

A detailed microscopic image of a leaf vein, showing the intricate network of chloroplasts and cell walls. The colors range from deep blue to bright green, with the vein structure appearing as dark, branching lines against a lighter background.

The everyday lives of recovering heroin users

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RSA

Projects

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The everyday lives of recovering heroin users

Foreword by Steve Broome

Director of Research, RSA

This is a fascinating, in places touching, and, most importantly, useful book. Seldom heard personal accounts from 40 recovering heroin users reveal the psychological, physiological, and emotional journeys as they overcome their addiction. Ultimately, they are human stories that reveal simple and modest aspirations: recovering heroin users want to participate and feel valued as productive members of society. In the words of several interviewees, they just want to feel “normal”.

Starting the recovery journey can be a frightening and anxiety provoking prospect to many, and continuing it requires high levels of personal motivation and commitment. Yet, once embarked upon, the relief and refuge that recovery can provide is invaluable. We learn that although there are many common milestones on the road to recovery – the demands of detox, the need for support and to rebuild relationships – so too, within these categories, are journeys highly personalised and multi-dimensional in nature.

The interviews explore many aspects of recovery. One theme that emerges is the need for users to develop new social networks. The accounts in this book highlight the necessity of gaining distance from drug-using circles, which can all too often lead to relapse, and to make a new start in life with new connections, influences and opportunities. Repairing relationships with family members is also often a key part of (re-)building a support network and of relieving the feelings of shame and remorse that may arise from reflecting on past behaviour.

As people start to think about and come off heroin, there is a clear need to develop their ‘recovery capital’: the personal, social and wider community and cultural resources they need to support their recovery. In particular, the need for meaningful activity (including volunteering, paid work, education/training, and specific recovery activities such as fellowship meetings) comes across clearly in the interviews.

In trying to develop these elements of a ‘normal life’, interviewees reveal their fragility and the dangers of relapse that can be triggered by confusing and frustrating emotions and situations that emerge in the recovery process. The difficulties in sustaining recovery highlight the need for various forms of support to be available for potentially considerable lengths of time.

But despite the difficulties, there are many gains, even early on in recovery journeys. Interviewees rediscover their appetite, health, libido, sense of fun, pride and new sense of self and moral conscience. All these elements and more are qualitatively explored in the chapters that follow.

This book deepens our understanding of recovery, and provides a rich complement to the RSA’s Whole Person Recovery programme. It offers insights and prompts into how we can better design services and support for those navigating their recovery journeys. As the government continues to develop its thinking and guidance about how the recovery ambitions of the 2010 national drugs strategy can be achieved, commissioners, keyworkers, peers in recovery, users thinking about recovery, and families and friends of those using drugs or in recovery would benefit from reading this book.

Interviewees’ accounts clearly signal the need to design and commission services and support that take adequate account of the expansive nature of recovery, and of the time it can take to nurture its sometimes vulnerable roots. Services need to combine treatment with methods that build personalised social and economic inclusion and the wider social attitudes and behaviours that encourage and allow such inclusion.

A move to a recovery agenda presents new challenges to front line recovery workers. Staff in these positions need to give consideration to all the themes explored in this book and how they interact, and give attention to the individual details and circumstances that will help to make recovery stick and mitigate the risk of relapse.

For those contemplating starting out on their recovery journey, and for those who are some way along, the individual stories provide frank accounts of the challenges and rewards that lie ahead. I hope this book becomes a valuable reference point to those recovering from substance misuse, dispelling myths, providing encouragement, and cementing the necessary motivation, hope and resolve to recover.

Interviewees acknowledge that there is more support available now than in previous years. Our collective challenge is to sustain the gains we have made through investment in treatment (and the net benefits that expenditure has brought to individuals, wider communities and the public purse), and extend services and social support to improve the likelihood of sustainable recovery. By doing so, we will enable more recovering heroin users to feel ‘normal’. As Beth, 43, says “My hopes are to be happy, without drugs or alcohol, easy as that”.

The everyday lives of recovering heroin users

Chapter 1

Setting the scene

Why read this book?

Treatment and recovery from heroin use continue to be high profile topics in local and national media, and in political debate. There is also no shortage of academic textbooks and policy documents relating to problem drug use. Despite this, heroin users still seldom have the chance to tell their own stories to a broader audience. This is both surprising and disappointing given that one of the best ways of understanding an issue is to listen to those with firsthand experience. Personal accounts are very good for generating debate, highlighting common concerns, and combating unhelpful myths and stereotypes. They can also reassure, inspire and motivate others.

This book draws upon a recently completed study to provide unique insights into the everyday lives of recovering heroin users. By reporting the actual words of our study participants, we have tried to produce an accessible resource for those who want to understand how recovery is really experienced from the perspectives of drug users themselves. The main intended audience for the book is drug workers and professionals working in the addiction field. However, the material presented should also be of interest to other health, social care and criminal justice professionals, drug users (both those in recovery and those contemplating recovery), their family members, policy makers, academics and interested lay readers.

Why focus on recovery?

Until recently, the key objectives of UK drug treatment policy and practice were to reduce waiting lists and retain people in treatment, particularly opioid substitution therapy. Today, politicians, policy makers, service providers, service users, carers, the mass media and even the general public are asking searching questions about the wisdom of these aims. In particular, they are questioning whether an over-reliance on prescribed medication has resulted in a costly drift into long-term maintenance prescribing which has in practice hindered individual drug users' chances of recovery from addiction.

Responding to these concerns, and inspired by a strong recovery movement in the United States of America, a new drug and alcohol recovery agenda has emerged across the UK. This is evident in policy documents,^{1,2} a trend towards recovery-oriented treatment³ and a rapidly emergent grassroots recovery movement (e.g. the UK Recovery Federation, Wired In, and www.theartoflifeitself.org). Expressions such as 'recovery capital', 'recovery communities', 'recovery champions', 'recovery cafés', 'recovery walks', 'recovery activities', 'recovery months', 'recovery care plans', and 'recovery-focused training, education and employment opportunities' are now everyday terms within the drug and alcohol field.

What is recovery?

Although the term 'recovery' is sometimes used interchangeably with the term 'abstinence', it is generally accepted that recovery is not simply a matter of taking or not taking drugs. It is rather about drug users achieving benefits in a wide range of life areas, including their relationships, housing, health,

1. HM Government (2010). *Drug Strategy 2010: reducing demand, restricting supply, building recovery: supporting people to live a drug-free life*. London: HM Government.
2. National Treatment Agency (2010). *Commissioning for recovery. Drug treatment, reintegration and recovery in the community and prisons: a guide for drug partnerships*. London: National Treatment Agency.
3. Strang, J. (2011). *Recovery-Orientated Drug Treatment. An interim report*. London: National Treatment Agency.

employment, and offending. Recovery will be different for each individual drug user, but should enable everyone to have aspirations, feel that they are part of society, and lead more fulfilling lives. The UK Drug Policy Commission Recovery Consensus Group concluded:

“The process of recovery from problematic substance use is characterised by voluntarily-sustained control over substance use which maximises health and wellbeing and participation in the rights, roles and responsibilities of society.”⁴

Despite this and other similarly useful attempts at defining recovery,^{5,6} questions about the precise meaning of the concept remain: How do we measure recovery? Can someone ever be recovered or are they only ever in recovery? When does recovery start and end? Who can define whether or not someone is in recovery? Does recovery require complete abstinence from all drugs, including prescribed drugs and tobacco? And must recovery be voluntary? In addition, important ideological objections to the term recovery have been raised. For example, recovery is a medical term that implies illness. Many people will reject the notion that drug users are sick. Recovery also suggests that individuals will retrieve something that has been lost. However, many drug users might never have had anything particularly good to recover.⁷

Recovery is, in other words, a complex and contested concept. Yet, it is now so engrained within the UK drug world that it is impossible to ignore. In this book we neither seek to challenge nor defend the term. Equally, we do not attempt to provide a new definition. Rather we use the word ‘recovery’

4. UK Drug Policy Commission Recovery Consensus Group (2008). *The UK Drug Policy Commission Recovery Consensus Group. A vision of recovery*. page 6. Retrieved 8th June 2011 from www.ukdpc.org.uk/resources/A%20Vision%20of%20Recovery.pdf
5. Betty Ford Institute (2007). What is recovery? A working definition from the Betty Ford Institute. The Betty Ford Institute Consensus Panel. *Journal of Substance Abuse Treatment*, 33, 221–228.
6. Best, D., Groshkova, T., McCartney, D., Bamber, S. and Livingston, W. (2009). The politics of hope. Recovery Debate. *Druglink*, Nov/Dec, 20–21.
7. Laudet, A.B. (2007). What does recovery mean to you? Lessons from the recovery experience for research and practice. *Journal of Substance Abuse Treatment*, 33, 243–256.

loosely, recognise that it can incorporate many diverse aspects of drug users' lives and allow our study participants to refer to it in any way they choose. Furthermore, we note that the essence of the recovery concept might in fact be better captured by alternative terms such as 'discovery', 'personal development' or 'self-actualisation'. These alternative terms enable us to see how many of the issues which drug users discuss when talking about their recovery (such as wanting to be healthy, happy, socially integrated, considerate, caring and productive members of society) are in fact also relevant to the lives of those who have never been addicted.

A study of the everyday lives of recovering heroin users

As previously stated, this book seeks to improve our understanding of what recovery looks and feels like from the perspectives of drug users themselves. In particular, we focus on the everyday lived experience and pragmatics of early recovery. In so doing, we want to move beyond the all-too-common focus on the dramatic and dangerous aspects of heroin users' lives, such as the crimes they commit and the harms they cause. We therefore encouraged those participating in our study to also tell us about the more routine and mundane aspects of their lives, such as their emotions, daily routines, self-care practices, housekeeping skills and social activities. The result is an un-sensationalised but holistic and balanced picture of recovery processes which we hope will fill some current gaps in knowledge.

Our study, which was funded by the UK Economic and Social Research Council (award number: RES-062-23-1016), included initial in-depth interviews with 40 current or ex-heroin users (21 men and 19 women). Of these 40 individuals, 10 were beginning a new prescription of methadone or Subutex; 10 were actively detoxing from illicit or prescribed opioids; 10 had recently entered a residential rehabilitation service; and 10 had been free from all illicit or prescribed opioids for a period of between 2 and 36 months. Thirty-seven of the 40 participants were successfully re-interviewed

after a period of three months, which means that our book uses information collected from a total of 77 interviews.

The study participants varied in terms of their age (24–50 years at first interview), educational and socio-economic background, and consumption of drugs other than heroin. However, only two were not White British. They were all recruited through specialist community and residential drug services, pharmacies or peer support groups in Southern England in 2009. Interviews then took place in a variety of settings, including treatment services, cafés, open public spaces, and homes. To preserve their anonymity, each individual has been given a pseudonym and the real names of any other people and places discussed in their interviews have been removed or changed. Further basic information about the study participants is, meanwhile, provided in the Appendix.

Structure of the book

We hope that the structure of the rest of the book is logical and easy to follow. Each chapter adopts a similar format. After a very short introduction, we present key findings in the form of verbatim quotations from our participants with short linking paragraphs and sentences. Each chapter then ends with a brief summary of the key issues. This approach allows us to link our participants' accounts to each other in a coherent way, yet still enables them to take front stage in telling their own stories. In presenting the quotations, we have taken out redundant words in order to make the meaning of people's statements clearer to the reader. Aside from this, all the quotations are presented as spoken.

Chapter 2 reviews our participants' accounts of what they think about accessing treatment and beginning their recovery journeys. Chapter 3 then explores their early treatment experiences, whilst Chapter 4 discusses detoxification, cravings, relapsing, cross addiction, and tobacco smoking. In Chapter 5, both childhood and adult relationships are considered, before Chapter 6

moves on to look at the effects of heroin use and heroin cessation on feelings and emotions.

Chapters 7–9 next review some important physical aspects of recovery: bodily adjustments related to heroin use (Chapter 7), health problems (Chapter 8) and routine body care (Chapter 9). Chapter 10 offers insights into heroin users' living and domestic arrangements and Chapter 11 then turns to time management and dealing with boredom. Lastly, Chapter 12 reveals our participants' feelings about what they have already achieved in recovery and what they see and wish for the future.

Chapter 2

Considering recovery

Introduction

We begin this chapter by considering the kinds of support available to heroin users. After this, we describe factors that can encourage and sustain individuals as they try to reduce or stop their opioid use. This is followed by our participants' accounts of some common barriers to recovery. Understanding the reasons why individuals do and do not take full advantage of the support available to them seems crucial if we want to enable as many individuals as possible to move from thinking about recovery to starting their own recovery journey.

Mapping services and support

For heroin users who are contemplating reducing or coming off drugs, there is an increasingly wide range of services available and countless professionals who might be able to help them.

“There is a lot more help now I find... There is definitely a lot more help,” *Louise, aged 34*

“There's loads of help out there now,” *David, aged 35*

Today, heroin users in contact with professionals are seldom offered a single service or treatment. Instead, they are likely to receive a package of support from one or more service providers. As the accounts of Timothy and Ted illustrate,

“There’s *[voluntary sector service]* that I go to sometimes, my *[specialist addiction service]* nurse, my parents, my girlfriend, quite a few people really. I mean all the staff here *[supported housing service where he lives]* are trained drug workers and stuff. They should help me... They wouldn’t be doing their job if they didn’t.” *Timothy, aged 27*

“There’s been so many people, different people, that I’ve been seeing. Like social services, and this place and that place and the other place... *[Yesterday I had]* yoga at ten o’clock... Then I had my keywork session immediately afterwards. And then after that, I had like lunch *[in residential service]*... After lunch I went to an AA meeting, and then after the AA meeting I went to *[community drug service]* and had relapse therapy,” *Ted, aged 48*

Furthermore, for most individuals treatment is not a one-off event. It is usually a lengthy process involving numerous iterations of substitute drugs, community and peer support, and/or stays in residential services. Tom explained his treatment journey as follows,

“The next few years were then just a succession of using, methadone programmes, counselling, NA meetings... relapsing, clean, relapsing, clean, naltrexone tablets, the opioid blockers, a few attempts on those... We’re talking over ten years at that point... through to rehab... I had acupuncture... I went to rehab... It was a 12-step programme and it was three months in primary, four months secondary, and there was rehousing if you wanted to... Then *[I]* was moved on to the YMCA... going to meetings and doing all the fellowship stuff *[NA]*... did college for a year, access course, went on to uni and did a degree there, and then got into a job that I really enjoyed. Along the way more relapses... In April of last year I went back to rehab again and did six weeks in a quite intensive final stage treatment centre, came out from there, and even then I used twice,” *Tom, aged 35*

In our study, individuals described having prescriptions for drugs, such as methadone, diazepam, temazepam, Subutex, dihydrocodeine, naltrexone, and dexamphetamine.

"I was on temazepam, Valium and a daily methadone script,"

Helen, aged 46

"I've been on that [*methadone*] like four different times... My biggest dose of it was probably, I think I was on 60mls for about two and a half years, which was the same time I was on dexamphetamines. I used to go to the chemist for both of them," *Elliott, aged 32*

Additionally, many had been to residential detoxification or rehabilitation services, usually referred and funded by social services, primary care trusts or probation services.

"She [*social worker*] said you need to go to rehab. And I didn't want to... because of the bad experience I had before... I said, 'No, I'm going to try and do it in the community' and I just couldn't stay off heroin in the community and she said, 'Go and have a look at [*name of current rehab*]' and I didn't want to come. I put it off... for about two months, I think... And then a few days, about four days, before I came in here I tried to kill myself... When I wasn't successful, I thought I need to get to rehab quick," *Chrissie, aged 24*

Narcotics Anonymous (NA) is probably the most common form of peer support accessed by heroin users, and NA meetings were attended by many of those we interviewed. Indeed, some travelled to meetings four or five times a week, at evenings and weekends.

"I do about five meetings a week, average. I'm secretary of a meeting,"

Stewart, aged 50

Others, particularly women, were attending more structured groups organised by local voluntary sector drug services. Furthermore, these voluntary sector

services often provided additional support in the form of opportunities for counselling, complementary therapies (such as reflexology, massage, acupuncture and aromatherapy), yoga, art therapy, and assistance with money management, education, employment and training.

“I can have one-to-one. I’ve got a counsellor there [*voluntary sector drug service*]. I used to do like art group and relapse prevention and all different things. I done loads of things. They had acupuncture there, reflexology, all sorts of things. And I know that the people there understand me and they don’t judge me, and we’re all really in the same boat, so, yeah, I really relied on my group,” *Leah, aged 38*

“I used to go to yoga and they do it at the [*women’s only service*] and it’s free. So that’s why I want to go to [*women’s only service*], so I can do yoga once a week. Start taking up some of these things that are offered to me,” *Tamsin, aged 37*

Of course, generic health and social care services also provide crucial support to those with drug problems and one of the most important of these is housing services. Some of the problems of living in hostels, shelters and supported accommodation are discussed in Chapter 10. However, our participants still noted that such agencies provided very valuable assistance, particularly one-to-one support and advocacy. As Edward and Bess explained,

“For the first six months of when I got my flat, he [*keyworker from the night shelter*] rang up all the people I owed money to and explained the circumstances and situation and asked if they would be alright with me paying a little bit of arrears off the rest of the bill. And it wasn’t like it was a great mass of money, it wasn’t. It was only less than one hundred quid, but for me it was like I’m in a mess again, I’m going backwards and it’s all caving in to the point where I nearly went and used. And [*keyworker from the night shelter*] just showed me how simple it was to sort it all out... He’s been a good guy,” *Edward, aged 34*

“We get allocated a worker when you’re in here [*supported move on accommodation*] and, you know, if there’s any problems they’ll phone up. I mean, I was waiting for months for my money and then she [*key worker*] phoned up and the same day I’ve got my money, you know. So I’m lucky really I’ve got that support,” *Bess, aged 31*

Social workers, probation officers, Counselling, Assessment, Referral Advice, Throughcare (CARAT) workers, GPs and other health care professionals could additionally provide welcome support, including help with parenting skills, referral to specialist drug services, or just providing a sympathetic ear.

“My social worker, she’s my kids’ social worker, but I do like her... She said to me like a while ago, she said, ‘Diane, let’s get this straight now. If it ever comes to me being in court saying we want to take your kids off you’, she said, ‘that is the last thing I want. I really don’t want that and I’d be really, really upset if it happens’, you know. So, I mean, I think she really does want the best, you know... I mean, I know she wants the best, but I mean she wants what I want,” *Diane, aged 34*

“I see my GP... quite regularly, once a month, and he’s a friend as much as anything. He’s known me throughout... and he’s a friend as well, and we sit and we chat,” *Stewart, aged 50*

This wide range and diversity of available support forms and sources is vital given that heroin users inevitably have their own particular histories, needs, preferences and aspirations. Some will feel that methadone or other substitute drugs help them, whereas others will not; some will enjoy going to groups or attending NA meetings, whereas others will not; and some will want to go into residential treatment, whereas others will not. Furthermore, their wants, needs and preferences will not be static. As a result, some individuals may not want a particular form of support at one point in time, but then desire it later. Annabel, who was happy with her current methadone prescription, explained her negativity towards her first episode of methadone treatment as follows,

"I started like a methadone script, like gone to the doctor and got a methadone script, and then like done it for a few days and then just give up... because I just weren't ready. It was like my mum... started trying to force me to give up and I just weren't, didn't want to, do you know what I mean? That was like in the beginning like when I first started, when they found out I was doing it [*heroin*]. They... took me to the doctors. I just weren't ready to do it," *Annabel, aged 29*

Factors that can encourage and sustain recovery efforts

Those in the study often reported that it was the many negative factors associated with drug use which pushed or prompted them to try to cut back or stop using. Such factors included tiring of the drug-using lifestyle, ageing bodies that could no longer cope with the powerful effects of opioids, and ultimately fear of death.

"I've had enough... Just the lifestyle. Being ill all the time and having to go out and making money all the time. Just depending on that all the time, do you know what I mean? Every day, even when you're like sat there smoking it you're still thinking of where you're going to get the next lot of money from... Are you going to wake up ill in the morning...? [*I've*] had enough," *Annabel, aged 29*

"I want to stop it just for my health. Get everything back together again, know what I mean? Before I lose it all. It [*heroin*] just strips you of everything really, doesn't it...? I've got to stop it now or I'll lose everything, know what I mean? Your teeth, your looks, your health. So I want to stop it now before it gets too late," *Eric, aged 39*

"If I didn't make it this time, well, I think I'd have spent life in prison, or I'd have been dead or something like that," *Fiona, aged 49*

"I just don't want to end up dead, like my mates," *Isabelle, aged 35*

When we encouraged individuals to tell us more specifically about things that helped them with their recovery, many referred to the treatment and support that was available to them through statutory and voluntary sector services.

“The methadone, which has taken away that physical pain and stuff,” *Fiona, aged 49*

“Detox. Coming to a drug free place where you can’t get out and go and get some *[drugs]*,” *Oliver, aged 31*

Moreover, the aspect of treatment and support that individuals most often valued was the opportunity to have positive and meaningful relationships with others.

“I see *[name of worker]* from *[voluntary sector drug service]* once a week. She’s so wonderful, really, she’s great. I love her... I think she really like understands how I feel, you know. She’s the kind of person to go way out of her way for me... I think she’ll probably come, you know, she will come and see me at rehab and stuff... She’s lovely... She’s great. *[I]* really feel really supported by her, you know,” *Diane, aged 34*

Establishing good relationships was especially important in residential services.

