

Behind the Addiction

My Truth: Sharing the stories of those living with the impact of addiction.

August 2024



Acknowledgements

Healthwatch Cumberland would like to thank all the people who bravely contributed to this project by taking the time to share their personal experiences.

We would also like to thank Cumbria Addictions: Advice and Solutions (CADAS), Recovery Steps and The Well for their support with the project.

WARNING: Before you read this report, please take into consideration that these are raw and honest accounts of addiction and navigating the life of recovery. Therefore, they contain content that might be troubling to some readers. Including, but not limited to, harsh language, as well as descriptions and references to death, forms of self-harm, substance abuse, childhood trauma, Post Traumatic Stress Disorder and other mental health conditions. Please be mindful of these and other possible triggers. Continue at your own discretion and seek assistance if needed from the resource list on page 7.

A statement from our project lead:



"I have had the greatest privilege in leading this project over the last few months and speaking to people who are living in addiction, those affected by someone else's addiction or someone who is living in recovery. I want to start by saying a massive thank you to all the people who bravely shared their stories; this is not taken for granted and is immensely appreciated. We hope you found the experience positive and left feeling seen and heard.

Our hope is that you felt empowered knowing that your words will contribute towards positive changes across services in Cumberland, improving the lives of others impacted by addiction and the barriers that they face.

I would also like to extend my thanks to the services who keenly engaged in this project, your encouragement and support has been greatly appreciated. This highlights the desire for improving service delivery for all and a desire to change how society sees those who struggle with addiction, past or present.

To the reader, this is their truth. This is a collection of stories, as told by the individual. Remember that this is just a snippet of their journey, showing the good and the bad. The learning curves, the resilience and the reality of rock bottom - then finding the trapdoor and somehow falling further. I hope you can see the glimmers of hope and mountains of courage it took to be open and vulnerable.

As for me, as a child who's known the impact of parental substance misuse, I know that addiction does not discriminate and that nobody is exempt. I believe that there is no such thing as a 'lost cause' and that the opposite of addiction is connection, relationship and community. That trauma is the only gateway drug and that as a society, we have a responsibility to change the stigma surrounding addiction.

Up until 18 months ago, I worked in recovery services for several years. I chose to work in this sector because I truly believe that there is hope and recovery is possible, but it must be a group effort. The challenges services are facing are immense and the service users are complex. There are a concerning amount of drug and alcohol related deaths across the Northwest of England. This is not okay. Hopefully this project and report will shine a light on the stories that are often hidden, to raise awareness of the complexity of addiction and emphasise the importance of seeing past someone's addiction."

Chloe Wallace, Senior Engagement Officer for Healthwatch Cumberland

Forewords

For this project HWC spoke with the main addiction recovery service providers in Cumberland to discuss the work. Each service helped to promote and encourage people to take part in this project and share their story.

Addiction recovery services are important because they provide people struggling with addiction the professional support, tools and resources needed to help them with their journey to overcoming addiction. Services offer and provide a range of care options designed to address various aspects of addiction, the appropriate service depends on the individual's specific needs and circumstances.

It was evident from our interactions with the main recovery services in Cumberland that the people who deliver this vital work are passionate about what they do. Below are the heads of these services sharing why they work in this field, and subsequently highlighting why this work (and by extension this project) is so important:



I have been the CEO at CADAS for the past seven years. I love working for CADAS because it is all about the people. I love that we can offer immediate support to those who are struggling with addiction as well as educating and equipping employers to be able to support their staff when they are struggling. We are proud to be a lived experience organisation who celebrate and are empowered to use their experience to give back and help others. These projects are important as we don't talk about addiction and recovery enough. There is still a huge stigma surrounding it and consequentially people are still referring to services too late. We need to move away from addiction being seen as a criminal issue when it is clearly a health issue. The more people that share their stories, the more cathartic it will be for them and the more awareness there will be for others, reducing societal stigma."

Leigh Williams, CEO of CADAS

Forewords

“I am the Area Manger for Recovery Steps Cumbria and oversee service delivery. I work in this field as I genuinely want to make a difference to people’s lives, by breaking down barriers, tackling stigma, ensuring the appropriate support is available and accessible for those who need it. I am committed to helping people build healthier lives that have meaning and value.”

Becky White, Area Manger for Recovery Steps Cumbria



“I am the Operations Manager for The Well and if it wasn’t for others helping me, I would be dead. I want to be a part of building a self-sustaining recovery community, building a bridge between the recovery community and the health & social care services. The idea is that we are creating a city-wide recovery system where anyone who needs help knows where to find it and can access support easily. That is what gets me up in the morning, playing my part in that story.”

Andy Roan, Operations Manager for The Well

About Healthwatch Cumberland

Healthwatch Cumberland (HWC) is the local health and social care champion.

Independent of all services, Healthwatch is in place to engage with local people, communities, and neighbourhoods, listening to their feelings, wishes and experiences of using health and social care services.

Healthwatch works to reduce inequalities and barriers to services by seeking out the experiences of those who could be classed as seldom heard and sharing intelligence gathered to drive improvements.

Defined by the Health and Care Act 2012, our statutory role is to

- Gather the views of people about their needs and experiences of local health and social care services. Local Healthwatch make these views known to those involved in the commissioning and scrutiny of care services.
- Make reports and make recommendations about how those services could or should be improved to decision-makers on how to improve the services they are delivering, enacting positive change.
- Promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services.
- Provide information and advice to the public about accessing health and social care services and the options available to them.

To fulfill our statutory functions, Healthwatch undertakes a range of engagement. From pop-up engagements in villages and towns, attending existing support groups and networks, running focus groups, and visiting services to see them in action – this is called Enter and View.

By law, there must be a Healthwatch in every local authority, therefore, Healthwatch is funded by, and accountable to, local authorities. Healthwatch England (HWE) acts as the national consumer champion for all local Healthwatch organisations, enabling and supporting HWC to bring important issues to the attention of decision makers nationally.

We do this by:

- Making the views and experiences of people known to Healthwatch England, helping us to carry out our role as national champion.
- Making recommendations to Healthwatch England to advise the CQC to carry out special reviews or investigations into areas of concern.

Contents

This report is structured in two parts, the first part is laid out in a usual report style while the second part is the captivating stories we were told in the words of those who own them.

Part 1	Background	Page 8
	Introduction	Page 9
	Methodology	Page 10
	Themes	Pages 11-15
	Conclusion	Page 16
	Recommendations	Pages 17-18
Part 2	Behind the addiction: The stories	
	Behind the addiction: In active addiction	Pages 24-33
	Behind the addiction: In recovery	Pages 34-77
	Behind the addiction: Affected by someone else's addiction	Pages 78-91

Resource List

This is not a comprehensive list and other resources are available, get in touch with Healthwatch Cumberland (0300 303 8567) if you would like any further information.

- Samaritans: 116 123 Samaritans | Every life lost to suicide is a tragedy | Here to listen - <https://www.samaritans.org>
- Cruse Bereavement Cumbria: 0300 600 3434 [Home - Cruse Bereavement Support](#) - <https://www.cruse.org.uk>
- Child Bereavement UK: 0800 028 8840 [Child Bereavement UK](#) - <https://www.childbereavementuk.org>
- Every Life Matters Cumbria, suicide bereavement: 07908 537541 [Every Life Matters - Suicide Safer Cumbria](#) - <https://www.every-life-matters.org.uk>
- DrugFam/Addiction Family Support, bereaved through addiction: 0300 888 3853 [Addiction Family Support](#) - <https://addictionfamilysupport.org.uk>
- Tommy's, baby/pregnancy loss: 0800 0147 800 [Saving babies' lives - Charity for Babies | Tommy's \(tommys.org\)](#) - <https://www.tommys.org>
- Safety Net, support for domestic abuse and sexual assault: 01228 515859 [Safety Net - support after domestic and sexual abuse in Cumbria \(safetynetuk.org\)](#) - <https://www.safetynetuk.org>

Background

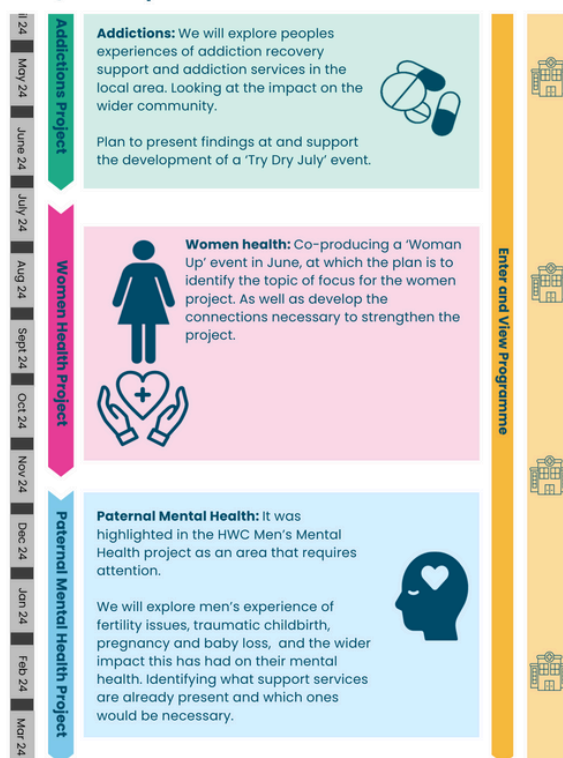
In 2023, Cumbria undertook a Local Government Reorganisation, which took effect on April 1st of the same year – resulting in two new local authorities being formed: Cumberland and Westmorland and Furness. As a consequence, Healthwatch Cumbria therefore ceased to exist and two new organisations were launched: Healthwatch Cumberland and Healthwatch Westmorland and Furness, commissioned by their respective new local authority.

However, HWC’s goal remained the same, obtaining the views of local people, to promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services. Therefore, a key role of Healthwatch is to speak to the public about their experiences of health and care services. This is so that we can make recommendations to decision-makers on how to improve the services they are delivering, enacting positive change.

To keep the public involved in everything we do and tackle the subjects that are most important to them, our first project as Healthwatch Cumberland was our Here For You roadshow. This allowed us to hear what matters most to local residents across Cumberland so that we could address the most key issues in future projects. In April 2023 to May 2023, Healthwatch Cumberland spoke to 108 people. Our engagement highlighted that local residents felt ‘addressing substance misuse’ was necessary to drive improvements in their area.

HWC opted to include an ‘addictions’ project into our 2023–2024 workplan, which was presented and endorsed by our trustees at our public Board meeting in July 2023. The initial idea for the project was to explore people’s experiences of addiction recovery support and addiction services in the local area, as well as looking at the impact on the wider community.

Healthwatch Cumberland 2024/25 workplan



Introduction

At the beginning of the project, Healthwatch Cumberland set the parameters, agreeing that we would explore the impact that addiction (any form, including drugs, alcohol and gambling) has on the individual, their loved ones, and their community.

The key to this, and what made it unique, was the approach. Healthwatch Cumberland wanted to approach this project with a focus on the person, not the addiction, to attempt to combat the stigma that is attached. The belief being that that the best way to challenge stigma is to talk about it, making the topic less 'taboo'.

From data collected from the UK Drug policy Commission (UKDPC), it is known that one of the most significant barriers to individuals seeking help with their addictions is the surrounding stigma. People are afraid of judgment or misunderstanding from others, including their loved ones. It is essential to break down the barriers stopping people from accessing the support they need, which in turn means reducing the stigma attached. To do this open, honest conversations about addiction and recovery are vital.

Therefore, the primary aim of this project was to raise awareness of addiction and recovery through personal stories which are focused on the person behind the addictive behaviour with the hope to remove any hint of prejudice and air of superiority, and to instead encourage understanding.

While each individual's journey to recovery is unique, the stories of those who are navigating the path of addiction and/or recovery, or have firsthand witnessed someone on this journey, have the ability to speak volumes. By sharing these stories and working with the main addiction recovery services in Cumbria, Healthwatch Cumberland aim to improve service provision and reduce the barriers people face when accessing services. To have the voice of lived experience at the heart of the development of addiction recovery services in our local area.

Methodology

The engagement for this project ran from 18th March 2024 until 6th June 2024, and a total of 29 brave people shared their experiences.

Healthwatch Cumberland spoke to:

- 5 people living in active addiction.
- 19 people living in recovery.
- 5 people affected by someone else's addiction.

All of their stories have been included, in part two of this report as case studies.

All 29 case studies were conducted face-to-face, either in-person or online (via Microsoft Teams), based on the preference of the individual sharing their story. Healthwatch Cumberland decided to solely do case studies for this project because it gave people the space and opportunity to share their story in a safe place, at their own pace, going into as much detail as they wished. It gave the power to the individual themselves. With the topic being so sensitive, having single one to one conversations meant that those facilitating the discussion were able to do so in a delicate manner, focusing all their attention on the one person and being able to provide bespoke support throughout.

The project was promoted via the Healthwatch Cumberland website, in its newsletter and on its social media channels. A promotional poster was produced sharing how people could get involved. These were handed out at various pop-up events, as well as put up at a range of locations, including pharmacies, GP practices and local gyms.

Healthwatch Cumberland linked in with charities such as HEP C Trust who promoted the project with their patients, as well as promoting the project in family and carer support groups.

Healthwatch also reached out to the main recovery and addictions service providers in the Cumberland area (CADAS, Recovery Steps and The Well) to discuss and promote the project.

As a result, our engagement team were invited to attend an open Narcotics Anonymous meeting, a steps share session, and attend some other groups that they run. The staff at all services were asked to promote the project to their lived experience volunteers and to the people accessing these services on their caseloads.

Themes

Healthwatch Cumberland asked each individual for their definition of active addiction and active recovery. For the purpose of this report the following are the definitions we will be referring to when these terms are mentioned:

Active addiction: Continuing the unhealthy behaviour or continuing to use illicit substances either on their own or on top of prescribed treatment/medication.

Active recovery: Actively avoiding illicit substances and unhealthy behaviours, either in isolation or receiving support from a recovery provider.

From the experiences and personal stories shared, several themes emerged. While these themes were not necessarily present in every individual's story they will be discussed generally in this section of the report.

Below are summaries of the key themes that were highlighted throughout the engagement.

Stigma

Unsurprisingly, participants spoke about the stigma attached to addiction. It highlighted that general society has a tendency to stereotype and think of addicts as 'less than'. Or people believe that it is a 'choice' to be an addict. This has prevented people from accessing recovery support as they can feel judged and do not want to be labelled as having a problem.

Even in recovery the stigma remains as people do not forget – though it was implied that the stigma was worse towards women than men. The reason for this is because society still regularly upholds the stereotype that the woman should be family orientated and be a 'mother'. According to UK Drug Policy Commission, a common negative judgement towards women with addiction is that they are not able to emotionally support their family (specifically children).

Interestingly, there are more angles to stigma than just general perception of society. It was mentioned that individuals can have their own stigma and vision of addiction which they have used to justify their own addiction and convince themselves that they do not have a problem. For example, a participant mentioned that because they were not drinking in the morning, they used this as a way to convince themselves that they did not have an issue.

Individuals shared that there is also a stigma from other addicts, especially drug users. It was said that it can almost feel competitive around who is the worse addict or which drugs are worse. This stigma appears to even carry on into recovery.

Concerningly, it was shared that there is also stigma from health services and professionals towards those in active addiction or those in recovery. Some participants shared that they have never felt stigma from health services, but others mentioned that their past is mentioned and held against them when trying to access these services. It was shared that it can feel like an interrogation when trying to get help or they get questioned over if they are just 'drug seeking'. Finally, it was mentioned that the stigma does not just impact on the individual living with an addiction but also their wider family.

Themes

Several people shared that they knew their parents or children have been negatively tainted because of their addiction. Some participants mentioned that one of the reasons their children do not want to have contact with them is because of this stigma, as they are embarrassed or have been made to feel ashamed. It was highlighted that people are not choosing to have an addiction, something has happened which has led them to start a habit that has over time become an intense dependency.

Childhood trauma

Unfortunately, for many of the participants their childhood was impacted by traumatic incidents. Or there was a specific traumatic event that changed their path forever.

It is well known that childhood trauma can have a profound and lasting impact on an individual's life. All participants mentioned that their upbringings included physical and/or sexual abuse, excessive exposure to violence/domestic abuse and bullying. Others mentioned being attacked or being in accidents which were near-fatal.

Childhood trauma can cause serious physical, emotional and psychological impacts, which can lead to issues with an individual's health and well-being for the rest of their life. For many participants, the trauma that they experienced in childhood was the trigger for their first exploration into addictive substances, which eventually escalated into severe active addiction.

For many, it was a way to escape and self-medicate, as they were seeking for a way to cope with their emotions and what was happening or had happened to them. It was implied that the relief and feeling of escape they got from using substances or drinking alcohol, this provided them a temporary solution to help manage their feelings. As they continued to try to find the relief and form of escape, it quickly turned into an addiction, and they were unable to stop.

It is important to highlight, for many, their first experience with the addictive substances was when they were young (commonly teenagers). The childhood innocence and lack of understanding of addiction could be a factor as they may not have been able to fully comprehend the possibility of addiction and its potentially devastating/long-lasting impact when they first experimented. Importantly to note, these traumatic events were outside the individual's control. Potentially suggesting that their response was something that they at least initially felt in control of. But also, with so many of these individuals having to deal with extreme situations at such a young age, their response was also arguably just as extreme – as their scale of risk is not the same as the 'norm'. Though it was not always just in childhood, some of the people had experienced traumatic events in later life which had the same consequence.

Themes

Generational addiction

Another factor that was highlighted to have influenced several individuals' addiction, was generational addiction in the family. There were two main ways that generational addiction had an impact on participants.

Firstly, addiction can lead to developing abusive behaviours that cause trauma on others. Several of the participants who mentioned that they had a parent who was struggling with addiction, indicated that this parent was a significant factor in their childhood trauma. Which in turn influenced their own addiction.

Secondly, the parents' behaviour provided an example for the individuals. Either they were not aware that their parents' and/or relatives' drinking was excessive until someone else pointed that out to them. Or they witnessed the abusive use of drugs and alcohol so regularly it was almost their 'norm', which meant it was not necessarily being presented as something bad to them when they were growing up, as their mum or dad did it. It provided individuals with their initial exclusive look and access into this world of addiction.

ADHD and Mental Health

There was a theme of people feeling that they were misunderstood, with several sharing that they were bullied. Interestingly, many shared that they had been diagnosed with ADHD (which was undiagnosed when they started experimenting with their addictive substance).

ADHD is typically associated with difficulty paying attention, hyperactivity and controlling impulsive behaviours. It can negatively impact on individual's work, academic or social development. Therefore, to combat this, especially when undiagnosed, individuals shared that they turned to drugs or alcohol to help.

This shows the importance of early diagnosis as then individuals would have professional support and resources, rather than relying on self-medicating.

It was not just ADHD that impacted on people's addiction, there were mentions of other conditions including mental health conditions like Post Traumatic Stress Disorder (PTSD) and depression, which influenced individuals' addiction via initial self-medicating.

Themes

Lack of joined up care services

Individuals raised that a barrier to recovery was that health care services are not connected or don't communicate between themselves well. This means that it can be difficult to access support and get the help that is needed.

For example, it was mentioned that there is often little communication between mental health services and alcohol services. Meaning that people are put into the position where they are unable to access mental health support until they have successfully addressed their alcohol addiction, but they need mental health support to do this which the alcohol service is unable to provide.

Furthermore, as mentioned earlier many have experienced stigma and lack of understanding from medical professionals. Which means that they are not providing the care that the individuals need to get better. Which increases the likelihood of continual addiction and relapse.

It was also mentioned that the addiction recovery services in Cumberland would benefit from working closer together and communicating more effectively. Knowing what each service provides and signposting individuals to the services that would best meet their needs or their chosen style of recovery.

Women recovery support

It was highlighted (by both men and women) that there is a lot less support for women in recovery than there is for men.

It was discussed that the needs to help women, even access recovery, is different to those of men. For example, family support – from the experiences shared it was more common for women to have children to care for and therefore accessing a rehab facility with no childcare support is impossible.

With fewer women in recovery, this means there is less female-peer support, which can potentially stunt recovery progress. While peer support should not be segregated by gender, sometimes a man would rather be supported by another man, or a woman would rather be supported by another woman.

