?**

Patients with drug and alcohol dependence and addiction are going to feature in my future career; and it is important to gain a good understanding of how best to support them. Around 9% of men and 4% of women in the UK show signs of alcohol dependence according to the NHS;⁴ and there are 109,683 individuals currently receiving alcohol treatment in England.⁵

In 2012, there were 1,496 registered deaths due to drug misuse in England and Wales;⁶ and statistics suggest there are currently 298,752 crack/opiate users in England alone.⁵ If there is any doubt as to the importance of learning about addiction, these statistics demonstrate why.

Meeting the Clients

Before setting sail; we made a trip to Phoenix Futures to meet the clients. I'm not sure what my expectations were; but I didn't imagine that they would be as friendly, polite and full of banter.

When asking the group what they hoped to gain from the voyage; it was encouraging to hear they were looking forward to working in a team and seeing what they could accomplish. Some of them appeared a little nervous, which was natural; and none of us knew exactly what we were about to partake in.

Looking around the room I began to wonder what their stories were and how much they might share. I wondered how I may feel in response to their stories – especially when I laid eyes on one man's huge scar across his cheek. I knew that some of these men may have experienced one or a combination of; violence, prison and isolation - and I was intrigued to find out more.

During the Voyage**Day One:**

After settling in, a safety briefing, introductions and learning about the way of life on board; we had our first group meeting. Around the table we shared our thoughts from the day and how we were feeling. I soon learnt that this process was familiar to the clients. At their residential house they were encouraged to share their feelings on a daily basis with their peers as part of their therapy. These meetings were soon to become quite poignant as the week went on, as it was at these meetings that we would reveal what we were learning about ourselves, each other and the potential changes that would come from this trip. It was a powerful tool; and one that seemed very effective.

The majority of the group on day one reported feelings of: apprehension; but excitement and eagerness for the week ahead.

Text Box 3:**The first night:**

As we lay in bed on that first night in the dark, we could hear the guys talking about the medication patches that they were wearing for anti-sickness. They were debating whether a 'sticker' on your neck could really stop you feeling nauseas. One of the guys said, "it might just be a gazebo effect", obviously meaning a placebo effect, but as soon as he said "gazebo" the whole boat erupted into laughter; and it was at that moment I first truly relaxed. I closed my eyes and thought, "I'm going to enjoy myself this week".

Day Two:

Our voyage was underway. After a stop for fuel, we were out into the open water enjoying our first sail. It was that afternoon that I first found myself vomiting off the back of the boat. Normally something like sickness takes you to your bed and you don't resurface until it has passed; but on a boat and in this environment that's not a wise or realistic option. Instead of feeling sorry for myself and writing the rest of the

day off due to sickness; I carried on as if nothing had happened – it was oddly refreshing.

One of the guys took the time to check I was ok at this point, and it led to my first one-to-one conversation. 'J' and I were talking about long-distance relationships. He told me how he and his wife are long-distance due to him being in residential recovery; but that each day she sends him a card with a motivational saying, or memory for him to focus on. He talked of how distance doesn't end a relationship, doubt does. As well as surprisingly giving me food for thought about my own relationship status; I was intrigued to discover that he was married, and still from the sounds of it, in a loving relationship. You imagine that if someone becomes addicted to drugs or alcohol, they lead themselves to becoming isolated and without support – though that may be common, it isn't always necessarily the case.

That evening we pulled into Brixham Harbour; and after our first day sailing, the group reported feelings of inspiration and privilege.

Day Three:

After the excitement of a hot shower; we settled on board to learn some competent crew skills. Tom, the first mate, commented on how much he enjoyed sailing with clients from Phoenix due to the enthusiasm they showed. Watching everyone learn how to tie knots, row a dingy and climb the ship's mast was fascinating. Some took to it like ducks to water (pardon the pun), whilst others struggled slightly – but their response of whether to persevere or give-up was interesting to see. I wondered if this would reflect on their likeliness of completing rehabilitation – demonstrating their different characteristics – fortitude, determination and so on.

In my group I was joined by 'P'. 'P' came from Oxford and lived in the area served by the GP practice where I work in the holidays, they run a service for drug-users and there's a chance we may have crossed paths. He told me how he studied history at Oxford University and had a wife and two daughters – not the background one would expect of a drug addict. 'P' didn't go into much detail about his drug taking; but did tell me about his daughters being his motivation for getting clean. He told me how he never plans to go back to Oxford as he wouldn't trust himself not to go back to his old friends and haunts. Albeit aware that every city has a drug culture of some

description, I've never been aware of it in Oxford and it was a strange reality to hear about the places I knew, being home to drug activity. That conversation with 'P' led me to contemplate whom I thought a 'drug addict' was, the background I assumed they came from, the areas I presumed they lived and worked and the day-to-day lives I assumed they led.