“The thing that’s kept me here *[in rehab]* over the last few weeks is my friends that I’ve built up here... That’s sort of what has kept me here quite a few times,” *Stefan, aged 27*

“The things that is helping me to stay here, keeping me here, is that I’ve got people here that actually care about me and that. Who don’t... want anything from me. And the help that I’m getting is mind blowing. All the staff’s time and efforts that they’ve put into me. It’s like, ‘Well why? You shouldn’t be wasting your time on me’. That’s how I was thinking at first, but it’s like, ‘No’, because... I’m not saying I deserve it, but I need their help to make myself better, to improve myself, and I am so grateful for that,” *Ellie, aged 29*

Equally, friendships were a crucial component of NA groups.

“What’s helped me? Gosh, I could go back to NA, my friends in NA, my sponsor,” *Tom, aged 35*

The role of positive relationships in recovery was not, of course, confined to treatment settings and recovering peers. Many of our study participants described how the support of non-drug using family members, friends, and partners was crucial in enabling them to move away from using opioids (see also Chapter 5). Here are Diane and Edward again,

“My brother, he’ll do anything to help me, you know... He phones me up all the time, checks I’m alright. He wants to know all the ins and outs of what’s going on, what dates of things, you know. And like whenever like something really hard’s happening and stuff, he’ll say, ‘Right, we’re going out to dinner after that’,” *Diane, aged 34*

“I suppose I have got a support network as well. I’ve got friends now I can go to if I feel ... that I can go to and say, ‘Listen I feel like crap’,” *Edward, aged 34*

Of all relationships, one that seemed particularly powerful in encouraging individuals to commit to recovery was that between mother and child (including an unborn child), particularly if the child was in danger of being permanently placed in local authority care.

“It’s also the age my children are now. Before they were young. I could get away with it [*drug use*]. Now I can’t, you know. They’re asking questions now... I think I’ve got an advantage over most people because I’ve got two children and I’m really, I’m surprised I managed to make two children in and amongst all that chaos, you know. But I did, and I do believe that saved me, definitely,” *Bess, aged 31*

“Knowing that I can get my kids back, knowing that I’ve got the full support of my friends and my family, knowing that I can cope with life now really without, without drugs or drink,” *Lauren, aged 27*

Others, meanwhile, argued that it was not so much relationships with others as their own self-motivation and will power which was the key to reducing and coming off drugs.

“I personally think you have to sort yourself out. You can put them things in place, but if someone doesn’t choose to take the steps and help themselves... This place is a really good rehab but if someone doesn’t choose to play the game and do what they tell you to do it’s not gonna help you is it...? The only way you can get off drugs is if you wanna get off drugs, basically. You can have all the best things in place in the world and if someone doesn’t wanna get off drugs, nothing’s gonna help them,” *Stefan, aged 27*

“Unless I really wanted to do it [*give up opioids*], I don’t think I’d have been able to... I believe that I just came to that point in my life that I was just ready to do it,” *Olivia, aged 32*

Alongside services, relationships and self-motivation, having responsibilities and meaningful activities could also be fundamental in encouraging and sustaining recovery. These responsibilities and activities might include looking after a home, paying bills, caring for a pet, being at college, having paid or voluntary work, or simply finding a new hobby (see also Chapters 5, 10 and 11).

“What keeps me clean? Well, work, um, friends, being happy, family obviously, you know. Having somewhere I can call my home, even like paying my bills on time and just, you know, being able to live responsibly for myself and not having to sort of like, I’m not stuck in a rut any more,” *Olivia, aged 32*

“The good thing about doing this voluntary work as well, I have to give urine tests. So it’s another thing what’s keeping me [*clean*]. If I want to keep doing that [*voluntary work*], I have to stay clean. So that’s another good thing, because you know, at the end of the day it will muck me up and I get suspended straight away if I give positive tests,” *Liam, aged 37*

Barriers to recovery

Unsurprisingly, many of the factors that operated as barriers to recovery were the exact opposite of those which enabled recovery. For example, not being able to access treatment, not liking aspects of the treatment on offer, or feeling that staff attitudes were negative or hostile could all dampen individuals’ motivation to try to get clean. Those in the study also often said that seeing other drug users was a real challenge to their recovery.

“Seeing people, you know. That’s a challenge... All we’ve had is her [*girlfriend’s*] family into our place... I’m not putting ourselves in risk like that, you know... because I just know the temptation... Even though I don’t want to do it, I can’t say if someone put it [*heroin*] in front of me what would happen. I’m not willing to risk that,” *Liam, aged 37*

“It’s hard when you see someone that you look in their eyes and you can tell that they’re on something... kind of makes you jealous you know... I want a feeling like that right now, kind of thing... It’s hard to explain really. When you see someone really wasted you just think, ‘Wow. I wish I could feel that,’” *Frances, aged 31*

Having stressful relationships with family members could equally be problematic as was not having any friends who did not use.

“My mum’s attitude, definitely [*makes it difficult to stay clean*]. Like I said, I can only talk for myself, but definitely for me it’s my mum.... All I want my mum to do, I want my mum to sit and talk to me... I’ve tried, but

it ends up in an argument, so we just don't now. We just find it easier not to even mention it [*drug use*]," *Bess, aged 31*

"Being Billy-no-mates a bit makes it harder, definitely. Because I feel like just going around and knocking about with, you know, just for a bit of company, knocking about with people, which I could easily do, but it would just end up scoring coming into the conversation within five minutes at the maximum I'd say. So that makes it harder," *Nathan, aged 30*

Just as many individuals reported that their own motivation was a key resource in addressing their drug problem, so others highlighted that they were themselves the key factor hindering their own recovery.

"Hinder me in this process? Me, my willpower... the fact I find it hard to trust people. So I don't trust anyone, so I have to try it out myself. I have to try it out myself to see if it works and most of the time I'm wrong and it doesn't work. And for some reason, maybe I will try it out three or four times and then realise, 'Hold on, maybe these people are right'. So me, I'm my own worst enemy, me, myself, and I," *Tony, aged 34*

"What makes it hard? Well, I'm the only person I guess that can make it hard really. I've not had massive obstacles thrown at me," *Freya, aged 25*

Not having responsibilities and meaningful activities could also hamper progress.

"Not working, just having nothing, just having nothing, nothing else going on really, if you see what I mean. So it's a passing the time thing. It's like this... 'What am I doing tomorrow?' Just... not having anything to do," *Nathan, aged 30*

Being unemployed, meanwhile, often meant limited income and problems with debt that contributed to stress which challenged recovery. As Kevin explained,

"Well, I got made redundant. That put a lot of stress on me, money. Money worries have made it, they've probably been my biggest thing,

that's been the biggest stress, that really has. I mean, there's quite a few things that have happened, my money worries mainly, that's been the biggest stress, that's got me down and stressed me out more than anything," *Kevin, aged 25*

Finally, just as fears of the physical consequences of continued drug use (such as death) could push individuals towards recovery, so fears of the physical consequences of stopping using (such as fears of unpleasant withdrawal symptoms) could make recovery feel a lot harder.

"And also the physical side of it makes it hard... Being ill [*withdrawing*], you know," *Frances, aged 31*

Summary

There are now many services and forms of support available to those seeking to reduce or cease their use of opioids. These include more traditional treatments, such as substitute drugs, residential services, one-to-one counselling, group work, and NA, but also newer complementary therapies and forms of wrap-around support, such as help with money management, education, training and employment. Such assistance is provided by a wide range of specialist drug workers but also generic health, housing, social care and criminal justice professionals. Furthermore, individuals generally receive multiple forms of support over quite lengthy periods of time, a practice which reflects each individual's diverse and changing support needs and preferences.

Professional treatment and support are two important factors that can encourage and sustain individuals in their recovery. Other key enablers include having supportive relationships (with professionals but also with family, friends and peers), and having responsibilities and meaningful activities, such as employment or voluntary work. Negative aspects of the drug using lifestyle, such as fear of death, can also push individuals towards recovery. Meanwhile, many of the factors that facilitate recovery are the opposites of factors which hinder recovery – for example, not having supportive relationships, not being

able to access appropriate treatment, and not having responsibilities and meaningful activities. Additionally, many individuals feel that progress in recovery is attributable largely to their own personal motivation, commitment and willpower.

This chapter reveals how there are many similarities but also many differences in terms of what individual heroin users feel will help them personally at a particular moment in time. From this, we can conclude that there cannot be any single one-size fits all treatment or any single road to recovery. Nonetheless, we can clearly see the importance of providing access to diverse forms of support and treatment, enabling and fostering good relationships between drug users and those around them, as well as promoting opportunities for those who use drugs to accept responsibilities and engage in meaningful activities, such as education, training, voluntary work and paid employment. Many of these issues will be considered in more detail in the chapters that follow.

Chapter 3

Treatment experiences

Introduction

Entering treatment is potentially a time of great change for heroin users. It can bring hopes, relief and refuge, but it can also bring anxieties, pain and disappointments. In this chapter, we review our study participants' accounts of accessing some of the most common forms of treatment currently available in the UK. These are substitution treatment (in the form of methadone and Subutex), community and residential detoxification and residential rehabilitation. We also consider peer support as experienced through Narcotics Anonymous (NA).

Methadone madness

In recent years, methadone has become an increasingly controversial treatment option. At one extreme, it is argued that methadone prescriptions simply move heroin users from one drug of dependence to another, leaving them with no hope of a drug-free future. At the other, it is argued that methadone saves lives and is a highly cost-effective intervention. Twelve individuals in our study were receiving prescribed methadone when they were first interviewed, and many others had received methadone at some point in the past. Amongst those with a current prescription, dosages ranged from 30mg to 90mg.

Although a small number of individuals were very new to methadone treatment and so still having their dosages adjusted, all others indicated that they were either reducing or planning to reduce shortly.

"I just don't want to be on methadone for the rest of my life, you know," *Bess, aged 31*

"My doctor is one of these people who won't let me stay on that [*methadone*] for ever and ever and ever. He will want to bring me down... He's not one of these doctors who says, 'OK, you are stable now, you can just carry on that for the rest of your life'... He will want to bring me down ... and I do want to [*come off*]," *Liam, aged 37*

Interestingly, some individuals wanted to reduce their methadone dosages more quickly than their prescriber was recommending. Indeed, one or two were actually doing this on their own initiative and without telling the professionals involved in their care.

"I agreed it with the doctor that I'd reduce 5ml a week and I was feeling alright for a couple of days, so I thought, 'Well, if the doc's telling me to reduce 5ml a week, I will do 10[ml]. Let's do 10 now and see what happens'. I'm quite a bit like that, experimental. So I reduced to 10ml," *Tony, aged 34*

On the other hand, others were keen to take things slowly, usually because they had had a bad experience of reducing too quickly on one or more previous occasions.

"To learn patience is a hard thing, you know. But I've learnt from my mistakes. Because I do plan to come off my methadone, but I'm gonna take it a hell of a lot easier... you know, give myself maybe a good twelve months if not more to do it," *Frances, aged 31*

"This month I'll probably stay at 25[*mg*] because you don't want to come off it too quick. Because I have found in the past when I've come off it too quick, that's when I seem to go back on it... So at this stage I'll probably just stay, this month probably just for another month, just, you know, steady myself a bit more, and then [*reduce*]," *Annabel, aged 29*

Some of those interviewed were taking their methadone under supervision in a pharmacy and others were collecting it to take home and consume. Nobody in the study seemed particularly unhappy with their current collection method, although several noted that they did not like waiting in ‘the methadone queue’ and were looking forward to the time when this would no longer be necessary.

“I don’t like having to go to the chemist and pick it up. I don’t like having to stand there and, you know, I might as well be using really, do you know what I mean?” *Bess, aged 31*

“I’ve seen all the people in [*name of pharmacy*] early in the morning and it’s like... I mean, nothing against them but I don’t want to be in the same queue. They all look like they’ve just got up out of the grave. They’re all a mess, some of them on crutches, some of them limping, some of them like as if they’ve so far gone they’ve got no teeth and their hair is just...” *Eddie, aged 30*

Although a number of study participants acknowledged that they were topping up their methadone with street drugs, most maintained that they were not currently doing this.

“I’m just not one of those people where I would do any extra just for the buzz or anything. Because methadone’s never done that for me, ever.... Because I’m just not willing to put myself through that,” *Liam, aged 37*

Aside from helping them to reduce or stop using heroin, the most commonly reported benefits of methadone were that it reduced cravings, controlled withdrawal symptoms, and removed the need to commit crime for money to purchase drugs.

“With the methadone programme, it’s been brilliant. Things have got a bit easier in my life. It’s not so hectic. I’m starting to enjoy doing things that I used to do that I stopped doing when I was using drugs,”
Fiona, aged 49

"I got on a methadone script after being in a night shelter for a month... I think it was three or four days and that sort of put an end to me crime. That put an end to me shoplifting. I didn't need to do it. So the only day I used then was really on me giro day when I got paid, which was a big, that was a big thing, stopping the crime," *Edward, aged 34*

That said, the negative consequences of methadone were widely recognised even by those who felt that the treatment was really helping them. In addition to the embarrassment of having to stand with other drug users in a methadone queue, key dislikes included the belief that methadone is very hard to come off, prescribed methadone use is simply another addiction, and methadone gets into 'your bones' and 'rots your teeth'.

"If I go on methadone, the withdrawal from that is really evil... Because it like goes into your bones. It's really irritating, and you're like exhausted, and you're sweating. You've got flu... It feels like you've got creatures under your skin and everything, it's horrible," *Diane, aged 34*

"It [*methadone*] takes fucking weeks to come off. It's the biggest rattle there is in life, fuck that," *Elliott, aged 32*

"Methadone is just, ugh, horrible," *Tamsin, aged 37*

Substituting with Subutex

Only eight individuals in the study were receiving prescribed Subutex at their first interview, although several others had been prescribed it in the past. Amongst those currently receiving Subutex, dosages ranged from 3.2mg to 18mg, with most arguing quite strongly that they wanted to reduce as soon and as quickly as possible. Louise, for example, described how she had decreased her dosage from 16mg in just a few weeks.

"I started on the 16[mg]...and I reduced it down and then I got to 8. Then I went to 6 and from 6 I went to 4, and 4 was like no different

than like a paracetamol really. And I just want to get down, down, down and that's what I did," *Louise, aged 34*

Unfortunately, however, it seemed that such rapid reductions could lead to relapse or cross addiction to alcohol. As Toby explained,

"It was when I was cutting down on my Subutex and the Subutex was getting less, I guess my alcohol started going up... It's very addictive, alcohol. I was quite shocked. I mean having one can a night chills you out. Then I'd have two in the space of a week. In the space of another week, I'd be having three, and two weeks later there's a bottle of cider and a can," *Toby, aged 45*

Often individuals reported that they had chosen Subutex over methadone because they had heard bad things about methadone or that Subutex was easier to come off than methadone.

"I wouldn't go on methadone for nothing. I think it's too hard to come off, whereas Subutex you can do it in two weeks," *Elliott, aged 32*

Some also said that Subutex was more appropriate for them than methadone as they didn't want to use heroin any more and they knew that Subutex could block the effects.

"I took the Subutex route for a reason, so that I wouldn't get the buzz off it. So... like an alcoholic has Antabuse, is it? So that's why I took that route," *Louise, aged 34*

Despite this, it was evident that being prescribed Subutex did not necessarily prevent illicit drug use. Tamsin, for example, was still using heroin but not getting any effect from this. She expressed confusion at her own behaviour as follows,

"It's a bit silly, using on top of Subutex... I didn't [*feel the effects of the heroin*] today actually really at all. Because with the 8ml, I think there's

a blocker in them of some kind. There is some kind of blockage in Subutex. So it's, yeah, pretty pointless me doing it really," *Tamsin, aged 37*

As with methadone, a key negative consequence of being prescribed Subutex was the stigma of having to collect it from the pharmacy.

"I don't want people to know, because people judge you. You know they do... I hate... having to go to the chemist. I hate... having to go to a bloody clinic, drugs clinic," *Louise, aged 34*

The demands of detox

Individuals who wanted to go into residential rehabilitation treatment (see below) usually had to detox from all drugs prior to starting their rehabilitation programme. Sometimes they might secure a short (often two-week) detox in the same service that would provide their rehabilitation or even in a separate specialist detoxification unit. Otherwise they would have to try to detox alone or under medical supervision in the community. Carl described his self-detox in the community as follows,

"So I just locked myself in my room for ages and went through withdrawal, which is horrible," *Carl, aged 47*

Unfortunately, individuals who attempted a rapid detox – either in the community or in a residential service – without subsequent rehabilitation support often found that they soon began using drugs again. Neil, for example, argued that a short period of detox without rehabilitation is similar to putting a sticking plaster on a shark bite,

"It [*ten-day residential detox*] was like putting a plaster on a shark bite... You come to the end of it and they haven't even told you that you've finished. So I went in the next day expecting to get my sweeties [*prescribed drugs*] for the day, and to not have anything set me in a right bad mood. I hated everybody in the world," *Neil, aged 37*

Perhaps unsurprisingly, there was fairly widespread anxiety amongst our study participants about the consequences of removing the crutch of prescribed or illicit drugs.

“It scares you when you come off your methadone because you think, ‘How am I going to cope? What am I going to do then?’... The only choice you have got then is either to stay clean or use. It’s scary. It scares me anyway... I’m like thinking, ‘Can I do it?’” *Bess, aged 31*

Yet, in practice, going to a residential detox service was often not as difficult as had been imagined.

“I wish I’d gone sooner [*to detox*], to be honest. Something I’d wish I had not stomped my feet about so much. Because I really did just stomp my feet and go, ‘I’m not going there, I’m not going here... I want to go to a detox where I can be up all night and I can have my walkman’. And if I hadn’t done that stuff, I’d have been out months ago. I’d be out and done it months ago, because it wasn’t as scary. I don’t know. I was frightened of it, I suppose. It wasn’t as scary as I thought it was going to be, the detox,” *Tony, aged 34*

The aspect of residential detoxification services that our participants most disliked was the disruptive behaviour and on-going drug use of others who were not sticking to the programme.

“I went to a place... at the end of January... [*I*] did the detox there, but it was quite, it was lax so there was people using, drinking. They were giving out Subutex... They were giving out Subutex for toothaches to people who were like three months clean. People were, you know, taking them, snorting them in their rooms and all this... People were using and I just wasn’t impressed with it. You’d have groups and people would just walk out of them and have a fag and not come back and things,” *Nathan, aged 30*

“A few people got kicked out a couple of weeks ago... Someone brought some poppers into the building. Seven people got kicked out and the atmosphere was a bit shit over the weekend, because six got kicked out on Friday. And the atmosphere was shit over the weekend because the person that instigated it was still here until the Monday,” *Lauren, aged 27*

The more positive aspects of being in a residential detox, meanwhile, included being around supportive people, being able to talk to others, and seeing others detox successfully and move on.

“I’m benefitting from it [*residential detox*] by talking to my peers... I’ll say, ‘Oh, I feel like this or I feel like that’, and they’ll say, ‘Yeah, course, that’s because of this or because of that. That’s because of your withdrawals or that’s because your emotions are coming’. And I think, ‘Oh, it ain’t just me then’, do you know what I mean? And to share that, whereas at home I’d be bored, and like, ‘Fuck it, I’ll just have a drink’,” *Sorayha, aged 31*

“Everybody’s been brilliant. It’s sad to see people go [*from the detox service*], but at the same time it gives you... the strength to sort of carry on. ‘Cos you see people completing their eight weeks, and you think, ‘Yeah’... You’re sad to see them go, because you make real friends here, you know. But, yeah, it’s good to see people come out the other side,” *Lauren, aged 27*

Recovery through rehabilitation

Whilst ten study participants were initially interviewed in a residential rehabilitation service, five others had had some experience of rehabilitation services by their second interview and others talked about their experiences of being in residential rehab in the past. Aside from the main goal of wanting to be drug free, other reasons for seeking out rehab included wanting to have time to get to know and understand themselves, wanting a last opportunity

to get children back from care, wanting a route back into work and stable housing, and recognising the need for intensive support.

“What made me decide [*on*] coming to rehab is the things I need to come to terms with, and things I need to change in my life. I know I can’t do that on the out [*in the community*], because I’d end up going back on to drugs... And also it gives me a chance to challenge myself as well, on everything like, and actually look back over what my life has been like,” *Ellie, aged 29*

“I have to do this, with social services. I have to do like a two tier, two way path thing. So I have to like get ready for getting them [*children who are currently in care*] back and going to rehab and stuff... Because I get one chance and I’ve been lucky to have this even, very lucky actually,” *Diane, aged 34*

Rehabilitation services have diverse treatment philosophies and approaches. Some individuals reported that they had actively sought a service with a 12-step philosophy. Others said that they hadn’t been offered any choice – for example, if they were on a court order. In addition, one woman had not wanted to be in a mixed sex rehab, one woman had wanted somewhere it was possible to take a dog, one woman had wanted a strict programme, and one man had wanted somewhere with a strong resettlement programme.

“I just didn’t feel comfortable there [*last rehab*]. It weren’t a 12-step programme and you was never allowed to get your emotion out... It was all about behaviours. So like the bad things you’ve done, which they do here [*current rehab*], but it’s called consequences. So you’re allowed to let your emotion out with you, do you know what I mean? Whereas at the other place, it weren’t like that. And I think, now I’ve experienced both sides of rehabs... 12-step is definitely better, definitely,”
Soryaha, aged 31

“The resettlement, in particular, looked, you know, attractive. Because that is one of the hardest things is to get back into, you know, full-time

work. Running a flat, getting a flat even, never mind running one, you know, a place of your own, just fitting back in. And then being around drugs out there, having friends that are also doing what you were doing, keeping yourself, keep each other safe. I think that's what really attracted me," *Oliver, aged 31*

Interestingly, some individuals said that they were so anxious about going to rehab that they really didn't want to know the details of the programme before they arrived. Others worried that it would be so awful that they wouldn't stay and complete it.