Furthermore, it was mentioned that women in recovery can be more vulnerable than men. Therefore, it was suggested that there needs to be more focus on women and separate facilities available just for them to try and reduce the risk of them being too scared to ask for help.

Themes

Housing issues

A key issue that was raised by individuals when undertaking recovery, was housing issues and the lack of support to access social housing.

It was mentioned that there is a high risk of being homeless once an individual leaves a rehab facility. Which is a real issue when it is really difficult to get a job without an address, but it is hard to get a place to live without money and to make money a job is needed. Which forms this dangerous cycle, which can cause people to relapse into addiction as old coping mechanisms. As there is no incentive to work through a recovery programme at pace if faced with homelessness and unemployment on completing it.

Furthermore, individuals become ineligible to apply for social housing through the council if they had deferred on payments previously, therefore increasing the chance of homelessness after leaving a recovery facility. One participant shared that he had been admitted to hospital and from there transferred directly to a residential rehabilitation facility. During this time he had been unable to pay his rent and as a result found himself in the situation of potentially being homeless on discharge from the facility.

Having support with housing, could encourage more people to undertake recovery or increase the likelihood of successful completion of the recovery programme.

Rural provision

A number of individuals were from rural communities and shared challenges of accessing recovery services close to home.

They spoke of services being promoted in large towns and cities with no outreach support available to enable people to access timely recovery support in the area where they lived.

Having recovery support available in rural communities could increase access.

Conclusion

This project aimed to investigate the impact that addiction (any form, including drugs and alcohol) has on the individual, their loved ones, and their community, to raise awareness of addiction and recovery through personal stories which are focused on the person behind the addictive behaviour.

The engagement for this project ran from 18th March 2024 until 6th June 2024, and a total of 29 brave people shared their experiences.

Healthwatch Cumberland spoke to:

- 5 people living in active addiction.
- 19 people living in recovery.
- 5 people affected by someone else's addiction.

All of their stories have been included (in part two of this report). By sharing these stories and working with the main addiction recovery services in Cumberland, Healthwatch Cumberland aims to:

- Improve service provision and reduce the barriers people face when accessing services.
- To have the voice of lived experience at the heart of the development of addiction recovery services in Cumberland.

Healthwatch Cumberland has highlighted some themes that came out of the conversations, including but not limited to, stigma, childhood trauma, generational addiction, ADHD and mental health, lack of joined up health services, women's recovery support and housing issues.

Healthwatch Cumberland strongly recommends that the reader takes time to read the impactful case studies recorded for this project of those with lived experience. These are their stories, their truth, and their experiences, in their words.

Healthwatch have also pulled together recommendations based on the insights and conversations.

Recommendations

Below is a list of recommendations based on the insights shared by those living in active addiction, living in recovery and people impacted by someone else's addiction, to improve the addiction recovery service in Cumberland:

Recommendation	Responsibility	Response
Celebrate good practice identified in this report, including the involvement of people with lived experience in recovery support.	All	
Address the stigma experienced in health and care services by introducing addiction awareness training in all health and care settings and, where possible, include people with lived experience and trained professionals.	Cumberland Council Recovery Services	
Review current partnership working across recovery services to improve communication, reduce duplication and maximise resources.	Cumberland Council Recovery Services	
<p>Improve signposting.</p> <p>a) between Recovery Services where a persons needs and wishes can be met elsewhere.</p> <p>b) By external agreements to the correct recovery service pathway.</p>	Cumberland Council Recovery Services ICB	
Healthwatch Cumberland to work with Recovery Services to produce a 'Go-Compare' style compassion tool to support conversations and inform decision making about what is the right service and intervention for the person.	Healthwatch Cumberland	
To acknowledge the different needs of men and women in recovery and increase the availability of specialist access to female-only recovery support.	Cumberland Council	

Recommendation	Responsibility	Response
Undertake equality impact assessment prior to recommissioning Recovery Services to ensure they meet the needs of protected characteristics under the Equality Act 2010 including women.	Cumberland Council.	
Renew the provision of good quality, safe, long-term housing related support for people in addiction recovery and post recovery.	Cumberland Council.	
Share this report with Director of Children's Services and all education provision in Cumberland to highlight the impact of late diagnosis of ADHD and risk of addiction.	Healthwatch Cumberland.	
Explore how to develop a shared care pathway to provide holistic, wrap-around care and support.	Healthwatch Cumberland.	
Further explore the links between neuro-divergence and addiction.	Cumberland Council. Public Health. Cumbria, Northumberland and Tyne & Wear NHS Foundation Trust.	
Increase awareness and availability of Recovery Services in rural communities making use of local village halls, community centers and pharmacies.	Cumberland Council. Recovery Services. ICB.	
Provide education and awareness of addiction in schools, youth clubs and sports clubs.	Cumberland Council.	
Educate all professionals working with children and young people about the impact of adverse childhood experiences and trauma, and the link to future addiction.	Cumberland Council.	

Behind the addiction

The stories: A collection of case studies recorded during this project.



The stories

WARNING: Before you read this report, please take into consideration that these are raw and honest accounts of addiction and navigating the life of recovery. Therefore, they contain content that might be troubling to some readers. Including, but not limited to, harsh language, as well as descriptions and references to death, forms of self-harm, substance abuse, childhood trauma, PTSD and other mental health conditions. Please be mindful of these and other possible triggers. Continue at your own discretion and seek assistance if needed from the resource list below.

This next section consists of all the case studies that were recorded for this project. While all participants gave consent for their experience to be publicly shared, they have been edited where necessary to protect the individual themselves as much as possible without changing any content, to ensure anonymity.

These stories remain in the words of the individual. This is their truth, and their experiences, in their words. Which is very important to remember when reading them.

This is not a comprehensive list and other resources are available, get in touch with Healthwatch Cumberland (0300 303 8567) if you would like any further information.

- Samaritans: 116 123 [Samaritans | Every life lost to suicide is a tragedy | Here to listen](#)
- Cruse Bereavement Cumbria: 0300 600 3434 [Home - Cruse Bereavement Support](#)
- Child Bereavement UK: 0800 028 8840 [Child Bereavement UK](#)
- Every Life Matters Cumbria, suicide bereavement: 07908 537541 [Every Life Matters - Suicide Safer Cumbria](#)
- DrugFam/Addiction Family Support, bereaved through addiction: 0300 888 3853 [Addiction Family Support](#)
- Tommy's, baby/pregnancy loss: 0800 0147 800 [Saving babies' lives - Charity for Babies | Tommy's \(tommys.org\)](#)
- Safety Net, support for domestic abuse and sexual assault: 01228 515859 [Safety Net - support after domestic and sexual abuse in Cumbria \(safetynetuk.org\)](#)

Glossary

AA – Alcoholics Anonymous.

ABH – Actual Bodily Harm.

ABI – Acquired Brain Injury. Brain damage which happens after birth which can be caused by blows to the head, alcohol and drug use etc.

ADHD – Attention Deficit Hyperactivity Disorder.

A&E – Accident and Emergency.

ASRO – Addressing Substance Related Offending.

AWOL - Absent without leave.

BAL Testing – Breath alcohol level testing.

BBVs – Blood Born Viruses e.g. HIV, Hepatitis.

BENZOS – Benzodiazapines – A class of medications that slow down activity in your brain and nervous system, most commonly used for treating anxiety and related mental health conditions, examples include Valium, Xanax and Diazepam.

CADAS – Cumbria Addictions Advice and Solutions.

COCAINE - A drug mainly used recreationally, gives a euphoric effect.

CRACK COCAINE - A free base form of Cocaine that is a powerful stimulant, it can be smoked to give intense short-lived effects.

DDD – Degenerative Disc Disease.

DETOX – Detoxification.

DIAZEPAM - A medicine taken for anxiety, muscle spasms and seizures.

ED – Eating disorder.

EMDR – Eye Movement Desensitisation and Reprocessing. A technique used for treating trauma.

ENT Dept – Ear Nose and Throat Department.

EUPD – Emotionally Unstable Personality Disorder.

GP - General Practitioner.

HAWC – Health and Wellbeing Coaches.

HEROIN - A semi-synthetic opioid made from chemically processed morphine.

LD - Learning disability.

MARRA- Friend.

MCAT – Mephedrone. White or crystallised powder often used as a stimulant.

ME - Myalgic Encephalomyelitis/Chronic Fatigue Syndrome.

MOD – Ministry Of Defence.

MH – Mental Health.

NA – Narcotics Anonymous.

OD – Overdose.

OST – Opioid Substitution Therapy.

Glossary

PASRO – Prisoner Addressing Substance Related Offending.

PREGAB - Pregabalin. A medicine to treat epilepsy and anxiety.

PSI – Psycho social intervention.

RAMP – Reduction and Motivation Programme.

RATTLING - “Rattling” is a term used to describe the symptoms of drug withdrawal.

RATTLE PACK - The prescription of medications given to alleviate drug withdrawal symptoms.

SEND – Special Educational Needs and Disability.

SMART – Self Management and Recovery Training. A programme that provides training and tools for people who want to change their problematic behaviour such as addiction to drugs and alcohol.

12 STEPS (Disease model) – A recovery program supporting those suffering from addiction.

STEP SHARE SESSION - The individual shares their experiences and personal process of that particular step with the group.

TWOC – Taken Without Owners Consent. Refers to theft of a motor vehicle.

UKDPC - UK Drug Policy Commission.



Behind the addiction

The stories: In active addiction

Case Study 1: A 38 year old female, who grew up in Leicester, sharing her personal story of living in addiction.

"I remember being christened in a church and getting told off for splashing my hands in the font. I even remember that I was wearing a blue sailor outfit dress, I must have been around 3 or 4 at the time if not younger. I wanted to be a police officer with a dog - the dog being the important bit! I would always have said my favourite colour is purple, but I am not sure anymore. I remember begging for a purple bedroom when I was a kid but then it happened, and the shade wasn't dark enough, so I didn't like it.

"I grew up in a normal family, with a mum, a dad, and a sister. We had family cats growing up but as I got older, I preferred having unusual pets like hedgehogs and lizards. I am a bit random."

I was always creative and loved photography and art - I would love to pick it up again now but just have no time. I was studying Music at university, which is when I had my first mental breakdown. I loved making music but not the performing. My parents would be so proud of me but would never tell me instead it was shown by them making me perform for their friends at parties and gatherings. I hated being the centre of attention. Still do. This was the same all the way through school, I enjoyed learning and education, but my anxiety would be overwhelming.

I have always worked and never lost a job due to my addiction, although there have been alterations to my role over the years so I could receive the help I needed. I was diagnosed with EUPD (Emotionally unstable personality disorder) a couple of years ago

"What I have learned is that my employer doesn't understand mental health - they make knee jerk decisions rather than listening to facts."

If I was to describe myself in three words today, I would say messy, anxious and random. However, I think others would describe me as selfish, greedy, dishonest, and self-indulgent. Whilst at university I would drink vodka daily as a coping mechanism to deal with the pressure and the anxiety, it gave instant gratification. I remember I would set myself silly challenges of seeing how long I could drink before blacking out etc.

When it started impacting my education and lectures, my drinking increased to deal with it. I didn't see it as an issue until I went to the GP to get help for my mental health and they did a questionnaire which highlighted my alcohol use as problematic and they were concerned, advising I cut down. However, I continued, and it wasn't until I went back later that they said I would not get better mentally if I didn't stop drinking. It had never occurred to me that there was a link between my mood and my alcohol use.

I think I would define addiction as repeating something that's unhealthy despite knowing there'll be negative consequences. Putting the substance over everything else.

My definition of family is having a sense of belonging and authentic relationships. My parents made home brew and would always have a drink with dinner each evening and at weekends. From when I was about 13, my dad would encourage me to get them drinks and I guess I wanted to know what all the fuss was about, so I tried it. I distinctly remember that I hated the taste but loved the feeling.

This became a habit of sneaking around. At about age 14, my parents let us have a glass of Lambrusco with Sunday dinner, and by about 16, I was allowed to drink a bit more, but I became sneaky about it. I'd hide it around the house and pretend I was drinking less than I was. It was never about the alcohol but about how I felt.

I had never considered my parents drinking habits as excessive as it was my normal, mum and dad always drank. It wasn't until I was about 18 and another family member told me that it was not normal, and most people don't drink as much as they did.

In 2007 I completed an inpatient 11 month rehab – it was like living in a weird bubble. This led on to 12 years sobriety. But I later had another detox in Cumbria following a relapse, this time with crisis support.

Despite living in a bubble, it is good to have the time and space to really work at yourself and be challenged by the addiction and your beliefs. Learning to take on the responsibilities of your actions.

During a mental health episode 2 years ago, I was admitted to a halfway house for those experiencing crisis. It was amazing, there was around the clock support, and it gave me the space and time I needed. I was diagnosed with EUPD which explained so much. But outside of this one intervention I have struggled with accessing crisis support – I have been made to feel that I was an inconvenience and that there was a rush to get me pushed off their case load.

“I don't like my life. I don't feel in control anymore, it's so frustrating that I can't just sort it out. I feel ashamed, I am angry with myself, I feel like I am letting everybody down. It affects my marriage significantly! As well as the way my colleagues see me, as they are aware of some of my challenges, there is judgement and stigma. Over the years I've lost friends due to being too drunk.”

I do find that therapy and medication help, however at present I am not taking my medication as I should be, so my anxiety is high. I do not attend mutual aid meetings, as there's a lack of understanding. Having EUPD has negative connotations. In my job we support patients and people who struggle with their mental health and may also have EUPD. I know my colleagues stereotype them and therefore tar me with the same brush. They don't seem to understand that this is a spectrum and we're not all the same.

Crisis support and their communication can be hit and miss in my experience. They can't seem to see past the alcohol and then that can feel dismissive, as when I am at risk of hurting myself, I am sober but to pluck up the courage to either act on it or ask for help I have a drink. It is a vicious cycle

Presently I am almost daily drinking after work and when I have an alcohol-free day, it feels like an achievement. I think it would take a life changing event to make me stop or I would need a specified reason or goal. Or a service that was completely and entirely anonymous and confidential.

“I would like to be remembered for being a good friend and someone who, despite my challenges was always happy to help, support and care for others. The dream now is to stop drinking, get my licence back and hope one day people look at me differently.”

Case Study 2: A 46-year-old male, from West Cumberland sharing his personal story of living in addiction

"I remember pushing my little sister down the ramp at the front of the house and luckily, she was caught by a neighbour. I was around age 4, so we were both little. I remember my Mam smacking me on the bum! I always wanted to be a fireman or in the army.

I also remember at age 8, a male neighbour sexually assaulted me at a birthday party. He is dead now.

We were a close-knit family but there was a lot of us. There was a lot of violence in the family, my dad drank and would physically assault us. I would get the more drunken beatings.

As a teenager I would dabble in Cannabis, was just 'Pot' then. I enjoyed playing rugby, boxing and long-distance running – kept me out of trouble for a bit. I had a great job when I left school, installing ceilings. I enjoyed being good at something. I did that for 14 years. I got into a serious relationship and had some kids, but it was just chaos.

If I was to describe myself in three words today, I would say kind, good listener and caring. However, my family worry about me but most would say that I'm an alright lad.

I've seen alcoholism in my dad. I remembered being put in a children's home when I was 14. This happened because my P.E. teacher had seen the bruises from his latest beating on my body and that changed everything. The school were then involved, and I got moved out of my home. That set me on a bad road for a bit. I dabbled in Valium, weed, Ecstasy, amphetamine for years but first tried Heroin when I was 22.

"When I was in my first long term relationship, it was volatile, and we would argue a lot. To escape I would just go round to my mate's house, he would be 'tooting' (smoking) Heroin and I would be able to ignore him, even when offered. I don't know what happened this one day, but I just gave in and tried it. I was very sick, I then continued doing it. I didn't see myself like him though. I was in denial."

I felt like I couldn't stop I was only about 22. It was almost immediate. After the first 'rattle' – I was in denial. I refused to believe it for ages, but the urge and cravings were so intense. It took over very quickly. I would define addiction as something horrible, something you wish you hadn't started. Can you believe I overdosed on a toot? I have never heard anyone do that before or since, very unusual.

"Work helped me stay on track and I managed to hide my habit for a while, my family had no idea for a long time but the more I avoided them and removed myself, the more suspicious they got. That's how they knew, that and they had heard rumours in the town. The worse my relationships around me got, the worse my habit became."

I am now on a Methadone script. Back when I first went to get help, it was thanks to an addiction rehabilitation centre that I was able to get on a prescription quick but it didn't stop me using on top of it. Since I don't really use Heroin anymore, I'm on a reduction off my script.

Over the years I've had to push my drug worker to agree to a reduction. It is like they think they can dictate my recovery.

“I am using other drugs but not Heroin, so I see them differently but they’re treating me like I am still on it. I see the different drugs as different addictions, with different issues. There is a stigma once you’ve been seen, even by just being around addicts, you are stuck with the label of addict. We’re seen different by some GPs and Hospital staff. Everyone deserves to be treated like a human first. ”

Improved physical health would help me live a better life. But while sometimes I feel in full control, others I’m off the wall.

“I think having more rural recovery support in the villages would be ideal. We don’t drive and the buses are a nightmare. There are no mutual aid groups to attend but I would if there was some locally, I would also probably do better if there were appointments arranged locally. Using the chemists for appointments, would be good too as they know us.”

I’ve had no mental health support despite suicide attempts, e.g. an intentional OD (overdose), then I was just let out of hospital without any follow up. It would be beneficial to have combined appointments with an addiction rehabilitation centre and Mental Health services, which would address some of that.

Also, housing is important, a supported tenancy would be ideal as currently my house isn’t suitable or safe to live in.

Although they are now adults, I know that my kids have been affected by my choices, they’re dealing with the stigma of parental substance misuse. I would like to be remembered for being a life saver.

“The dream now is to get a nice home and move somewhere new. Have a fresh start.”

Case Study 3: A 51-year-old local male sharing his personal story of living in addiction.

"I can clearly remember sitting with my Grandad and he would call his drink "stagger" as it would make him stagger, this was before I was 4. I wanted to be a pilot, well, my Grandma wanted me to be a pilot! I did pass the IQ test and first stages but around that time I met my girlfriend, and I changed my mind.

I grew up with my Mam and Stepdad, he was very abusive towards my Mam. She would drink to hide it. I remember hearing him hitting her and he must've really hurt her because the next day I went to visit her in hospital. She was an alcoholic.

I had been granted a scholarship for private education, which had been my Grandad's dying wish. I enjoyed learning and was good at maths, science, Latin and geography but I was relentlessly bullied throughout school. Although I had a high IQ and was very bright, my results didn't reflect this due to the bullying. Interestingly I never spoke about it until my 30's.

I had a few hobbies that I picked up from my Grandma like collecting stamps, coins and cigarette cards. I would go shooting and I loved Star Wars. I like to clean, and I am also very houseproud.

"If I was to describe myself in three words today, I would say happy, struggling and coping. But I think others would describe me as an honest smackhead."

I have been in and out of mental health hospitals for most of my life. I have seven siblings but only one of them has the same parents and we are both very like our dad. Over the years I worked as a labourer, I even worked for the Courts once over but years later I trained to be a chef in prison.

"I grew up around alcohol as my Mum was an alcoholic and my Dad was a drug user, for many years he used to buy his drugs from me! "

Drugs and alcohol are my 'normal' despite knowing the dangers, I continue to abuse substances. I would define addiction as liking something to the extent where it is too hard to give up.

At age 17 I started using Whizz (Amphetamine), at age 21 it was Ecstasy and cannabis, at age 27 I tried Benzo's (Benzodiazapines) and I first tried Heroin. At this point I was just dabbling semi regularly but I lost my wife when I was about 33 and that was it, I quickly became dependant.

I couldn't stop, it was almost immediately. It would help me cope. I've always liked using drugs, although it's usually when I'm with other people who are using and only when I can afford it. I have always been in and out of prison.

"I am proud that I've never stolen to feed the habit, only ever sold drugs to pay for my habit. I have over forty convictions of selling, breach of the peace, drunk and disorderly, but no violence or robbery."