Day Four:

As midnight struck, we set sail out of Brixham Harbour. It was pitch-black; the sea was rough and we were harnessed onto the deck. We split into two teams, four hours on, four hours off; and worked like that until we safely arrived into Cowes the following afternoon.

Everyone took to the challenge with enthusiasm, though some more than others. 'P' got seasick and took to his bed, deciding not to rise again. This created a lot of tension within the group, especially as our team was a man down for the duration of the sail. It was interesting to see how everyone responded; some got angry whilst others shrugged their shoulders and felt it wasn't worth the hassle of trying to coax him out of it. It was interesting to learn how the group viewed his behaviour as a fail and felt he let everyone down, not just himself. The support they provide each other during the recovery process became most apparent at this point.

As the Isle of Wight came into sight; the sense of accomplishment that we shared was palpable. Everyone was shattered; but proud of an incredible feat. We unfortunately had to say goodbye to 'P' at this stage due to his un-cooperation; but the euphoric mood of the group remained that evening.

Day Five:

A day of rest was due. We delighted in a hot shower and treated ourselves to a shopping trip in Cowes. In the afternoon we relaxed as a group on deck in the sunshine, sunbathing in October! The men were trying their hand at fishing as we sat reading our magazines.

It was at this point that I sat chatting with 'G'. It was interesting to hear about the successful career he had had as a chef and how it led to his addiction – he took drugs to help keep him alert and at the top of his game. Unfortunately for him, what

started out as taking drugs to help with concentration, led to taking drugs socially at parties and eventually class-A substances. He spoke of how he now feels ready to leave that life behind him; is ready to settle down and meet someone; and even spoke of one-day having kids if it's not too late. What it was about the week's sailing that changed 'G', I'm not sure; but the guy I met and talked with on the first day, was not the same guy I was talking to now – this man I believed could recover from his addiction.

Day Six:

We were all sad that our week had come to an end. The group had enjoyed their time away from the rehabilitation centre; and I personally had enjoyed escaping my academic pressures for the week. When conducting our final meeting, we shared some of our thoughts about what we had gained from our time on board Tectona. The group spoke of discovering abilities they didn't know they had – team work, independence, concentration and a zest for life again. Personally I felt I had been reminded of my motivation to study medicine.

Text Box 4:

After the Voyage

In the weeks following the voyage I struggled to put into words the experience I had had. I could describe the day-to-day activities; but I felt I couldn't quite say what I wanted to about the experience. I felt my prejudices had been challenged quite suddenly; I didn't judge patients in the way I perhaps once did based on their appearance, clothes, or the way they spoke. I felt I listened more to each patient I clerked; my conversations were less about ticking boxes to make sure I'd covered all aspects of the history; and more about listened to why the patient was presenting and how I may be able to help other than with medication or surgery.

Four Months Later

I caught up with two of the men that were on the voyage with me. 'G' and 'C' have both completed the programme. 'G' has moved into sheltered accommodation out in the community, with 'C' hoping to join him shortly. I felt elated when talking to them

both about their completion of the programme, how well they both felt and how strong they were feeling with regards to staying sober. The hard part for them is by no means over; now that they are back in the community they will have more challenges to face. 'G' spoke of his plans for the future, he's looking into various volunteering options at the moment; and was asking my advice about working with people with Alzheimer's. His Grandmother had Alzheimer's when he was younger, and he recalls looking after her was very rewarding. We talked about the importance of taking his first year one day at a time, and not trying to run before he can walk. He's been addicted to Heroin for over 25 years; and although clean for 7 months, he recognises how easy it may be to slide back into his old lifestyle if he's not careful.

'C' told me of a young woman, a friend; that had recently died from a drug overdose; and that the timing of the event was the last push he needed to make sure he stayed away from the home he had before rehab. He felt this would give him the best chance of staying sober.

Leaving after dinner, and having talked for hours, I came away understanding how hard it must be to be in their position; the fears they face and the struggles they will have in the future. I also came away feeling excited for them too – this was the beginning of the rest of their lives; if they stay sober they are both young enough to enjoy new careers, relationships and achievements. I hope to stay in touch with them, and hopefully watch their journeys of recovery continue.