"Just packing to come here, didn't know what I needed, just I got just too stressed with it. Couldn't do it. Plus I had a hangover as well. But even [*in the*] days leading up to it, I couldn't, just couldn't, get my head around it. It was just too much of a big task for me to tackle,"

Debbie, aged 28

"Yeah, I didn't actually think I would be [*here still*]. After a couple of weeks I thought I'd probably leave, but I've managed to stay,"

Chrissie, aged 24

In fact, as with residential detoxes, the experience of being in rehab was often very different from how individuals had imagined it would be.

"When you look at the brochure, you see the swimming pool and the football pitch and think, 'Yeah, it's a holiday camp'... [*sighs and laughs*]. But when you come here, you realise, yeah, it hits home on what you've got to do," *Stefan, aged 27*

"When I went into treatment..., I thought, 'I'm going go in there, they're going to help me, they're going to sort me out. I'm going to get all better and then I'm going to come out and then I'm going to show everyone'... Doesn't happen that way... You've got to work at it every day, every day and the slightest little thing can knock you back," *Bess, aged 31*

In particular, our study participants commented on how hard it was to settle into a completely new setting and structured lifestyle.

“The first few weeks I just kept on saying, ‘I want to go, I want to go home. I just want to go. I don’t want to be here’. But now I’ve actually got my head round that I’m in rehab, and getting used to everyone asking me if I’m OK, getting used to the tools of *[name of rehab]*... I know everything takes time. It just doesn’t come to you on a silver plate,” *Ellie, aged 29*

“I think I’m in the right place and I think I’m doing alright. I hope I’m doing alright. I think it’s gonna get harder before it gets easier. Um, I’m just waiting to sort of crack up a bit and that. But I think I’m doing alright, settling in and, um, I dunno, doing alright, I think,” *Nathan, aged 30*

Working through personal issues in a structured way could be especially daunting, but many still noted that the process was very helpful in better understanding their addiction.

“My issue work, I am finding a bit hard to do. But I’m getting the help from my... peers... I’ve got to have two support groups twice a day, and I’ve got to talk about my feelings... But, yeah, it’s really good. I’m getting a lot, I’ve been getting a lot done,” *Ellie, aged 29*

“It might be a bit painful now and again, but something you need to do... There’s nothing that makes it easy here. It’s a very tough, intensive programme... There’s nothing here that’s easy. It’s designed to put as much pressure on you as they possibly *[can]*... so when you leave here you can deal with practically anything,” *Stefan, aged 27*

Whilst different services had different daily routines and activities, most combined fairly intensive therapeutic activities (both one-to-one sessions and group work) with routine housekeeping activities (such as cleaning, gardening and cooking duties), educational and training opportunities (classes or voluntary work), peer support (NA or AA meetings) and some opportunities for relaxation and free time (including games and physical activities).

"I got up at about seven and I did a bit of yoga, about twenty minutes of yoga, just sort of breathing and movement, breathing and relaxing movements. And then I went down and had breakfast. Then I came up and I did my housework, which was clean the toilets... Then I went in for... a peer support group, which we have every Monday, from nine o'clock, normally from nine until twelve," *Ted, aged 48*

"Started voluntary work, so *[I]* go out one day a week and work for *[name of rehab service]* which is like the voluntary part of the rehab... *[I]* started a college course and am looking into starting another college course in January," *Chrissie, aged 24*

"By the time we get back *[from the day programme]*, it's probably about half five and we have to be out again by quarter past seven... to start making moves to an evening group, be it Narcotics, Alcoholic Anonymous, coke, crack, and all the rest. So then you do those meetings and by the time you've got in after those, say you get in about half nine from the evening meetings, you've got to have something to eat, you've got your diary to do, and if you've got any homework you have to do that," *Helen, aged 46*

There were many aspects of residential rehabilitation that individuals appreciated and these included making new friends, having people around to talk to and spend time with, getting a better daily routine and structure, increased self awareness, getting help with practical issues (such as sorting out debts), and feeling safe and secure.

"Oh I'm loving it. I'm loving every minute of it. Because I'm getting to know people and I'm building relationships up. I'm just trying to stay with the positive ones and not the negative ones. But, yeah, I'm loving every minute of it here," *Ellie, aged 29*

"I think the structure has helped me, massively. Having a routine, to a degree, you know what I mean? Having a bit of... normality... It's in the philosophy about learning to see ourselves as other people see us.

Because I didn't see a lot of the things that other people see in me, and it's only when it's put to me and I sort of, I toy with it for a bit and sort of have a look at it and see what's going on with it. The groups, as much as I hate them... just gives me a new way to look at things... What else has helped me? I think a lot of the silly activities we do as well, especially with my confidence... I think everything about the place is a tool in one way, shape, or form... It's about changing thinking," *Luke, aged 34*

"We have everything we need... There's gas, electric, there's baths, we're fed, there's company, we're kept busy... We've all got clothes, there's a washing machine, there's fresh air, and it's all very safe. No one's gonna harm us, no one's going to rob us or beat us. So it's such a protected environment, to be able to go through these things, that's what I mean about sometimes being grateful for being here,"

Beth, aged 43

Aspects of residential rehabilitation services that some of our study participants didn't like included having to do very difficult therapeutic work, confronting their emotions, letting down their personal defences in front of others, not being able to spend much time alone, not being able to see relatives (especially children), having to complete boring domestic chores, coping with large numbers of house rules, and not being able to form sexual relationships.

"It is hard, because it's all about building relationships up, with sharing stuff, sharing your problems. And I'm not used to that. I'm used to just keeping everything in," *Ellie, aged 29*

"It scares the hell out of me, letting down my defences. It's been so long with them defences up, barriers up. [I] don't like people being close to me. When they get close to me, I end up getting hurt and when I get hurt, I hit that self destruct button and I don't care," *Luke, aged 34*

"I was just getting so fed up with the place... I think it was silly rules again. And I know they're there for a reason, but it was just, you know, five minutes late back... from lunch or whatever and you was on a writ-

ten warning... I got put on a therapeutic contract for falling asleep in a different house," *Lauren, aged 27*

Very positively, however, many individuals reported that they had not used drugs since being in rehab. Moreover, they did not anticipate using drugs again. There were, nonetheless, others who had left treatment prematurely or who had been told to leave treatment because they had lapsed, relapsed or broken the programme rules. Importantly, though, even those who had seemingly 'failed' in treatment because they had not completed the programme fully still often reported that they had learnt a lot from the experience and could see how they had changed for the better.

"Even though I'm using, that six months clean [*whilst in rehab*] done me the world of good, it really did. It really did do me the world of good,"
Elliott, aged 32

"I think it was really useful. I think I'm a better person for it. I have worked through quite a few things, emotions and that. It's worthwhile. I mean it come to a bit of a funny end, yeah. But at the end of the day, it's no reason to go back to using. I think it's given me a good grounding. It's given me a chance to go and do it... I've got a choice now... [*It's*] just given me more self-awareness and given me a choice about where I go from here. I've grown up a bit, I think, to be honest,"
Nathan, aged 30

Progressing with peer support

As discussed in Chapter 2, many individuals in the study attended NA (or AA) meetings, sometimes several times a week. To this end, individuals would often travel to different locations on different days. Sometimes they also had additional responsibilities, such as being a secretary or treasurer, or organising teas and coffees. Furthermore, some became sponsors to other newer NA members. As well as attending meetings, individuals sometimes participated

in NA conventions or camping trips or used the internet to access NA support from around the world.

Aspects of NA meetings which those in the study reported that they disliked were the repetitive discussions about drug use, feeling uncomfortable sharing personal experiences in a group, feeling unwelcome because they were not personally completely committed to abstinence, and the fact that meetings tended to be mostly attended by men and so women could feel isolated.

“Mostly, you know, still finding them [*NA meetings*] useful. Sometimes getting a little bit frustrated with hearing the same stuff over and over again,” *Charlie, aged 31*

“Because the first year of me being in the Fellowship I was the only female, which was pretty hard work, being surrounded by all those men... Because in the old days I wouldn’t have shared stuff like that anyway. But just feeling quite isolated really, that there aren’t many [*women*],” *Vicki, aged 45*

In contrast, the key benefits of attending NA meetings included developing friendships, filling time, having the opportunity to talk and share personal experiences, and being motivated by seeing others succeeding in recovery.

“And then I went to a meeting. Thank God I went to that first fucking meeting... I already knew a couple of people there which was really helpful... one of them being my sponsor now. Just with their help it’s been so much easier to get off, to come off the drugs,” *Tony, aged 34*

“And the best thing I ever did was in these rooms... was go, ‘Do you know what? I can’t do this. I need help’. And from that moment, funnily enough, things started to get better,” *Vicki, aged 45*

Summary

Individuals in our study had very important and interesting things to say about accessing treatment and support. Collectively, they demonstrated a very strong desire to progress their recovery journeys. Thus, there was no evidence that individuals wanted to be given prescribed substitute drugs indefinitely. On the contrary, there was every indication that they generally disliked being on prescribed medications and wanted to detoxify from them, and from heroin, as quickly as possible.

In practice, however, our study participants' accounts clearly revealed that there is no quick or easy route out of heroin addiction. Indeed, trying to detoxify from prescribed opioids too quickly or trying to detoxify without rehabilitative support could easily lead to relapse. If an individual really wanted to recover, it seemed that they would need to work hard in treatment – both to understand themselves and their addiction and to foster the necessary life skills that would enable them to live without drugs. In addition, they would almost invariably need the support and encouragement of others, and particularly their recovery peers.

Beginning treatment of any type was frequently very daunting and scary. Whilst some might benefit from knowing more about what they are letting themselves in for, others might prefer just to jump in and see. Often, of course, being in treatment might not be as difficult as individuals imagine. Certainly, all treatments have strengths and weaknesses and what suits one individual may not suit another. Thus, there are good reasons to allow individuals some flexibility in choosing what might best suit them at any particular moment in time. Whilst all of the treatment and support options our participants discussed showed some potential in enabling recovery, none offered a guaranteed route to giving up drugs. Reassuringly, though, even when a particular treatment episode did not lead to abstinence, it could still be making a very valuable contribution to the recovery journey.

Chapter 4

Coming off drugs

Introduction

Most heroin users abuse a range of licit and illicit substances. Coming off drugs can therefore entail a challenging process of detoxification from heroin, methadone and Subutex, but also crack, cocaine powder, amphetamines, benzodiazepines, cannabis, and alcohol etc. In this chapter, our participants talk about their expectations and experiences of detoxification. They also discuss cravings and relapsing, including the various strategies that they adopt for managing these problems. The complex issue of cross addiction is then discussed before we conclude with our participants' thoughts and accounts of smoking tobacco.

The process of detoxification

Understanding 'rattling', 'clucking' and 'withdrawing'

Detoxification (commonly referred to as 'rattling', 'clucking' or 'withdrawing') is essentially the process of removing drugs or alcohol from the body. However, the nature and experience of detoxification will depend on many factors, such as the amount and type of drugs in the body, an individual's tolerance, the consumption of any substitute drugs, and the speed of detoxification. Some of this variability is expressed by Sorayha, Tony and Ellie below,

"They say two detoxes ain't the same, never the same," *Sorayha, aged 31*

"Everyone else was bursting into tears at group and getting really emotional... I was a bit emotionless really," *Tony, aged 34*

“The first week was alright actually, my first week in detox. My second week, on the other hand..., that was a nightmare,” *Ellie, aged 29*

There are many places where an individual can complete a detox, including residential drug treatment settings, prisons, psychiatric hospitals and the community (see also Chapter 3). These various settings offer different kinds and levels of support which also tend to impact on the detoxing experience.

“I didn’t really want to be around people [*in residential service*] when I was feeling like that... But the flip side to that is you’ve got support from people and people would say, ‘Come on. I’ve got to the end of it now. You’re nearly there. You’re through the worst of it’. So you get that encouragement and that support,” *Tom, aged 35*

“I had to do it [*detox*] in [*name of hospital*] psychiatric unit... I stayed there for two weeks. I couldn’t wait to get out of there... It was just hell... I don’t think they’d ever had an experience of detoxing anyone... I don’t think they could get their head around it... I don’t think they knew anything about opioid detoxing or heroin detoxing. I felt they were quite judgmental, some of the staff, as well. As if to say, I didn’t deserve to have that bed,” *Debbie, aged 28*

Given the highly variable nature of the detoxing process, it is not surprising that individuals were often initially very uncertain about what to expect.

“I think it probably won’t be that bad, because they’re gonna do it [*the detox*] really slowly... I don’t actually know. I’m just guessing really,” *Diane, aged 34*

Or how to interpret what they actually experienced,

“I don’t know if it’s from the heroin or the amphetamines... but I used to sweat a lot... Even when I was cold, I used to just sweat from my arms. I don’t know if that’s a side effect from giving up any of the drugs, I’m not sure,” *Elliott, aged 32*

“Sometimes I get feelings like irritable or a headache... It could be one of many things... Because it could be the opioids, it could be the extra can of cider I had the night before, it could be work. It’s like the aches and pains I’ve been having, is it work because I’m not used to work? Is it withdrawing because I’m not taking the [*Subutex*] tablets? I don’t know,” *Edward, aged 34*

Withdrawal symptoms

Despite this uncertainty, individuals in the study were generally very familiar with the physical and psychological symptoms commonly associated with detoxing. Physically, these included feeling fluey, sweating, shivering, being hot and cold, stomach cramps, diarrhoea, vomiting, loss of appetite, food and drink tasting unpleasant, being restless and fidgety, aches and pains, sneezing, eyes watering, yawning, being unable to sleep, poor concentration, and lethargy.

“Stomach ache, cramps, not being able to sleep, irritability, sweats, like really smelly, chemically sweat,” *Owen, aged 30*

“You start feeling like flu-like symptoms. Your stomach’s sore, your eyes are watering, you’re sneezing, you feel physically and mentally ill,” *Bess, aged 31*

“Diarrhoea, feeling sick and spewing up, but not being able to eat either. Um, cramps all over my body. I found the worst thing for me is [*you*] get really, really like a fever, isn’t it? And all your nerves are coming back to life and it feels like you’re being pricked with pins,” *Frances, aged 31*

“You ache, anything else I noticed? You feel hot and cold sometimes... Sneezing, I sneezed a lot, my eyes watered, I yawned a lot,” *Toby, aged 45*

Psychological symptoms, meanwhile, related to a sudden return of heightened and confusing emotions. These are discussed in more detail in Chapter 6, but included tearfulness, guilt, aggression, anger, anxiety, fear, and laughter.

“You just find yourself crying and stuff over really stupid stuff,”

David, aged 35

“You can get quite angry sometimes, you know... When you stop taking drugs, you get very muddled up really. You have a mixture of feelings,” *Toby, aged 45*

“I’d get quite angry with people over stupid little things... But then other times... [*I’d*] sit in the shower and just cry... That’s all part of it, isn’t it? It’s all up and down, it’s all over the place. Sometimes, you might laugh your head off,” *Freya, aged 25*

Because of the unpleasant nature of these symptoms, participants often reported that they were, or had been, afraid or concerned about the detoxing process.

“I am worried about it. I don’t think anyone likes the misery or pain, or to feel cold, to feel ill. So I’ll find out what it’s like... Hopefully I won’t be flying off the walls and... throw myself on a train and come back... and score.... Hopefully, I’ll stick it out,” *Neil, aged 37*

As indicated in Chapter 3, some also had very clear views about the kind of detox they wanted.

“I wasn’t going to detox off methadone. It’s a horrible drug. It’s worse than heroin... It is so much harder to detox off... So, I had to change it to Subutex just to detox,” *Oliver, aged 31*

“I’d recommend it [*residential detox*] to anybody... Because I’ve tried that many detoxes out on the street, and it’s never worked, never. Even though I’ve had it in my mind that I really want to do it, I’ve never done it,” *Sorayha, aged 31*

“You couldn’t just detox around anyone... I mean I wouldn’t even want to detox around my mum... You just feel so uncomfortable and you sort

of need to be around people that are going through the same thing,”
Olivia, aged 32

In practice, however, individuals often found that the reality of detoxing was not as bad as they had anticipated.

“I wasn’t actually that bad.... I had a bit of pain, a little bit of withdrawal,” *Louise, aged 34*

“It’s not half as bad as what people think it could be,” *Lauren, aged 27*

“*[I]* didn’t feel a thing hardly. My knees ached a couple of hours on two days and that was it, didn’t feel a thing other than that,” *Oliver, aged 31*

Managing detoxification

Aside from taking medical drugs prescribed by treatment services and being around others who were also detoxing, our participants identified a range of factors that eased the detoxing process. These included keeping active and busy, pampering their bodies (often with hot showers and baths or by eating comforting foods), or simply adopting a positive frame of mind.

“It *[last detox]* was easy... The easiest one I’ve ever done... Maybe it’s the *[prescribed substitute]* drugs I was on. Maybe it’s the fact they *[residential treatment staff]* had me doing aerobics, tai chi. They had me busy all day long,” *Tony, aged 34*

“People say have a shower, have a bath. *[It]* doesn’t make you feel much better, but it keeps you busy for that ten or fifteen minutes,”
Edward, aged 34

“The more positive you are and the more you try and have a laugh and keep busy, and not sit there thinking, ‘God my back hurts, God this hurts, God that hurts’... Not that you don’t feel it, but the more positive you are about it, it doesn’t affect you as much. And laughing really does help. Laughing is a good medicine,” *Lauren, aged 27*

More controversially, perhaps, our participants described using other controlled drugs (such as cannabis or amphetamines), over-the-counter medicines (such as sleeping aids and strong painkillers) and alcohol to dull their withdrawal symptoms.

“For about three nights I had about forty minutes sleep, so I broke the rules and went and bought myself some over-the-counter sleeping tablets from Asda, and slept like a baby after that,” *Neil, aged 37*

Cravings

Another common issue when coming off drugs is dealing with cravings. Cravings, like detoxification, are difficult to define. Indeed, our participants often struggled to distinguish cravings from withdrawal symptoms (see above) and relapse triggers (see below). They also used the expressions ‘obsessions’, ‘thoughts’ and ‘urges’ when describing cravings, but then sometimes seemed uncertain that these were all actually the same thing.

“I think cravings is when your body is physically needing [*drugs*]. Because I’ve been detoxed now, I don’t actually ‘need’ the drugs, but I do get the obsessions,” *Debbie, aged 28*

“I do think about drugs, especially when I get in one of my foul moods. Like I just want a pipe or a boot, just to settle my head down. But no, I wouldn’t say I get cravings,” *Ellie, aged 29*

“[*Cravings are*] like a feeling here [*puts her right hand across her diaphragm*]. Anxious butterfly kind of feeling, really want something... Like you really want a cigarette feeling. I don’t know.... Yeah, it’s that feeling here, not a real urge,” *Frances, aged 31*

Some individuals, however, had a much clearer sense of what cravings meant to them and spoke of intense and powerful feelings or yearnings which made them feel out of control.

"It's an intense feeling. I don't know how to explain it. Like you wake up and all you can think about is heroin, heroin, heroin, got to get money, and constant, constant," *Isabelle, aged 35*

"It's just a yearning for something," *Nathan, aged 30*

"Something almost kind of beyond my control," *Charlie, aged 31*

"Cravings are quite out of control. There's no logic to them, there's no sort of sense to them... I think it's quite a childish attitude. You've got this craving and come hell or high water this craving's gonna be fulfilled... It becomes quite sort of, out of perspective," *Chrissie, aged 24*

It was additionally the case that individuals reported having cravings for substances and behaviours other than illicit drugs. These included alcohol, sex, chocolate, sweets, being sick, injecting water and even something that would just take away their unhappiness or dissatisfaction with life.

"I get cravings more for being sick than I do for *[heroin]*... At least once a day I think, 'I could just vomit all the food back up'," *Chrissie, aged 24*

"My head craves it all day long, every day, craves something. *[It]* doesn't know what it's craving, hasn't got a clue what it's craving... It doesn't crave a particular drug. *[It]* just ... wants to be off its head," *Tony, aged 34*

Interestingly, some individuals described cravings in predominantly physical terms.

"I started getting *[a]* massive headache. My mouth became really, really dry and my heart was just like racing... It was almost like that kind of feeling when you're waiting to score and you're getting impatient... At the time I hadn't been consciously even thinking about gear and yet my body was behaving in a certain way," *Ted, aged 48*

Whereas others focused on their more psychological nature,

“Occasionally, I can be completely oblivious and doing something and this little thing, ‘be a really good idea to get a bag [of heroin]’ will just pop into my head,” *Vicki, aged 45*

“I don’t actually get physical cravings. It’s all in my head. I get a feeling, I don’t like it and I want to fix it, and I want to fix it now. And my default mode, my default programming tells me that drugs will do that,”

Tony aged 34

Many also noted that cravings could be both physical and psychological. Moreover, whilst substitute drugs could minimise the former, the latter could prove more difficult to manage.

“For me, a craving is when you’ve thought about something for so long that it goes beyond the thinking, and it becomes physical,”

Edward, aged 34

“Methadone obviously will stop any physical cravings. It’s mental cravings that I have trouble with now,” *Isabelle, aged 35*

“I’ve done my detox now so it’s not physical because... they’ve worn me down off the Subutex... But like the mental [side of it]. I think I’ll be an addict for the rest of my life. I’ve just got to learn not to pick them [drugs] up, if that makes sense. So I think I’ll always think about it [heroin]... I can’t imagine not thinking about it,” *Kevin, aged 25*

Importantly, though, a small number of individuals noted that if you could learn how to sit with your cravings for a while, they would pass.