I seem to go through phases of drug cycles, I can become fixated. I experience two extremes, either I work overly hard and be productive or do nothing. I have always wondered whether I have ADHD.

Being busy helps, having a focus is key to doing better. I don't know what is out there for me to engage with that I would manage to do. Though, historically I have been on a script for methadone and Subutex to aid my opiate addiction. I used to think Narcotics Anonymous was a crock of shit, but I like it more these days.

But mainly I use drugs to help me manage my stress and pain. Improved pain management would make my life better, my quality of life is poor due to being in so much pain. I'm fearful of getting help and it being thrown back in my face. I have been accused of drug seeking before. I have severe DDD (Degenerative Disc Disease) in my spine and my drug use helps with my pain management. I am waiting to be accepted for Amgevita injections, which will be self-administered.

I feel stigma from health professionals around addiction and pain, especially my GP due to my history. There's a clear lack of education around what OST (Opioid Substitution Therapy) actually does and doesn't do. I think I get treated differently to other people within the practice. Communication between SMS (substance misuse services) and pain management, GP, consultants could be so much better.

“Pharmacy provision across Cumberland is so dwindling. We need more out of hours chemists and more privacy within them. There is already very little dignity given to addicts who are receiving OST (opioid substitution therapy) such as pharmacists not using the consultation rooms etc.”

It would be good to see more shared care and SMS support alongside the GP, this would mean we could avoid being in services and therefore avoiding being around other people using or scoring.

I have been penalised for being seen with “undesirables” and this doesn't help. The dream now is to complete a computer course as I'd like to get into cyber security and coding.

Case Study 4: A 40-year-old female, from West Cumbria sharing her personal story of living in addiction.

I remember going to Spain with my Mam when I was 6, the rest of my childhood is a bit of a blur but I had a good childhood. Though I never had a dream, I was pretty but not very clever, my Mam tried to encourage me to just be good at anything such as cleaning. I did try and get a cleaning job ages ago but I only lasted 2 weeks. Just wasn't for me.

Growing up it was me, my Mam, Dad and sister, personally I think we had a good childhood, she might say different. We always had a dog, still have dogs now. They are like family to us. I loved school, loved geography as I thought I would travel. I wasn't very clever, but I was popular. I always bunked off, but I liked going to see my friends. Though I was quite good at P.E., especially running.

If I was to describe myself in three words today, I would say happy, stressed, and emotional. Though if someone else was to describe me I think they would say a Heroin addict. Even though I have only used Heroin twice in 2 years.

"I would define addiction as horrendous, doing something again and again even though it's horrendous. I have lived 25 years of misusing drugs.

Although I don't use Heroin anymore, crack cocaine and Pregabalin are taking over my life. I have always enjoyed the graft, getting the money and scoring. I enjoyed the high of getting the drugs. That was just as addictive."

I had tried cannabis and mushrooms through my early teens but at age 15 I injected Heroin; this was the first time I had ever tried it or used it. It is unusual to do that, I think.

I remember I was out with a friend, and we were approached by two lads in a car, shortly after, they offered us the Heroin to try. I really liked the attention. I didn't fully realise the magnitude of that. Everything went downhill after that.

It was the best feeling in the world for a few weeks, until I was ill and couldn't get any more. I stopped caring and my family just became pound signs to me. There was no generational abuse, my family is lovely. My Mam's stuck with me through thick and thin. My addiction impacts on my daughter and family.

"My Mam's always supported me. But I don't think I can fully accept support until I have a safe, comfortable house to live in. Housing is so important. My house is severely damp and really gets me down."

I'm addicted to crack cocaine and Pregabalin – but they are fake, and I buy them off the internet. I know it is dangerous, but I want them. Methadone keeps me from using Heroin.

I am on Opioid Substitution Therapy (OST) of Methadone currently, have been for most my life. I don't think there is support for illicit Pregabalin use.

“I think what works well is having people who have used drugs before working in services, as they get it. ”

I have worked with the mental health services, but it was clear that they didn't understand addiction, so I disengaged.

“There is a stigma, and I am embarrassed. I don't like going out. I used to be quite a good-looking lass but now I hate the way I look. I suffer with anxiety and agoraphobia, which affects my ability to go out to appointments. Services are trying to reach me such as GP and opticians, even offering to come to my house but I can't let them in. I'm too ashamed.”

I think my mental health is affected by using drugs for so long. But I am now cleared of Hep C though and I feel like that's given me a new lease of life.

“The dream now is to be able to go out the house, to have a home I'm proud of, and to be a better Nana than I was a Mam. I really want to be remembered for someone who turned it around!”

Case Study 5: A 53-year-old male, from West Cumbria sharing his personal story of living in addiction.

"My earliest memory is of my Dad and Mum fighting and seeing her violently attacked. I also remember being taken to the pub and eating all the different flavours of XL Crisps. It was never encouraged to have a dream, we were just living day to day.

"I had a nice family, but my dad was a big drinker and was a scary man. Always had dogs. The dog I have now is the love of my life. I wouldn't take a million pounds for him. School wasn't for me. I have ADHD but that didn't have a name then. I was the class clown and 'the naughty kid'. I just wanted to make people laugh."

Nowadays, my family now are my mates. I don't really see any of my blood family now. I would describe myself as kind, funny, sneaky. I also think other people would describe me as having a heart of gold, a bit of a jester, a happy chappy, also sneaky, but kind. I started sniffing glue at age 9. This was escape from the violence at home. My Dad was an alcoholic, but I have never really bothered with drinking.

"I think I have an addictive personality, so I was hooked straight away. Every drug I have taken I have taken to the extreme. I think addiction is when you love and hate drugs at the same time."

There are no drugs I haven't tried. I started using heroin at age 30, I am terrified of needles so that is what put me off for the longest time. Uppers (stimulants) are my preferred drugs, and Amphetamine was my friend for many years, but now I like a crackpipe.

I was in and out of prison for most my life but it has been years since I was last sent down. I was sexually assaulted as a kid and I can't stand "wrong 'uns" so can't be in there. I have even had to disown my own blood for getting involved (in wrong 'uns).

The only time I've not used drugs was when I did a Methadone detox in prison in 2002. It was horrendous. I don't really use heroin or opiates anymore and that seems to be the priority for support.

"There is a stigma of being a scumbag and everyone knows everyone's business around here so there's no getting away from it. "

I used to judge heroin users; I'd want to batter them when I seen them. I was scared of needles for the longest time. I hit 30 and I was off my head and I tried it, that was it. I used it for years but not anymore. I was in hospital a few years ago and they were really good with me. I don't think they treated me differently because I am a druggie.

"There's no point in starting a recovery journey because nobody can help me with my specific drug use. I didn't think it's a big problem anyway. I don't think I need help; I might be in denial. Besides, there's no support for crack use around here anyway, and I still enjoy drugs and services don't understand that."

If I think too hard about it I don't think I am living my best life but it is the only life I know. I'm not in control but I do feel better than I used to. The dream is to live a peaceful life, but I do want to be remembered for having made people laugh.



Behind the addiction

The stories: In recovery

Case Study 6: A 39-year-old male, from Westmorland and Furness sharing his personal story of living in recovery.

My earliest memory is of just me and my Mum – she suffered with agoraphobia. But my dream was to be a professional rugby player. I had several siblings, 3 brothers and 2 sisters, who I had a good relationship with. But the word family means dysfunction to me.

Sport was my favourite subject at school, and I played rugby from the age of 6 until 14. My Grandad took me. I was bullied from a young age – as called an ‘orphan’. It made me violent, and I had continuous exclusions from school. Looking back it was likely to do with my undiagnosed ADHD at the time.

In my early teens I was subject to a hit and run when I went to buy some weed from a lad. I suffered brain injuries, a broken jaw, a bleed on brain, and lost teeth. I was in hospital for 7 months. My mam couldn’t visit and I lost my place as captain of the rugby team and missed a trial for the England team. Rugby had always kept me level-headed but after that everything went downhill. I got into serious trouble when I was 15 and was diagnosed with ADHD at 19.

I think people can be intimidated initially but I’m really a soft arse, I would describe myself as happy go lucky. At age 14, I got out of hospital after my accident. I started smoking cannabis and sniffing glue. That declined quickly as my bad behaviour increased. I was charged with ABH and TWOC and was sent to prison for the first time at the age of 15 for 10 months. I was bullied there.

“At 16 I applied for the army, and completed basic training. During the pass out process we all went to the pub to celebrate and ended up in a fight. I was sentenced and sent back to prison. I had fucked it all!

That was the first time I couldn’t stop, when I went into prison. I didn’t realise how bad I felt without drugs. This cycle of being released, drug use, crime, re-sentenced was my life for the past 26 years. I have over 200 convictions, all alcohol related. ”

Cannabis and alcohol became a massive problem. Party drugs and cocaine came on the scene in my twenties. My uncle lived with us. He was a drinker and when he was 30 years old died. I found him dead.

At age 28, I had been using Heroin for a few years. I was off my head and held a doctor hostage and ended up being sectioned. Was detoxed as an inpatient (6 week detox) then went to rehab. I have been clean for 5 years.

“My definition of addiction is not being able to stop doing something. But my definition of recovery is when you try to improve yourself for the better. Stopping using and drinking. The words I associate with recovery are happy, hope and faith. ”

This is my 4th time in rehab, I have had multiple attempts and countless sections. I had to fight for a detox. I felt that I had to jump through hoops for detox – I was dying.

I attend Narcotics Anonymous and Alcoholics Anonymous meetings . I am currently accessing Police, Gateway, CMHT, Nurse and Psychiatrists (waiting for counselling). I previously accessed an addiction rehabilitation centre. I needed to be sober to access residential support but I took and had to do an emergency detox after having seizures in the court cells.

I would love to see RAMP – Reduction and Motivation Programme, in the local area, as well as middle-ground housing for people who aren't sober/clean, and local rehabs in each area. Probably support for sex workers and quicker detox provision too.

Mainly I would like all professionals involved in somebody's care to work with each other. To communicate between services of detox and SMS with hospital, GP and mental health services. The shame of addiction affects me and my family/friends. I think alcohol is seen as more socially acceptable, as it is less visible in appearance. Being a drug addict gets lots of judgement from doctors, hospital staff and GPs.

“The dream now is to be a productive member of society and to become a father. I would like to be known as a good son, good brother and a good person.”

Case Study 7: A 31-year-old male, who grew up in Scotland and Cumbria sharing his personal story of living in recovery.

"I had a relatively happy childhood but aware that there was domestic violence. I wanted to be a footballer when I grew up. I enjoyed my childhood, but school was hard – dyslexia and ADHD. I was the class clown, used to mess about and liked socialising and hanging out with mates.

I was victim of some bullying after moving at the age of 10 year old. I was mocked for my accent so I changed my accent. I liked judo and football and playing video games. Now I have different hobbies. I was kicked out of school at 15 for smoking weed, meaning I ended up roaming the street and drinking a lot.

My first job was at the age 18 in the army. I liked the comradery and banter but I was not soldier material. On the train to basic training, I stopped speaking in a Scottish accent. I was naive to what it required. I found admin and discipline challenging. It taught me to be myself and taught me to be strong-willed. I went AWOL (absent without leave) a few times and ended up in army prison.

I left the army at 21 and worked as a window cleaner all through my twenties. There was a cycle of working, getting money and getting drunk. Alcohol was my priority, so my relationships suffered. I would describe myself today as optimistic, charismatic and funny but I think others would say I am horrible, dangerous and selfish.

"The dream now is to be a productive member of society and to become a father. I would like to be known as a good son, good brother and a good person."

Alcohol was an issue from age 15–31, stopping was fine but it was always brief. Staying abstinent is hard. Around 5 years ago I first accepted professional help. I was made homeless and realised I had to change.

My parents both struggled with alcohol. My dad is 10 years sober, and my mum is doing better and is on her own journey. My childhood and parents' addiction has contributed to who I am today. That doesn't excuse behaviour but does excuse some of it.

I have seen how recovery has helped my friends. I noticed my physical health and mental health was deteriorating massively and I was experiencing psychosis. I needed to change and quick, and was offered a bed in a rehabilitation facility. I define recovery as when you are flourishing, not just existing. The words I associate with recovery is peace, kindness and confidence.

I faced stigma when trying to access support, I was told I don't look like an addict. I haven't had alcohol for 2 months. Prior I was drinking and taking cocaine socially with others and diazepam to help me sleep.

I am currently accessing a number of services and I have access to professional counselling which is complex trauma training/trauma informed. But additional needs and vulnerability isn't accommodated for. I would like to see day provision for parents and women, as well as increased services for those with additional needs who are struggling with addiction.

I think I'd like to work with people who have learning disabilities in the future, and I would like to be remembered as being a good man who changed his ways.

Case Study 8: A 44-year-old male, who grew up in Scotland sharing his personal story of living in recovery.

At around age 2-3 we got a puppy called Craigy, I remember it was really exciting. I thought I wanted to either work in aero-dynamics or in farming but finding a boyfriend and discovering drugs derailed that.

I was adopted at 6 weeks old and a short while later my parents adopted another baby boy. My mum and dad were high flying professionals. We had a nice house and a nice life, for context we had a nanny for some of the time.

Dad was an alcoholic and was made redundant at a whiskey company he worked at, when I was 10. He made a few bad financial decisions and from then everything changed, they separated, and we lost the house, the money, stability and us boys moved in with mum. I think I was a bit scared of him as he was always drunk so I would avoid him.

“Sadly, my dad died when I was about 12, he had been dead for a while before he was found. He had died alone. Mum chose to then completely erase the memory of dad from our lives. Any evidence of him was removed from sight, she would refer to him by his first name if talking about him at all.

I had a lot of resentment surrounding this until recent years when I started to understand she had her own pain and loss to manage.”

Secondary school was a challenge, and I was bullied for not having a dad. Imagine this, growing up in Scotland – I am overweight, I am gay, and my dad is dead. In my early teens I found a purpose in my work, on a friend’s farm. I was there constantly. I think work was my first addiction. I loved cooking and ended up doing catering at college, it is probably what I am most passionate about.

Initially people around me would’ve thought I was a party animal, life and soul. I managed to hide it from my mum for years and she had no idea until about 9 months ago. I would describe myself as regretful, positive and unsure these days.

My definition of addiction is the obsession of people, places and things that alter the mind and achieve escapism. I have struggled with addiction for 26 years. Upon reflection the first time I couldn’t stop was probably when I was using 5 to 7 nights and had to move out of the area I lived in. I recognised my life was becoming unmanageable and thought moving away would solve everything but imagine my surprise when I discovered moving area didn’t help. I went from Glasgow to the Lake District, to Australia, back to the Lakes.

Due to my dad’s alcoholism, I hated alcohol. Dad was scary when drunk, was always very intense, he would hallucinate and be very paranoid. I wondered if he experienced alcohol induced psychosis.

At age 17 I first tried drugs, amphetamine and ecstasy were my drugs of choice and they became an issue almost immediately. Then at age 20 I discovered cocaine and that was a game changer. I couldn’t afford the habit I had created though, and I turned to crime to pay for it, nothing violent but theft. Later began to use crack.

This was the “normal” and culturally accepted in Australia and in the lines of work I was in. Started to drink around then too which was out of character for me.

Family doesn't mean much, my friends and using companions became my family. I had more connection and more in common with these people. In all honesty, I have never really felt connection or acceptance, I think it's due to being adopted. I tried to reach out to my biological mum at age 16 but she rejected me, and I have yet to deal with that. I have no place, nowhere to belong.

I just couldn't stop using crack. I tried everything, but it took me being dragged to Narcotics Anonymous to realise there was hope. I felt comfortable around "my kind" I know they got it. I'd lost my job, I was at risk of eviction, I had no money, so I eventually told my mum and she got in touch with a rehabilitation centre.

My definition of recovery is learning to live life free of drugs, the words I associate with is helpless, frustrating and beneficial.

I have accessed a couple of rehabilitation services and they have this mindset that reduction and controlled use is achievable which I don't believe is for most people. It feels like a government tick box, too long to wait between appointments, no doctor's referrals were carried out and getting discharged after missing an appointment.

At one service it is sick people helping sick people, no qualified staff. Peer support is great, but it isn't enough to help with the level of trauma disclosed. Not enough professional intervention. Poor communication between services is detrimental to the individual. As well as lack of awareness regarding addiction such as NHS and GP. If this improved there would be less prescription manipulation.

There is too much gate keeping across the services. In general, I feel that there is a lack of value-based staff across all services. It would be good to know what happens next and what is available? I continue to attend Narcotics Anonymous meetings. But there is a stigma across drug users, it's like a competition of which drugs are worse or who is the worse addict. By society drug addicts are judged and stereotyped, they are seen differently to alcoholics. There seems to be more sympathy. There is always a reason behind their behaviour.

12 steps are not the only way but there's not much other choice in Cumbria. We need more options. I would like to see support for crack use, support where you don't need to relinquish housing and an inpatient detox offer. As well as increased support for families – there is a massive stigma for mums especially. Plus, more education in schools regarding addiction and more support for a child affected by parental substance misuse.

"The dream now is to stay clean, to continue my recovery and have a happy future. But I also want to be remembered as a genuine friend who was caring and loving, someone who always tried his best."

Case Study 9: A 32-year-old local male, sharing his personal story of living in recovery.

My earliest memory is falling into the fountain at Hardwick Circus and nearly drowning at age 3. The dream was always just wanting to perform. I loved drama at school. I had a reputation as a party animal later on but I didn't mind school. As well as performing, I also loved writing, which is something I would love to do again.

Growing up it was me, my Mum and my sister. My Dad was often 'Missing In Action' (on and off contact). My Dad also drank throughout my life and I had resentment but now I understand him more because of my own struggles.

Over the years I have done all different types of work from retail to managing cocktail bars! Which is where a lot of my drinking became culturally appropriate and acceptable as we all did it to an excess. I later worked for Covid Track and Trace and then later on, after I had my own recovery experience, I wanted to work for recovery services to give back.

"Initially I would have been seen as a party animal and fun to be around but later, they would become concerned about my behaviours. I think people who knew me would have described me as simply "not me" anymore.

I became isolated, unrealistic and was just teetering on the edge of despair. But today I would describe myself as someone who won."

I remember at about age 11 I had my first drink of alcohol and tried cannabis. I started out just binge drinking throughout teens, from 18 – 28 dabbled in party drugs such as Ecstasy. Even now I have treasured memories of using psychedelics and party drugs at festivals, but that is because I was finding connection with people. Whilst I was finding my place in the world, alcohol helped me find an identity.

I would drink socially to begin with and then began daily drinking when I started working in hospitality, as that was the culture and totally normalised. I realised I had a problem during Covid when we were in lockdown, and I was drinking a litre of gin a day in my bedroom alone. I was no longer working in bars so I didn't have that excuse anymore. I had continued my excessive drinking behaviours, but at home alone without the culture or influence of others. Then it became excessive quickly, and I just couldn't stop. Sometimes I think I would think that I am living this "alternative lifestyle", and it was great, other times I would be in total despair.

I would describe addiction as being isolated as the cure is connection. It is when you are living between denial vs despair.

"I was in a cycle of drinking, stopping for a bit and then I would relapse and repeat. Getting worse each time, impacting my health and my family.

Family was my lifeline but not always for the right reasons, I would manipulate and lie to them so they would enable my behaviour. In truth they were victims of my behaviour. "

I have seen multi-generational alcohol abuse; my dad is a drinker. He flips between doing well and dropping off the deep end.

“When I had an attempt on my life, my entire perspective on life shifted. I couldn’t do it anymore; I had become physically dependent, and I had no choice but to make changes otherwise I was going to die.”

Following my suicide attempt I was admitted to a psychiatric hospital, after discharge there was no follow up. I ended up waiting nearly a year for an appointment with the community mental health team. When I contacted them, it was clear that I’d fallen through the gaps. Luckily, I had family support but that may not have been the case. There had been no communication between them and me or any of my support network and that is a concern.

Over the years I have tried a number of addiction rehabilitation services and currently online mutual aid meetings. I am no longer attending Narcotics Anonymous and Alcoholics Anonymous in person as I prefer to log in online due to the regulations in place. Seems to be safer and have more moderations online. In my experience Narcotics Anonymous and Alcoholics Anonymous can be predatory, woman in recovery is most at risk of harm and there is just nobody policing it.