Text Box 5:**My personal changes:**

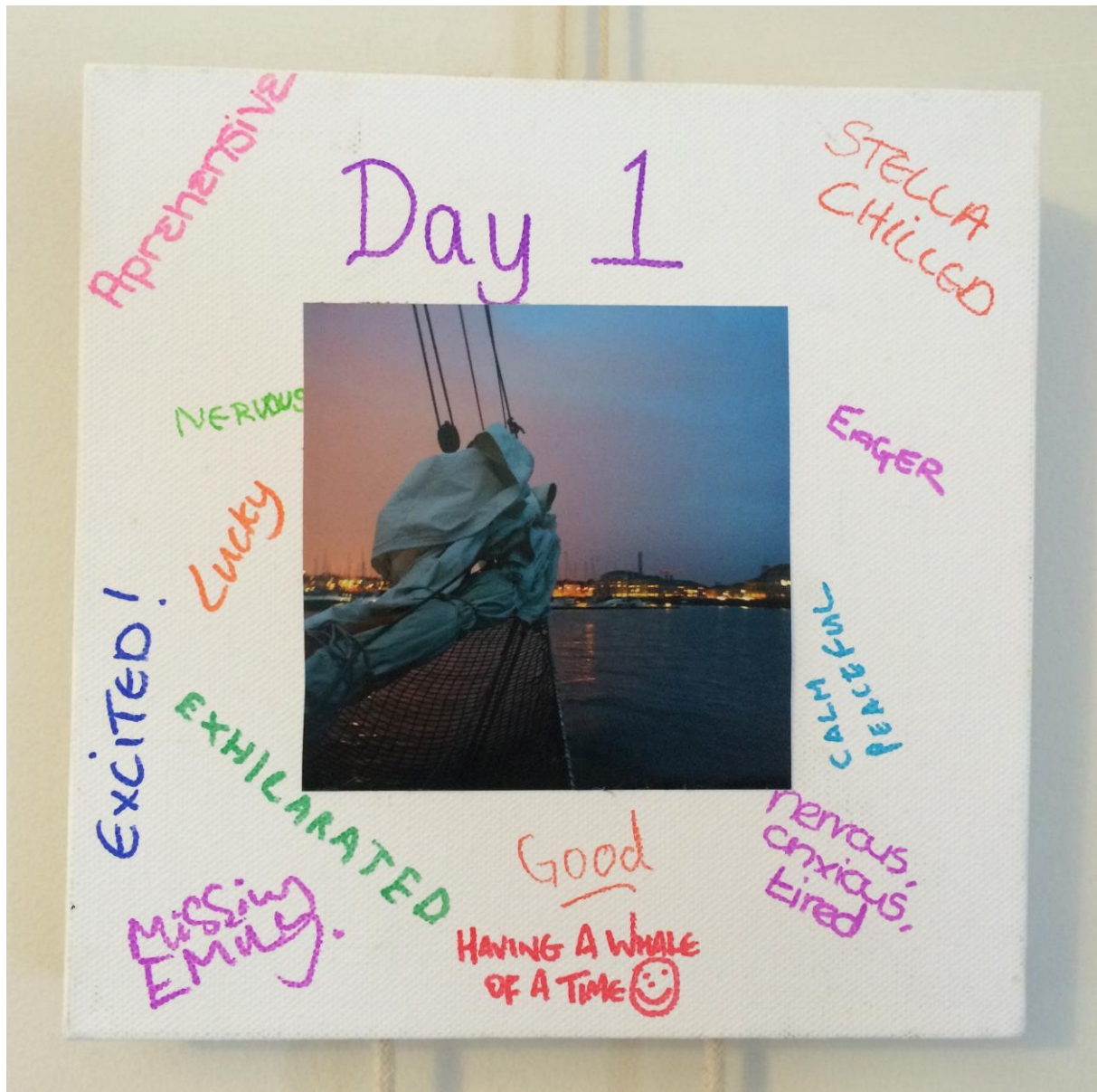
I've learnt a lot about myself during this project; and have already seen changes in the way I practice medicine and treat patients. I find I take more time to appreciate the individual behind the medical condition that I'm presented with. Specifically with regards to drug and alcohol dependents; I feel I will treat them as individuals in the future and appreciate what has led them to get to where they are now; and what I can do to help them move forward in a positive way.