“The thing is with cravings, you assume they will never go away and think it’s going to be like this until I cave into it and go and use. But it’s not really the case... A craving usually doesn’t last longer than ten min-

utes, so if you can find something to do for ten minutes, it will pass,”
Edward, aged 34

Others stated that their cravings had mysteriously disappeared over time. When pushed to elaborate on why this might have happened, most suggested that it was because their lives were busier and more positive now, so their minds no longer had the time to wander onto drugs.

“It [*using drugs*] just doesn’t cross my mind. I suppose where I have so much in place now and I’m doing things all the time... I think I’ve put so much in place, I don’t give myself enough time to, you know, want to do things like that, which is good,” *Liam, aged 37*

“I’ve not had cravings... I think it’s because I’m in a different place. I’m doing other things. I’ve got a bit of a social life and I’ve got something to get up for in the morning so my mind’s pretty busy with everything else and the studying and all the other stuff. I think if I was sat in me room like I was eighteen months ago, not going out, not talking to people, not reading books, I’d probably be craving because there was nothing else going on,” *Edward, aged 34*

Lapses, relapses and prevention strategies

Not all of our participants were drug free between their first and second interviews. Some described continued low level illicit drug use, some talked of having occasional lapses, some feared that they were on the brink of a more serious relapse, and one had a major and profound return to uncontrolled drug use. Most, meanwhile, had experienced lapses or relapses in the past. In consequence, our participants were able to provide detailed accounts of the kinds of factors that could prompt a (re)lapse, as well as some useful strategies for managing and avoiding the temptation to use.

(Re)lapse triggers

Some of the most common reasons individuals gave for relapsing were seeing drug-related people (other users or dealers), being in drug-related places (where they used to use and where they used to score), seeing drug paraphernalia (needles and foil), having a drink, or smoking a joint.

“*[I]* walked down the cycle track where there’s a phone box... and there were two people there that I know... One was in the phone box smoking crack and smoking gear... I was fine until that happened. Then I thought, ‘Fuck it. I’ll go and get a bag of gear,” *Tamsin, aged 37*

“If there was foil in this room now with gear on it, I would take it,”
Sorayha, aged 31

“I can’t really have a joint because if I have a joint, I’ve got to go to the dealer. If I’m going to the dealer, I’ll meet other people,” *Luke, aged 34*

Another set of relapse triggers related to feeling low or being in a poor emotional state. This might be triggered by a particular event, such as bereavement, an argument, a relationship breakdown, or just having a bad day. Equally, it might arise from individuals feeling generally lonely, down, stressed, anxious or sorry for themselves.

“When I was using my triggers would be if someone pissed me off, I’d use more. If someone wound me up, yeah. If someone upset me, I would generally use more. If I had an argument with my dad, I’d use more,” *Neil, aged 37*

“I felt pretty down at the time. My dad had a heart attack... felt pretty down about that, and I used then,” *Louise, aged 34*

“Things were just getting on top of me and I find that when things get on top of me, I just seem to use,” *Eddie, aged 30*

“I use when I’m lonely, when I feel very lonely,” *Tamsin, aged 37*

"If I start feeling sorry for myself, there's a good chance that I could lapse," *Helen, aged 46*

Boredom was also identified as a key risk factor, as was having spare money, feeling that they deserved a treat, and being physically unwell or in pain.

"Boredom does scare me, because I know what I've done with boredom before, in the past, you know... Even if I don't feel like using, I go out and use for something to do to keep meself occupied," *Liam, aged 37*

"It's probably money. Money was burning a hole in my pocket, I think. I'd bought some shopping and that, I'd bought a new coat, and then... there wasn't anything I really needed so I just wasted the last of my money on drugs basically," *David, aged 35*

"It was like, 'Oh, I'll just have one [*bag of heroin*]. Just have one, treat me self, kind of thing. I've stayed clean now nearly like seven, eight weeks'. Next day I had another bag, and within four days I was withdrawing again. So I was back to square one," *Sorayha, aged 31*

"I had chronic toothache quite recently... The dentist had said come back in a week. I was in so much pain I couldn't sleep. It was literally the worst toothache I'd ever had. I thought, 'Okay, crack for the anaesthetic properties, heroin for the complete painkilling properties'. And it worked, worked really well," *Timothy, aged 27*

Preventing (re)lapse

Our participants identified a number of practical strategies to help avoid relapse. These included avoiding drug-related people and places, being clear to people that they were no longer using or interested in using, changing their phone number or deleting dealers' numbers from their phone, and avoiding all drugs and alcohol.

“When I’m walking through town, I’ll be aware of where I go and who I bump into. There’s people who’d like to see me using again, [so I] stay vigilant,” *Edward, aged 34*

“Keeping myself away from certain people, certain situations,”
Owen, aged 30

“I’ve done things like I’ve cancelled all my drug connections through my mobile phone, cancelled all the numbers,” *Ted, aged 48*

Several individuals explained how they routinely bought clothes and other treats so that they didn’t have disposable income to spend on drugs. Others advocated keeping busy and maintaining a structured daily routine,

“I’ve never had so much to do in all my life... I’m keeping myself that busy, it’s crazy. I’m making sure I’ve got things to do,” *Liam, aged 37*

“When I’ve come back here [*home following residential treatment*], even down to me sleep pattern. I’m like me eyes are open and I’m awake, and I’m up... I think that’s what’s keeping me clean... that structure, that routine,” *Sorayha, aged 31*

Many, of course, emphasised the importance of having on-going professional and peer support which might include further substitute medication, counselling, relapse prevention work, attending NA meetings, or simply having someone to talk to,

“I think they’re going to do me some one-to-one support, some one-to-one relapse prevention,” *Tony, aged 34*

“If I get those cravings and they get really strong, then I phone someone and I tell them about it. It seems to take the power out of it and they pass,” *Timothy, aged 27*

Most strongly, however, individuals argued that they needed to change their mindset and begin to deal with their emotions more constructively. For example, they needed to remember all the negatives of using, all the people they would let down if they used again, and how important it was to look to themselves for solutions.

“I think about how I’m going to let down the people that I’m living with in *[name of residential service]* and also I’m treating it as a challenge, you know, and I’m living just day by day,” *Ted, aged 48*

“I’ll always have a problem with drugs, but I want this programme to give me the right amount of tools so I never go back to... that drugs side of me,” *Stefan, aged 27*

“I’ll always have cravings... it’s just learning how to deal with them. And these are the things that I’ll learn at rehab... It’s just learning to know the signs and that as well, so I can stop myself,” *Isabelle, aged 35*

“I have got a different outlook on drugs now, you know. Before... I went in *[to treatment]* to get off it because that’s what was expected of me. Now it’s because I want to do it... Before there was social workers involved and, you know, I felt forced into doing it... The difference is I want to be clean now,” *Bess, aged 31*

Ultimately, they needed to reach the position where using was simply not an option any more.

“Things are really hard sometimes, but I don’t see the option of going and using heroin. That’s not an option any more... So, I just have to go with the ups and downs,” *Frances, aged 31*

Cross addicting

By now it should be clear that our participants had addictions to, and cravings for, more than just heroin. Sometimes individuals reported that a reduction in opioid use triggered an increase in another addictive behaviour.

“When I was coming off on the Subutex... I’d go down the road and have a beer and it would just calm me down... Then, of course, one beer turned into two beers, two beers into three beers, three beers into two bottles and it was driving me nutty... I guess in a way you could actually say... I just cross addicted. So really it makes me wonder what I’m trying to battle,” *Toby, aged 45*

“Whatever I do, I always do to the extreme... Drugs, alcohol, crime, lying to people, using women, eating ice cream.... Last time I came off methadone I found eating ice cream was a comfort to my stomach and I would eat two or three big tubs a day,” *Owen, aged 30*

Others noted that an increase in their drug use would generally be accompanied by an increase in other addictive activities.

“Because my bulimia was hand-in-hand with my addiction,”
Chrissie, aged 24

“I used to pretty much blow all my money on fruit machines... And now I know it’s a trigger in my mind. When I even think about gambling... it’s sort of a bit of a warning bell. I have learned from past relapses that it usually starts with gambling. I’ll gamble first until I get so pissed off with myself and angry with myself that I end up using gear again,”
Edward, aged 34

“I never thought I had a problem with alcohol, but looking back... it is obviously a problem, you know. So that’s opened my eyes up a lot about the cross addictions, even like the self-harm, another cross addiction.

Men *[too]*... I've always used them to make me feel different,"
Debbie, aged 28

The reasons why individuals transferred between addictions or experienced a number of addictions simultaneously are, of course, hard to understand or interpret. Toby, for example, suggested that his problems were related to having an addictive personality.

"They label people drug addicts and it's not a drug addict. It's an addictive personality disorder you have, in my opinion. You know, if you took it all away I'd be addicted to... picking dandelions or something... It is an addictive personality, so it doesn't matter whether it's alcohol, they're all as bad as each other, even exercise. *[It]* doesn't matter what you get addicted to... I think it's a personality disorder somehow," *Toby, aged 45*

Debbie and Lauren, meanwhile, attributed their problems more directly to their inability to manage feelings and emotions, an issue to which we turn again in Chapter 6.

"I feel quite frustrated that I have this inability to cope with life on life's terms... I've not learnt them skills that we obviously learn as a child... How to deal with emotions and feelings in a positive, manageable way. I don't manage my feelings... and coming across all these *[feelings]* is really hard work, really hard going... especially when you've got such low self-esteem, which I have, and self-loathing. You're just desperate to change it... make yourself feel better, fixing yourself," *Debbie, aged 28*

"I'm never going to say never to having a drink, because it wasn't really my problem... but every time I did drink, I drunk myself into oblivion really. But I think that was more to do with coping with my feelings and everything," *Lauren, aged 27*

Smoking tobacco

Finally, one very addictive legal substance that all of our participants routinely used was tobacco. Whilst a number of individuals stated that they had been smoking more as they had attempted to reduce their opioid use, others said that they had recently been smoking less. Those who smoked more reported that this was to reduce stress, ease the detoxification process, and manage frustration, boredom, anxiety and cravings.

“There’s times when I don’t smoke, but at the moment having a cigarette can stop me stressing out... It just calms you down, don’t it? I don’t know how,” *Stefan, aged 27*

“I suddenly started feeling very depressed and stressed out and I started smoking a lot more,” *Ted, aged 48*

Individuals in residential treatment programmes also said that they smoked more because they had frequent coffee breaks where smoking was an accepted norm.

“Well in rehab you sit around. You do a group or something and then you finish. So I go and have a coffee and a fag, then I’ll have a coffee and a fag, you know, before lunch, coffee and a fag after lunch, coffee and a fag... It’s what you do when you’re having a break, if you see what I mean. So, yeah, [I] did smoke quite a lot just to pass the time,”
Nathan, aged 30

Some of the reasons our participants gave for smoking less tobacco included the high cost of cigarettes, not liking tobacco without cannabis, increased awareness of the damage caused by smoking, smoking being incompatible with greater exercise participation, and not being allowed to smoke during the night in residential services.

“I’ve been trying not to smoke as well... I don’t really enjoy smoking the fag, where I’ve just always smoked joints. It’s like drinking coke with no

vodka in, sort of thing. I don't really enjoy it... I don't know why I do it, but I've really cut down smoking," *Leab, aged 38*

"Smoking less, definitely yeah.... I suppose it's where I'm doing more activity things like riding the bike and all that. I think it's just got less and less and less," *Liam, aged 37*

Whilst a small number of individuals affirmed themselves as committed lifelong smokers, many more reported that they smoked too much and wanted to cut back or stop.

"I smoke loads, far too many, and that quite frightens me because all my grandparents and all my family have died of cancer. My dad's had a heart attack and a stroke and my mum's had a stroke and cancer. My nan died of cancer, granddad died of cancer and what's the point of getting clean if I'm going to die of lung cancer in ten years time,"
Tony, aged 34

Stopping smoking was not, however, usually a priority for the immediate future – more often it was a slightly longer-term goal.

"My kind of long-term plan is I'm going to give up [*smoking*], but at the moment it's just too much to handle with everything else," *Ted, aged 48*

"I don't think it's advisable for me to stop smoking at the minute, because advice from people in the field is give it a year or two then tackle the cigarettes," *Edward, aged 34*

Moreover, a number of individuals recognised that they would need support and advice regarding how and when best to give up.

"I smoke more now than what I did... I want to get off it really, get some patches or something, try to anyway," *Louise, aged 34*

“I’m planning to give up in the next six months... But I need advice...
[If I] give up smoking tobacco, I smoke more heroin,” *Neil, aged 37*

Summary

Our participants’ accounts revealed how concepts such as detoxification and cravings are complex and often not well understood. This is exacerbated when individuals misuse more than one drug and have tendencies to cross addict to other substances and behaviours. Whilst there are widely accepted physical and psychological signs of both detoxing and craving, there will always be immense individual variation. Indeed, it is unlikely that two experiences of detox will ever be the same. Similarly, the nature and intensity of cravings will tend to change and diminish over time. Those contemplating recovery need clear information about the kinds of physical and mental stresses that they might encounter as they reduce their opioid use. Likewise, they must be alert to, and vigilant of, the dangers of picking up other addictive behaviours as their heroin use declines. Yet, the effects of detoxification and the intensity of cravings should not be over-exaggerated as the reality is often not as bad as individuals might fear or others might lead them to believe.

Importantly, detoxification, cravings and relapse do not simply happen to passive drug users. Those who use heroin will have views and preferences about when, how, where and with what kinds of support they want to come off drugs. They can also be active in managing their withdrawals and cravings. Keeping busy, avoiding drug-related situations and people, and pampering themselves are relatively easy and obvious practical measures. Looking at why they might be unhappy or stressed, trying to address underlying emotional problems and adopting a more positive mindset are also crucial but more difficult undertakings. It is here that individuals are likely to need a good solid base of professional and personal support, but those providing that support must listen to what drug users are telling them. Finally, we note that despite their very high levels of tobacco consumption, lots of our participants wanted to stop smoking. We therefore need to provide appropriate smoking

cessation information, advice and encouragement to drug users both in the community and in residential treatment settings.

Chapter 5

(Re)building relationships

Introduction

All of us live within social networks. In this chapter, our participants begin by telling us about their childhood relationships with their parents, siblings and other close relatives. These accounts provide useful background information to what they then tell us about their adult relationships with members of their birth families, but also their subsequent relationships with partners, spouses and their own children. Moving beyond family, our participants additionally reflect on friendships and pets.

Childhood relationships

Whilst a number of individuals in the study were keen to emphasise that they had had relatively ‘normal’, ‘unproblematic’ or ‘happy’ childhoods, many others highlighted how unhappy and neglected they had felt as children.

“[I] didn’t really run away. I just sort of didn’t go home after school one day and phoned up my mum and said could she come and pick me up, which she did. And I think that’s sort of when I went to live with my mum really then. But my dad, he didn’t obviously realise how unhappy I was,” Olivia, aged 32

“So that’s how I grew up – in a house full of anger, a house that I didn’t really want to be in, that I literally came home, went to bed, had to stay in my room. I wouldn’t say I was abused. No, I would say I was abused. I was abused by neglect,” Tony, aged 34

This unhappiness did not necessarily mean that our participants had been brought up in poverty. On the contrary, several individuals explained how they had come from relatively wealthy families and had had quite privileged periods of schooling. Nonetheless, they had still often felt lonely, sad or as if they didn't fit in. Ted explained,

“From the age of about seven, I had quite a privileged upbringing. My step-father was Italian. His family were very wealthy and I actually went to *[name of elite public school]*.”

But...

“I was really lonely, because my parents basically lived in Italy. But I was at this boarding school in England and, sort of in holidays or weekend holidays, I never really saw them,” *Ted, aged 48*

Consistent and striking features of so many of our participants' childhoods were loss, separation and abandonment, which were often initiated by parental divorce.

“My mum and dad got divorced when I was nine and I took it really bad. And then we had a choice who to live with, my mum or my dad. I chose my dad. But when my dad moved his girlfriend and her kids in, I didn't get on with him so I went to live with my mum and I didn't get on with her husband,” *Ellie, aged 29*

“When I was seven my mum ran off with another woman and left me and my dad behind. And ever since then I've had a lot of problems with my mum,” *Frances, aged 31*

Additionally, individuals in the study spoke of parents or close relatives dying and themselves or siblings being taken from home and placed in care.

“My dad was in the navy. *[I]* didn't see a lot of him so hadn't got a father figure in my life. When I was about eleven, my granddad died...

My granddad was proper close [*to me*]. I wasn't allowed to go to the funeral. I got right resented up over it," *Luke, aged 34*

"I went into foster care when I was young... and that's where I grew up for about ten years. And then after the ten years, I moved back to live with my mum," *Kevin, aged 25*

"My father died when I was a baby as far as I'm aware. Because my mother was married twice... But three of my mum's kids were taken into care," *Fiona, aged 49*

Further very common characteristics of our participants' childhoods were violence and abuse. Often individuals stated that fathers or step-fathers had been violent towards their mothers.

"My dad was always violent to my mum, so I had to grow up with that all my life," *Liam, aged 37*

"My dad was very abusive to my mum. She was in battered wives' homes, in and out of them. And so, yeah, I was backwards and forwards, always moving schools," *Sorayha, aged 31*

They also described being personally physically or sexually abused themselves.

"My sister and my brother brought him [*step-brother*] home, and it was the worst day of my life for me... From that day on, he was sexually abusing me," *Fiona, aged 49*

"I was abused by my brother when I was twelve... I never ever talked about it. My parents didn't know until last year," *Oliver, aged 31*

Many individuals additionally talked of family members – parents, siblings, aunts, uncles and cousins – having problems with drink or drugs.

“My mum’s husband at the time was a violent alcoholic, and he basically beat me up and put me in a children’s home on Christmas Day. So I was in a children’s home then for two years,” *Owen, aged 30*

“My mum’s been a junkie practically all my life,” *Stefan, aged 27*

Adult relationships with birth family members

Strained family relationships

In light of the above, it is probably not surprising that many of our participants felt that they had limited support from their birth families in adulthood.

“I get nervous about having conversations around my mum and dad, because... sometimes they’ve knocked my confidence in the past, or they come across as if they’ve got no interest and stuff like that,” *Eddie, aged 30*

“My dad, OK, he hadn’t really been my dad, but when my mum got ran over and killed, you would have thought that a father might think, ‘Well, my son’s rang me up, haven’t heard from him, haven’t been a dad to him for fifteen years... my son’s rang up and asked for help. Maybe I should help him as his mum’s just got run over and killed’. But, oh no, he left me... sitting in my car crying my eyes out. It was horrible,” *Toby, aged 45*

Relations were often further strained by participants’ own drug consumption. This was particularly the case where individuals repeatedly lied to, or stole from, family members or borrowed money which was rarely, if ever, repaid.

“I think that generally if you’re an addict and you’ve got parents you still talk to, you will have a few quid off them until they tell you to get lost,” *Nathan, aged 30*

“My mum, she took a dead hard line. [*She*] said, ‘That’s it. If you’re going to do it [*use heroin*], then piss off and do it. You’re not robbing me’,” *Kevin, aged 25*

“I was withdrawing one day quite badly and I took my dad’s bank card and got some cash back and the bank prosecuted me... My parents kicked me out,” *Edward, aged 34*

Importantly, when individuals were told to leave the family home or otherwise ‘disowned’ by their family because of their drug use and drug-related behaviours, many were left feeling even more lonely and isolated.

“My mum and step-father, my brother, my sister are having absolutely no contact with me whatsoever... It’s just incredibly painful for me... I feel very alone, basically,” *Ted, aged 48*

“I got a letter yesterday from my mum and my brother telling me that they disown me. So I feel a bit, urr, I don’t quite know who I am right now... Just feel very abandoned at the moment,” *Chrissie, aged 24*

Nonetheless, they often recognised that they needed to take some responsibility for their own actions and situations and could not simply blame their relatives for being unreasonable.

“I needed to be fucking told, you know, ‘Get fucking sorted, else you’re fucking on your own’, you know. ‘On the streets, on your own’,” *Elliott, aged 32*

“My mum doesn’t trust me because when I was a junkie and that, I used to give her the spiel basically... I blamed my mum for a lot of things I shouldn’t have blamed her [*for*] because it was partly me to blame and not her,” *Ellie, aged 29*

Supportive family relationships

Despite this, not everyone felt that they had poor family support. Far from it, many participants stated that they were very close to their family members.

"I've got my family, my mum and my sister. Me and my sisters are close and that. So my mum, she's more like my friend... than my mum,"

Annabel, aged 29

"Without my mum and dad, fuck me, God knows where I'd be right now. I haven't got a clue where I'd be. They've helped me out so much, and I appreciate it, you know, I really do and I tell them that... I've always had people caring about me. I've just been lucky in that respect,"

Elliott, aged 32

"I've always been close to my mum, all the way through my addiction," *Freya, aged 25*

Our participants reported being emotionally supported by family, but also noted that they had received everyday practical assistance from them (such as money, food, a place to stay, a lift to appointments, a hand with moving house, or help with the laundry etc).