In my opinion, there is not enough post recovery support, we need more ongoing support than Narcotics Anonymous and Alcoholics Anonymous. Nobody should be making money off recovery. I think there is a gap in the market in the local area for alternative recovery with a holistic approach. There is no official inpatient detox provision in the area.

“I would like there to be an out of hours support for when you are ready, I’ve tried before for other people but doesn’t work unless it is your decision and timing is important.

As well as more acknowledgement and support for those affected by addiction such as family, friends and employers.”

To me what it means to be in recovery is, being connected, content and stable. As the definition of recovery is connection.

“The biggest stigma I face is that there are still some people who still believe it’s a choice and not an illness. Trust me, nobody chooses to shit themselves. I use prescription drugs to manage pain.

I’m in constant pain and if I wasn’t, I wouldn’t do it. I have never struggled with pain killers as a drug of choice.”

The dream now is to get my degree and become a qualified councillor, and I want to be remembered as someone who won!

Case Study 10: A 31-year-old female, who grew up in the Scottish Borders sharing her personal story of living in recovery.

I remember being about 3 or 4 years old and staying at my grandparents, sat there colouring in whilst Papa was sorting out the lambs. I wanted to be a Shepherdess when I grew up.

“Growing up it was my Mum, Dad and younger brother. On the outside we looked good, like we were doing alright with a nice car, nice house I even had a pony but within the home it was volatile and aggressive.

Both my parents were quite high performers and had to ‘keep up appearances’. Mum and Dad separated when I was 17, I think this impacted me more than I realised at the time. ”

I am pleased to say that me and my brother do have a good relationship now, although he is living abroad so little contact. Family dynamic is a bit better now, Dad doesn't drink so we get along well now. However, my Mum and Stepdad do drink so I need to keep my distance to protect my own recovery. I had a rocky time at primary school, I even ended up being kept behind a year. I did love playing sports especially football and hockey and I really enjoyed horse riding. Would like to play football again, I think.

I think to help cope with secondary school I became the class clown, but I was constantly being suspended or excluded for fighting. This meant I missed important things like exams. I was just so angry and frustrated all the time, however I later learned that I was dyslexic not thick. That explained so much.

College was better for me, I went to do joinery and really enjoyed it but naturally it is a very male dominated environment, so I didn't really fit in there. Actually I never really fit in anywhere. My confidence would constantly be knocked. I ended up walking away from that and worked in retail for over 11 years. I would describe myself as happy, grateful, hopeful today but in addition I think others would describe me as psychotic and possessed. I would define addiction as when you're in a vicious circle of alcohol use.

“I first drank at 13, I actually passed out in a Portaloo and was carried home. I began binge drinking almost straight away. I had always been around alcohol and seen my wider family abuse alcohol. I was about 13 when I was sexually abused by a family member, although I hid it for a while I harboured so much resentment at the injustice of this.”

At around 19 I moved in with boyfriend who I was with on and off for 12 years, I knew back then that I had a problem but nothing changed. I would drink at work and would be out every night. I lost job after job due to this behaviour. I was at a point of drinking daily. I can remember that there was an incident between a good friend of mine and the local pub landlord, she had been hurt and even though I knew he'd been the one in the wrong I couldn't stop going to the pub. I didn't have any loyalty to her, I chose the pub and him over her and our friendship. I simply didn't want to burn bridges. The friendship suffered badly and it even got physically violent between us. At this point my parents sent me to grandparents as they could no longer cope, that should have been a wakeup call but it just spiralled.

I had multiple assault charges from being drunk and violent and eventually I lost my licence due to drink driving. I still had my family around, but I seen them as trying to control me and as a burden. I would avoid them and withdraw for periods of time.

I have had two serious relationships, first one was for 12 years and shortly after that I was in a short and intense, abusive relationship for 6 months. He was an alcoholic, and we were not good together. I think that contributed to the most challenging time ahead of me accessing the treatment centre. I would say the last 4 years of alcohol abuse have been challenging but about 18 months ago, which was around 4 months before I was assessed for treatment, I was at my worst.

I had lost another job and was dependently drinking, I did my first inpatient detox in Scotland at the end of 2022. I was discharged and learned that my mum had shared my childhood abuse with family members whilst I was in hospital. I relapsed immediately due to shame and the betrayal, sadly my grandma passed away 2 weeks later which led to me trying to commit suicide.

“In my experience, there is little to no communication between mental health services and alcohol services.”

I was stuck because mental health services wouldn't address my mental health needs until I'd addressed my alcohol use, alcohol services couldn't support me due to my mental health issues. I struggled with my mental health nurse as she had very little understanding of addiction and alcohol dependence, A&E doesn't have the means to support people like me.

“Due to my violent history, I don't get the same level of privacy and dignity during appointments. Which I understood when I was intoxicated but now, I am sober, I feel I should be given another chance for a fresh start. ”

But at the time alcohol was my only coping mechanism. I was quickly in a cycle of dependently drinking, living homeless and struggling with my mental health and not wanting to live. I was in and out of mental health hospitals, I ended up back into detox a further four times between December 2022 and October 2023. After that last detox, I realised the impact I was having on my family and that I craved routine, stability and structure.

When using, I never tried to hide my addiction and I did suffer some embarrassment having police and ambulance at my door all the time but I think the stigma varies.

“I believe the definition of recovery is having fellowship and support, and it means to be in recovery when you feel grateful, peaceful and content.”

In the past I have tried taking Disulfiram, which didn't work for me. It is too dangerous as I am impulsive.

Currently I am accessing a rehabilitation centre for support, it is working okay. I attend Narcotics Anonymous and Alcoholics Anonymous as it is mandatory, and I am receiving counselling and I do find writing things down helpful. However, there is no dyslexia awareness or support. For the first time I am actively engaging with the steps, structure and support. Although there is a lot less support for women in recovery.

There aren't enough women to mix with and with limitation on the stages you can feel stunted. Women in recovery are so much more vulnerable but there are no full time female key workers, and in general there is not enough women-specific support nearby.

“I would love to see better support for women in recovery, the stigma is so different than it is for men. It would be nice to see some women’s only spaces and in-person support.”

I would love to see an increase in more after care following a detox or a mental health admission. There is a need there. As well as specialist housing for after treatment as well as post treatment support.

The dream is to go back into farming! I still want to be a Shepherdess! I want to be remembered as someone who is understanding, caring and kind but still a bit nuts.



Case Study 11: A 27-year-old local male, sharing his personal story of living in recovery.

I was born in Scotland but moved to Cumbria when I was 4. My earliest memory is of my Dad purposefully smashing a plate off the floor.

My parents split up when I was 4, and I have a memory of him driving away. They got back together again when I was 10 years old, then split again when I was 17 years old. There was domestic violence at home. I have 4 sisters and 2 brothers in total.

My dream was to be in the Fire Service, but my first job was working on the milk then I got a joinery apprenticeship until 21 years old, I was sacked because I chose the drink and drugs. I worked away a lot and was straight in the pub after work, it was the culture in that line of work.

I enjoy fishing, walking and the gym. I also enjoy working although I'm not currently working as in a rehabilitation facility.

"I would describe me today as kind, open-minded and loving. But when in addiction I think people would describe me as violent, uncontrollable, manipulative."

I was with my brother when I had my first bong and a can of John Smiths. I always wanted to be like my brothers, I felt Dad liked them more than me. My Dad drank and smoked weed, and both of my parents did coke as well. Family to me means all my loved ones who care for me the most, who I love the most. I'd die for them.

At 13, I started smoking weed, at 16 I started drinking, and in my 20's it got heavy and I was using cocaine. I was nasty to my ex, and I was controlling. I'm two different people. Put a drink or drugs inside me and I change.

When I split with my ex (who I've a child with) I couldn't stop. It was a way to get out of my own head. My definition of addiction is not being able to stop - can't function without it.

I was getting fed up of letting my daughter down. One night I wanted to throw myself off a bridge. I realised I needed help. I rang around services for help but didn't get anywhere. I rang the crisis team loads. I got in touch with The Well and they arranged an assessment. As soon as I had done that I hit the drink and drugs hard, it took a couple of months to get in.

I would like to see more provision to address mental health issues that is easily accessible. I think recovery is more than stopping the substances. It's about fixing your head and getting your emotions in check. It is the best thing I've ever done.

"The dream now is to stay clean, get my daughter back in my life, get my own business and be happy with my own house and family. I would like to be remembered for being a good dad and a good person."

Case Study 12: A 38-year-old male, who grew up in Blackpool sharing his personal story of living in recovery.

My earliest memory is going on an aeroplane to Tenerife. The dream was to be a pilot or an astronaut.

I grew up with a stepdad and 3 half-sisters. Our family was a self-employed family, and I worked from the age of 11 years old. Family to me means 'a house, mum and dad together, children who are looked after and provided for. That is a proper family'. Dad was controlling and never praised me as a child.

At age 16 I joined the army and spent 7 years which included Iraq, Afghanistan and Burma. I suffered with Combat Stress and spent 18 months in a psychiatric unit – I was suicidal. I didn't sign the Secrecy Act on exiting the army and felt the Ministry of Defence wanted me to be quiet so was admitted to unit for breakdown recovery. I discovered drugs whilst in hospital.

I would describe myself as non-judgmental, open minded and charismatic. I think others would describe me as different.

I took my first 'E' in a nightclub in Blackpool. When on benefits you don't have a purpose, you don't work. Drinking becomes normal and often progresses to drugs.

I don't blame anything for my addiction. I was sick of going into hospital and saying, 'I'm going to die soon'. I was put on a ward with younger people who were dying through no fault of their own and my illness was self-inflicted. I was abusing my body.

There is stigma surrounding addiction – I am guilty of it myself.

"I always felt that an addict had to have a drink first thing in the morning. That's how I convinced myself I didn't have an issue. "

Recovery isn't just drugs and alcohol. It can be from physical and mental addiction. Recovery can be from trauma and bereavement. I think the definition of recovery is having to deal with the aftermath of lost jobs, being bankrupt, lost children. Picking up the pieces.

Communication across services needs to improve. I have never had a doctor that actually knew me. I initially tried an addiction rehabilitation centre, but it wasn't very good. Their waiting list is off the scale. GP told me not to stop drinking as it was dangerous. I took that as validation that it was better for me to keep drinking.

I would like to see support regarding employment and housing post recovery. We're all at high risk of being homeless once leaving a rehab facility. Can't get a job without an address, can't get a place to live without a job. It's a vicious cycle. The threat of being kicked out of the rehabilitation facility and being homeless is making me anxious. There is no incentive to work through the recovery programme at pace if faced with homelessness and unemployment on completing it.

I had a place to live through social housing. I was discharged straight to the rehab facility from the hospital and missed two rent payments. I am no longer eligible to apply for social housing again through the council due to the deferred payments so I don't know where I will live when I leave the rehabilitation facility.

There is no support for people like me.

Most recovery places are taken up by males. Females struggle to admit or ask for help, perhaps for fear of what might happen to their children. There needs to be more focus on women and separate facilities available just for them to try and reduce the risk of them being too scared to ask for help. I don't currently have an addictive behaviour other than vaping.

Sometimes I fast so that I get the feeling of looking forward to the taste of food instead of looking forward to a beer.

The dream now is to finish my recovery, get a place to live, get a job and finish university. I want to be remembered as someone who has managed to achieve a lot despite hitting rock bottom. To be known for getting to the opposite of where I have been. I like a challenge and to prove a lot.



Case Study 13: A 39-year-old female, from Cumbria sharing her personal story of living in recovery.

I remember playing with my sister, and her bossing me around age 6. The dream went from being an au pair to being a vet. But I ended up in beauty therapy - I qualified as a beauty therapist worked in hotels and spas for 12 years.

I lived with my Mum, Dad and younger sister growing up. I had a normal childhood with two working parents, we didn't want for anything. I was a bit bullied at school as I didn't really fit in, I became a people pleaser. I wasn't really bothered about school, I just did it because I had to. Growing up I loved dancing and swimming. I'd like to dance to keep fit but wouldn't want to compete or perform.

For some pocket money I had a little paper round as a kid, then as a chamber maid in B&B and when I went to college, I did some waitressing in a pub. That was where I met my first partner as he was a chef there. We moved in together quickly and we were together for 2 years, but he had a gambling problem. I would drink every night whilst he was at work, even then I couldn't leave any wine in the bottle.

I would describe myself as quiet, kind and brave but I think others would describe me as out of control.

My partner would question me on why I was drinking every night. It did get out of control around age 21, not dependant yet but I was heavily drinking wine. Seeing the bottles in the recycling was an eye opener. I would define addiction as when you are relying on something to block everything out. I remember trying sangria on holiday. A little later in high school, I found myself saving up my dinner money to buy cigarettes and vodka with my friends. I have always been easily influenced. I remember drinking straight vodka to make room for mixer, before bowling or school disco and it would make me vomit!

"I had two sets of friends growing up, the good and the naughty. All I wanted was to fit in."

"My parents were quite heavy drinkers, they didn't need an excuse. Although it was always in the house, but it would be every night and more so on a weekend. I can't remember any family occasions when there was no alcohol.

I started going clubbing underage, we would be pre-drinking and go out without fail every weekend. I would have to stay until the end when the lights came on, I would never leave before it closed. I got into a pattern of drinking wine (around 3 bottles) most nights throughout my 20's. Drinking after work is so normalised, no one questioned it. When my drinking got bad, I switched from wine to spirits - 2.5 litres per day (unmixed).

I also struggled with an eating disorder and would self-harm, which was on going from school. I carried lots of self-hatred.

"I decided to make changes when I lost my 15 year relationship and my kids due to alcohol. I had also lost my job and my licence. I needed to do a detox and at that point I refused to engage with the rehab offered due to having my kids."

I managed to stay off the drink for 15 months through sheer will power, got myself a house and was allowed to see the kids was doing OK for a bit. Unfortunately, I relapsed and ended up quickly becoming dependent on alcohol again, there was an incident where I had to go into hospital whilst the kids were in my care.

They stopped talking to me after that and that was my rock bottom. This was December 2023. Had a detox in January and went to stay with my parents.

“The impact and trauma I’ve caused my daughter is awful and she has decided no contact for herself, and I respect that.”

Although it is very early days, my son is coming back into my life.

To be in recovery means to be free, accepted and hopeful, I define it as when you learn to live life without your “best friend”. I am 154 days sober.

“The stigma attached to women is much worse, this is why there’s so few women in treatment. We are fearful and ashamed. In 12 weeks, I’ve seen seven women leave. There’s 31 men in every meeting, it can be uncomfortable.”

Currently there is two stage 1 houses and one stage 2 house. There is no stage 2 provision for women. There is only one female part time worker but three male full-time staff. That is not okay. I don’t approve of gender specific support, for example, the women support women and men support men. I understand the vulnerabilities and safety concept but would like the option to speak with the men/others in a different house. It is incredibly challenging just being stuck together as per the ratio rules.

I tried to take my own life 2 years ago, I had crisis support for a while but when I started to get better, I was dropped without support or after care. There was no assessment of the root cause. I attend Alcoholics Anonymous, and I working with a rehabilitation service, but I had to wait 60 days after my detox until there was a bed, it was too long. I got an Alcoholics Anonymous sponsor in the interim, but it wasn’t enough. What is great is that it’s free but there is such fear for parents. Especially surrounding the risk of losing your children. The stigma is that we should be strong and hide our problems.

There is poor communication between hospital, rehabilitation services and children services whilst waiting for a bed. There’s nothing specific for mothers or families. It is a very male dominated environment, there’s very little awareness for women in addiction. I have experienced judgement from other addicts, just because I am a mam.

Through probation a while ago I did attend a rehabilitation service, there was nothing they could do regarding recovery as I was sober. There is no recovery support. I just experienced rejection, I just got discharged without any after care or relapse prevention.

I would like to see Narcotics Anonymous increase in rural support across Cumbria, more visible recovery support, as there are not enough options outside of Alcoholics Anonymous. As well as women’s specific services/ support workers and family focused support. The dream is now to stay sober and to be a mum again, and to find my purpose. I want to be remembered as someone who never gave up.

Case Study 14: A 43-year-old male, from North Cumbria sharing his personal story of living in recovery.

I remember being locked out the house, I was very young. Upon reflection I imagine this was one of the incidents where my Mum was out looking for Dad when he was drunk. I don't remember ever being asked what my dream was, it wasn't encouraged. Over the years, I worked as a labourer and in scaffolding.

My family started with Mum and Dad and an older Sister but they divorced when I was quite young. My Dad was an alcoholic. Dad was in and out of alcohol detox which back then was up at the local psychiatric hospital. My next earliest memory is probably being a donkey in the panto up there.

There was an incident between my parents which meant we had to move out of our family home. I remember the police being called, we spent a night in what I now know to be a women's refuge and then to my Mam's friends for a bit. That was the end of the family unit. We later moved in with my Grandma until my Mum remarried later.

Due to us moving house, my friendship circle completely changed. I used to be a good swimmer, I swam for a local swim club and when I was a kid. I was violently attacked in a local park and hung up by my neck with a belt. Fortunately, the belt snapped but in the fall, I fractured my skull and perforated my ear drum, this left me deaf in one ear. I was in hospital for months. I remember trying to return to swimming after the incident, but my confidence was knocked and it felt uncomfortable.

I would describe myself as committed, passionate, and disciplined. But when I was using, people would have described me as a mess, Junkie, wrong un, basically a good lad gone to waste.

“I would define addiction as a force more powerful than myself that takes over my life. My brain being highjacked and my thoughts are taken over by compulsion and obsession.”

When I would visit my Dad, he would always have people staying, a lot of them were heroin users so I was always around drugs and it was quite normalised. Sadly, my Dad died at 50 from a heart attack. My Uncle was also an alcoholic on my Mum's side.

“During my addiction, family meant nothing to me. They were victims of my behaviours. Easy targets, caught in the ceasefire. Collateral damage.”

I first used alcohol or cannabis first around age 13. This became normal as everyone around me did it. I tried lots of different drugs throughout my teens. Valium was my thing for the longest time and that all changed when I discovered Heroin. It helped me forget everything. As I had compensation money from my accident, so I just drained that, so finances weren't a problem initially.

I remember walking down the street on a sunny day and saying to my friend I had the flu even though it was summer. My mate said to “you're rattling you daft bastard”. I remember being in such severe withdrawal later that I was dry heaving and rejecting it but needing to use it to stop feeling like that.

I had over 20 years of addiction. At age 18 I went to a friend's party and there were people smoking heroin. I got offered it and for some reason, I said yes. I remember liking the feeling, but it made me so sick and itchy. They had to get me out the way so nobody would see me, I was a mess and had to be put to bed.

My friend has died since then, in fact nearly all those people have now died. I woke up and did it again the next day, despite the sickness I liked the “warm blanket feeling”. The feeling of the ‘Ready Brek Glow’ which grew from the inside out. I loved the effects of drugs, but they didn’t love me. I was so young when I started so it became all I knew. I believe I am cognitively stunted in age and that my brain stopped developing then.

The recovery journey started between 2017 – 2019. I was diagnosed with Hep C and was in hospital for a few weeks. For the first time ever, I’d not used on top of my script. I was on a high dose of methadone which was able to ‘hold me’ so using was a choice, not a need. When I got out, I avoided everyone and went to the services for support. I wanted to reduce my dose, genuinely engage and not just tick a box. I knew I wanted to be away from that chaotic life. I was attending every group going at the time and engaging at every opportunity, trying to change. I was taken to an Alcoholics Anonymous meeting by another member, then eventually was taken to Narcotics Anonymous, which back then was a small meeting.

My mental health was majorly affected by this change. I experienced psychosis. I used on and off but there was clarity and desire. I realised that I’d used the drugs as a sticky plaster for all the shit in my childhood. So I was struggling without the drugs to numb that. I tried moving away but I just created the same chaos there.

I ended up in a cycle of risky drug use again but repeatedly Naloxone saved my life. I had five overdoses in 3 months. Due to my injecting history I nearly lost my leg. I had two lifesaving operations, which I abused. I knowingly injected into my surgery site (groin/leg) which could and did lead to further femoral artery damage. I knew the risks of continuing to use – the consequences were loss of limb or death. I was okay with that. Drugs were priority.