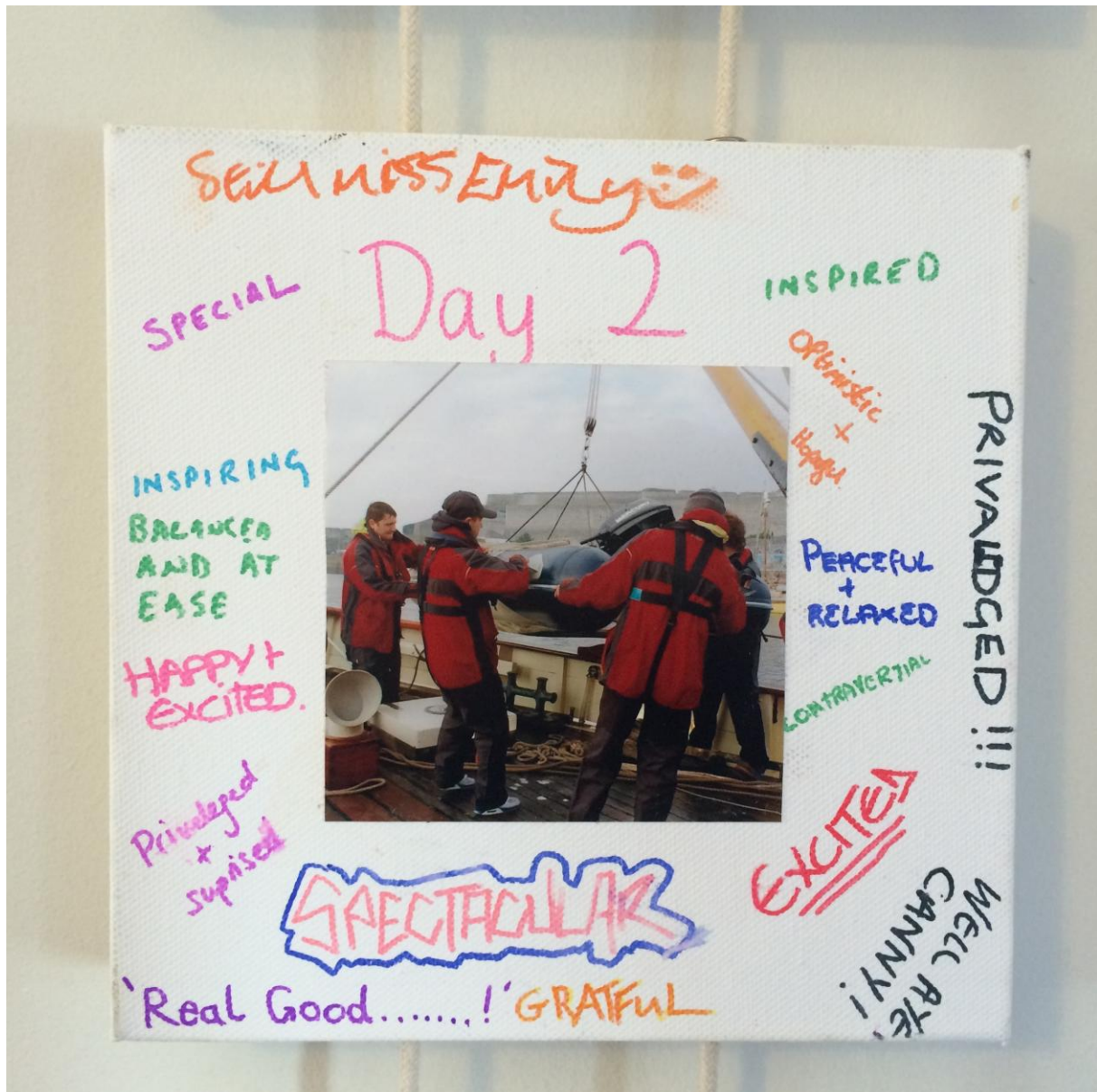
Text Box 6:**Where are they now?**

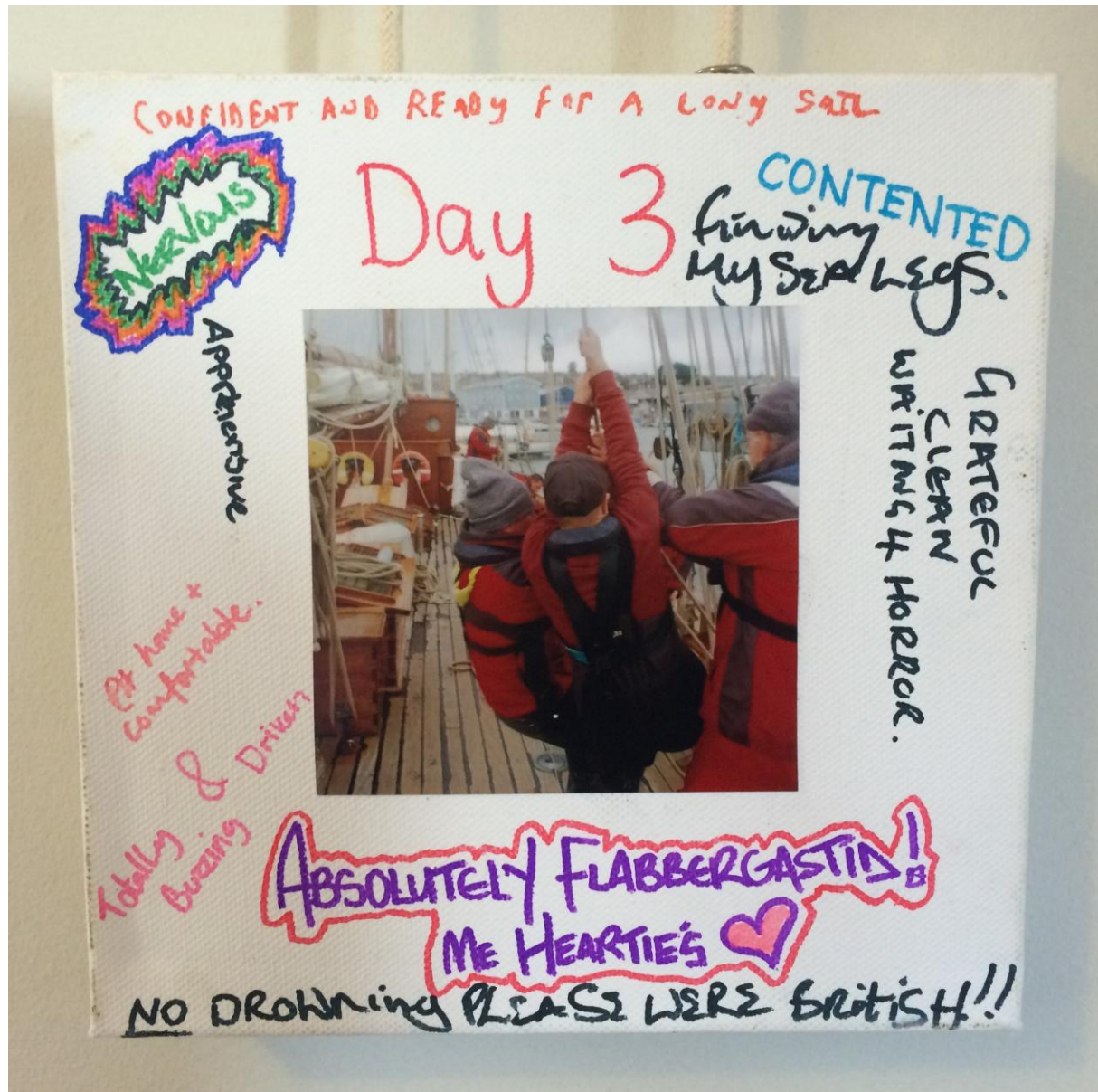
‘G’ and ‘C’ were able to update me on the progress of the others when we met:

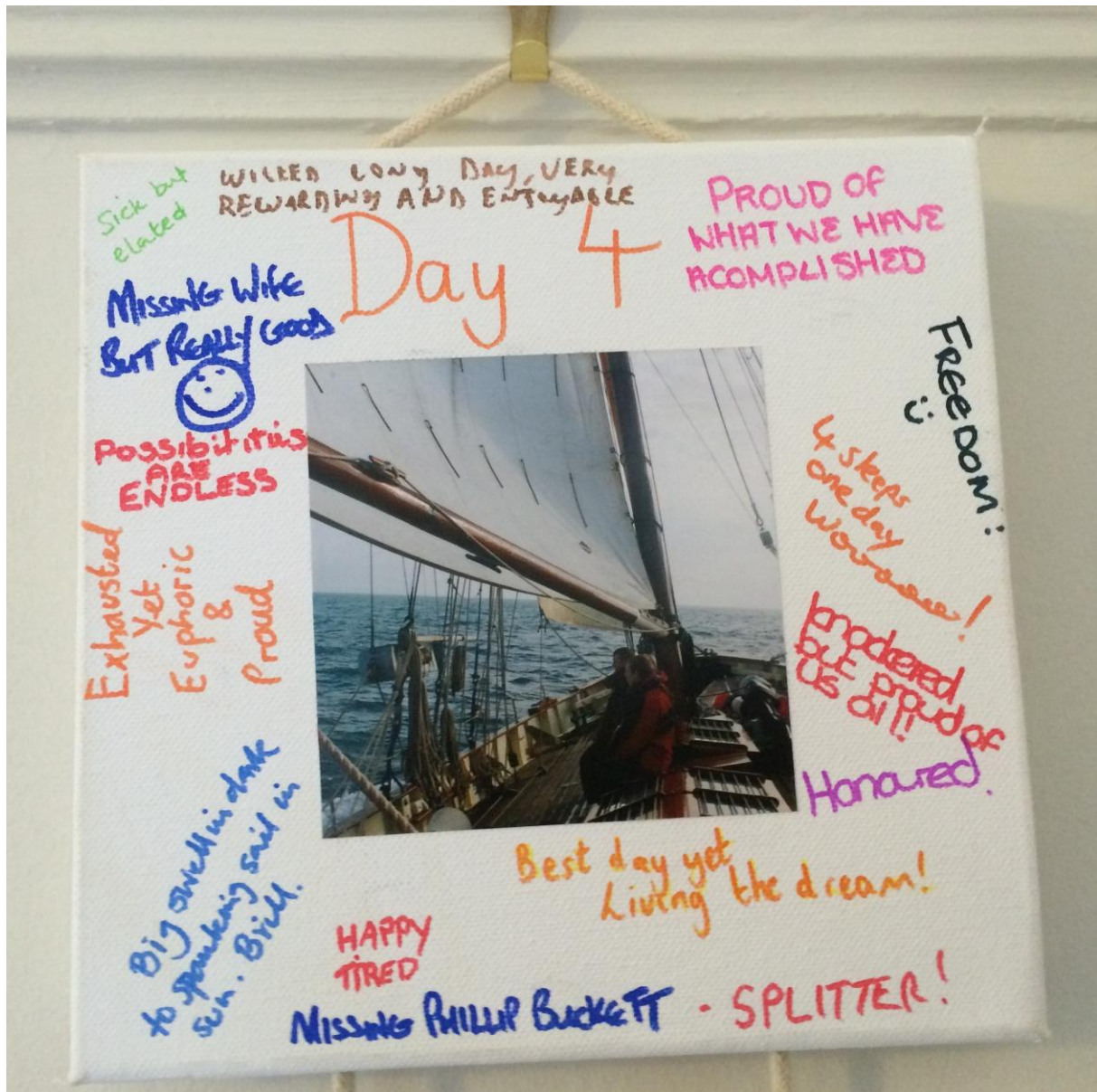
- ‘P’ left the residential house the day he left the boat, as far as ‘G’ and ‘C’ know, he hasn’t gone back to drugs – which was fantastic to hear.
- ‘A’ has unfortunately started drinking alcohol again – it was felt he wasn’t ready for rehabilitation yet as he hadn’t hit the infamous ‘rock bottom’.
- ‘E’ is in prison for attempted murder – a crime he committed before rehab. During the voyage I didn’t know; even hearing about it now I’m not sure how I feel. At no point did I feel uncomfortable in his presence – the large scar on his cheek intrigued me; but I didn’t get a ‘dangerous’ vibe from him. I wonder now if my attitude towards him would have been different on board if I knew?
- ‘T’ and ‘Ju’ haven’t been heard from since they left the residence.
- ‘J’ has since gone back to drugs. On the voyage he told me of his lifestyle before rehab – the fast cars and designer clothes that dealing class A drugs afforded him. When I asked him why he wanted to get sober, he said it was because of the guilt - he always struggled with the idea of making a living selling drugs that ruined people’s lives. During our conversations over the week, I found him to be one of the most open clients; and I believed he was one of the few that would succeed with the rehabilitation programme. When hearing the news that he was back to his old lifestyle it made me feel sad; and I began to wonder if anything could have prevented that outcome. Did he require more support than he was receiving? Did he need better education about the services available once he left the residence? If I had had chance to ask him; “how can I help you not go back to drugs?” would he have had an answer for me? One role of a doctor, is recognising where your limits lie when helping patients – how am I going to deal with this in the future?