"I go to my parents' for dinner... every Tuesday, dinner around there and on Sundays as well. I have dinner on Sunday evening. I see them twice a week... I go for dinner, use the internet, check my e-mail," *Tom, aged 35*

"We haven't got a washing machine where we live but my mum always still does my washing and stuff," *Annabel, aged 29*

Some individuals additionally reported that family members had paid large sums of money to enable them to enter drug treatment. For example, Chrissie had felt obliged to stay in a residential service despite not liking it because,

"My mum paid thirteen and a half thousand pounds for me to go in there for the six months," *Chrissie, aged 24*

Meanwhile, one major form of support that some of our participants who were parents received from their relatives was help with childcare. Moreover, this was often of a permanent or semi-permanent nature.

“Social services were being informed that I was still using on top... and they turned up one day and said like, ‘You really need to sort it out, otherwise you’re going to lose the kids’. And I knew I wasn’t in any situation then to do anything about it, so I phoned my mum up and asked her to come and pick them up. And she took them away. This was in April last year... they’ve been there ever since,” *Lauren, aged 27*

“*[Name of daughter]* is at boarding school... She lives with my sister and her husband... but since she touched eleven, my family are paying for her to go to private school,” *Helen, aged 46*

“I literally gave up my daughter... handed her over to my mum. Just said I couldn’t cope with her, because I knew it was easier for me to use, you know. It’s difficult to be looking after children and having a habit. And at the time I was so far into my drugs I didn’t know what it was to be a mum,” *Bess, aged 31*

That said, even relationships that objectively appeared very supportive could still be fragile and complex. Here Bess reflects honestly on how bad she feels when she hears her two children call her mother ‘Mum’. Meanwhile, Stefan acknowledges that he is not quite ready to rebuild a relationship with his drug-using mother.

“See the longer they *[children]* are with my mum as well, the harder it is, you know. Because they do look upon my mum now as their mum... They like say things to me like ‘Nan, I mean Mum’. And then they’ll call my mum ‘Mum’... It’s little things like that. I think, ‘Well, maybe they don’t want to come back with me’,” *Bess, aged 31*

“To be honest, I’m still quite resented up with my mum because it’s not right, know what I mean. I’ve been taking drugs with her since *[I was]* a young lad... Maybe in the future, if she decides not to take drugs anymore, I might have something to do with her,” *Stefan, aged 27*

More positively, though, many individuals reported more frequent and better contact with family members once they began to reduce or come off drugs.

“I speak to my sisters, a couple of them. We text. It’s all quite fragile at the minute, but it’s better than it was,” *Edward, aged 34*

“Some of my family are in the police force. They didn’t have anything to do with me. Now they have like an in-depth conversation about treatment and stuff like that,” *Freya, aged 25*

“We’re getting a lot better lately, you know. I’ve been talking to her [*mum*] about what’s going on for me and she’s been talking about what’s going on for her. And, you know, we’ve become a lot closer than we have... ever been really, since I was a child, you know, before the drugs,” *Bess, aged 31*

Furthermore, these relationships could begin to take on a more satisfying and reciprocal nature.

“I didn’t like the thought of my poor mum being in that position and feeling quite sad and quite lonely, so I called her and just said, ‘What time do you finish work today?’. She said, ‘About three’. I said, ‘Do you want to meet up and I’ll take us for a coffee and a cake somewhere?’”
Tom, aged 35

“She [*grandmother*] is at home now. She’s a lot better than she was. She was in hospital for about a month. I just went up every day and sat with her and nursed her and stuff, which was, yeah, really nice,”
Tamsin, aged 37

Relationships with partners and spouses

Of course, adult drug users also become partners and spouses. Only a few individuals in our study described themselves as currently in a settled or happy

relationship, but most had had one or more stable periods with somebody at some point in the past. Frequently, however, these relationships were complicated by drug consumption. For example, many individuals explained how a girlfriend or boyfriend could play a role in initiating or escalating drug use.

"I was eighteen. [I] got into a relationship with a girl and that went pear-shaped after a year. She ran off with me best mate, and then I hit the needles, started cranking [*injecting*] when I was about eighteen,"

Luke, aged 34

"I don't know if I'd have started [*using heroin*] again if I hadn't met [*name of boyfriend*]," *Louise, aged 34*

"I met her [*girlfriend*]... and she didn't know I was dabbling... It went from a relationship where she wasn't taking anything to the point where I came out and told her I was doing. And, you know, even though she was only doing it now and again, she started doing it as regular as me," *Liam, aged 37*

Others noted that drug taking contributed to secrecy and lies within relationships.

"I've lied all through the relationship really about drug use... I'd make excuses up to my partner just so he wouldn't come to me house, just so I could use," *Sorayha, aged 31*

Physical violence was also a problem for a significant number of women in the study. This is Sorayha again, followed by Leah.

"[*Name of partner*] put a gun to me and that... I still didn't phone the police on him. Me mum phoned the police and I dropped the charges... He got macheted a few weeks after he put the gun to me head and he was in intensive care," *Sorayha, aged 31*

“Me son’s dad, he was really violent... I used to fight back with him first of all and then he just got really off key, and I was just really terrified of him,” *Leah, aged 38*

Beyond this, relationships could often be complicated because one or both partners went to prison or were away for extended periods in residential treatment.

“We split up, you know, due to me going to prison and stuff,”
Carl, aged 47

“I’ve been in a relationship with *[name of partner]* since I was twenty-six. So we’ve been together seven years now. But he’s been in prison for the past three years. He’s out now, but he’s in *[name of city]*... I mean obviously we’re just seeing what happens,” *Olivia, aged 32*

Although a small number of individuals explained how they had managed to reduce or stop their opioid use with a partner who was also committed to becoming drug free, most argued that giving up drugs whilst remaining in a relationship with someone who is using is extremely difficult, if not impossible.

“A lot of my problem is that he *[boyfriend]* has got a heroin addiction, which is why I’m finding it so difficult... It would help me if I was with somebody that obviously had never used or was clean,” *Tamsin, aged 37*

“Occasionally I’d have a joint *[when pregnant]*... just to sort of chill out. Because I was always stressing out about *[name of partner]* using and drinking and coming home with gear all over his teeth and pissed up. It was just really doing my head in. He made it so hard for me, and he knew... I told him, if he’s gonna use, don’t come back and use in the flat. And he just did all the time... It was three weeks after I had given birth to *[name of daughter]* that I ended up using again,” *Lauren, aged 27*

Perhaps unsurprisingly then, individuals often reported that drugs were directly or indirectly the reason why a relationship ended.

“My last six relationships, you know, that have been quite long term girlfriends, it’s always been, ‘You need to make a decision, Elliott, me or the drugs’. And it’s been the drugs every time,” *Elliott, aged 32*

“*[I’ve]* had a few overdoses in my time... One ended up in hospital. My girlfriend at the time was a paramedic, saw me in A&E, and finished the relationship,” *Tom, aged 35*

Others emphasised that they would not contemplate having a relationship with someone who was a user.

“If you’re a couple and you’re both using, then you’re never going to get off it, know what I mean? You’re doomed,” *David, aged 35*

“I don’t think you can take drugs and have a girlfriend unless your girlfriend is taking drugs. Then I don’t think you should be together anyway. I think it’s a no no. I know mates of mine, heroin addicts, who’ve got heroin addict girlfriends. The only thing they bicker about all day is ‘You’ve got more than me’, ‘You’ve been out scoring today, haven’t you?’. *[It’s]* just a nightmare. I haven’t and I wouldn’t... go out with a girl who was a heroin addict,” *Neil, aged 37*

Parenting

Although our participants often received support with childcare from members of their birth families (see above), they more often reported that their children lived with ex-partners. As with any such arrangement, sometimes this worked well,

“His *[son’s]* mother is such a good mother. She’s such a good mother. He *[son]* has balance, he has boundaries. He’s such a good little boy. I’m very proud, very proud and very grateful to her for keeping him safe,” *Tony, aged 34*

“He [*daughter's dad*] is nice, yeah. He's a really nice bloke... He is nice, really nice... and his new girlfriend, she's really nice as well... I'm happy that... he's with somebody that really, you know, cares about [*daughter*] and [*daughter*] loves her to bits as well... So I'm glad that they get on,” *Annabel, aged 29*

But sometimes it was problematic.

“I've got a daughter I don't see because I don't get on with her mum. I want to be a dad to her,” *Neil, aged 37*

“I think she [*ex-wife*] is mad. She's got a narcissistic personality disorder and, you know, verging on megalomania basically. She can be very, very controlling... Because the way it works is that if I mention something she doesn't like, then she goes crazy, ballistic, and normally the outcome is that I don't get to see the children,” *Ted, aged 48*

Several study participants had had their children removed from them by social services and this could be extremely distressing. At the time of her first interview, Diane was clearly grieving from having recently had her children taken into care.

“I like looking at my kids' rooms and stuff... I can smell my kids... It was really sad at first going into my house because I've never seen it without my kids there before... I so love my kids... They're so beautiful,”
Diane, aged 34

In fact, only a very small number of individuals (all women) still had their children living with them at either of their interviews. This sad fact cannot be divorced from our participants' own accounts of how they often struggled to cope with, or neglected, their children during periods of heavy drug use.

“I've fucked my daughter's head up... She's got so much resentment and anger. I've took them [*children*] to smack houses to score. I've never

neglected them, like food, clothes... The money was always there so I just used to palm them off with money," *Sorayha, aged 31*

"I haven't really been a mother to my kids. I haven't really got a right to be a mother to my kids at the minute," *Ellie, aged 29*

"I was in a group [*at rehab*] and it got brought up about my children... Someone was going to me, 'So when you *abandoned* your children'. I wanted to get up and punch this woman in the face, but that's exactly what I did... It's owning it, it's accepting it," *Beth, aged 43*

Indeed, mothers often worried about how they would be able to manage parenting again – particularly if they had already had one unsuccessful attempt at resuming full-time childcare responsibilities or if their children's behaviour was in some way currently challenging.

"I got [*name of son*] straight back, which was too much really. I knew I couldn't cope... That's when I started using crack and heroin all the time. I'd just stay in bed, like getting pissed and taking the benzos," *Leah, aged 38*

"My kids at the moment are doing my head in because [*name of daughter*] nearly got expelled from school and I've like got all that to deal with and it's just motherhood, isn't it? It's just motherhood. My son's alright, but she's a nightmare," *Louise, aged 34*

"I don't want to rush into anything full-time [*having the children back living with her permanently*] straight away. Because I don't want to just suddenly go, 'Oh my God, I can't cope'. But we're gonna... talk about it in the meeting tomorrow, about weaning them back in, not straight away. I mean give it a couple of months for me to settle down and sort the place out," *Lauren, aged 27*

Yet, as we have already seen in Chapter 2, wanting to improve relationships with their children was often a very important factor motivating both fathers and mothers to address their drug use.

“If my kids hadn’t been taken off me, I think I’d still be in the same situation. I mean hopefully this [*going off to rehab*] is all gonna be for the best and it will make everything better and stuff,” *Diane, aged 34*

“I don’t want him [*my son*] to get to eighteen and realise his dad’s a fuckhead, his dad’s just a dysfunctional fuckhead who can’t stop taking drugs,” *Tony, aged 34*

Friendships

In exploring drug users’ relationships, it is also important to look at their friendships (see also Chapter 11). Repeatedly, those in our study distinguished between individuals with whom they used drugs and individuals whom they thought of as real friends. Indeed, it was widely reported that drug users could never be true friends.

“You never meet any true friends, just acquaintances,” *Oliver, aged 31*

“Out there, it’s just like they’re just associates at the end of the day. They’re just users wanting to use with you or users wanting to use you. There ain’t really any friends out there whilst you’re using,”
Lauren, aged 27

“Never had friends really. I’ve had acquaintances. They’ve all been smack heads, same as me, and they ain’t what you call friends... They’re just addicts,” *Sorayha, aged 31*

Indeed, many of our participants were quite openly saddened by how few real friends they had.

“All of my mates are druggies, every single one of them, without exception. Whether it’s heroin, crack, cannabis, you name it, every single person that I went through my phone the other day, there’s not one of them that is just normal,” *Neil, aged 37*

“I haven’t got many friends around here and, on a positive note, I think that’s good. But then on a negative one, it’s a bit boring and a bit lonely,” *Eddie, aged 30*

Although there was concern that ‘friends in recovery’ could relapse and so trigger them to use too, many individuals reflected positively on the friendships they had built up in treatment and through peer support groups.

“There’s nothing that we can give each other except our friendship in here [*rehab*]. We’ve got nothing material here... If you’re sitting chatting with someone..., it’s purely because you wanna sit and chat with them, not because you want something from them,” *Beth, aged 43*

“The [*community*] day programme, yeah, it was so good for me, my little group there. I mean they’re still supportive to me now, when I’ve come in here [*rehab*]. I thought no-one give a shit about me. They’ve made me cards, they’ve sent me letters... I really love them. And that’s why sometimes I think I could go back [*home*]. You think, ‘I’ve got them there to support me’,” *Leah, aged 38*

Furthermore, a small number of individuals clearly did have good friends from the past and others were beginning to make new non-using friendships as part of their recovery.

“My friend’s putting her name forward [*to adopt my children if anything goes wrong*]... She wants to support me as much as she can, because we’ve been friends since we were like fifteen, and she’s got a totally different life to me, but we’re still pretty close,” *Diane, aged 34*

"[A friend] said I could go and live with her... I think my friends are just throwing me lifelines. I've had quite a few of them phone me up and ask me if I want to go and move in with them [laughs]. I don't know why they suddenly want me to move in with them... Maybe they're just worried because they've seen me at this stage before," *Tony, aged 34*

"I've sort of like found total new friends, like. I've got people that I work with... It's just really weird how, it's like the people that I was in [name of detox] with, I'm still friendly with them and I speak to them over the phone but I wouldn't sort of, you know, go out with them," *Olivia, aged 32*

Pets

Finally, a number of individuals in the study were very fond of, and often dependent on, pets – mostly dogs and cats. For some, pets clearly provided a source of companionship, friendship and even love.

"My best friend was my cat," *Fiona, aged 49*

But they also cheered people up.

"I'm having to start taking the dog out first thing. Like, they [parents] will wake me up. I'll be in a bad mood and I'll go out. I'll have a cigarette, walk around the block and allow myself to calm down. And then I can face them being all hectic," *Owen, aged 30*

"My dog makes me laugh loads," *Nathan, aged 30*

Looking after an animal gave those in recovery something to do, but also generated a sense of responsibility.

"I like to look after her [dog] and like to know she's good. And also the practical side of... having to get up and take her out for a walk a few times a day, you know. She's a responsibility, something I have to look

after... And it's those things that have made a difference,"

Frances, aged 31

Indeed, knowing that something was actually dependent on them for its survival could give individuals a sense of purpose in recovery.

"If I stayed at my friends'... I had to make sure she [*pet cat*] was alright, she's got plenty of food and water and stuff like that, you know... So the responsibility of looking after the cat, that was another thing that kept me clean. I didn't want her suffering because of my abuse,"

Fiona, aged 49

"I love her [*pet dog*] to bits. She's helped me a lot with my recovery," *Frances, aged 31*

"I really like animals. I think they're quite therapeutic. Cats are supposed to lower your blood pressure when they sit on you... They are therapeutic, definitely. Stroking them, interacting with them, takes your mind off stuff," *Timothy, aged 27*

Summary

Like all individuals, our participants were embedded within social networks comprising family members, partners, children, friends and pets. Whilst these relationships offered a potential source of support and sense of belonging, they were often simultaneously complex, fragile and dangerous. Drug and alcohol consumption repeatedly impacted negatively on our participants' relationships with others. Meanwhile, relationships with others affected patterns of drug taking. Furthermore, drug use interacted with other recurrent aspects of our participants' lives, namely violence, abuse, loss, separation and abandonment. From this we see how drug use and dysfunctional relationships can be perpetuated across the generations.

Given that many individuals in the study had felt unhappy as children, it is perhaps not surprising that they then often struggled to form strong, trusting and happy relationships in adulthood. Despite this, it would be wrong to conclude that everyone was lonely and isolated. Many loved and were loved. Equally, they often received emotional and practical support from family and friends. Furthermore, some were developing new relationships or improving existing relationships and these were founded on more solid bases of honesty, reciprocity, responsibility, and trust.

Chapter 6

Emotional changes

Introduction

Although heroin produces an initial euphoric surge or ‘rush’ in the user, it is actually a very strong pain killer. As such, it reduces both physical and psychological sensations. In this chapter, our participants discuss the dulling impact of heroin on their feelings and emotions. They also reflect on how emotions surface once their opioid use reduces or stops. Some of the challenges this can pose during detoxification and early recovery are then considered, alongside strategies for managing this. Finally, those who are more established in their recovery explain how chaotic and confusing feelings eventually begin to settle down and other more positive emotions can set in.

Comfortably numb

When talking about periods of active heroin use, individuals commonly explained that they felt no emotion. Indeed, they often seemed not to care about themselves or others.

“I don’t think you’ve got any emotions [*when you’re using*]. I think they all get blanked out. I don’t think you worry too much about anything. You don’t worry about hurting people or what you’re doing... family knowing what you’re doing... They [*family*] are worried about you, but you don’t care about it. You don’t worry about hurting them,” *Liam, aged 37*

“I didn’t give a fuck about anyone or anything apart from just getting my next fix,” *Neil, aged 37*

“Whilst I was using, I didn’t give a care about anything. I didn’t think about anything, anyone else, didn’t think about what I was doing to myself,” *Freya, aged 25*

Reflecting this, they stated that using heroin generated a pervasive feeling of numbness.

“I felt really numb for, you know, a few years... I didn’t really feel anything,” *Chrissie, aged 24*

“It [*heroin*] made me feel numb... All your emotional upset, you know, it makes that go away, just kind of numb,” *Frances, aged 31*

“You are kind of sedated and not capable of feeling any great excitement about anything,” *Charlie, aged 31*

Importantly, many individuals explained how they and others deliberately used heroin and other sedative drugs, including alcohol, to suppress and escape feelings that they experienced as uncomfortable and distressing.

“I used to just go and use drugs if anything bothered me,” *Bess, aged 31*

“Every time I did drink... I drunk myself into oblivion really. But I think that was more to do with coping with my feelings and everything,” *Lauren, aged 27*

“People that use drugs and drink, part of the main reason why they do that is to numb their emotions. It’s to escape from the real feelings. That’s why they do it. I think if you ask anybody and if they’re truthful, that’s why. It’s escapism, to blur out the reality of what they feel. And sometimes it works for a while but then it all comes back, so then they try to take more stuff of whatever shape or form of chemical to escape,” *Carl, aged 47*

Sometimes such uncomfortable and distressing emotions related to being down or having a bad day, but very often they were tied to very painful or traumatic life events, such as a relationship breakdown or physical or sexual abuse. Timothy, who had been slowly getting his heroin use under control, described a recent lapse after his girlfriend left him. Meanwhile, Leah explained how she used drugs to block out a long history of domestic violence.

“At the moment, I’m still kind of like upset and sad and angry, and hurt and rejecting, and all those emotions and stuff going on... And heroin is just the perfect escape because you literally just shut down and gouge out, fall asleep,” *Timothy, aged 27*

“As soon as a feeling would come up, I’d just use on it and block it,” *Leah, aged 38*

Only very occasionally did individuals discuss worries or concerns during periods of active heroin use and these worries and concerns largely related to anxieties about not being able to obtain drugs.

“Getting some money from somewhere for the next day, that was always top of my list, always, always top... On payday, when we both got paid... for the next four days, we don’t have to worry about shoplifting or borrowing money or any stress... But after them four days are gone, we’d start worrying. Then it starts getting stressful,” *Louise, aged 34*

Returning emotions during detoxification and early recovery

In stark contrast to the numbness of using, most participants reported a spontaneous flood of returning emotions in detoxification (see also Chapter 4) and early recovery. As Isabelle and Stefan explained,

“I didn’t realise that all these emotions were going to come back... like feelings were going to come back,” *Isabelle, aged 35*

“When I stopped drugs this time, all my emotions were just all over the place. I was just like, yeah, up and down. Just my head was spinning out and... I'd go into anger quickly and then one minute I'd start crying. I was like, 'What's going on here?'" *Stefan, aged 27*

Often individuals reported that these returning emotions felt particularly intense.

“I don't know, I just found it so intense... I had all these feelings started to come up that I didn't like feeling, you know... I felt incredibly agitated, incredibly uncomfortable," *Debbie, aged 28*

“I suppose my feelings, they're feeling more, more enhanced," *Eddie, aged 30*

“You really feel the highs and the lows to quite an incredible amount. Emotions [are] all over the place, basically," *Nathan, aged 30*

Both men and women reported crying, often reluctantly.

“Before I decided to get clean..., all I'd think about was heroin. And when I stopped and I realised there's things around me and there's people around me, and I've not noticed these people... It was a shock... Realising how I made my mum feel. I didn't care really at the time. All I was interested in was heroin. But now speaking to her, when she speaks, it makes me cry. But before I had no emotions. I was too interested in getting high," *Isabelle, aged 35*

“I never used to be able to cry at all. In fact, I'd do my damndest to stop myself crying. Because it's not a man thing, is it...? But, yeah, I did cry a couple of times in rehab... Nothing would have touched me that deeply before," *Nathan, aged 30*

Moreover, this tearfulness included spontaneous and unpredictable outpourings at television programmes, sentimental birthday cards or even the deaths of celebrities, such as Michael Jackson or Jade Goody.