After the second time my femoral artery burst, I left the hospital and went and sat on a bench in the city centre. A nice woman came over and spoke to me. That was when I had hope that things could be different.

To be in recovery means to be happy, joyous and free. It means living life and being a productive member of society. It’s when you can enjoy the simple things in life. Recovery is exciting. It’s an ongoing process which requires daily maintenance which keeps on top of your illness. I currently attend mutual aid (Narcotics Anonymous) meetings but I am not open to other health services.

“There isn’t enough groups or recovery support for methadone users. It would be great to see an increase in structured reduction plans for opiate users across the services.”

I would also love to see a detox facility, and an increase of recovery groups in the area. There’s a gap for low level prescribed clients, there needs to be an increase in supported housing / group support in the community which is not abstinence based.

There needs to be a follow on from current services. What happens next? Where do the clients/residents gain independence once they have addressed their substance use? Holistic support should include learning life skills, budgeting, healthier relationships but with support and regular drug tests for accountability.

I now have a much wider family. I don't see them often but the version they get now is reliable, responsible, and trustworthy. I've developed a wider family in my recovery family.

There's stigma attached to having a past, there's just as much judgment with people who have changed their lives around than when I was using – just a different type of judgement. I am open about my recovery and my past addiction. I will admit that I have an anxiety about stepping into another line of employment as I've consistently 'qualified' due to my lived experience. That might not be so well received in mainstream employment. When I look at jobs, they state that they want a 'diverse workforce' but the question is just how diverse?

There has been no issues regarding accessing health care for me personally. My pain is managed by exercise where possible. I wouldn't be keen to use any opiate pain medication due to the risk and even though it has been years, I would not trust myself.

I think the communication across services has improved but the information is diluted. I encourage professionals to come and visit different services to see it for themselves.

The dream is to be a CEO of a moving on service which includes housing. I'd love to see people in recovery, moving on from recovery services – where they get upskilled, learn life skills, gain independence. I want to be remembered for making a difference in the lives of others who struggled with addiction, to be remembered as a good person.

Case Study 15: A 44-year-old local female, sharing her personal story of living in recovery.

I remember going on family holidays in the caravan to Silloth and Blackpool. I remember riding a bike that the whole family could fit on and we would cycle round the caravan park. We were a happy family before the divorce.

As a teenager I wanted to be a Christian missionary in the third world. Later I wanted to be an air hostess. I have worked in retail and for the Government later.

My favourite colour is black, I have always liked it. It was me, my Mum, Dad and sister. They got divorced when I was 5, after my dad's affair. I watched my Mum work 3 jobs and we saw Dad each weekend. Growing up our house was like a zoo. My mum is my biggest support and my relationship with my dad was strained.

I would describe myself as strong, kind and fun. But others would say that I am "not the girl they knew", a nightmare, selfish and irresponsible. People would try to help but they don't know what to do after so long.

I was in a toxic relationship that was built on drinking alcohol and living the 'high life'. He was coercive and controlling, all we had was built on binge drinking. I fell pregnant soon after the relationship started and panic set in. I had to be forced to stop drinking whilst pregnant. I didn't drink to self-medicate, it was more about escapism and circumstantial.

My definition of addiction is it is when you are in a cycle that you feel you can't get off. I would drink like the average teenager and had no issues. I could stop after the night out. Would go out with older sister and we would enjoy ourselves. My Dad would only ever drink in a social club at the weekend but very few times I saw alcohol in the house like at Christmas.

My relationship broke down and consequentially, my drinking increased. I loved my family, but my addiction was priority. My child had an accident as a toddler, this led on to a series of court cases and proceedings. I lost custody of my child for a while. This led to further alcohol use.

I felt awful, it consumed my every thought. I have serious guilt and shame. I would say I struggled with alcohol abuse on and off for around 7 years but I am sober now. My child now lives with me full time and although it is a challenge, my child is my greatest achievement.

"Following the loss of custody of my child I can remember sitting after a long binge and saying to myself "that's it, I'm going to stop". I remember that I didn't want to tell anyone else I was referring myself to a rehabilitation service as I had said it so many times before.

I referred myself and after a few days without a drink and the nurse I saw said "Well done!" and that was what I needed to hear! It changed everything. When I told my family, I had their support. My mum was probably my main supporter during that time.

To me recovery means that I am in control of my life and my relationships are so much healthier. I associate it with relief and pride."

I have not used alcohol for 6 years. But currently I am struggling with my relationship with food, I go through stages of fixation. I have certainly replaced alcohol with sweet stuff!

Also shit sticks. There can be stigma associated with multiple elements of addiction and even recovery. Even drinking a 0% drink has a stigma! I'll forever have a past, and I know people will have opinions, but I know who I am and how well I am doing.

I access a rehabilitation service. I initially had enquired about a computer course that they were running to begin with and then learned about what they do, later I became part of the peer support team. I just wanted to help others in their recovery and in turn, I am helped. Some services in the area are so chaotic and the environment is busy, this doesn't help people when in they are starting their recovery or wanting help.

It would be great to see a service that is 24/7, to support people who are motivated to change there and then and can be seen much quicker than presently available. It would also be great to see an increase in 1:1 provision with quicker access and shorter waiting times.

I would love to see more of the world, in the long term. In the short term, I'd love to be well enough to do more for others. I like to be known as 'dippy and fun' and a good Mum. I want to be remembered as someone who overcame so much and won.

Case Study 16: A 32-year-old female, from Cumbria sharing her personal story of living in recovery.

My earliest memory is our Grandma being unwell and moving in to our 'Granny Flat' and spending time with her, doing everything together. We were close. Her death affected me quite seriously and I remember that I wasn't allowed to go to her funeral. I never got over that and probably never got the closure I needed.

I also remember coming home from school upset and my parents taking off to the school and kicking off with my music teacher because she made me cry.

I always wanted to be a social worker – always wanted to be helping others. My favourite colour is pink. We had lots of pets growing up, our garden was like a small farm. I grew up in a very stable home, made up of my mam, dad and brother. I attended a village school and was totally sheltered, in comparison secondary school felt big and alien.

My brother went off the rails as a teenager and I remember being so judgemental and couldn't believe someone in our family was behaving like that. I had an ex-partner who I later found had used drugs throughout our relationship and I had no idea – I was so naive.

I enjoyed studying History and English and later on, Psychology at 6th form. I was a good student. Though I had no hobbies – I enjoyed reading but loved getting into fitness and running. I have always been employed, even through the worst of it. I was a successful Social Worker throughout my addiction. During 2020 I feel that Covid gave me a green light to drink what I wanted. Without the contact with people, without having to go into work, without the routine. I didn't need to drive anywhere, there was no services checking in and no obligations other than adhering to the pandemic restrictions. It was a free for all.

People are surprised when I say I am a recovering alcoholic. People can't see it and dismiss me because I don't 'look' like an addict/alcoholic.

I would describe myself as confident, content and free.

As I was a binge drinker for so long, it wasn't until my mental health was being badly affected that I considered it an issue. Thought I'd be okay 'this time' but I continued the cycle of drinking and then needing crisis intervention and crying out for help. I ended up hospitalised three times due to withdrawal seizures.

After 10 years of this behaviour, it was different, I had turned 30 and this time I couldn't self-reduce. For the first time it occurred to me that I was at risk of losing my daughter if I didn't stop drinking completely.

I remember when my Mum and I were in a mental health appointment and my Mum had voiced her concerns about my drinking to the health professional and the worker said "she shouldn't worry, we all have a drink after work to de-stress and that isn't surprising to hear from a social worker". I just seen that as a green light to drink and would throw that back in my Mum's face at every opportunity. If the worker doesn't see a problem, then I mustn't have one right?

My definition of addiction is when everything becomes unmanageable, and you are powerless to drugs or alcohol.

I never told my family, but I was sexually assaulted many years ago which made me move away so that I had distance from my attacker and the physical escape however, I increased my binge drinking, which was a mental escape. It was how I coped with the trauma. I was later diagnosed with PTSD (Post traumatic Stress Disorder) unsurprisingly.

Years later I returned to Cumbria and plucked up the courage to go to the police about the incident. The police and CPS (Crown Prosecution Service) were brilliant. They supported me all the way through, and I felt like I had been given back the strength and power I had lost. Unfortunately, during the court case the logistics of the building meant I had to see the perpetrator again and it was so traumatic. I felt numb and was emotion-less throughout, which I feel affected the outcome and is now one of my biggest regrets. We lost the case and that set me back. I felt I had lost my power all over again.

As a teenager drinking was always allowed in our house, but I remember there was a power cut during the floods of 2005, so I was about 14 and the whole village was in the pub. I was drinking red wine. It made me so sick, and still does but I do remember the feeling of confidence it gave me. The biggest realisation of there being issues with drinking was all the sneaky behaviours.

I recognise the desire to lie or twist the truth as a massive red flag now but for many years it was my normal. I was so good at the token gesture of change; I would give my bank card away to a relative so I wouldn't be able to get a takeaway with alcohol delivered to my house but I would have a photo of my bank card on my phone and just do it anyway. Now I am in recovery I am overly honest.

One of my greatest challenges was reconciling with family. Throughout the latter years of my addiction, I was disowned by my parents and that is so hard to get over. My definition of family is unconditional love, being there no matter what, solid and reliable. What I found was that other than my brother, it was my friends who would step in and support me when they couldn't. They became my family. This fed into my belief that if my family don't even want me then who will? My self-worth was non-existent.

The final realisation was the risk of losing my daughter. A solid memory I have is us having to move in with my parents and being told my daughter wasn't allowed to sleep in the same room as me. Every night we would sing three songs, the main one being 'you are my sunshine' and I can remember the words hitting me like a brick. It was truly heartbreaking, and I never want to feel that shame again.

**“For me recovery means living my life!
Defining it as being safe and secure, being trigger aware and being in control.”**

I attend Alcohol Anonymous meetings online, so much of my recovery success is due to my own self-education and talking to other people with people who get it and the select few people who know about my struggles. I have healthier coping mechanisms now such as exercise and fitness, however due to issues with my physical health my ability to do this has been impacted so I have been working on finding an alternative. I stay safe by attending meetings and talking to my partner.

I am not aware of any major issues with stigma personally other than the dismissal of my struggles, being told that I am not an alcoholic and I am fine. It is weird. Unless you fit the stereotype of an alcoholic, you aren't believed. But I have had no issues accessing general health services and currently my issue with the community mental health team is the long wait times for the help I need.

Sadly, I have left my career as a Social Worker as I've lost faith in services so much that I couldn't work there as I refuse to advocate for services that I don't believe in. I don't think I could encourage or signpost to the current statutory services comfortably as it did more harm than good in my case. AA was the game changer for me, but it took a long time for me to get there due to acceptance of having a problem. I think more education for young people on how alcohol is used as a coping mechanism and the risks of that needs to be improved.

The communication between services in my experience is not good enough, connecting the dots between trauma, mental health and addiction is vital for recovery. In my experience there is no communication between substance misuse services and Mental Health services. Even between myself and the mental health team, there is consistently poor communication. I have been waiting a very long time to start a course of compassionate psychotherapy.

“I have issues with the amount of medication that I have been offered in place of actual therapy or discovering the root cause of the issue. There has to be more work done connecting the dots between trauma, mental health and addiction as it is shockingly poor.”

There was a difference in how I was approached when I had two suicide attempts under the influence of alcohol compared to when I had one attempt sober. They finally seen that we needed to get to the root cause as it wasn't just the drinking that was an issue.

I had to pay privately for counselling and EMDR (eye movement desensitisation and reprocessing) once I had my PTSD (Post traumatic Stress Disorder) diagnosis. I think these interventions should be more freely available.

“I would like to see an increase in PTSD education and awareness. It needs to be so much better across employers, local authority, NHS. As well as specialist treatment for PTSD locally. My dream now is staying sober. I would love to have a passion for something again. I want to be remembered for being a good mam and someone who's living life.”

Case Study 17: A 48-year-old male from Cumbria sharing his personal story of living in recovery.

When my parents got married and had children, they moved in with my great grandparents so my earliest memory I think I was around 3 or 4 and it was my granddad coming home from working on the railway. He had a long trench coat and he had sweets in his pocket, I remember me, and my brother were so excited every time.

I was one of 4, now there is only 3 of us. I lost my brother suddenly last year, sadly my other brother is still struggling with his own addiction and my sister is the opposite to us, she works in a court! We always had golden retrievers; I think my dad loved them more than us. I loved school when I was younger, it felt like an escape from home. My favourite subjects were English, drama and art. Growing up I really wanted to be an actor! I wanted to act in plays. I loved everything about it.

I really respected the teachers, even though they were strict they were reasonable. It felt different from the strictness at home. I learned that I was good at art. I used this as an outlet throughout my addiction, unfortunately I can't do it now as it can be a trigger. It really affects me so in order to keep myself safe I avoid it.

There were no drugs around us growing up, but our home life was very violent. Our dad was very heavy handed, and an outburst could go on for hours or days. I remember an incident where I was beaten with a dog chain and locked in a cupboard for two days, I went to school and not one person asked if I was okay or thought to inquire if there was anything going on at home. It was a different time.

I now understand that my Dad was like that because that was all he knew, he had experienced the same. Now the physical abuse was horrific but when I was 14, I was sexually abused by a close family friend. I already thought I was in hell, but this was a whole different depth of depravity. I kept that secret hidden until I was 40.

At around 11 I made friends with an older group of friends in my area and at school. They introduced me to cannabis, mushrooms, Ecstasy, and gas.

“When I was introduced to ‘weed oil’ at age 14, I thought I had found the premier league of all drugs. I thought it was the best thing in the world, it felt like an impenetrable ball of warmth where nobody could hurt me. It wasn’t until I was in withdrawal a few weeks in that I later discovered I had been smoking Heroin the whole time. Crazy! “

I remember the first time I couldn't stop. It was when I thought I had been smoking 'weed oil' for a few weeks and I woke up this day and I felt so ill. I was vomiting, I had no control of my bodily functions, I was sweating profusely, and my legs were spasming. I was overly emotional and very ratty.

As my teens went on, I got lost in the spiral of drug use, in a constant cycle of escapism and wanting to be numb. I was a zombie, chasing my first time. I found that the people around me understood me. My biological family meant nothing to me but these fellow addicts, they were family. They understood me on a different level, meeting needs my family or society couldn't. This behaviour continued for 24 years. Hurting and destroying everything in my life.

I just needed an escape from home and school and life, I always felt that I was different, and I knew something was severely wrong with me on the inside. I was just dubbed as naughty. Further down the line I learned that I had Bipolar (a personality disorder) and borderline schizophrenia. My favourite colour is black. I have always lived in the darkness, I embrace it. I used to hide in it, but it no longer holds power over me. Personally, I would describe myself as resilient, human and determined. But I think others would describe me at this point as 'Junkie Jack', a smackhead, or a waste of time.

My definition of addiction is doing something you can't stop and have no control over, making you powerless. I disagree with the belief that there is no such thing as a 'functioning addict' as I worked throughout my addiction. My first job was in 1992 and later I went to work in the kitchens of a department store. I remember I lost that job as I was found injecting in the toilets. I worked in retail in between jail sentences throughout the 2000's.

I was in prison on a possession with intent to supply charge, doing a 3 year and 9 month sentence. A guy came in to do a talk. He stood there and shared how he had been clean for 9 years. He had a wife, a business, he had money, his health and three holidays a year. For the first time I took the cotton wool out of my ears and listened. I thought I wanted a slice of that pie. The next day I went to get my Methadone script from the hatch, I threw it on the floor. There was uproar, the lads around me literally wanted to lick the floor.

I asked for a 'rattle pack' which then contained the basics needed to support you through the withdrawal such as Paracetamol, Benzodiazepine and Buscopan. Over the years I had done many 'rattles' off every drug you can think off but that rattle off Methadone was the worst ever. It was six and a half weeks of pure torture. When I had overcame the worst of it, I remember getting a shower, cleaning my pad and started my recovery journey. I attended a SMART recovery course and then started learning the 12 steps, but mainly I started to talk about how I was feeling. It changed my life!

Recovery is when I am not using substances to change the way I feel. It is when I can take on life, on life's term. With great suffering comes great growth. Three words I would choose to describe what it means to be in recovery are empowering, HOPE (hold on, pain ends) and God.

I have accessed multiple services across Cumbria over the years and I have continued to attend NA. I remember the first impression I had of mutual aid was "what the fuck is this happy clappy, touchy feely God shit" and ironically, I now attend five Narcotics Anonymous meetings per week, and I am the biggest hugger!

In my experience the services didn't communicate with each other effectively, I believe I would've been on track much sooner had there been a better signposting and referral process in place. I found that speaking with Doctors, Pharmacists, Mental Health team and GP just resulted in them wanting to chuck medication at me rather than help me address the reason why I did what I did. I had 11 hanging attempts and 39 convictions. That is a lot of contact with professionals.

"Can you believe in all the years I bounced from service to service, nobody asked me about my childhood?"

I am concerned that staff in services are lacking in training and understanding of trauma surrounding addiction, as well as being medically qualified to make decisions surrounding someone's recovery needs. There is a reason that relapse and death in Cumbria is at an all-time high. Where is the oversight from the local authority? When recovery is a freely given gift, how are there people making profit from people's misery?

“What I would like to see in the area is a proper rehab offer. With structured, safe reduction from the substance with qualified staff who can help you get to the root cause of the problem. Who can teach life skills, budgeting, independence, the impact of your behaviours on others.

I don't believe there is only one way, I remember reading that there is something like 219 different types of recovery. People are all different so why shouldn't there be different options for the different recovery needs?”

I would love to see more visible recovery like regular recovery walks and an increase in mental health support for men, such as the likes of Andy's Man Club.

In my experience as both an addict and a volunteer, there is not enough rural provision, especially surrounding needle exchanges and harm reduction support. This is leading to sharing, re-using and re-infecting of blood borne viruses. In 2024 this shouldn't be happening.

The stigma associated with my addiction and my recovery used to really affect me, I was tarred with the brush of 'Junkie Jack'. I believe that having representation and living a life by example is what changed that. I am visibly, practising recovery. I am now volunteering with a charity as well as working with the NHS as part of their Involvement Banking, speaking with medical professionals and educating them by sharing my experience.

I have a healthy and stable relationship with my family and children now, I'm blessed with grandchildren, and I know that I will not be passing any of my trauma down as I have dealt with it. That is a huge relief to me.

I want to be remembered for being someone who never stopped trying. Someone that truly changed. My dream is to carry the message that there is life after addiction. I would love to share my story in schools. My message would be about choice but that it takes 100%. I want to be a better person who is respected and a valued member of society. I don't want that validation from external factors, I get my strength from a higher power.

“My proudest achievement is that I overcame the disease of addiction.”

Case Study 18: A 31-year-old male who grew up in Glasgow sharing his personal story of living in recovery.

My first memories were rough, growing up in the scheme in Glasgow I seen stuff children should never see. I think the first memory I feel comfortable sharing is that I remember seeing someone being stabbed when I was 3 or 4 years old.

Though I fondly remember my childhood pets, which included two goldfish that lived for 9 years, they were massive! My sister also always had cats, rabbits and dogs. I love colour, my favourites are blue then purple then green and then of course pink.

I was diagnosed with ADHD and Autism and behavioural problems very young. As a result, I was sent away to boarding school for what was meant to be specialist support although I would be left to help the caretaker and kept out of classes, which affected my education. I feel like I had less opportunities due to my diagnosis of Autism. I did enjoy sports though; I was good at PE. I also enjoyed cooking and I wanted to be a chef. The school later supported me to attend a local college to do hospitality.

“My Dad died of a Heroin overdose when I was very young, so it was just my sister and Mum until she remarried. We grew up surrounded by drugs and alcohol, stereotypical party house but this made me reject this.”

I didn't want to live like that and was anti-drugs due to what had happened to my Dad. The last time I seen my Dad I was three and it was in a prison in London. He died from a Heroin overdose weeks after he was released from prison.