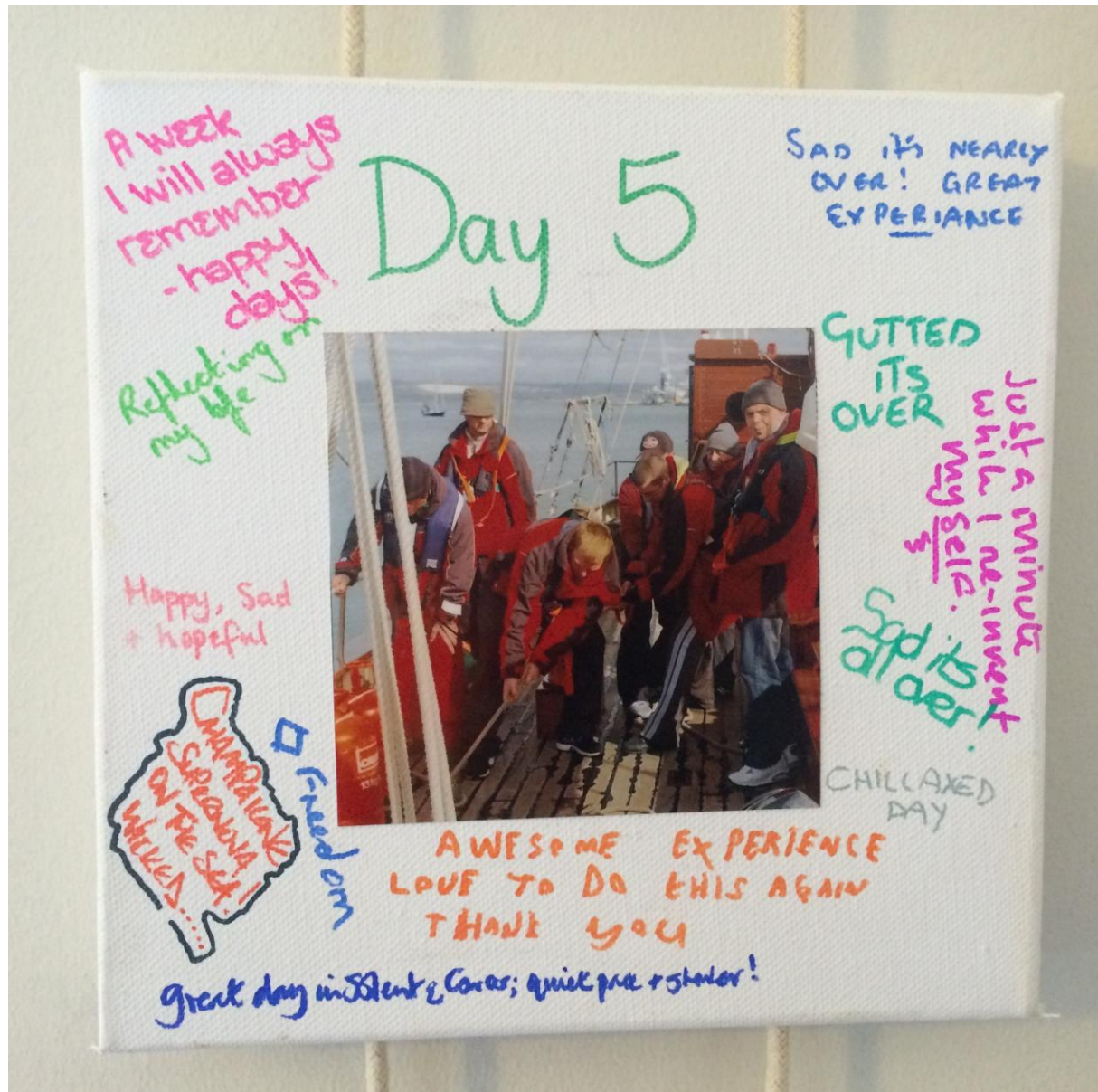
Submitted Art Project to Accompany this Essay:

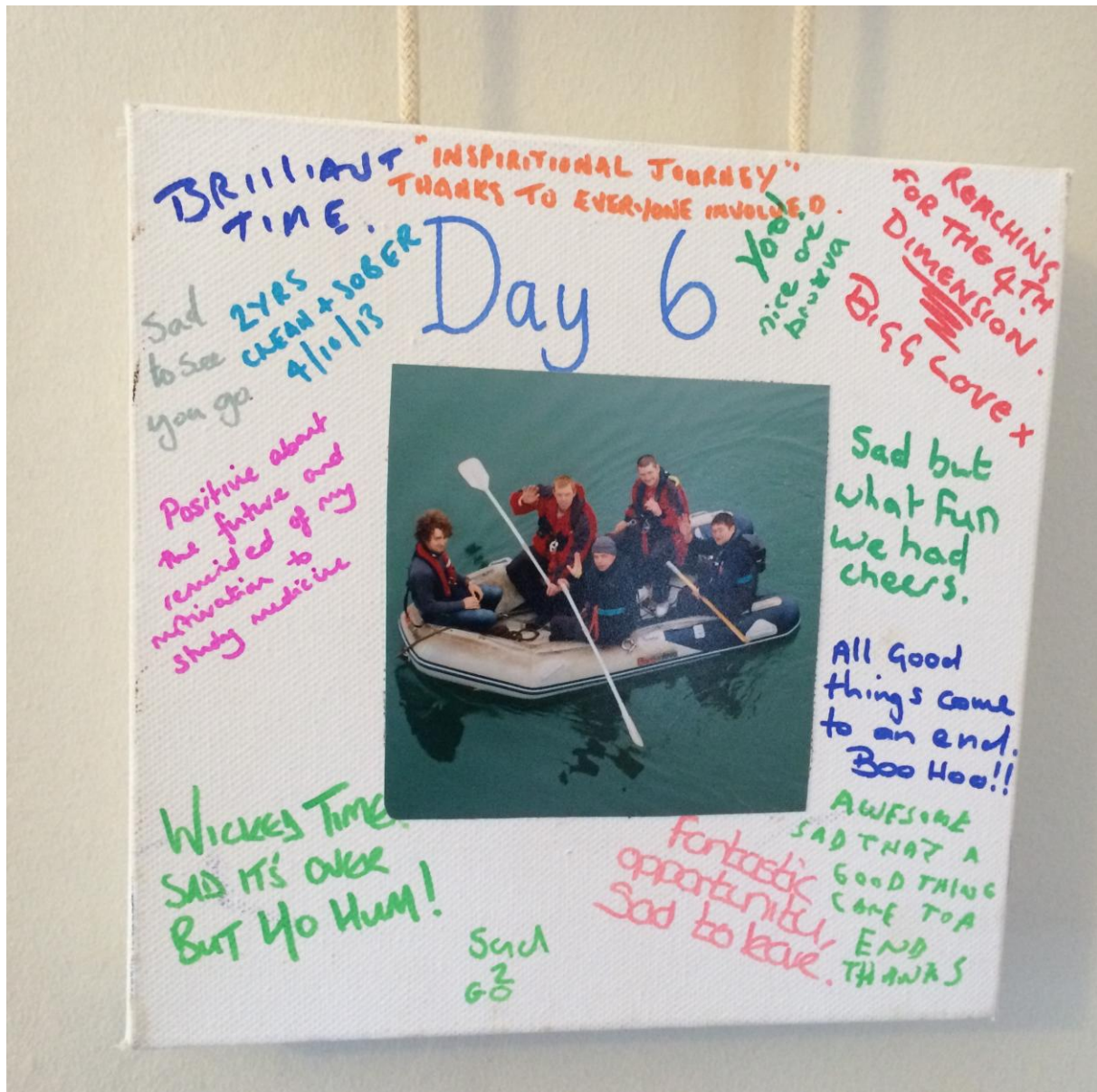












References:

1. Goodreads – quotes about addiction.
<http://www.goodreads.com/quotes/tag/addiction>. Accessed 1st March 2014.
2. DrugScope – types of treatment: modalities explained.
<http://www.drugscope.org.uk/resources/databases/typesoftreatment>. Accessed 13th March 2014.
3. NHS. National Treatment Agency for Substance Misuse. Models of care for treatment of adult drug misusers: Update 2006. Published July 2006. Accessed 13th March 2014.
4. Drinkaware – alcohol dependence. www.drinkaware.co.uk/check-the-facts/health-effects-of-alcohol/mental-health/alcohol-dependence. Accessed 2nd February 2014.
5. Public Health England. Drugs and Alcohol – facts and figures. www.nta.nhs.uk/facts.aspx. Accessed 2nd February 2014.
6. Office for National Statistics. Deaths related to drug poisoning in England and Wales. <http://www.ons.gov.uk/ons/rel/subnational-health3/deaths-related-to-drug-poisoning/2012/stb---deaths-related-to-drug-poisoning-2012.html#tab-Number-of-deaths-from-drug-related-poisoning>. Accessed 2nd February 2014.