“I used to find sometimes when I used to do detoxes at home and I'd be sitting there watching *EastEnders* or something and something stupid would happen and I'd sit there with a tear... thinking, ‘What the bloody hell is going on?’” *Luke, aged 34*

“It's when some of the emotions start coming back. I found myself crying the other day... Oh that was it, [*you*] know, Jade Goody... I absolutely hated her. Well I hated her when she was on that *Big Brother*... But watching the thing on the telly the other morning where she's got cancer and all... Her mum was getting her to wear this wig and stuff... 'cos her hair was falling out. I was sitting there and before I realised it, I was sitting there in tears watching that. Watching *Jeremy Kyle* shows, find yourself in tears. Watching shit like that... [*It's*] just your emotions and that coming back 'cos they've been shut off for so long,”
David, aged 35

At the opposite end of the mood spectrum, many of our participants reported that their tears were interspersed with bouts of uncontrollable giggling and laughter.

“Generally when you've not got any heroin, you know, you cry at adverts or at music. You know, watch *Lassie* and you're bawling. But on the other hand, you can have proper laughs as well. You know, you really find something funny, be laughing to the point of tears and that's brilliant,” *Nathan, aged 30*

“It's funny and nervous. Like you can be nervous and you sit and you look around the room [*in the rehab*] and you'll see other people laughing and it'll just set you off. It's like dominos effect. One person starts, then there are about ten of us laughing,” *Stefan, aged 27*

"I can have a laugh. When you're on heroin you don't. What have you got to laugh about? You're just in pain. Your head is negative and all you can think about is having enough money to get a hit, especially if you haven't got it. *[Now]* I can sit and watch someone on TV and I can laugh at it... When I'm not sick *[in withdrawal]*, I've had my methadone, I feel fine... and I can sit there and piss myself laughing at *Just for Laughs*," *Fiona, aged 49*

Other common emotions that began to emerge in detoxification and early recovery were guilt, shame, and embarrassment, usually over past actions and behaviours. For example, individuals regretted that they had neglected children, robbed and thieved, sold their bodies, and generally been thoughtless around other people.

"Last night I was sitting with a lot of feelings, guilt, shame, hurt. What am I going to do with *[name of daughter]*, you know? I chose not to phone her because I thought I'm going to get all emotional and how's that going to help her? It's not going to help her," *Lauren, aged 27*

"I feel a lot of guilt over the stuff that I've done, get frustrated about it all. It's frustrating, a whole range of emotions going on," *Luke, aged 34*

"I feel guilty for the amount of money I spent which my son could have had. I mean, I had a house all paid for and two hundred and fifty grand in the bank in cash," *Toby, aged 45*

In addition, our participants often described emergent feelings of anger, resentment, fear, anxiety and panic.

"Some of the things that come back when you stop using aren't all that welcome. I find myself getting quite short tempered and frustrated, normally with people... who are close to me more than anyone else," *Charlie, aged 31*

“Oh, I’ve had a lot of anger inside me and that’s an emotion. Angry at the world, angry,” *Carl, aged 47*

“Recently in here [*rehab*]... I’m quite anxious, I suppose. But I don’t think it’s a mental issue. I think it’s just relating to the fact that I’ve not worried about anything. I’ve just numbed me emotions for years and, er, and now I’ve got to deal with them, to be honest,” *Nathan, aged 30*

Frequently, individuals puzzled over why they felt very upbeat and positive one minute, but then low and depressed the next. This was variously described as feeling like a yo-yo or roller coaster.

“I’ve been up and down like a bloody yo-yo,” *Lauren, aged 27*

“They [*emotions*] were up and down, like varying between happy and sad, even between like laughing and crying really,” *Timothy, aged 27*

“Oh, I’m like that [*moves hand in a steep wavy motion*]. All through the day, I’m like that – up, down, up, down, crying, laughing, crying, laughing... They say in the house [*rehab*] that I am quite loud, like a bubbly one, but not yesterday... They just seen me a totally different person.... Because I just phooo [*downward hand movement*], went like that,” *Sorayha, aged 31*

“My concept is a rollercoaster concept, right. So, for quite a lot of the time I can be doing quite well... and then I just think, ‘Sod this. I’ve had e-fucking-nough’, know what I mean? Can be up and down a bit,” *Stefan, aged 27*

Such emotional instability was particularly evident when individuals were still using illicit drugs as their emotions seldom had time to settle down. For example, Tamsin reasoned that if she wasn’t using street drugs on top of her Subutex, she would probably feel more balanced.

"I can cry at *EastEnders* and stuff like that... It's difficult at the moment because I've kind of just gone back on the script and 'cos I'm a bit sort of on and off the using, everything is kind of all over the place... It can be different all the time, whereas if I wasn't using at all, then I'd be a lot more clearer about things," *Tamsin, aged 37*

Some of our participants additionally explained how they felt 'raw' without the numbing effects of drink or drugs.

"Because you've numbed yourself, whether it's heroin, crack, whatever, drink and so on. And now you're actually raw. You're feeling raw nerves and it's different... because you've been anaesthetised with something or numbed or whatever," *Carl, aged 47*

"Since the age of fourteen I've been, you know, inebriated or whatever the word is, in some way or form. So when you stop all of this, you're then the raw you," *Toby, aged 45*

Indeed, Frances neatly captured much of the above description of returning emotions in the simple statement that once you stop using heroin, you become 'un-numb'.

"You become un-numb... Everything is, I suppose, ten times more strong feelings than they would normally [*be*] 'cos they're rushing in, you know," *Frances, aged 31*

Managing emerging emotions

Not surprisingly, such mood swings could leave people feeling emotionally drained.

"Even though I'd been asleep, I just felt drained.... My mind feels like it don't switch off because it's processing whatever. But all the guilt and

that pops up, so I feel tired. Even though I've slept, I still feel mentally tired and physically tired," *Leah, aged 38*

Individuals also often noted that they were struggling to recognise their emotions.

"If you said to me right now, 'How are you feeling?', I'd still find it hard to identify what it is I'm feeling, and why I'm feeling, you know,"
Debbie, aged 28

"I'm a bit blank with my emotions at the moment, to be honest. I can't, um, recognise them that well," *Nathan, aged 30*

A minority of our participants found the sudden return of feelings in detoxification and early recovery to be pleasurable and even exciting.

"Good, I enjoy it... Feeling again," *Edward, aged 34*

"It's good. It is really good. Really, really good. And it's not just laughter, it's like side-splitting laughter, stomach-hurting laughter. It is good, really good. It's a nice feeling, being able to feel like that again. Being able to laugh, laugh so hard... I can't... actually remember laughing that hard, I really can't. So yeah, it is good, it's really good," *Lauren, aged 27*

However, most reported that surfacing emotions were difficult and challenging. As Stewart pointed out,

"It's a cliché but, as they say, 'One of the good things about getting clean is you get your feelings back, and the bad thing about getting clean is you get your feelings back'. And that is so true, it really is,"
Stewart, aged 50

In particular, many of those in the study described feeling out-of-control and expressed concern that they would not be able to cope with unresolved feelings relating to the past.

"It's difficult to cope with all the feelings that I'm getting... I feel a huge amount of shame, hugely ashamed of myself and very guilty. And that's what I used to block out with the heroin. Just all my worries would be blocked out, whereas [*now*] I've got to face all my money worries, family worries," *Chrissie, aged 24*

"All your feelings come back, and this... can be quite scary... Maybe I took drugs because I was so unhappy about my dad, I don't know, or this sexual abuse thing, you know. I mean, I got myself in a right pickle about that sometimes and drugs takes it off. So when you stop drugs, all of a sudden everything comes flooding back, and it can be quite hard to cope with, you know," *Toby, aged 45*

"It's just more things to think about... Feeling anxious, feeling nervous, feeling happy, feeling sad. I didn't have to deal with any of that when I was on the drugs because it was all taken care of. You could self-medicate, but now you've got to like think about it. You've got to get emotional," *Elliott, aged 32*

Some initially responded to this sense of emotional confusion and powerlessness with further attempts to bottle their feelings up.

"I'm scared in my head. I'm scared of becoming a big old softie. Feelings [*shudders*]. Because... I spent twenty years bottling them up and if it comes out, I don't know how it's coming out. And the thought of being a blubbering wreck..." *Luke, aged 34*

"I think I'm fighting [*the*] emotional side. I think I'm blocking it out... If I stop blocking emotions out, I think I'd be crying every day, I would. I think I'd be crying every day and most probably [*be*] a lot snappier than what I am now... I'm not a one for crying. I'm not a one for showing my emotions or feelings. I'm one of them ones that bottles everything in, keeps everything to myself, and push people away," *Ellie, aged 29*

Nonetheless, most soon recognised that they would somehow need to let their emotions out if they were to progress and move on. This could involve talking to family, friends or peers in recovery.

“There’s some things I tell some people... but there is a few people that know everything... I’ve got to talk because I will end up just going on self-destruct and probably using if I kept all this in,” *Bess, aged 31*

“I tried to talk about them [*emotions*] and that’s sort of the best thing, really, I can do... If you talk about them, it does take some of the power out of whatever it is, you know. So I get a thought of using or something, if I talk about it, it takes some of the power out of it and it’s not so strong then. It is good to talk, that’s how I deal with it at the end of the day,” *Lauren, aged 27*

Alternatively, it might mean securing professional help.

“[I’m] talking about it [*emotion*] really more than anything. Like, for example, I got really angry about someone saying something to me here [*in rehab*] and I went and spoke to the counsellors about it and then I went and spoke to them about it and just handled it a lot more maturely than I would have normally done... I would have normally just gone ‘Arrh’, screamed about it,” *Chrissie, aged 24*

“I think just things [*have*] slowly been falling, you know, emotionally coming out of me... I’m seeing them [*counselling service*]. It’s been arranged for... my next appointment, which is next Thursday actually,” *Fiona, aged 49*

Equally, many of our participants highlighted the importance of simply learning how to live or ‘sit’ with their feelings until they subsided and passed.

“If you can sit with your feelings, you know, whether it be hurt, sad, or whatever, if you can sit with them and be OK, and not try and change

them or alter them in any way, then you're winning half the battle,"
Debbie, aged 28

"Controlling your feelings, can you control them? I don't think you can. I think you just have to sit with them. You have to learn to live with them. Everybody gets angry, everybody gets lonely, everybody gets sad, everybody gets hurt or upset. I think it's just learning to live [*with them*] rather than having that quick fix of 'Yes, I'll go and get some drugs'... Just learning to live with it, sit with it, it will pass... If I sit with it and don't act on it, then it will pass, it will go. It's just a feeling, the feeling can't hurt me... It's the actions I take off those feelings that do the damage," *Tony, aged 34*

Finding a level

The longer our participants managed to avoid illicit drugs, the less they seemed to experience their awakened emotions as uncontrollable and overwhelming. Instead, individuals started to talk about feeling happy, comfortable and peaceful. This was most evident when we interviewed people for the second time. As Liam, now on a stable dosage of methadone, explained,

"A lot of the pressures and the worries are off me now. Okay, there's only one person who can muck them up and that's myself. But... I'm just happy with the way things are... I'm just happy with everything at the moment, where before I wasn't," *Liam, aged 37*

Others reported feeling as though they had started to find an emotional normality or level.

"I guess I laugh much more easily now, probably laughing at things that are more healthy and normal than previously," *Charlie, aged 31*

"At the moment I just feel I'm a bit somewhere... on the level, you know... Just feel relaxed," *Stefan, aged 27*

Importantly, a number of individuals expressed satisfaction and even pleasant surprise at discovering that once their emotions stabilised they were actually really quite thoughtful, caring people.

“It was quite nice to think, ‘Fucking hell, I have got a caring side. I’ve got it back!’ Because previously I didn’t give a fuck about anyone or anything,” *Neil, aged 37*

“I’m a lot more open to other people’s pain today, whereas before, being in recovery, early days, it wouldn’t have interested me. It was all about me and how I felt... I can really connect with someone today. I really like the fact that I can actually connect with what their pain is, or *feel* their pain. I don’t *know* their pain, but I get the feeling of it, and I like that, because I want to be a kind and caring person, which is probably who I should always have been,” *Vicki, aged 45*

In particular, they often began to relish a sense of their own returning conscience.

“It’s a weird feeling having, having some morals, knowing that that’s wrong... Even if I don’t pay the full bus fare or something now, I feel gutted, you know. I get an extra £5 in my change or something and I’m having to give it back. It’s a weird feeling... It [*being dishonest*] doesn’t sit right with me any more, it doesn’t. Because I know it’s wrong... [*I*] took many years to grow a conscience. Once I got one, I can’t get rid of it!” *Tony, aged 34*

“I don’t shoplift any more... and I get a bit of a buzz off paying for it [*goods in shops*], off being legitimate. It’s like paying me rent... It probably won’t last forever, but I do buzz off it at the minute. Because it’s like for my own self-respect, know what I mean? That’s the same with paying for my shopping now I suppose,” *Edward, aged 34*

Despite this, some of our participants highlighted how the return of positive emotions could still pose challenges. As Elliott, who had just relapsed, and Liam explained,

“I felt myself caring about everything when I was straight, do you know what I mean? Caring about everything and everyone. I can’t be doing with all that,” *Elliott, aged 32*

“Even though I’m enjoying everything the way it is, I’m not one hundred per cent comfortable, one hundred per cent, you know... A lot of it is all a big new experience, you know, being so happy and being so comfortable, it’s just getting used to it all, I suppose,” *Liam, aged 37*

Those who had spent time in rehab, meanwhile, often said that the residential treatment process, although initially painful, had enabled them both to identify and better cope with their feelings. Indeed, some noted that staff at their rehab had pushed them to experience particular emotions and, whilst this might have been difficult at the time, there was a long-term therapeutic benefit. Stefan, Chrissie and Debbie each discussed this.

“I’d get all feelings cropping up, right, and I wouldn’t like them. And my first reaction would be, ‘Sod this, I’m leaving. I don’t wanna speak to anyone.’... [*But*] speaking to people and telling them how I felt at that time disempowered it. I was all over the place, but it helped just by being, just by being here [*in rehab*]. It’s hard to explain, just by being here and doing... what you do here every day,” *Stefan, aged 27*

“The first couple of months here [*in rehab*], it was just all crap. I felt, ‘Oh great, there’s a new crappy feeling and it feels like it’s going to engulf me’. Whereas now I feel a lot more content in myself. So the feelings that are really shit and intense..., because I feel I’ve learnt from being here, I can actually choose how I’m going to feel. I can choose to be feeling really, really crap, or I can talk to myself and say... ‘What can I

do differently? And how can I change that?’ So my process is getting much better, yeah, feeling good feelings as well as bad feelings,”

Chrissie, aged 24

“They want you to feel everything. They want you to feel anger, they want you to feel grief, they want you to feel happy, they want, you know, every emotion you can think of, they want you to feel so that you can start to learn how to deal with these emotions that you’ve covered up all these years with substances,” *Debbie, aged 28*

Finally, it is important to remember that just as past negative feelings often related to past negative life events, so new positive feelings were frequently associated with improving life circumstances. These included, for example, getting a new flat or a new job, starting a new relationship or rebuilding relationships. For Vicki, Edward and Freya, greater security and feeling that their lives were beginning to progress clearly contributed substantially to their increasing sense of emotional well-being.

“I’m all over the place with my mood. But since I’ve started working that seems to have levelled out. And I’ve realised I can choose to be all over the place or I can choose to get up and say, ‘Do you know what, I’m going to be alright today’,” *Vicki, aged 45*

“My life used to be full of doom and gloom and self-loathing and fear, but it’s not any more. So if that’s not something to be happy about, then what is? So it doesn’t really matter what’s going on in my day, [*I’ve*] got a roof, got a flat, I’ve got people in my life, I’ve got self-respect, dignity and all that. So every day is a good day, it’s just a shame I had to go to the depths of despair to find that out. But that’s what I’ve done. So, yeah, it’s good,” *Edward, aged 34*

“I do actually feel a lot happier now because I’m out doing things... New relationship, normal sort of stuff. So I do feel happier with what I’m doing, and I feel like I’m moving somewhere rather than just being stuck in a routine,” *Freya, aged 25*

Summary

Given that heroin is a pain-killing drug, it is not surprising that our participants reported that it numbed their emotions and that they deliberately used it and other sedative drugs to escape feelings that were uncomfortable and distressing. When opioid use reduced or ceased during detoxification and early recovery, individuals generally experienced a spontaneous flood of returning emotions. These were often perceived as particularly intense and erratic. Thus, individuals might oscillate between tears and laughter, interspersed with guilt, shame, embarrassment, anger, resentment, fear, anxiety and panic. Such mood swings could leave people feeling emotionally drained and confused, especially as they often struggled to identify what exactly it was that they were feeling.

Whilst some individuals will enjoy and take pleasure in these awakening emotions, most are likely to find them, at least initially, overwhelming and challenging. One unhelpful response is to revert to drug use; another is to try to suppress emotions and hope that they will go away. Our participants indicated that more constructive strategies were talking about feelings, but also learning the art of sitting with feelings and riding them out until they pass. Here friends, family, peers in recovery and professionals can provide invaluable support. Additionally, intensive residential treatment programmes can enable some individuals to recognise and address difficult emotional issues. Before too long, it seems that the reward can be happiness, balance and contentment as emotions begin to settle and other aspects of their lives begin to progress. Despite this, the emotional road to recovery seems fragile, with future challenges always having the potential to trigger relapse in those who are unprepared.

Chapter 7

Bodily adjustments

Introduction

Opioid use can, of course, have profound physical, as well as emotional, effects. These physical effects include weight loss, constipation, reduced sex drive, loss of physical senses, and – for women – amenorrhea. In this chapter, we explore what drug users think about some of the changes that can happen to their bodies as a result of the drugs they take.

Weight change

On the scales

Whilst weight loss during heroin use is not inevitable, it is extremely common. Opioid use is an appetite suppressant. Moreover, a lifestyle of chaotic drug use is generally not conducive to routine food shopping, cooking and meal times. Heroin users often forget to eat or do not prioritise eating. Many additionally have health problems, such as hepatitis C, digestive difficulties or eating disorders, which complicate food consumption (see also Chapters 8 and 9). Furthermore, there may be structural factors, such as lack of income or poor access to cooking facilities, which make regular eating difficult. We consider issues relating to diet later in Chapter 9. Here we focus explicitly on drug users' thoughts about their weight.

Most of the individuals in our study talked about how underweight they had been during periods of heavy drug use. Some men had weighed as little as eight or nine stone and a number of women reported being less than six stone and having the bodies of children.

“Before I was six stone. I had the body of a child, you know... I mean I used to go in to wash my daughter’s clothes and I could never tell which was my daughter’s [*clothes*]. I mean, she was only what, seven at the time, you know, younger even, and I had to, you know, it was trouble knowing who the clothes were for. Because I mean, I was in like a thirteen-to-fourteen-year-old clothes,” *Bess, aged 31*

“[A] size six was big on me... We’d stopped making love a long time before that because he [*boyfriend*] just said I was too boney... I looked like I had a child’s body. I had no boobs, I had no butt, just nothing... I didn’t realise. My mum used to say that I looked that ill, my head looked too big for my body and my teeth looked really big, because I was just so small, yeah. My family worried about me a lot then, because obviously the physical state I was in,” *Debbie, aged 28*

Once individuals stopped using drugs quite so chaotically, they described gaining weight very quickly. For example, both Bess and Debbie weighed eleven stone at the time they were interviewed and Elliott commented,

“I’ve put on like three stone. Three stone in three months. Some serious amount of weight, that is,” *Elliott, aged 32*

An increase in weight could occur particularly rapidly when individuals went into prison or residential treatment services where they were given regular, and often carbohydrate-rich, foods. Luke, aged 34, increased in weight from nine stone to twelve stone within a few weeks of entering rehab and Ted, aged 48, was astonished that he’d increased from nine and a half to ten and a half stone in seven weeks.

Weight gain as heroin use reduced and stopped was not, however, inevitable. A small number of individuals, who had previously been drinking heavily or had been overweight, lost weight at the same time as they reduced their drug taking. Very rapid weight loss during a period of relapse was also reported. Timothy described this as follows,

"I lost a whole jean size in like three days when I lapsed... Because these [*jeans*] are [*a size*] thirty and they're like pretty much perfect. Before I was a thirty-two... And these were like really tight before and now these are perfect, so I've lost a jean size," *Timothy, aged 27*

Feelings about weight change

Given that weight change, and often dramatic weight change, was common during recovery, it was interesting to hear what individuals felt about this. In practice, many reported that they were pleased to have put on weight as it made them feel healthier. However, they often qualified this by saying that they did not want to become fat.

"Good. Certainly doesn't worry me getting bigger. It's healthier than I was. For me, it's a positive thing, not a negative thing – unless I go to nineteen stone, then I'll get a bit concerned," *Edward, aged 34*

"I just want to look healthy really. It doesn't really matter I don't think, but I do get a bit worried. I don't wanna be fat, you know. But I think I've got a long way to go until I'm fat," *Diane, aged 34*

Sometimes our participants were shocked when saw pictures of themselves immediately prior to starting treatment since it was often only then that they realised just how underweight they had been and how ill they had looked. Here is Timothy again, followed by Olivia,

"A guy took a picture of me on a digital camera... I had my black T-shirt on and I was standing side on in the kitchen. He probably took it from about, I don't know, ten feet away. And I looked at it and I thought, 'My God, am I that skinny?' I really looked that skinny. I was really shocked," *Timothy, aged 27*

"I've accepted it now [*being nine stone eleven*]. In fact, I quite like it. Whereas before I was always eight and a half stone. And, you know, really thinking back when I seen certain photos I think, 'Oh God, it looks bloody awful'... It just looks too skinny and I always seem to lose it in my

face. So having a bit more weight on me actually suits... I'd rather be clean and have weight on me than be using and be skinny,"

Olivia, aged 32

Although some women worried that being told they were looking well really meant that they were looking fat, most individuals were pleased when others commented that they were looking better because of being heavier.