My Mum has abused substances my whole life and she still has her struggles with addiction, this means sustaining a relationship with her is difficult. There were times throughout my childhood where I had to stay in foster care due to this and endured abuse there, I used to be resentful, but it does not help to dwell. When I was around 16 my Mum moved us over to Australia for a better life, but the issues with that is that the issues aren't only environmental. They are within us. Which meant the problems followed us there and it wasn't long before the chaos at home began again.

Being 16 in a new country, I was desperate to belong. I felt like I had so much to prove. Like many at that age, drugs and alcohol were central to the social culture and before you know it, I was going against my instincts and drinking and experimenting with drugs. A cycle of crime, substance abuse and mental health crisis quickly began.

Soon after our move to Australia I had fallen into a gang, this is the first time I tried a drug which was cannabis and it turned me green, I was so sick. Shortly after, I was drunk at a party, and I tried cocaine. I lost my memory, and I liked the sensation of oblivion. It just spiralled from there for 12 years. I had become part of a new family. I just stopped giving a fuck, I treated my Mum and Sister like shit. All what mattered was the gang, the drugs and the alcohol. Even when I was stabbed, I just carried on.

Where we lived there was no mental health crisis support nearby so when I was experiencing mania, my mum had to call the police and I would be locked up in a cell for a period of time. This happened multiple times. I was always a kind person but when I was under the influence, I totally changed. I think others would have described me as manic, out of control and chaotic.

I would define addiction as someone who uses drugs or alcohol as a coping mechanism to deal with trauma, pain and loss. To use as a crutch to manage emotions. I was in denial for many years, but it took going into rehab for the first time to realise that I may have a problem. More so when I was released and I discovered that I didn't need drugs or alcohol to function, that I didn't need to commit crime for money to buy them. Sadly, this only lasted a few weeks. This was then proceeded by eight further rehab attempts.

Eventually I decided to move back home to Scotland, ironically to get away from the same cycle my mum had tried to escape. Life was good for a while. I had a somewhere to live, I had a good job, and I was managing to remain sober for a period of time. I hadn't drunk alcohol for over a year, and it was my work Christmas party and I thought I could hack it. I thought I was in control, and I could manage it this time. I ended up relapsing that day, I lost my job and became homeless shortly after. It all happened so fast.

I burned bridges and that meant another move for me, that is when I came to Cumbria just before the pandemic. The impact of my support network being severed, the gyms closing, and services being online meant that I was not coping well. My mental health was poor, and I turned to alcohol to help cope.

"In 2022 I blacked out drunk, yet again and was found by a friend. The next day they dragged me to an addiction rehabilitation centre, after two years of struggling and crying out for help during the pandemic without the support I needed. I finally felt there was hope. My definition of recovery is when you are working on yourself and living healthily, with a structure, avoiding drugs and alcohol to manage emotions.

I would describe being in recovery as being free, humble and open-minded.

I am not accessing any services presently. I feel like if you spend too much time around people who are still using and/or drinking it is risky for your own recovery."

I don't attend any mutual aid or access services anymore; this was due to disagreement in treatment plans as well as my own struggle to be around people who are still drinking and/or using. I now channel the energy into my own health and the gym and the church communities, which have now become vital in my own recovery journey.

"I do think there needs to be further support for those who have an overlap of neurodiverse needs, mental health and addiction issues.

I would also like to see specialist services in that area. I don't think medication should be the first response. There should be room for tests, scans, proper assessments and alternative therapies."

In my experience, there aren't enough staff who are educated, trained, or qualified in the field of addiction and recovery. I would like to see mental health support for those who are in recovery to reduce relapse, for example, a quicker way back into services if needed, especially post-discharge. I would like to see more options across Cumbria with alternative recovery solutions.

“The stigma surrounding being an addict and accessing services for support used to bother me, but it doesn’t anymore. I now see it as lack of education and lack of awareness rather than it being personal. But I do think people need to be more open minded and less judgemental.”

However, accessing GP, Mental Health services or A&E can come with barriers. I have felt like I am being treated like a second-class citizen as soon as they read my records and see my past. It is very dismissive and can alienate further.

If I was to describe myself today in three words, they would be brave, grateful and thankful. The dream now is to be able to help others by volunteering my time and being around people who lift me up. I would like to be remembered as being an inspiration to those who have complex needs and to advocate for those who don’t have a voice.

Case Study 19: A female in her 50s who grew up in The Wirral, sharing her personal story of living in recovery.

I think my earliest memory was sitting on the counter in my parents' chippy, eating a small bag of chips. I think I must've been around 18 months old. Although my Dad worked away a lot after that as they needed to make some decent money after losing it in the chip shop. My mum held the fort at home with me and my brothers and my dad would work away a week at a time, which was totally normal back then. Although my best childhood memories were on Sundays when just me and my dad would go off and kayak or ice skate or mountain climb – I loved it.

I never had a dream. I enjoyed sports as I was naturally competitive (having two older brothers will do that to you) but I couldn't read until I started secondary school. My English teacher lived in the same village as I did, and she taught me to read after school! I later learned that I was dyslexic but if it hadn't been for her, I don't know if I would have ever learned. I was 11 when I first tried cannabis.

“Between the ages of 15 and 40 I used at least one drug every day.”

It wasn't until I was 24 when I first tried heroin. I was so unwell and violently sick, but I liked the feeling afterwards so continued. I was in a cycle of using crack to come up and heroin to come down, but I rarely came down fully. I would use for days on end then crash for 2 or 3 days and then do it all again. I experienced drug induced psychosis and was nearly sectioned due to how mentally unwell I became. I remember the first time I couldn't stop; I was 19 using crack cocaine, I must have used drugs nearly daily since age 15 at this point.

I loved party drugs (Ecstasy and cocaine then cannabis to 'come down'), it was just a normal part of the rave scene. At the time my brother was dealing, and I was able to get my hands on whatever he was selling at that time. I distinctly remember my best mate at the time refusing to go out without the promise of drugs.

My parents had never experienced drugs or this world that my brother and I was in, they couldn't understand. So, me and my brother leaned on each other and pulled away from the family unit. When he went to prison, I just packed up what I had and moved down south to escape the mess. At the time others would have described me as a liar, thief and as being selfish.

“I isolated myself from my family and had no connection to people, I was sofa surfing, homeless and I ended up in prison. My first sentence was at age 25, embarrassingly it was for 'bootlegging tobacco'. This was a 6-month stint in Holloway but over the next 15 years I would rack up another 97 convictions – didn't quite get to that 100 mark!

People have a misconception that there are no drugs in prison, that is very much not the case, so nothing had really changed for me, and my drug use worsened.

I would define addiction as being in a position where a substance has control over you. When you are a slave to the substance. When you can't function without it.”

My brother got cancer. I was visiting him in the hospital and at this point I had been 'doing well' and people thought I had stopped using but I hadn't, he came round from his surgery and the first thing he did was look at me and said, "you haven't used, have you?". I felt horrendous because I had. I knew then that I had to actually stop. It was how people describe an epiphany; I was just like "how can I not even come to see my sick brother without being off my head?!" it was the first time I realised that my addiction truly affected others.

I had been on and off a Methadone script for many years, at this point I was on one and I knew if I didn't act whilst I was motivated – I never would. I told my drug worker that I wanted to reduce down and they disagreed with me, saying that it was too soon, and I wasn't ready. I thought "eh? You don't know what is going on in my head!" so I decided that I would just do my own self reduction and I think my stubborn streak carried me through. Initially I did it on my own.

I don't believe that being on a Methadone script is the same as recovery. It just gives a secondary habit and enables people to use on top. After my reduction from the methadone, I tried mutual aid groups as well as completing my Probation Orders ASRO/P-ASRO (Addressing substance -relating offending/Prisoner addressing substance related offending). But it was when I started a course of PSI (psychosocial intervention) and SMART recovery, which really helped me to learn about my behaviours and how to sustain change.

"I would like to see a more visible recovery community, although it is getting better from when I moved to Cumbria. I would like to see businesses ran by those in recovery, recovery cafés and sports clubs. There is a massive lack.

There is still a massive stigma attached to being a past addict, but that changes when more people are heard or represented across businesses and services. Hence the need for visible recovery!"

Giving people choice of services and options is so important as addiction is different for everyone and no one recovery model fits all. Being in recovery means I have repaired family bridges, and I can now give back. I would describe recovery as hopeful, self-belief and confidence.

The dream now is to do a masters in mental health or look at a counselling course. My greatest achievement to date is probably completing my degree with a first and getting married to a bloody police officer?!! I would like to be remembered for helping and educating others, especially those who are struggling with addiction. Though today, I would describe myself as brave, grateful and thankful.

Case Study 20: A 43-year-old female who grew up in the Midlands, sharing her personal story living in recovery.

Growing up my family was my Mum and Dad and then my older siblings, although we were a foster family with lots of children in and out the house. It was the 'fun house'. My earliest memory is getting praise from my Mum for being able to write my name backwards, I don't know how young I was. I wanted to be a social worker, but this has changed significantly in recent years.

I liked primary school, but I was bullied awfully all the way through secondary. I hated it, it just made my teens so difficult and exhausting. I was part of a tiny group of friends, but I never felt like I fitted in. Despite me loving art and having a pleasant and calm teacher, I avoided it due to the girls in the class as they relentlessly bullied me.

Through my teens I had 2 small friendship groups, which were split between the 'nerds' who were strait-laced and then the others who were a bit more reckless. When I was with the latter we would drink in the local parks and then later pubs, and I remember alcohol giving me a warm, calm feeling and it meant I was accepted by my peers.

We would go "swimming" but just go to the local pub nearby instead. Our parents had no idea, they would drop us off at the pool and then we would sneak through the back to the pub. We were so sneaky that we would sneak back in afterwards, wet our hair and our costumes and get picked up at the pool. We got into the pub, and it meant that we were exposed to older adults who were drinking alcohol and smoking cannabis.

I have always binged to excess, so it was more around that realisation that I had to take it to the extreme. People saw me as the fun party animal initially. I remember a friend saying that she didn't think I needed an excuse or a reason to drink, anything was a green light.

I took my family for granted. I saw them as ruining my fun when they were looking out for me. I had a few different jobs over the years but due to one reason or another, I had to leave. I started out in a care home when I left school and then switched to working in a mobile phone shop at the turn of the century when mobiles were rare and business was booming. At the same time, I had a son who was diagnosed with ADHD & Autism, so childcare was too hard to find due to his behaviour, so I sadly had to leave work.

I would describe addiction as being powerless over something (can be drugs, alcohol, gambling, sex). It is using something that helps you feel differently.

I drank for around 20 years, from age 13 -33 and this year I will be 10 years sober!

I hit rock bottom. There's two different rock bottoms. The first is the external rock bottom when the world around you collapses in. The second is the internal rock bottom where there's an acceptance and a part of you accepting that you will never be able to drink again. I am grateful for this now.

I had a few different jobs over the years but due to one reason or another, I had to leave. I started out in a care home when I left school and then switched to working in a mobile phone shop at the turn of the century when mobiles were rare and business was booming.

At the same time, I had a son who was diagnosed with ADHD & Autism, so childcare was too hard to find due to his behaviour, so I sadly had to leave work. My marriage fell apart and following the divorce we moved to Cumbria, life had changed significantly, so my parents moved up here too.

I ended up doing a law degree but due to the cost and the barriers that were in place, I sadly couldn't become a solicitor. I couldn't achieve what I needed, this was so disheartening. I later left the law centre to have my daughter (now 11) and started doing some teacher training and working in schools. Which later led to further discrimination when I was needing special time off for family matters but the school weren't able to accommodate that, so I needed to leave there also. Education and awareness across the social care system/local authority needs improvement.

They need to have visible peer support embedded in the system with people who have lived experiences of the system, who are able to be trained and involved in supporting affected families. Having that experience visible in the council would be a game changer.

My experience of services is that there's a lot of busyness but very low levels of support. Everyone is externally involved but nobody is available, person to person.

An increased pay and appreciation for people who are working on the ground in these charities and services, their expertise is not valued. There is no value seen in people who are actively working in the services. I would love to see more collaboration and less people being precious/gate keeping. The stigma surrounding addiction across the social services. Is still very bad. I have had to fight the system on behalf of a relative who was at risk of losing their child and somehow my past was used against me in their judgement on the care.

"I hadn't drunk in 10 years and I was being treated like I was a full blown addict and still in active addiction."

I was told by social services that the situation of me potentially fostering the relative's child, could make me relapse. That assumption made me feel so angry; I vowed years ago that nobody would take my recovery. Unfortunately, we never won that fight and I lost my job in the process due to the time I was taking off.

I was diagnosed with ME in 2013 and then later I was so unwell that my heart stopped in 2015, so I deal with regular seizures and now have a pacemaker.

So, I have to navigate the stigma regarding hidden disabilities on top of that, from society to employers.

Fortunately, my experience regarding accessing the GP and medical professionals has always been positive, my experience and journey has always been acknowledged and well received.

I am in a loving, healthy relationship and no longer attracting a**eholes. I have a lovely family and group of friends. I continue to attend regular NA meetings; I believe Narcotics Anonymous saved my life.

"I would have loved to be named for this case study, but I can't afford to deal with any possible ramifications due to the ever-present stigma surrounding mental health and addiction."

The dream now is to be a published author leading a nice peaceful and happy life.

I would describe myself today as being caring, unique and passionate. I would like to be remembered for being a lovely, caring person.

Case Study 21: A 42 year old female from North Cumbria sharing her story of living in recovery.

My earliest memory is my parents arguing with each other, when I was about 5. The dream when I was growing up was just to have a family of my own. I wanted to be a mum. I'm estranged from my family today but growing up we were always quite distant anyway. I remember that my Grandma was always around, but my parents weren't. There was very little stability within our home, which explains why I got married a week after my 18th birthday and had 2 kids and a mortgage by 19. I thought that was what I wanted. I suppose I just craved unconditional love. I had 8 kids before 40.

I was badly bullied throughout school, so much so that my hair fell out. Which meant that both home and school life were hard. I got a little job when I was about 14, working in a local pizza shop. I liked the attention and gifts I was given from the older men; it was something just for me. I even had a 27-year-old boyfriend. This is what we now know to be called grooming isn't it?

At age 13 I started with solvent abuse, it was the perfect escape from home and school. Quite quickly I discovered party drugs and alcohol throughout teens.

When I went into 20's, I discovered cocaine, this just exasperated my party lifestyle. The only reason I started to smoke crack was due to the damage inside my nose, my septum had totally collapsed. A few years ago MCAT (Mephedrone) came on scene, that was a new and exciting drug for a while. I think I may have ADHD and self-medicated, stimulants help me hyper focus. I would stay awake for days and think I was over-achieving.

“Sadly, my grandmother passed and I couldn't handle the loss, my drug use increased significantly and this led to the loss of my children. Over the years I have lost custody of my children and managed to get them back three times.

When you are using you think you're doing it all for your kids and meeting their needs but you're not. Family looks different in addiction. I was also financially dependent on having the kids to feed my habit, vicious cycles of knowing I shouldn't keep them as I wasn't coping but not being able to walk away. I was trapped.”

The whole of my mum's side of the family are alcoholics and my brother abuses both drugs and alcohol. I have witnessed lots of multi-generational abuse.

I would say that the disease of addiction is more powerful than the love of a mother, even when carrying them. I am powerless to it. I know that I am one drug use away from relapse. Those around me during my addiction would describe me as horrific, a manipulator, deceitful and selfish.

When I was pregnant with my last child, I knew I was going to lose him. Even though I was heartbroken and riddled with grief, my crack habit was so intense that just I couldn't stop. The shame and guilt I felt were numbed by drugs.

Continual relapsing. I had been given a place in a rehabilitation treatment centre and I was pretending that everything was great, I then broke the rules and lapsed. This meant I was going to get kicked out. The shame of having to tell my pregnant daughter that I'm getting kicked out of rehab for using was the most horrendous thing.

This was the trap door in my rock bottom!

I was offered another chance and I have taken it with both hands.
Addiction has a ripple effect on anyone who's in my life and knows me, I wanted to change.

“Recovery saved my life. Recovery is when you are actually living a full life and enjoying experiences, being present in the moment. It is a beautiful thing.”

During my experience with the addiction rehabilitation service, I had a change in Case Worker towards the end of my treatment there I felt that they were managing maintenance rather being recovery focused and looking at a drug free life. Continuity of care and the quality of treatment I received changed due to this, meaning that there isn't consistency.

There needs to be lived experience as well as qualifications and training.
My experience with an alternative rehabilitation facility, although I will always be grateful.

“There's very little support for women. I don't feel that they are equipped to deal with or understand women's needs. There is a massive gap for female support.”

I attend Narcotics Anonymous meetings presently, but I have attended other services over the years. I would like to see improvements in women's provision in Cumbria. Increased trauma informed approaches and increased education surrounding addiction.

Housing is a barrier. Dual payment housing benefit for people in rehab, especially people with families. Social services and court system aren't on the same page as recovery services, increased communication and liaison would be beneficial.

Housing, recovery workers and lived experience working together.

I attend and hold Narcotics Anonymous meetings, but I think there needs to be more options locally. There's not enough communications or links between Mental Health /Social Services/Rehabilitation/Recovery Services.

It is clear that there is a lack of awareness of what's in the area.

I'm comfortable taking pain meds if I need to, never had an issue with pain killers. I do think stigma has changed, there seem to be more questions and less judgement. Both professionals and public. Although we have a long way to go, I feel that my past may impact my future and goals, as I am anxious about how I'm perceived. My mental health/mood is affected by this, but I manage that differently now.

I am currently personally struggling with stigma from a department at the NHS Trust due to my nose damage because of my historic drug use. I need reconstructive surgery but the consultant I seen has said my septum is irreparable but that's not the case. I think this is discrimination.

I have also faced judgement from being in hospital (I was diagnosed with bowel cancer in 2017) and have been in hospital in agonising pain but I've been accused as a drug seeker, despite never being addicted to pain killers or an opiate addict.

There is a major gap for stimulant use support, crack use is on the rise but there is no increase in support.

The dream now is to complete an aesthetician course and open my own clinic. Use all that drive and the skills that I had as an addict, as someone who got whatever I wanted or needed, whatever it took. If I used even half of that desire, I could be very successful in business. I want to do it for me and all my kids but my youngest child especially. They have very different needs to the others and I will never be able to meet them but I would love to be able to financially provide for them.

Today I would describe myself as caring, compassionate and loyal.

“I would like to be remembered for being someone who did it. That my kids remember I love them and that they are proud of me. My grandchild will never see me in addiction. The only child in my life that has not been affected and known that version of me.”

Case Study 22: A 52 year old female from Cumbria sharing her story of living in recovery.

My earliest memory is playing in the puddles with my siblings and later playing with poisonous toads in Australia at around age 3 or 4.

The dream when I was younger was just to be happy. I wanted to get married and have children. I lived at home with my Mum and Dad and 2 siblings. There was no substance misuse at home. I didn't mind school but it was just for socialising. Since we had grown up living rurally, I was naïve to the world. I chose to move out of home very young. I started college but it wasn't for me, so I left. I think I was bewildered with being in the city. It didn't take long for me to slip into the drug/rave scene, where I felt welcome.

I first tried alcohol at age 16, just at the local pub. I drank half a pint of cider with the darts team. Not long after that I started clubbing with my friends.

I was a victim of rape age 19. Very traumatic but I never involved anyone. I would always drink alcohol to help me cope/sleep. I did this for over 30 years.

Covid and my relationship ending really spiked my drinking, I was so overwhelmed with life. I would describe addiction as being anyone who must rely on anything to cope in this world. I was eventually referred to Mental Health services, I shared with them about the rape incident and unfortunately, they just dug up the trauma but left me without a way to deal with it. My drinking increased and my mental health declined.

I never wanted to stop. I was in a Mental Health Unit as an inpatient that is where I discovered I had been drinking to self-medicate for years, it was eye opening. People would have described me as being up and down. Life and soul of the party one day, the next I would be aggressive and emotional.

My mental health is bad already and my mood is worse when I am drinking. I knew if I carried on, I would have killed myself.

I used alcohol as my coping mechanism and now I've stopped drinking, it is like the Mental Health services aren't interested in finding out the root cause or helping me overcome this. They have just seen the alcohol use as stopped and therefore, problem solved.

"I have needed crisis support over the years but unfortunately the people change every time, this is unsettling especially when you need to re-tell your situation yet again.

In my experience with Mental Health services and crisis is that they open 'Pandora's box of history' and gave you nothing to help you deal with it or how to put it all back in the box. Leaving you exposed and vulnerable."

Due to my past employment my standards are high and my expectations on services were high as I did believe in them once over but that is not the case anymore. I also expected more of myself, like I should know better.

Over the years I have worked with people living with learning disabilities / benefits / prolific offenders.

My whole world revolved around my kids and ensuring I was mentally well enough to be a good mum. To me recovery is when you are healthy and not obsessed with alcohol or drugs. Being in recovery means being strong, determined and hopeful.

I attend Alcoholic Anonymous meetings and am waiting for a specialist appointment with my GP and Psychiatrist, but it feels like all other professionals are waiting to see what they're going to do. Everything is waiting on this. I have been given Zopiclone as a temporary measure, to aid anxiety and sleep. I have M.E so that comes with a multitude of issues, including pain which previously I would use alcohol to help cope with. So now I just suffer on until I can be seen by professionals.

I have a Health and Wellbeing coach but in my instance, they can only offer minimal support, nothing new age or innovative. Equally, the communication there is poor. There was an incident a while ago where I had taken an overdose and it felt like the hospital staff didn't understand. They just made me feel ever more worthless.

In my experience the communication between crisis team/staff and the hospital trust is poor. I have very little support and sadly, if I died tomorrow nobody would know. I am challenged by finding my identity and learning who I am now. Who am I? There is such a stigma regarding women of a certain age, I know that when I went through the menopause it was a big trigger for me to drink more and for my mood to decline.

It's all hidden, mental health, addiction, my M.E. What's going on inside?
Nobody is willing to find out.

Some other barriers that I have experienced is just knowing about services in the community, especially in mental health. I have a Health and Wellbeing Coach and now I know about support services available in the area. I had to go out and find them, nobody helped me. It is like other professionals aren't aware of where to signpost. Waiting lists are a barrier. Having people with lived experience is vital in services but with qualifications and extensive training in mental health and trauma.

“The service provision I would like to see is a place for people on weekends and evenings and a follow-on programme re volunteering/work, from both substance misuse services and mental health services.”

The dream now is to go back to work and contribute to society again.

I would describe myself today as caring, funny and hopeful.

I would like to be remembered for being loving and caring. That I went out of my way for others and was an active member of society.

Case Study 23: A 40 year old male who grew up in Singapore, sharing his story of living in recovery.

My earliest memory is around 5 years old, I remember playing in the garden with our dog. I dreamt of being a vet when I was growing up.

Growing up, it was just Mum, Dad and my brother. We moved around a lot due to Dad's work. There was no alcohol use around me growing up.

I quite enjoyed school, especially history and geography at school, thankfully I didn't experience any bullying or anything. Hobbies included trail running and fell walking and gym – recently rediscovered my love for these things.

Age 15 I first drank alcohol then turned to party drugs almost straight away. It helped with social anxiety and the desire to fit in. I wasn't great at sports, playing musical instruments or majorly academic so I struggled to find my place. I found I was accepted into the drug and party scene. I had a lot of freedom in Singapore, parents thought if my schoolwork was good, I was fine. Lots of expats are in the same position as I was, struggling with addiction. Family was just not as important as alcohol.

Problems started at about 16, I got thrown out of school due to selling drugs. I was then moved to a boarding school and I was resentful, it made me use more drugs. I was using Ecstasy/ketamine/weed/prescription drugs at that time.

16-18 travelled to Australia and got accepted into university, I had sorted a loan, a flat etc but my habit was too much as I had begun using crystal meth and speed. I had missed so much university that my student visa was actually withdrawn and that meant I had to return to the UK to live with my grandma. I stopped using drugs but alcohol became a substitute. I got a job in garden centre and would cycle to and from work, pick up drink from the shop on the way home and sit alone and drink every night. It helped with loneliness for a short while. At age 21, I attempted university for a second time, but I just couldn't manage. I just wanted to party and to go out 5 times per week.

I was about 21 years old when I remember the first time I couldn't stop. I just got into a habit of daily drinking and smoking cannabis every day. I ended up homeless and in a hostel. For a while I accessed alcohol services then the community drugs team, but then I would be discharged and relapsed.

Throughout my 20's I was in a cycle of doing well for a period of time, even getting married and having kids etc to then relapsing again. There was a lot of waiting around to get into a rehab but then I would become unwell and end up in hospital, have a detox and then go straight back to work and 'normality' giving myself no time to actually recover and declining any support.

Over the years I attempted University on 3 different occasions but never completed it. Drugs and alcohol impacted my whole university experience. I found work in retail and the legal sector.

At age 32, for about a year I was on a bender of crack, pregabalin and pills. This led to my wife leaving me. She had just had enough; she was pregnant and took our young daughter and moved countries. I was then in a cycle of self-pity and resentment. I was 33 when I went to community rehab for the first time. It didn't work for me at that time.

Others would have described me as irresponsible, chaotic and unreliable.

"I would define addiction as an inability to live and function without drugs or alcohol."

Then for the next 7 years I have considered and tried different avenues of recovery. I have done 2 prison sentences for theft of chef's knives/possession of a bladed article and later a breach.

I was in my first rehab for a short time and the routine didn't work for me, although when I left there and was back on it, the drugs and alcohol weren't meeting my needs anymore. I eventually wanted to try 12 steps (disease model), as it was the only method I'd not yet tried. It has been 3 months and I am still committed, the first time I'm authentically engaging.

"To me, recovery is about having self-awareness and finding meaning and purpose. Feeling at peace, acceptance and honesty."

I am currently accessing a rehabilitation centre. Based on my previous experiences, it is working for me. But only because I was at rock bottom. It's a last chance saloon service. I find the routine very demanding with an expectation to attend several Narcotics Anonymous and Alcohol Anonymous meetings a week. There is an expectation on others in the group to help and it is lacking a holistic approach. The inclusion and accessibility needs aren't being met for those with learning disabilities and additional needs.

The service provision I would like to see in this area is improvements to the middle ground between severe dependency and rock bottom, support for the people who are lost between "managing" and "severe use". SMART recovery. Recovery housing - like Lancashire with multi occupancies, dedicated support workers with regular visits and drug/BAL (Blood Alcohol Level) testing. 4x Narcotics Anonymous meetings. Course of volunteering or way to spend purposeful time. More choices or options than 12 step in one place. Day centres for activities and trips / skills / courses. Local business investments for those in recovery like BRiC (Building Recovery in Communities) Funding. Narcotics Anonymous and Alcoholics Anonymous.

Improvements are needed to the poor communication between hospital and services following a detox, especially being allowed to leave when 'medically fit' without any follow up.

"The anxiety I have regarding stigma would be around how future employment could be affected; I'd likely want to hide my recovery from a future employer. There may be issues following on from employment from rehabilitation services due to lived experience and addiction history."

The dream now is for employment and a home with volunteering in the interim. If I was to describe myself today it would be confident and honest.

I would like to be remembered as being someone who tried to change.

Case Study 24: A 32 year old male who grew up in Carlisle sharing his story of living in recovery.

My earliest memory is of being a kid and being so little I could fit under the kitchen table; I would play under there like kids do. I have 2 older brothers and a younger sister with learning disabilities. Mam and Dad separated when I was little. I now have a Step mum and Stepbrother too.

I have always had hobbies that were either creative or active. I love boxing, walking and running and doing pieces of artwork. It is good for me. These days I love spending time with my nieces and nephews.

Over the years I have struggled to hold down work, but I have worked in lots of different jobs from warehouse work to data inputting to candle making!

The first time I tried alcohol I was about 15, I was watching boxing with my older brothers and their friends and joined in with them. I remember making them laugh when I was drunk. When I turned 18 my friends insisted that I went out to celebrate, I got very drunk and made a fool of myself. This was just the start as I continued to do this over the years. I struggled on and off with binge drinking from 18 -31.

My family was there for me, and I cared for them, but during that time they came second to the alcohol. I was heavily dependent on my Mam especially.

“I do think it is interesting that my Dad, Uncle, Aunt, and Grandad (both sides) all struggled with alcohol abuse over the years.”

During my twenties, I had a very unhealthy co-dependent relationship with someone I met at university. He was my only real friend and although I had my family, we became each other's 'family'. We were very alike and had very similar stories, we had both dropped out of university and neither of us could keep a job very long and we heavily relied on our family to help us. We were so like each other that when we were drinking, we would mirror each other's behaviours. It was equally toxic as we would encourage each other.

People would have described me as selfish, immature, neglectful, irresponsible and unreliable during my binges. However, I started to realise years later, with the help of my family, that I wanted to make changes and live differently but he wasn't quite there yet so I had to put some distance between us.

“The pandemic hit at the beginning of 2020 and we went into lockdown, he took his own life during the first lockdown. I think those of us who were already on the edges of society were then plunged into deeper loneliness.”

The dream now is for employment and a home with volunteering in the interim. If I was to describe myself today it would be confident and honest.

I would like to be remembered as being someone who tried to change.

I believe that due to his isolation and loner lifestyle, alongside his own mental health issues, this all contributed to this decision. It took me a long time to acknowledge the impact of this and grieve, only in recent years that I have learned to let go of any guilt I may have felt but I think of him often.

I was always a binge drinker, constantly being in a cycle of stopping and starting. I remember begging my mam to get my brain checked. I was convinced I was losing my mind. Convinced it was cognitive. It was very scary.

That was when I willingly went into a treatment centre (2020).

I feel that self-centredness is the key to the disease of addiction. When you're putting something that is detrimental before your wellbeing. Trying to fix an internal problem with an external solution.

It was when I truly accepted that I had a real issue that I made the decision to make changes and start my recovery journey. Prior to that I would stop drinking for other people such as my Mam, partner etc. I was in rehab 3 times throughout my twenties, but it wasn't until the 3rd time that it was actually for me and on my terms.

I was just fed up and finally one day I just craved normality and to have an ordinary life – that started the trajectory of change.

“Recovery is about self- acceptance. Having a healthy mindset and being reliable whilst being open and honest. Putting others before yourself and having self -respect. In 3 words I would describe recovery as love, acceptance and journey.”

I'd tried multiple services over the years to learn to gain control of my alcohol use and had tried rehab 3 times prior to making the change and accepting that abstinence was my only hope. Although my experience was mostly positive, I am aware that in Cumbria there can be an emphasis on 'one size fits all' and that's not suitable for a vast amount of the population

“I have concerns regarding vulnerable people being taken advantage of such as inappropriate relationships that happen between addicts and recovering addicts. The turn around may be too quick from recovery to recruitment.

I value lived experience, but some people aren't well enough, ready to support others or qualified so we need both professional and personal experience within treatment centres.”

I would like to see more promotion around sober activities, written work is a tiny part of recovery.

More mutual aid avenues other than Alcohol Anonymous and Narcotics Anonymous etc because it only helps a small proportion. Support for binge drinkers specifically, had this provision been more prevalent I may not have gotten to a point of dependence.

In my experience there was long waiting lists and poor communication between Mental Health services and rehab and this led to medication being delayed and not in sync with treatment. I think there is a lack of information surrounding alcohol harms across society and health/social care – I would like to see more education around unhealthy drinking patterns.

“I would love to see a change in the stereotype surrounding an ‘alcoholic’. I didn’t identify with the term, but I was an alcoholic. It stopped me accessing services for a long time as I didn’t ‘look like one’. People around me would just tell me to control myself, it wasn’t until it got really bad that people realised, I can’t control it.”

The stigma that I’ve received is that I have chosen this life when actually I was just broken on the inside and needed help.

I am currently abstaining from alcohol. Anti-depressants keep me level and safe so my mood is good. Alongside being within a healthy community and having healthy connections. I’m doing okay, I have a long way to go to be more consistent, but I am on track.

I would describe myself today as compassionate, sensitive and honest.

The dream now is to work, drive and create more art. To be financially stable and see the world. To be consistent, learn how to be in a healthy relationship and be a good person for my family. Most importantly to be sober.

I would like to be remembered for being kind and compassionate and someone who was there for people. I want to leave my mark on the world with my art work. That lives on long after my time.

The background of the entire page is a repeating pattern of stylized, light blue line-art icons. Each icon consists of two hands, one on the left and one on the right, with fingers slightly spread, holding a heart shape in the center. The pattern is uniform and covers the entire surface.

Behind the addiction

The stories: Affected by someone else's addiction

Case Study 25: A 63 year old female from West Cumbria sharing her story of being affected by someone else's addiction.

My earliest memory is at 18 months old. I remember being pushed in a Tansad pram facing my Mam. I was wearing a bright red baby snowsuit and we were going under a bridge near where we lived. Growing up I lived with Mam, Dad and older brother and 2 younger siblings. My older brother was an alcoholic.

My Dad was a war evacuee from London and although a good Dad, he was quite detached and unemotional whereas my Mam was a massive people pleaser. Upon reflection she had depression and I remember her having breakdowns, being sent away. She was a skinny sad woman. She worried about my older brother until she died.

Childhood was fairly happy although I see generational issues. School was fine, I am not very academic, but nobody had any expectations of me and I didn't try so hard. My favourite subject was Art and Psychology. Growing up I was in a dance school; we performed every week but my Mam never came so I was always with my friends' mams. I wanted to be a nun or work with nuns. I used to take all my pocket money to them and just loved them.

My husband left me with 4 kids, the oldest being 15 and the youngest being 3 with severe learning disabilities and autism and I have been on my own since then. I would like to start painting or drawing again! I used to enjoy it but started working at 19 in a camera shop for some extra cash to buy clothes and go out so it got put on the back burner. I later worked for the civil service.

My youngest son is the person struggling with addiction. He was very much a sensitive little boy, often alone. He was always creating comics and characters, doodling and drawing. He attended an adult art class as a child. He had his confidence increase and his teachers at school were blown away by his talent. All the way through school he smashed the creative topics, although he didn't have many good friends. Followers not friends. I remember taking him to London for a Tony Robins exhibition at 16 and this triggered his desire to go to University.

He attempted University twice but couldn't manage life and started drinking. He had one really good friend who took his own life, a few years ago. I believe that this was a massive contribution to his decline towards the end. Although I knew he was drinking as a young adult, I seen it as something he would grow out of and it was 5 years into a 10 year journey when I realised he wasn't managing the consequence of his actions. I seen his life was unmanageable, but I didn't consider it was addiction, I thought I would be able fix him. I have always been able to justify his behaviours whether I would put I down to his dad leaving or his mental health or stress or being sensitive.

“There was lots of incidents over the years but the incident that stands out the most after my Mam died during the pandemic, was when he tried to take his own life and the crisis team needed to send me support as I was not coping. It was a wakeup call for us both.”

I have since realised I was just as sick, but I didn't drink alcohol to help cope. This was the beginning of my own recovery journey and I started to educate myself, I was challenged by the fact that although he was binge drinking into oblivion every payday, I struggled to see him as an alcoholic. In my mind alcoholics were daily drinkers. My realisation came later when I realised that wasn't the case.

“My view of addiction changed when I learned about it being an allergy, I started to have the mindset of ‘see the addict, see the pain’. I tried to get him into rehab multiple times, but it was the final time when he had the gift of desperation and begged to go, that he turned a corner. It had to be his own decision and he had to do it for himself to make it work.

That was a hard lesson to learn. Realising I had no control over the situation was freeing.”

I believe we can all be addicted to something. Some things affect some people negatively but for others it doesn't.

I used to think putting myself first was selfish, I learned that is not true. What I have learned, with support, that I have made mistakes, and we all do our best. I had to do a lot of self-forgiveness on my journey and developing healthy boundaries has strengthened me as a person. If I had stopped enabling and learned how to put in healthy boundaries sooner, I think he would have found recovery sooner.

One of the toughest choices I had to make was putting in boundaries. In order to protect myself from running in to try and save him after a suicide attempt, I had to block him from being able to contact me and I wouldn't let him live with me afterwards. That was the hardest thing. He is now sober and has been for a short while but in my opinion, he is still unstable.

Until he has a routine, a job, a purpose I think he is at risk. I accept it isn't my business now though. His mental health may dip but I trust he will address it and do what he needs to do. What I need to do is focus on myself going forward, make myself happy and prioritise my needs for a change. I know this is not selfish but essential.

I am part of a large recovery support group for families, where I am surrounded by people who understand. I joined online Alcohol Anonymous meetings and listen to podcasts. I love learning and I am also established within a church community.

My son's addiction has cost me a lot, there was a lot of sabotage on my time and events. My health and job have been impacted by his addiction. I know that if I hadn't had this experience, I wouldn't be who I am today. I like who I am now.

“I would want people to learn that it is not a choice, maybe initially but after a short while that is not the case. Nobody is exempt and it could happen to anyone. I believe recovery is a journey of self-discovery and healing. It is a gift.”

I think we would benefit from more face to face services, increased signposting from GP and more education and training with police services and Crisis.

The dream now is to try and share the tools I have learned in other areas of my life to help others. I would love to set up a support group for people who need a tribe around learning disability and recovery of addiction. I think people would describe me as being friendly, caring and fun.

I would like to be remembered as someone who is always fair and strong in self-advocating as well as advocating for others.

Case Study 26: A 26 year old female who grew up in Warwickshire, sharing her story of being affected by someone else's addiction.

My earliest memory is inside my house and my Mam taking me to the park. I had a hard childhood after that. It was a turbulent household – my parents officially split at 15 after the discovery of a surprise half sibling on Dad's side.

When I was tiny, I wanted to be a vet, like all kids. I liked school, my favourite subject was art. I was part of a performing arts school so lots of art and drama.

Later in life I never really aspired to be anything although to be in a drama school would've been a dream. I would like to paint again – I don't have time and going to college studying art and design changed everything, I think it ruined the fun for me.

My confidence has always been low and I have been anxious for as long as I can remember. I went to college to do art & psychology and briefly wanted to be an art therapist in prisons. My family set up presently is Mum and Stepdad and then my Dad and Stepmam. I have always worked. Waitressing, then as a support worker for Learning Disabilities/Autism/Acquired Brain Injury. I never thought I could do this kind of support work, due to lack of confidence but I did. I loved the challenge.

It is my Partner who has struggled with his addiction. He has smoked Cannabis since he was 14. Small town mentality, estranged from his biological dad, raised by Mum and Stepdad but a stable upbringing. Grandfather was around, although he had a military background so can be quite blunt.

He has had multiple surgeries due to multiple accidents and lots of serious injuries and suffers with frontal lobe damage and can be in physical pain. I wonder if this is a factor.

He has a very mixed employment background and struggles to sustain employment long term and is easily bored.

He is a creative. Some of his jobs were in hospitality, hairdressing, musical theatre. He used to enjoy being outdoors but no longer wants to go out, no longer wants to go hiking or for long walks. Initially I thought that this stopped due to his physical pain but now I think it was low motivation. He was medicated for anxiety years ago but just stopped one day, so this has also impacted his ability to manage mood and motivation.

He experiences high highs and low lows – I suspect a personality disorder. For as long as I have known him, he has frequent night terrors; there may be a connection there.

I always knew he smoked Cannabis but he started to lie about it for no reason, he would be sneaky about how much and would attempt to hide his smoking – this became a red flag.

I struggled with it. I had second thoughts of the relationship. Instinctively I wanted to help him. We bought a house just before and it was when we were unpacking/decorating/breaking my back he was just getting stoned, we had just bought a house for him to sit and smoke in. It stopped being occasional and was every night, I felt trapped.

"I felt anxious and trapped. Lonely when I am not alone. It has impacted me financially and caused me embarrassment. I am also fearful of drug dealers knowing where I live."

I had to give him an ultimatum; he's made me feel guilty for it. I've made so many sacrifices regarding money and choices for the house/bills/cleanliness. This leads to resentment and him being passive aggressive.

There were a couple of weeks of him constantly smoking and he just stopped caring about anything else and he just didn't want to spend time with me. This was the final straw. It made me feel worthless and dehumanised. I would describe addiction as an illness. It's more than depending on something. It is when you are controlled by something.

He is currently not smoking Cannabis at all; it has been around 4 weeks without it. I know he is tempted and itching for a smoke. He switches between acknowledging he has issues then later on the "it is just a bit of weed" attitude returns.