"When you use drugs, you get skinny and stuff like that. Like I have put on a lot of weight now and I was really skinny before... I mean everybody says now I look a lot healthier... Everybody can tell... that I'm looking a lot healthier just because of my weight," *Annabel, aged 29*

"I've put on weight already, which is amazing... The comments saying, 'Oh God, you're looking good, you're looking healthy', that gives me motivation, severe motivation. [I] even had somebody come up to me yesterday and said, 'Do you want to start doing sport again?' And that's given me motivation," *Liam, aged 37*

For Liam, an added bonus was that his increased weight meant that he could start wearing some nice clothes again.

"I've always liked my clothes, always loved my clothes, always spent money on clothes when I can. So just knowing that they look and fit me better is a lot better, definitely," *Liam, aged 37*

Overall, men were notably more positive about putting on weight than women. Indeed, some men still considered themselves very underweight and emphasised that they wanted to bulk up more, so long as this was with muscle rather than with fat.

"I'd like to be about thirteen stone. Bit more defined like," *Eric, aged 39*

“Oh loving it [*recent weight gain*]. I really want to get heavier... I want to put on loads of weight – do weights and all that sort of thing,”

Nathan, aged 30

Despite this, some men were starting to become concerned that they were getting a bit ‘podgy’ or ‘chubby’. This is Luke again, followed by Neil.

“When I’m... lying in bed at night and look down and think, ‘Oh no, I’m getting a belly on me, growing a pair of man boobs’. It’s not good, sitting there looking at myself thinking... I used to have quite toned, used to look half fit. And now it’s all turned to flab... I can see me putting on a lot of weight... Not good at all, putting that weight on, can see myself getting out of here [*residential rehab*], waddling out,” *Luke aged 34*

“I’m fatter... I suppose. I do notice it more because I’m starting to think, ‘Shit, I’ve put on a load of weight’. I don’t want to carry on doing it. I even went, I bought a couple of apples from the guy down here on the market the other day, and I ate those instead of getting a McDonald’s or something. So that was the first time I’ve bought apples off a bloody market stall... since I was a boy probably,” *Neil, aged 37*

Many women, meanwhile, were very concerned about the weight they had put on since stopping drug use and this was complicated when these individuals had histories of eating disorders or digestive problems (see also Chapter 9). Isabelle, who had been anorexic and had had major stomach surgery, explained,

“I’ve gone from four stone to nine... But I’ve always had a problem with my weight, since I was small, I mean really small. I’ve always had a problem with my stomach, and they didn’t realise as well until they opened me up [*in surgery*], do you know what I mean? So it’s always been a digestive problem. ‘Cos I was taking drugs I never bothered with it. Because I stopped [*taking street drugs*] now, I’m addressing all the problems I didn’t address when I was using,” *Isabelle, aged 35*

Some of the complex and ambiguous feelings associated with weight gain, particularly for women, are expressed by Sorayha and Bess below,

“This is the biggest I’ve ever been in me life, what I am now... Probably about nine stone... I hate it, I’m happy with it. I just, it’s my belly I hate... You know, I don’t think any woman’s ever happy with their body, are they?” *Sorayha, aged 31*

“I’m a lot happier now with myself. But like I said, the last few weeks I feel that I’ve got, put on too much weight... I’d be happy to lose half a stone I reckon and then I’ll be OK. No, actually I want to be lighter than that. See what I mean? I’m never going to be happy,” *Bess, aged 31*

Bowel functioning

Bowel functioning is a fairly taboo conversation subject in most societies. Despite this, many of our study participants were keen to talk about their bowels. This is probably not surprising when we begin to see how much of a problem something so seemingly straightforward as going to the toilet can be for those using opioids.

Constipation, caused by heroin and to a lesser extent methadone and other drugs, was a major challenge for drug users in our study. Indeed, during periods of active use, the length of time between going to the toilet could be significant, even as much as two to three weeks.

“The heroin makes you constipated so you won’t go to the loo for a couple of weeks, two, three weeks,” *Neil, aged 37*

“Especially being on the methadone... I could go a whole week without going to the toilet, and then when you do need to go it is like giving birth to a baby. It is not very nice at all,” *Lauren, aged 27*

Some individuals also talked about experiencing intermittent diarrhoea. Such irregularity seemed to relate particularly to the use of crack, but also to detoxing and experiencing withdrawal symptoms. As Ted and Nathan explained,

“Before I would have some periods where I had diarrhoea and other periods where I had constipation, it just depended,” *Ted, aged 48*

“Well obviously my first week here [*in rehab*] I was going to the toilet ridiculous amounts... I was taking tablets to stop it, but even so it was just dropping out of me. Um farting loads which is quite embarrassing as well,” *Nathan, aged 30*

Constipation was often extremely painful, and could lead to bleeding and distress.

“I’ve had myself bleed a lot of times because of trying to push it out... I mean I’ve been on the toilet almost screaming out in pain,” *Lauren, aged 27*

“Sometimes I used to cry. Bloody hell... It was horrible, [*l*] never thought going to the toilet could be so much hassle, do you know what I mean...? Worse than having a baby sometimes I think. Yeah, it was horrible,” *Annabel, aged 29*

Drug users adopted a range of fairly conventional strategies for dealing with their constipation, such as taking laxatives and bulking agents, eating lots of fruit, vegetables and other sources of roughage, eating more, and trying to avoid stress. However, less conventional strategies, such as allowing themselves to go into withdrawal a little or using crack, were also discussed.

“I’ve tried laxatives, nothing seems to do anything. I rock on the toilet, because it’s like the old-fashioned pump, doing that seems to help. Or I’ll lay on a hot water bottle, like really hot, hot water bottle. That seems to help having that against your back,” *Owen, aged 30*

"If I use crack, then I'd go to the loo... If I didn't go to the loo for a couple of days, then I'd have to get some crack to make me go to the loo," *Chrissie, aged 24*

"God, constipation big time – could be days and days... And like sometimes I'd try and make myself rattle [*go into withdrawal*] a little bit just so I could go," *Sorayba, aged 31*

Whilst a small number of individuals were very alert to the dangers of constipation and so took it very seriously, others said that they didn't really worry about it as it was just an accepted part of the heroin-using life or simply not a priority for them whilst they were using drugs chaotically. As Tom rationalised,

"Bleeding as well, straining... really uncomfortable. But again when you're using, it's just kind of you accept that is part and parcel of the life-style that's associated with using heroin and methadone," *Tom, aged 35*

Importantly, however, significant positive changes in bowel functioning could occur fairly soon after opioid use ceased. When this was the case, expressions such as 'returning to normal', 'regular', 'fine', 'working properly', 'like everyone else' were widely used. Some also described it as 'wicked' or 'a godsend'. The relief and pleasure of a return to regular bowel functioning were often palpable.

"Now seems to be fine... Everything seems to be, yeah... I went [*to the toilet*] this morning and, yeah, nearly every day like normal now," *Annabel, aged 29*

"Oh it's wicked. I can actually go to the toilet normally now. I used to have to like, I don't know, prepare myself really. Used to hurt that much like, really did used to hurt, really badly... Yeah, it killed, really really... Now it's fantastic, it's wicked, just going to the toilet normally, there's no pain, no nothing," *Elliott, aged 32*

Ongoing bowel problems tended only to be evident amongst those who were still using drugs, including prescribed methadone and benzodiazepines, and amongst those who had long-standing stomach problems, including irritable bowel syndrome, or those who reported that they had always had 'sluggish' systems and had therefore never been particularly regular in going to the toilet. For example, Debbie's constipation had improved since she had stopped using opioids, but some problems persisted,

"I've still got quite a sluggish bowel. But obviously I'm not constipated like I used to be. I mean, I wouldn't go for days, weeks, especially when I was hard on the gear. It would be weeks and then very painful when you did go," *Debbie, aged 28*

Libido changes

Whilst a number of individuals noted that drugs such as crack, ecstasy and amphetamines could enhance the desire for sex, it was widely recognised that opioid use reduced libido. This is Debbie again, now talking about the impact of drugs on her sex life with her boyfriend.

"The drugs had killed both our libidos a little bit anyway, his more than mine... Sex just wasn't a thing, you know. We still got intimate and cuddles, you know, but... it had become mundane anyway... We always kiss and cuddle, but sex doesn't, because he's still on methadone and he's still using a little bit... It's not like that with me and him any more... My sex drive came back when I was pregnant, obviously because of my hormones and because I was reducing off the methadone and wasn't using, but his, because he was still using quite heavily, he just has no sex drive whatsoever. Even if I wanted to have sex, I don't think he would, because he's just not, that desire's not there anymore... I don't lust after him any more. I don't look at him and think 'phwoar, let's go to bed'," *Debbie, aged 28*

Debbie was not the only female who discussed an increase in sex drive as her opioid use decreased. However, heightened libido was more commonly reported by men than women, as the following extracts reveal.

“My sex drive, yeah, I’ve started to feel horny again,” *Neil, aged 37*

“In fact sex becomes a bit of a chore to be honest [*whilst using*]. You know, it can be quite hard to ejaculate... Generally [*after coming off drugs*] you get the opposite. So, I expect that will worry the life out of me that, you know, it’ll happen too quickly. But, yeah, the libido is coming back definitely,” *Nathan, aged 30*

“I’m more lively downstairs than I have been in a long, long, long time,” *Luke, aged 34*

“When I stopped using? Yeah, you’re, yeah, like a dog on heat, aren’t you?” *Stefan, aged 27*

Some women and men, meanwhile, noted that sex wasn’t that important to them. This was sometimes because sex had never been that important to them or because sorting out other aspects of their lives was considered a greater priority.

“Throughout my heroin use there was no real desire for sexual intimacy. A lot of people talk about it [*libido*] coming back with a vengeance when they stop using, but I haven’t experienced that really. It’s much more than it was but that’s still not rampant,” *Charlie, aged 31*

“I haven’t had sex for about five, six years now. It doesn’t bother me, sex. It doesn’t bother me at all... I’m not really bothered about sex, to be honest. I’m more interested in getting my life back on track,” *Ellie, aged 29*

Furthermore, some individuals felt that having a sexual relationship whilst early in recovery was a bad idea because of their own fragility and emotional instability.

“I suppose with libido and relationships, I suppose I’m quite sort of cautious of getting involved in a relationship because I’ve got to put my own self first. Don’t know, maybe I’m not quite ready yet,” *Edward, aged 34*

“I think your mind is so messed up, and... you think you want something [*sex*] and then actually you realise you don’t, and then maybe it’s too late. You know, you can get yourself in all sorts of sticky situations, so detoxing is a really dangerous time,” *Olivia, aged 32*

Tasting, smelling, hearing and seeing the difference

Those in our study additionally commented on how their senses were affected by their drug use. For example, food seemed to have little flavour whilst they were using drugs, but tasted much better once their opioid consumption reduced (see also Chapter 9).

“You appreciate the flavour more... When you’re using, taste is the last thing you ever think of,” *Liam, aged 37*

“All your taste buds are gone when you’re on the gear [*heroin*],” *Sorayha, aged 31*

Similarly, individuals reported a much improved sense of smell as opioid use decreased.

“Like smelling grass, smelling plants, just smelling everyday things. That was really weird. You started actually noticing stuff around you, rather than just being blurry and warm and numb.... Petrol, petrol as well, at the petrol station, yeah...? When you’re on gear and that, you don’t really have smells to be honest,” *Elliott, aged 32*

Elliott, along with Luke and Edward, graphically highlighted how things could sound and look better too.

“But music in the morning was wicked. When I didn’t have my hit to wake up to in the morning, going in, washing up... used to stick Eminem on, and it just used to be wicked... Noticing stuff, yeah?... I mean, now you can see stuff, it’s just weird,” *Elliott, aged 32*

“I can get up in the morning and... sit out here, just watch the morning sort of thing, know what I mean? Listen to the birds. It’s nice and fresh and it is a good day. It’s a fantastic day, because I spent so long in that negative place... I’ve got to try and be a bit more positive about it, waking up in the mornings... smell the grass, listen to the birds and things. It is nice,” *Luke, aged 34*

“I don’t know why. I can see a lot better. I can see colour now. Everything was a bit grey before,” *Edward, aged 34*

Menstruation

Very few of the women in the study reported regular monthly cycles during periods of active drug use. Indeed, many reported very irregular periods and quite a few said that they had had no periods at all. As Isabelle explained,

“I don’t have periods... I don’t even know how I got pregnant. I do, but I didn’t have a period,” *Isabelle, aged 35*

Even after they had stopped using opioids, some women were still not having periods and expressed concern at this.

“I haven’t had a period for ages and that’s something I need to go to the doctor about, because it’s starting to concern me... It’s concerning me because... my periods have never been regular and that’s through drug

taking. But now I'm not taking drugs and I'm still not having periods, so that's something I need to go and see the doctor about," *Frances, aged 31*

Others noted that their periods were coming back or would soon come back.

"I wouldn't have one [*a period*] for three months and then I'd have a little one... But now I've... had two regular ones, so everything seems to be coming back," *Annabel, aged 29*

"Yeah, they're fine... I mean I went through a stage, you know, I think maybe four, five years ago of not having a period for about nine months. But, no, they've been fine," *Olivia, aged 32*

Whilst not having regular periods was often attributed to drug use, many also thought it related to other factors such as being underweight, never having had regular periods, having polycystic ovaries, using particular forms of contraception, the menopause, pregnancy, or even having an underactive thyroid. As Debbie explained,

"Sometimes I'll only bleed for like two days, sometimes I bleed for seven days, sometimes absolutely all over the place. That's due to I've got polycystic ovaries as well, and then [*my*] underactive thyroid doesn't help. So it's all to do with hormones, and as well as my drug use probably not helping," *Debbie, aged 28*

When periods returned they could still sometimes be very irregular or particularly heavy or painful. This is Bess,

"Well I didn't have them [*periods*] for five years, and then I had one, but it was, you know, extremely bad, you know. I even took myself to the doctors because I wondered what was wrong with me, and he said, you know, they were just coming back after all that time and that's why they were so heavy," *Bess, aged 31*

Irregular periods were clearly frustrating for some women who bemoaned the fact that they didn't know when they were next due to have one. Others noted the inconveniences of having periods, particularly the stomach cramps and pre-menstrual tension.

"I just don't like them, stomach cramps, fucking hell. Where before I never used to get, because you didn't even get stomach cramps or anything, but now I do get real bad stomach cramps, which is not nice," *Annabel, aged 29*

At the same time, many were still pleased at their returning periods because this signified returning normality or the fact that they weren't in menopause.

"I'm hoping they are back to normal," *Ellie, aged 29*

"I was pretty pleased [*about having a period*] because I've been looking in the mirror and looking so old. I was thinking, 'Oh God, it's gonna get ten time worse, you know. No oestrogen going around. And then I had a period and I thought, 'That's alright. The oestrogen is still, still going round – ain't gonna become all dried up and shrivelled quite as soon as I thought,'" *Beth, aged 43*

Summary

Opioid use can have profound physical effects on the human body. These can include weight loss, constipation, reduced sex drive, loss of physical senses, and amenorrhea. Sometimes these physical changes are dramatic and can have serious negative health implications. Very reassuringly, though, normal body functioning often returns fairly quickly and spontaneously once opioid use ceases. This can in turn bring great pleasure and relief, although some individuals may require support in adjusting to the scale and rapid nature of the changes. Sometimes, however, bodies can take time to settle down. Furthermore, some individuals may find that their bodies do not begin to function as expected, even after several months of being opioid-free. In this

case, it is important to look for other possible medical and non-medical causes, including those not necessarily related to opioid use. Finally, it is important to remember that men and women may have different bodily concerns and issues, especially relating to weight gain, libido and menstruation.

Chapter 8

Health and illness

Introduction

Heroin use, and particularly injected heroin use, is associated with a range of health problems and illnesses. For example, blood borne viruses (BBVs) are often a direct consequence of drug injection, whilst injuries from accidents can occur indirectly as a result of drug intoxication. Heroin users also inevitably experience the same minor and more serious life-threatening conditions as other members of the general population. In this chapter, we review what our study participants said about both their physical and mental health.

Blood borne viruses (BBVs)

Getting tested

Although many of our study participants had been tested for BBVs, many had not been tested recently and some did not know whether or not they had been tested. Others had been tested, but did not know the results.

“I’ve got to ask the doctor, see if he got them [*test results*] back. Because I got them [*tests*] done then, when I was detoxing, but they [*test results*] didn’t come back in time. And they said they’d send the results here [*to rehab*], but I don’t know if they did or not, and I forgot to ask the doctor,” *Ellie, aged 29*

“I probably have [*been BBV tested*] in prison. Because every time you go from prison to prison they pretty much do most of them. Nobody’s ever got back to me, so no news is good news,” *Luke, aged 34*

Factors that could prompt individuals to be tested included being encouraged by a service provider, routine testing in a hospital or prison, starting a new sexual relationship, being pregnant, selling sex, and living in shared accommodation where others were known to be infected.

“But what made me want to do it [*be tested*]?... I think it was just because it had been advised for me to go and do it. Having been on the streets and stuff like that. I think it was put to me by my [*name of drug nurse*],” *Timothy, aged 27*

“I had tests when I had a baby. See, I wanted to be tested because the baby, just in case the baby had hepatitis... And in prison they test you,” *Isabelle, aged 35*

Some individuals had not been tested for BBVs as they were afraid of discovering that they were infected. Others felt that it was better to know one way or another, despite being anxious about the results.

“I think there’s every possibility that I’ve got Hep C. Because I know users that have got Hep C... I don’t know anybody that’s got HIV, but then again... I’d quite like to be tested because I’d like to know... I have got children and I’d like to be able to tell them,” *Beth, aged 43*

“I was petrified... There was like a place you could go for working girls, and I was petrified, absolutely petrified. And when they all [*test results*] come back with everything OK, I was so like [*sigh of relief*],”
Sorayha, aged 31

Contracting hepatitis C

Whilst nobody in our study reported being HIV positive, ten individuals (six men and four women) said that they had contracted hepatitis C. This included two men and two women who had since cleared the virus.

“You’ve got Hep C, you just get on with it... I don’t know what it was. I had some blood tests done, about three, four years ago and it turns

out that my body has rejected it. So I don't know how that happens, but I have rejected it," *Helen, aged 46*

"Diagnosed in '99, was on the treatment program, Hep C gene type 3, was on Beta Interferon and Ribavirin for six months in 2003. Ever since then my blood tests have been coming back negative," *Luke aged 34*

Of the six individuals who were currently known to be hepatitis C positive, three were receiving treatment and two were likely to start treatment soon. The decision to proceed with treatment was, however, often difficult to make because the perceived side effects of the medication were believed to be very unpleasant. As Frances explained,

"I've decided to accept my treatment for my hepatitis C... I think I'm in the right situation, with people round to support me, 'cos it's really intense. It's nasty and I don't see sense in putting it off for another year... I needed twelve months treatment which consists of injections in the stomach every week and a course of tablets. It makes you really depressed and some people get suicidal... You get really ill, like flu type symptoms, and all sorts of different symptoms. So that's pretty intense stuff," *Frances, aged 31*

Attending hospital appointments could also be a source of great concern to those with hepatitis C as each visit could potentially bring unwelcome news.

"My biggest concern is these hospital appointments, to be totally honest. That I'm going to get up there and they're going to find something on the scan, which I guess will happen eventually, because that's what does happen. And obviously you have to deal with that as it happens. Yeah, and I get scared, I do get scared, proper fear," *Stewart, aged 50*

Especially worryingly, some individuals with hepatitis C did not initially recognise the importance of taking care of themselves, although understanding of this seemed to improve over time.

"I like vegetables and stuff, for my liver. I need to eat healthy... *[Over]* the last year, I've made a conscious effort to try look after it *[liver]*...Up til then, I didn't really bother. But I do now because I know it's really important, and I don't want to die of liver sclerosis or something like that. It's a scary thought, you know. So, I want to start eating fibre and lots of vegetables and fruit," *Frances, aged 31*

"I was diagnosed in '96 with it *[hepatitis C]*. Had a biopsy and they said level one, which is nothing. And to me that was a green flag to go out there and keep on doing exactly what I'd been doing before. I went back a year later and they said, 'Actually now you're a level six, which you've got cirrhosis of the liver'... And that stopped me drinking. That's the reason I stopped drinking... as soon as I had a diagnosis I had cirrhosis. I needed that ultimatum. If I carried on drinking, I'd be dead in six months. Alright, I won't drink, simple as that," *Stewart, aged 50*

Drug-related accidents and injuries

Many study participants talked about injuries that they had sustained whilst under the influence of drugs. Men, in particular, talked about serious car accidents, but also fights which had resulted in broken bones, cuts and bruises.

"By that point I was smoking quite a lot of crack as well. While I was driving, I was very paranoid, looking in the mirrors of the car. *[I]* went into the central reservation of the dual carriageway, hit my head quite badly, which affected my behaviour even more, became quite erratic, very paranoid," *Charlie, aged 31*

"I was always fighting, in dangerous situations... I've had lots of injuries. I mean I've had my cheek bone broken, I've had it repositioned, you know. It all goes hand in hand with the lifestyle I've led," *Carl, aged 47*

Additionally, men and women had been the victims of violence and assault perpetrated by others, including partners and dealers.

“I was selling drugs to fund my heroin habit and my crack cocaine habit, and I fell out with the guy that I used to buy off and he bloody shot me... through my leg,” *Neil, aged 37*

Opioid use often masked the damage caused by such accidents and injuries, but once individuals began to reduce their drug use, pain could surface and be quite distressing.