Unfortunately, he has recently started substituting with alcohol – which is concerning. He's in denial of the harms of this. When he has a distraction like the gym, he does do better but there is not enough support for Cannabis users.

"He did try and get some help historically but was shut down due to it "only being Cannabis", a Case Worker actually told him if he can afford it, its harmless."

He is fearful of attending groups and being 'lumped in' with other, more extreme drug users. He is very proud and struggles with the stigma of accepting help.

I view recovery as an individual journey of change and growth.

"In our experience, a major barrier to accessing services/support include an attitude of smoking Cannabis is recreational and people can't be addicted."

I don't really have a support network. I have one friend I can talk to, but they don't really understand. I feel that I can't access support because of how normalised Cannabis use is these days. I know it can be competitive in those support circles e.g. 'my habit is worse than yours' and the riskier drugs can be more harmful, someone could be getting hurt by someone etc. I wouldn't feel comfortable there. I am aware of what's out there if I change my mind or if there was a Cannabis-specific support provision.

I sometimes wish I hadn't met him – which feels awful to say. I just wish I'd had all the information before committing to buy a house with him. I want a family, but I can't have children with this man at the moment and I can't see when I will be able to.

"I've continually had my support thrown back in my face. Something that isn't talked about is that there's a lot of pressure on friends and families to provide support that they're not equipped to deal with."

I would like to see a more bespoke service as "one shoe doesn't fit all". People being treated individually, recognising that they require specialist support. Looking at the whole person especially regarding neurodiversity and mental health.

More outdoor activities for those with addiction or struggling with mood. I don't know what is available to us, so there is a need for an increase in more advertisements and better promotion of services.

The dream is to have a nice house with my stamp on it. I would describe myself today as passionate, creative and empathetic.

I would like to be remembered for being resilient.

Case Study 27: A 25 year old female who grew up in Greater Manchester, sharing her story of being affected by someone else's addiction.

My earliest memory is when we went on a big family holiday to Greece. I was 4 years old. I remember the place because the name was similar to my own.

I changed school a lot as a kid, school was okay. Average. A period of bullying, kind of enjoyed school. My favourite subject at school was English. Hobbies when I was younger were gymnastics, gutted I gave it up, and horse riding which I now have a phobia of.

I had a Mum and Dad, 3 older siblings. I was 3, they separated, and my Mum met Stepdad and that meant moving to his area. Seeing Dad every other weekend. We were close. I am much closer to his side of the family.

My Dad is the person struggling with addiction. He is 65 years old and currently in active recovery. His background was as a steel erector; at 30 he had a nasty motorbike accident which led to loss of limbs. He is my hero. He never let it affect him and continued to love life and refused to be stopped by this. Really positive outlook despite his challenges. It meant changing jobs and switching to job sales. Our family is small and very close knit.

I remember as a child when I was seeing him that there was a decline, he would be fun Dad and then over time he would get worse and we would be stuck in the house and he would be asleep. He went in to rehab in my early teens. I never saw him for a few months. At the time, I didn't have the details and it wasn't until he was out that I had known where he had been.

No alcohol use for nearly 7 years. I remember being around 20 and staying over and there was this Spidey-senses moment where I had gone to bed, and I heard him fake cough and open a can. I knew he had started drinking again! So I got the courage to confront him but he had hidden it when he heard me coming. I knew he had hidden it in the cupboard but I didn't have the strength to challenge him and I just went to bed. I got a call 2 weeks later from him telling me he had started dabbling again but selling it as a casual thing – just a few after work. In my experience, he did manage it quite well for maybe 3 years. I was seeing him less due to life and being busy.

He has had 3 different relapse cycles. I know that before I was born he had alcohol dependency and issues with alcohol. Throughout my life I have seen him drink in moderation over a period of time before it escalates to dependency again.

However, last year his drinking came to a head; nearly 2 years ago I would notice when eating a meal out or something that he would buy lots of alcohol. He would get louder and more drunk. I had to drive him everywhere as he wasn't sober enough. During this time, he met his new partner, she was going out a lot and drinking more. To my knowledge she didn't know about his drinking issues so had no reason to not do this. The cycle of them going out, drinking too much went on for a while.

“It stopped being fun drunk and became sad-drunk, he was crying all the time. Excessive emotion. I started to distance myself at this point.”

Last Christmas I came down on Boxing Day to see him, he wasn't able to greet me or stand up. He was slumped in his chair heavily intoxicated. He wanted to drive us both to my Aunt's house even though he was too drunk. This was a shock to me. This was the first time I actually confronted him about him being too drunk, he denied it.

I drove us to my Auntie's and when we got there I had the chance to speak to his partner. She advised that he was drinking 2 x boxes of wine and 10 x cans daily. He continued to be in denial when I was being told all this.

He had been lying to work, missing appointments and his memory was declining. He needed help.

After Boxing Day, as a family, we looked at how we could help with a reduction due to the risk of withdrawal. We took his bank card and car keys, attending every 2 hours with alcohol to help him manage this withdrawal. His partner went back to work in the new year.

We had left him with his bank card. He went to the shop with his backpack, whilst shaking and in withdrawal.

He bought 2 x boxes of wine and started drinking straight away from the shop. Due to his mobility, he had a nasty fall. He smashed his face on a low-level metal fence. A neighbour had found him and she struggled to get him into his house.

He was later taken to A&E, his face was like a balloon and due to the waiting times in A&E he had a seizure. They kept him in for 6 days to do a detox. He was hallucinating and distressed during this period. He was discharged with a withdrawal pack and there was an appointment booked with the mental health team which he said wasn't the best. There was no other follow up or much support other than family.

“My relationship with my dad didn't change negatively, we are now even closer. But his relationship with me was difficult as he was ashamed and didn't want to hurt me.

My view is that alcohol addiction is so powerful that it takes over everything. I believe that addiction is permanent even whilst not drinking or using, there is a part of their brain that will never be free of the obsession.”

I know that during a relapse, my Dad would choose alcohol over me even though he loves me more than anything.

Prior to my experience, I would have naively believed that it was a choice.

My definition of addiction is when you can't carry out daily tasks or be able to function without that substance, and when you don't have that substance, you experience some kind of withdrawal symptoms.

Even though he is doing so well and staying sober, I am constantly worrying and looking for signs. There was a moment the other day when he didn't reply quickly to a message (which is out of character) and I immediately suspected. I have also started to spontaneously visit to check on him.

I am constantly in a state of awareness and alert.

There are alcohol issues on my Mum's side as well, so I am conscious of signs and symptoms in those around me.

I have had to make some tough choices. On one occasion I had to take his car keys and bank card. It felt so wrong, he is a fully grown adult.

Removing alcohol from his house and then giving it back to him in a controlled way. He is my Dad and this was a total role reversal, I had to speak to him with tough love which was so conflicting. I know this was in his best interests.

My Dad is in active recovery; when he was first discharged from hospital, he was made to go to Alcoholics Anonymous meetings by my Aunt for a short period but they weren't for him. They were too depressing, and it was impacting his positivity. No longer attends as he doesn't want to be around negative people.

He is keeping busy by going to the gym, gardening and spends his weekends with his partner. He even likes doing jigsaws and Lego now!

I would define recovery as being when there is a conscious choice not to use or drink but they still have an addictive personality.

My support is mainly friends and family now but at the time it was just my Auntie. Nobody understood.

“I wanted advice around how to speak to him whilst he was struggling and I wanted a helpline to speak with someone who understood, but there wasn't anything easily found.”

I live in constant worry and anxiety looking for signs. It is hard for me to imagine that it won't happen again. One positive thing to note was the way the GP managed his post discharge medication; they were really good. I would like to see access to support, 24/7 – available when I was ready and when he was ready.

“I needed a safe person to offload to there and then, but that wasn't available or easy to find online. I think this is a gap.”

I'd like to see aftercare support for post-discharge following detox. Consistent mental health support and home visits for those following discharge.

There is also a need for a support network for those who don't have family or friends. I think people would describe me as kind, supportive and fun.

The dream for me now is focusing on my career, buying a house and living my best life. I would like to be remembered as someone who had fun and didn't take themselves too seriously! Someone who was always there without judgement.

Case Study 28: A 67 year old female who grew up in the Midlands, both parents from Cumbria and moved back 15 years ago, sharing her story of being affected by someone else's addiction.

My earliest memory is hearing the ice-cream van, running and slipping across the floor and banging my head on the skirting board.

I grew up with Mum and Dad. I am 1 of 8 siblings. I have 2 brothers and 5 sisters.

I loved drawing. I grew up on the edge of a forest and would spend time drawing in the forest. I hated school and worked out how to work the system re absence. I treated every exam at school like a holiday, leaving school at 15 with no qualifications. I had horses, then motorbikes – anything that involved speed and danger.

My first job was in a shop. I was sacked in the first week. I had many short-term jobs through the 70s. I was a hard worker but got bored easily.

I had my first child at 17, second at 18 and third at 19. Separated from partner so needed to find work again. I enrolled on a night class to get some qualifications; one year later was at University on a joint Honours degree course in English, Russian and History. However, I left University and went back to the pub trade as it was what I knew.

Eventually I left the pub trade and became a teacher. I taught various subjects in prisons which included Business Studies, English and Computing. After teaching in prisons, I moved to Secondary education in schools, specialising in the SEND children as could relate to them.

Others would describe me as kind, brave and strong but I disagree with this.

“My son, youngest child, was the person in my life struggling with addiction. He was funny, bright, energetic and kind. He was no problem at home but at school he got in trouble all the time and was the class clown. He was reviewed by a psychologist who said, ‘I have never met a child like him’ but that was the end of the psychological support.”

My son was kind, sporty and artistic. He could spot an opportunity easily and had entrepreneurship and thought he would be a millionaire.

As he got older, he became a ‘fighter’ and started getting in to trouble with the police. He showed an interest in body building and I trained him for a while as I was also into training. I thought the discipline would keep him focused.

“People thought he took after me. His Grandma said, ‘What’s in the bone is in the Marra’. When there was an emergency, he was always the hero of the day.”

The first I was aware of there being an issue was when a friend told me that they thought my son was getting involved with drugs. When I questioned my son, he denied it. I wasn’t clued up on drugs. He had lots of mates, and it was hard to spot.

Because I didn’t have the knowledge, I felt I couldn’t tackle him. He was hyperactive a lot of the time. Wherever he was there was chaos. He left home at 17.

However, following a split with his girlfriend he came home again.

One day I was doing his washing and found some crystals in his pocket. I asked someone I knew, who was a Chemist, what they were and they told me that it was citric acid and used for cleaning needles.

I confronted my son at this point. I told him 'I'm sick of this'. He disappeared.

We had no contact for several years then on my birthday I received a photo album book through the post from his partner. He had asked her to send it to me. I found out he was in rehab and I drove there to see him. He wanted to leave and go home. The staff advised against it, but I didn't fully understand why and I brought him home with me, not realising that would undo all the work.

One evening we were watching television together and when he returned from using the bathroom he appeared to fall asleep. I tried to wake him, but he didn't respond. Unsure if he was joking, I moved his arm and he just flopped. I couldn't wake him so called an ambulance who gave him an injection that brought him round.

I didn't have a judgemental view on addiction but was aware of the standard view of addiction. My closest friend was very against drugs so I couldn't talk to her about it.

"It impacted my life in many ways. I was always waiting for the knock at the door. Working in a prison I was in constant fear that it would be discovered that I had a son who was a criminal and had been sent to prison.

I felt like I had 'imposter syndrome'. I couldn't talk about my life."

In retrospect, the tough choices were not the best way to deal with it. I found a needle in the house and when I confronted him about it he left home.

My definition of addiction is something that you need above all other things.

I decided to move back to Cumbria. He had been in and out of prison and offered to help me move. He then thought he would stay in Cumbria himself as 'there are good opportunities here'. It could be a fresh start for us both.

The addiction continued but in early 2022 he made the decision he wanted to go to rehab.

"He was accepted by a rehabilitation centre and was told his place would be available in April when the new funding came in. He told them he was willing to take a place anywhere in the UK, he was ready to go."

He prepared by sorting out his flat and care for his dog. He began lowering the dose he was using and substituting with methadone.

"He was full of hope waiting for the phone call to come and say his place was available. Recovery to me is about breaking the cycle.

Throughout April his behaviour became more and more erratic. The phone call for rehab never came."

He was my carer, so I began to be more 'needy' to keep him close as he was becoming increasingly 'off kilter'. I called helplines for support.

Two years ago I was diagnosed with ADHD.

It all fell in to place. I'd had a lifetime of masking it and the traits attributed to ADHD were distinct in my son too. I explained it all to him and asked him to seek a diagnosis and treatment for himself.

“He said he had always known that he had ADHD and there was nothing to be done about it.

When he was calm, he was under the effects of drugs. When he was hyperactive and chaotic he was not under the influence. I believe he used drugs as a way to self-medicate his ADHD.”

One afternoon he seemed particularly vacant, and I gave him a lift home and told him to go to bed. This seemed different to how he had been previously, and I wondered if he needed to be sectioned. 'Listen to me. You're out of control'. I pleaded with him to acknowledge what I was saying.

He began walking along a main road and I called the police. I was concerned he was overdosing. The police stopped him and spoke to him in the police car but assessed him as being drunk, and no further action was necessary. I pleaded with them that he was in OD, but they dismissed me and told me to take him home. I took him back to stay with me. I took his bank card from him to try and limit him being able to buy drugs.

He woke me at midnight demanding I take him to a cashpoint. He was persistent and wore me down until I gave in and obliged. His card didn't work in any of the cashpoints he tried but he kept making me drive him to the next town to try another one. I told him it was abuse. He asked repeatedly for money and I refused but told him 'I will take you to hospital when you are ready' this was an offer I repeated to him over and over.

He told me there were threats to kill him and he felt his life was in danger. Then he left.

I tried to contact him over the next two days with no success.

I reported him missing after he had been gone for two days. Police searched for him, but I was told after 2 months that they presumed him dead and they were stopping the search.

I couldn't give up looking for him and a local man offered to help me.

Four months after he went missing his body was found.

He was less than 100 yards away from his home in an area the police said had been searched.

A verdict of unknown cause of death was given at the inquest due to him being so decomposed.

We will never know if someone took his life.

I felt alone. I didn't have a support network as such.

Since his death I have attended a retreat for people who were bereaved through drug addiction. It was expensive but I qualified for a bursary. I couldn't afford to do it again though.

“Addiction has cost me my son.

It also cost me my home. He was my main carer, and I couldn't cope without him. I had to sell the house and buy a bungalow in another town, away from the community I knew.”

I wish I had known about ADHD sooner. There is always a reason someone is an addict.
I wish I had enabled him more. It wasn't the heroin that killed him.

He was denied Suboxone because it was 'too expensive'. This was the point at which he went 'off the rails' and everything changed.

I would like to see a safe place for users to take drugs. Drug consumption rooms. Awareness around the link between ADHD and addiction. Services to look for signs of ADHD – e.g. Police on first arrests. Parents given signs and symptoms information.

The dream now is to try and live long enough to complete my work.
Researching the link between ADHD and addiction.

There's a theory that the heroin epidemic stemmed from Thatcher times and the closing of the mines. Issues around stigma need to be addressed. British Society seems to have to look down on people like drug addicts, refugees and asylum seekers.

I would like to be remembered for standing up and fighting.

Case Study 29: A 39 year old female who grew up in Newcastle, sharing her story of being affected by someone else's addiction.

My earliest memory is at age 3, my Dad throwing Jaffa Cakes at my Mam's head as part of a violent attack. I distinctly remember that they bounced off her onto me. I dreamed of being a police woman when I grew up.

It was me, my Mam and older brother most of the time growing up. I used to love fell walking but due to disability I can no longer do that; hopefully one day I will be able to be well enough to. I have always had a job; most my jobs were in services related to rehabilitation of offenders and substance misuse. Others would describe me as crazy, friendly and helpful.

My definition of addiction is the use of a substance or a thing that takes over your life and makes it unmanageable. My Partner is an addict.

He's a child of an alcoholic and his mum died when he was 13, he was put into the care system then and started using substances from then.

"At the age of 16, he was taken out of care and placed into the adult hostel system. He'd say this is where it got bad. He was surrounded by much older and more experienced drug users, using crack and heroin around him. He first used heroin at age 17. He then led a very transient lifestyle until 27."

Around that time, social services paid for him to attend an 18 month rehab in Scarborough. He remained sober for a few years. Participating in Fellowship, psychotherapy and 12 steps – got a job and he would call himself a "dry drunk", he never changed his associates or environment and continued to be in that world. Still around the same people who were doing drugs.

Sadly, his Nana died and that led to his first relapse, he took it to the extreme and drank alcohol used heroin crack and tablets. This went on for a very chaotic 2 years.

He hit rock bottom and reached out to one of his non-using friends, they collected him and cared for him during a 2 week 'rattle' then drove him straight to a residential rehab in Blackburn.

This was a year long programme and probably saved him, this led to a period of 6 years sobriety. This was due to excellent support network and being heavily supported by the services in Lancashire, working full time, as well as having me and his family.

He was put on furlough during lockdown and essentially lost his support network and healthy coping mechanisms such as the gym, face to face meetings, recovery drop-in services etc. There was an incident which led to him and his Auntie, one of his only remaining family members, falling out. He decided to move back to Newcastle following this and ultimately this led to a relapse. I saw the red flags before him.

"He had become distant, was disengaging with meetings. Changing his friendship circle to those who aren't in recovery or making changes. I witnessed an emotional relapse long before he had physically picked up a drink or a drug."

Regression is high in addicts; he reverts to a 14-year-old boy despite being nearly 40.

"It caused a massive strain on our relationship and when he is in this state of mind, he has no fear of death - whereas I am terrified he is going to die."

It is very frustrating because he knows better.

Over the past 3 years, he has been in a relapse cycle. He manages to go around 3 – 4 months clean then his response to any challenge, criticism or inconvenience is with substances. I believe it stems from fear of abandonment.

There has been significant impact on my mental and physical health. Financial impact on household income. It's strained the relationship between us and the ripple effect on our children/friends/family. There was an incident 2 years ago where I had to call the police on him when he had left our house intoxicated and decided to drive his work van. I had never rung the police on him before and I felt like I didn't have a choice. He was very resentful towards me after that.

Although I chose to support him through court we did separate. He ended up with a 6-month rehab placement. Although my life improved significantly, the kids and I missed him and he seemed to have turned it around so following separation, we decided to try again. Things were good for a while.

“Presently he is in an active cycle of using illicit substances and drinking alcohol. He is too proud, and he genuinely sees himself differently to other addicts. He has a lot of experience being in and around recovery, he believes he knows it all and can do it alone.”

He flips between wanting help and not seeing it as an issue but wouldn't access services locally due to pride. He has said he would consider attending a treatment centre, if he was allowed his pain medication and mental health medication but due to their rules, he would not be suitable. As his pain medication is related to his disability, I feel he is being penalised for being disabled.

My support network consists of my one friend who gets it and doesn't judge. The loved ones and carers meeting via zoom. I also try to attend Alcoholics Anonymous and Narcotics Anonymous.

“The cost is high; a loved one, the energy and effort as well as the time and money.”

I would love the stigma of addiction to change from that of a stereotypical addict – addiction doesn't discriminate. We are all one choice away from that life.

“My partner (and society) sees an addict as someone who is perhaps homeless, alone and injecting heroin etc but because he has a roof over his head, a nice car and a good job he doesn't see the issues or impact.”

Recovery is when people are living a happy and wholesome life and enjoy waking up in the morning and don't need a substance to function. I would like to see extra services for hobbies, extra-curricular activities such as fishing, gardening etc.

Access to activities surrounding sobriety that are positive and purposeful. More medical professionals within the treatment centre re: medication management, this would reduce many barriers for those who require medication accessing treatment and rehab.

The dream now is to have my own women's refuge with a parental substance misuse and baby unit. I would like to be remembered as the person that would help if I could, someone who would go out of my way to help others.



healthwatch
Cumberland

Healthwatch Cumberland
The People First Conference Centre
Milbourne Street
CA2 5XB



t: 0300 303 8567
e: info@healthwatchcumberland.co.uk

healthwatchcumberland.co.uk