“Well all my old injuries, you know, from all the fighting and stuff... have came back. Because, like with methadone, was on that, and a lot of people don’t realise how much pain that kills off... Because I’m not on methadone or any pain killing substances, morphine or anything like that, it’s constant pain,” *Carl, aged 47*

Chest and lung complaints

Overall, our study participants seemed to expect that they would have poor chests and lungs because of what they smoked – and here they included tobacco, cannabis, heroin, and crack cocaine.

“My breathing has not always been the best, and being a smoker as well. And plus with the drug abuse and all the other abuse that goes in my mouth, or comes out of it... You know, my chest has not been the most healthiest of chests through smoking, coughing and things like that,” *Fiona, aged 49*

Indeed, reflecting such low expectations, individuals would often initially state that they didn’t have any problems with their breathing, but then go on to explain that they did get a bit out of breath, or their lung capacity wasn’t what it used to be, or they were coughing up unpleasant mucous.

“Chest is OK, I think. It’s pretty good. Smoking crack would be horrendous sometimes. [//] sound like a packet of crisps,” *Toby, aged 45*

“As long as I’m sat down, it’s fine. It’s bloody awful really... Absolutely awful. In fact, I can hear myself wheezing sometimes. You ever had it where it whistles when you breathe...? I get that but from my chest, not just from me nose,” *Nathan, aged 30*

“I’ve got a lot of black phlegm that comes up and things like that... It could be something to worry about, but I’m not worrying about it. I mean I smoke cigarettes so what else?” *Olivia, aged 32*

The kinds of chest and lung problems most commonly reported were coughing, breathlessness, and general wheeziness. Often individuals said that the answer to this was to stop smoking tobacco, but most did not seem inclined to do this for the moment (see also Chapter 4).

“I am thinking about stopping smoking though. But, no, my chest is alright I think,” *Tamsin, aged 37*

“I suppose I’ve got a bit of a smoker’s cough every now and again. No, it’s alright,” *Edward, aged 34*

Several individuals reported that they suffered from asthma, but again did not consider this to be a major problem. Indeed, these individuals seldom used their inhalers.

“My chest is absolutely shot to pieces. I’ve been a heavy smoker for years and burnt all the inside of my lungs... smoking cannabis... I have been on asthma pumps ever since, which I don’t take as often as I should do... It’s carrying them around in my pockets all the time, clunking inhalers, rattling around all the time. They do me head in. I should take them... [*I should have the*] blue one on me all the time. They are up in my drawer,” *Luke, aged 34*

Dental problems

Problems with teeth were a major concern to more than half the individuals in our study. Some of the most common complaints were missing teeth, snapped teeth, split teeth, cracked teeth, corroding teeth, discoloured teeth, stained teeth, painful teeth, abscesses, bleeding gums/periodontal disease, teeth with holes, crooked teeth, gappy teeth, loss of enamel, crowned teeth, and teeth with or needing fillings. Kevin described his teeth as,

“Bad, really bad, and it’s all sort of self inflicted... I’ve got holes in them, I’ve got fillings that have come out, I’ve got teeth that have split in half, all sorts,” *Kevin, aged 25*

Although opioids can dull toothache, many individuals still told stories of excruciating pain and emergency trips to the dentist, particularly during periods of detoxification and withdrawal.

“I was in agony and, on Sunday morning, I phoned the dentist up. Three o’clock Sunday morning. And so I had that one out... and then went up to... my dentist... and had another one out,” *Tony, aged 34*

“I had a hole at the bottom of my tooth. I could actually get my finger nail right under and that. So I went to the emergency dentist, and he numbed my mouth and just yanked the tooth out,” *Ellie, aged 29*

Participants identified many causes of their poor teeth. Most commonly, they argued that drugs, such as methadone and heroin, can rot teeth. Some of the other explanations that they gave were not brushing teeth, not going to the dentist, and excessive sugar consumption. Some also said that they had lost teeth through fighting and falling over whilst intoxicated.

“I was taking methadone, which is something like fifty percent sugar or something. And to be honest I weren’t brushing my teeth... The front’s

not so bad but the back ones are all, they're like half there actually... which comes from taking methadone and not brushing your teeth,"
Nathan, aged 30

"They've all rotted, but that's through drug use and drinking and just not taking care of myself. But that's just inevitable. I mean, the life I led, you know," *Carl, aged 47*

"Mainly it's been where I've had fillings previously due to the amount of sugar that I've had in drinks, sweets and stuff like that," *Freya, aged 25*

For many, the poor state of their teeth was a real source of embarrassment.

"I still can get uncomfortable, particularly if I'm having to smile in a picture. I don't do that. I tend to... keep my mouth closed," *Tom, aged 35*

"I care about my appearance and my teeth. When I'm on photos, I can't smile. It really bothered me about my teeth when I was straight and clean, because I was thinking, just imagine how much better I'd look, you know, if I could open my fucking mouth without a gap in between my teeth," *Elliott, aged 32*

Despite this, many factors could make it difficult for drug users to secure dental treatment. These included fear, cost, procrastination, other more important or pressing life events getting in the way, and not wanting an injection.

"It's [*going to the dentist*] just one of the things I haven't been able to handle because I know they're going to have to extract quite a lot of them, and I'm a bit scared about how that's going to affect me mentally. But it's, yes, one of the things I've put on the back burner," *Ted, aged 48*

"The thought of an injection, like, in my mouth kills me like... I'm a bit worried about that. I don't want a needle in me at all, like. It's really scary, do you know what I'm saying?... Whereas I'd have paid him twenty quid to do it for me a few months ago," *Elliott, aged 32*

Non-drug related health problems

Our participants also talked about a much wider range of general health problems. These included alopecia, anaemia, appendicitis, arthritis, cancer scares, diabetes, eczema, endocarditis, gall stones, heartburn, hearing problems, impetigo, irritable bowel syndrome and other stomach conditions, kidney problems, pleurisy, pneumonia, polycystic ovaries, and thyroid problems.

Often there was no obvious reason to connect these health issues to drug use. Sometimes, however, our participants did make an association. For example, alopecia was related to the stress of detoxing, arthritis was associated with a drug-related accident, impetigo was connected to having crack-induced sex with prostitutes, and pleurisy was linked to smoking heroin and crack.

Irrespective of whether or not there was a connection to drug use, it was often the case that drinking and drugs exacerbated these general health problems. First, two or more health problems could aggravate each other.

“I seriously hope I haven’t [*got hepatitis C*] because I’m a diabetic and Hep C being a diabetic is not very good combination,” *Toby, aged 45*

Second, a chaotic drug-using lifestyle was frequently not conducive to taking medications regularly or even eating, sleeping and resting appropriately. Toby went on to talk about the problems he had in managing his diabetes as follows,

“*[I]* inject insulin twice a day... When you’re on drugs, it’s very problematic because you forget whether you’ve done it or not. It can be quite a problem and then you inject yourself twice, it’s a nightmare,” *Toby, aged 45*

Compounding all of this, it could sometimes be difficult to distinguish between the signs and symptoms of ill health and the signs and symptoms of drug use. Annabel’s account of mistaking appendicitis for drug withdrawals is a striking case in point.

“When I first started using [*heroin*]... I used it that night and then the next day I used it and the next day I had appendicitis. And I didn't realise I had appendicitis, and... I kept having real bad stomach cramps and pains and he [*friend*] was telling me it was because I was clucking. So I carried on. I went for about a week and in the end the pain got so bad I got rushed into hospital. And yeah, if I would have waited another hour they would have burst and I would have died,” *Annabel, aged 29*

Aches and pains

Under the broad heading of general health problems, many of those in the study elaborated on their experiences of aches and pains. These tended to be masked by opioid use, but surfaced during periods of withdrawal, detoxification and abstinence. Oliver talked about becoming more aware of his headaches as follows,

“My headaches, I suppose, is the biggest thing that stands out for me since being clean. I think I can remember having them when I was on drugs, but then I was medicating [*with*] heroin, which pretty much numbs most pains... So it weren't a problem before,” *Oliver, aged 31*

Often individuals were uncertain about how their emerging aches and pains might be explained. Possible causes included stress, tension, ageing, doing more exercise than usual, general wear and tear on the body from previous drink and drug use, or simply sleeping in an awkward position. Olivia was clearly both worried and confused by the various possible reasons for her stiff neck,

“When I wake up in the mornings, it's a nightmare. But I think that's just... we all get that, don't we...? They say that when you put drugs in your body... all the different things that are in it will eat away at certain parts of your body... I know that a lot of chemical drugs like crack and speed will eat away at like your back bone or something. I mean I'm not a doctor. I don't know... Maybe I need new pillows, you know... Maybe I

just need to go to the doctors and maybe check. I don't think anything's wrong, but just, you know, maybe I get tense and I don't realise it,"

Olivia, aged 32

Interestingly, however, our study participants frequently seemed very reluctant to take painkillers, particularly opioid-based painkillers. Instead, they would often try to ignore pain or would even look for relief in strategies such as yoga or food supplements.

"My back still gives me problems occasionally... But I'm on the ibuprofen for them and where I started doing the yoga is with the hope I can start coming off the ibuprofen and sticking with the yoga, to help my back, strengthen my back muscles up and that," *Luke, aged 34*

Colds and flu

Similar issues arose when individuals discussed their experiences of colds and flu. Firstly, they noted that they did not tend to notice colds or flu during periods of chaotic drug use. This, they argued, might be because heroin masks the symptoms or because the symptoms of colds and flu are very similar to those of drug withdrawal. Alternatively, it might be because they were so busy running around for drugs that they didn't notice when they were a bit unwell.

"I don't know. Sometimes you can put a cold, if you're rattling, you could say it's because you haven't had drugs. Then when you've had the drugs you feel better. Then it might not just be because you're rattling, you might actually genuinely be ill. But once you've had the drugs, your head thinks, 'Wow, I'm better now'. So you don't tend to feel illnesses as much when you're on drugs," *Owen, aged 30*

"I find you don't tend to realise that you're ill when you're on gear. I don't know whether it just shuts your body down or what. I don't know. And if you are *[ill]* you don't normally think about it, because you're too busy running around and doing this, that and the other. You don't think about it. You don't have a chance to think about it," *Lauren, aged 27*

Although individuals seemed more likely to notice that they had colds or flu once they stopped using drugs, this was not generally a cause for concern. Indeed, several individuals noted that colds are just normal and you have to get on and deal with them like anyone else. Certainly, having a cold was considerably less problematic than all the difficulties associated with drug use.

“If that’s all I’ve got to worry about is a cold, I think, you know, [*I’m*] quite lucky. Don’t have to worry about drugs every day and stuff like that. I’d rather have a cold,” *Annabel, aged 29*

Mental health

Almost all of the participants in our study said that they had experienced some form of depression, anxiety, mood swings, or paranoia at some point in their lives and many reported on-going mental health problems.

“I’ve been sleeping almost constantly... all the time really, if I’m not doing something, because I’m quite depressed,” *Diane, aged 31*

“One minute I’ll be happy all day. Next day I’ll wake up and I’ll be depressed... Then I’ll be depressed all day, have to lie on my bed in the afternoon or something stupid,” *Toby, aged 45*

“My mind feels shot to bits... Just the paranoia and anxiety and the panic. It just comes on me and I just don’t know how to deal with it. Like I’m scared... and I’m just full up with fear to even walk down the shop,” *Leab, aged 38*

Frequently, individuals also reported self-harming, suicidal thoughts or actual suicide attempts.

“Around the time when my first boyfriend, Daniel, finished [*with me*], that’s when I discovered self-harm. That carried on all the way through,

to the present day. It was just anything that could make this feeling, the feeling, the empty feeling I'm feeling, I've got, go away," *Debbie, aged 28*

"I've had some suicidal thoughts before where I wake up and thought, 'Do you know what? Wouldn't it just be easier just to go and like kill myself, have a hot bath and slit my wrists or something?'" *Timothy, aged 27*

"Several times [*my overdosing has*]...been intentional," *Charlie, aged 31*

Such self-destructive thoughts and behaviours were, however, often regretted later as individuals realised that they did, in fact, have things to live for.

"I'd just had enough. And I needed a release because I didn't want to use... Just got a knife and split my hand open. Took me to hospital... They couldn't put stitches in it, because... it had been open for so long, which is why it [*the scar*] is so big. It's something I regret doing and I'd never do again," *Lauren, aged 27*

"I wanted to kill myself so I took more heroin than I normally would... I knew what I was doing. I had been drinking as well. I know they don't mix. I had every intention of dying that day, but I'm really glad I didn't... because I'm not sick of things now and I'm more positive in myself and I can see there's a future," *Owen, aged 30*

Whilst some individuals reported that they had used street drugs to manage or mask their mental health problems, others reported that these drugs had caused their mental ill health. Sometimes, disentangling cause and effect was simply too complicated.

"When I was younger I was told that I was depressed and stuff and I think I'd been masking that depression with drugs for so many years that when I stop taking drugs I get very, very depressed," *Frances, aged 31*

"Well I've been on one sort [*of anti-depressant*] or another for probably ten years now, and never really known whether they were of any benefit.

And my thinking is that probably most of my depression was as a result of my drug use, rather than the other way around, which is what I kind of chose to believe when I was using. Because I used that [*depression*] to justify continuing with my drug use," *Charlie, aged 31*

Other causes of poor mental health included low self-esteem and poor confidence, loneliness, isolation, boredom, family problems, homelessness and financial difficulties. As Edward explained,

"I had been quite isolated in my own flat for the year. I didn't go out... I had no self esteem, no confidence. People in me street didn't know me. I didn't say 'hello' to 'em. I just kept my head down and kept walking, got to my flat. I wouldn't communicate with people, just get to my flat, come out, do what I've got to do and come back to my flat.... It's not a healthy way to live... You can lose the sense of reality really if you're just indoors in your own company all the time," *Edward, aged 34*

Unfortunately, however, mental health difficulties often adversely affected an individual's motivation to engage in activities and communicate with others.

"But sometimes, especially when I'm paranoid, I just want to be on me own... They say it's not the way to deal with it, you know. You've got to share it and all that. But when you're feeling in that head space, the last thing you want to do really is start [*talking to others*]," *Leah, aged 38*

Given the high levels of mental health problems reported, it was not so surprising to find that many individuals were currently receiving or had previously been prescribed anti-depressant, anti-anxiety or anti-psychotic medication. Tamsin and Chrissie described how such drugs had improved how they felt.

"The anti-depressants obviously have changed my emotions quite a lot... I just feel a lot more stable," *Tamsin, aged 37*

"If I don't take them [*anti-depressants*], I'm very weepy and very low...
[I] don't feel strong enough to handle life," *Chrissie, aged 24*

Conversely, others believed that prescribed drugs were not a solution to their problems and could even make matters worse.

"Because I didn't think they [*anti-depressants*] was doing anything, and I heard bad things about them Prozac. And I stopped them. I've never used them, anti-depressants," *Louise, aged 34*

"They've [*anti-depressants*] been offered to me before but, um, I don't know. I don't think it really solves the problem. I think what other problems are there aren't gonna disappear just because of anti-depressants," *Frances, aged 31*

Aside from medication, other strategies that some individuals employed to manage their mood included going out, socialising with and meeting others, participating in sport, doing voluntary work or courses, and simply ignoring feelings of depression until they passed (see also Chapter 11).

"I'd rather go and do yoga or go swimming or do something else to make me feel good rather than putting more shit in my body. I'd rather be able to kind of find happiness for myself rather than try to put happiness in my body, if that makes any sense," *Tamsin, aged 37*

"Since I've been doing the voluntary work and moving forwards, me depression's not been much of an issue. I have had periods where I've been pretty low, but the answer for me now is not taking pills and drugs, it's about being part of a community and just getting on with life, looking after myself," *Edward, aged 34*

"I find myself in situations where I'll sit there and I'll feel really glum. And then I'll start thinking that stuff [*depressing thoughts*] and then I'll just say, 'No, get up and do something'... Changing the bin or a bit of clean-

ing or a bit of gardening or just taking myself out of the room or go for a walk or something like that," *Eddie, aged 30*

Whilst it seemed that mental health could become more fragile during periods of detoxification and early recovery, emotional well-being generally improved with reduced drug use and continued abstinence. Chrissie described her improved mental health as follows,

"When I was in addiction, I constantly felt like I was in this black cloud, and everything, it felt like everything I touched turned to shit. Everything I was near was crap. I just had this awfulness about me, like everything was a catastrophe, everything was tragic... I felt completely out of control, completely engulfed by everything and my head just felt so distorted. Everything felt so chaotic in my head. But now I feel like it's all much more in order and I can understand myself a lot more... I've got some direction and I've got the choice to make, you know, to be responsible for myself. I'm responsible for myself and independent now, so it feels quite nice," *Chrissie, aged 24*

Summary

Our research shows that drug users often experience very poor physical and mental health. In addition to everyday ailments common to the general population, they are affected by drug specific health problems, such as BBVs. Often it is not possible to disentangle whether drug use is a cause or consequence of any ill health, or the extent to which physical and psychological problems are affected by broader lifestyle factors, such as unemployment and homelessness. Equally, it can be difficult to ascertain when exactly the symptoms of ill health are really just the symptoms of drug detoxification or drug withdrawal. Indeed, drug users in early recovery may often experience an apparent worsening of their health and an increase in pain simply because they are no longer using opioids with their inherent pain killing properties.

Diagnosing health problems amongst drug users can consequently be particularly difficult. Furthermore, strategies for responding to their health problems can be less than straightforward. For example, despite being diagnosed with a health condition, drug users may still not look after themselves or take prescribed medications as directed. They may also be reluctant to come forward for testing and treatment because they lack motivation or are afraid of medical investigations. In addition, they might simply have low expectations regarding their optimal health given the drugs they have used and the lifestyles they have led. Despite this, drug users can and do adopt strategies to improve their health and it is important to encourage and enable them in this by openly discussing all kinds of health concerns with them. Furthermore, it is helpful to remind them that both their physical and mental wellbeing are likely to improve the longer they are able to stay clean.

Chapter 9

Day-to-day self care

Introduction

In this chapter, we look at how our study participants took care of themselves on a day-to-day basis. We can call this their routine body care. Our focus is on their eating, sleeping, and attention to personal hygiene and appearance. We include what they told us about their routine body care whilst they were using heroin chaotically but also during periods of reduced consumption and abstinence.

Eating

Eating on heroin

When they were using heroin chaotically, individuals reported that they often ate sporadically. Indeed, some did not eat every day and others only ate once or twice a day.

“No, I wouldn’t say that *[we’d]* eat most days... If it was a day where we didn’t eat, it was probably because we were using *[drugs]* all day,”

Liam, aged 37

“No, *[I]* hardly didn’t used to eat... I’m much thinner than I ever was,” *Neil, aged 37*

“Some days I wouldn’t eat, some days I would,” *Stefan, aged 27*

Often individuals ate opportunistically when food was around or only very late in the day. Very few ate breakfast.

“When I was using I would go days and all day without eating... You know, someone’s making some toast, you might grab half a slice of it, or whatever,” *Beth, aged 43*

“*[I ate meals]* a couple of times a week, I suppose. Chocolate and cereals, usually in the middle of the night, as well,” *Vicki, aged 45*

“I’d probably get up about lunch time. Um, take the dog out straight away. Come back and have my lunch, which is my breakfast really, and then whatever really came my way,” *Frances, aged 31*

The main reasons individuals gave for not eating included being more concerned about drugs than food and having no appetite.

“It didn’t enter my head to eat. I was more bothered about my next fix and... where I was getting the money from,” *Sorayba, aged 31*

“We never had any food in the house... The most important thing was the heroin, you know, and how we were going to get the next, you know, more heroin,” *Debbie, aged 28*)

“Food’s not a big thing for me. I haven’t got much of an appetite. I just eat when I’m hungry and that’s it,” *Kevin, aged 25*

Some also said that they didn’t have the energy or motivation to cook, didn’t have the money for food, or didn’t have any cooking facilities (especially, if they were homeless).

“I’ll sit there at home. I’ve got food there to cook and stuff and I just won’t. I find it hard to get motivated to do stuff for myself,” *Tamsin, aged 37*

“I sit there and think, ‘I should eat’, and then an hour later, ‘I really should eat something’, and then eventually I’ll go and eat something,” *Nathan, aged 30*

Compounding this, a number of male and female participants explained how they restricted or increased their food intake because of anorexia, bulimia or other digestive problems (see also Chapter 7).

“I felt really fat then... I’d want to *[eat]*, but I was making myself sick then as well really. Because I was desperate to lose the weight,” *Leah, aged 38*

“I binge eat... I can get by with just breakfast and a snack for a few days to a week, and all of a sudden I’ll eat and eat and eat, and spend a week or two eating, and then I’ll go back to just nibbling again... I don’t think I’ve had an eating disorder, but I suppose professionals would say that is an eating disorder,” *Owen, aged 30*

“I don’t always eat that much. I normally eat of an evening because in the mornings I get a lot, because of my IBS and that... I get really chronic stomach cramps and I just don’t go near food, so I eat in the afternoon,” *Eddie, aged 30*

Overall, our study participants reported that when they were using heroin regularly they tended to eat foods that were cheap, convenient and high in carbohydrates. In particular, they ate sweets, biscuits, crisps and chocolates. But they also consumed bread, porridge, potatoes, breakfast cereals, pot noodles, and tinned food.

“Sometimes I wouldn’t eat. Sometimes I would, if it was something that’s really convenient – pot noodle, or crisps, chocolate, sweets, crap basically, or just bread. Buy a loaf of bread, and live off a loaf of bread for a week. Food wasn’t that important,” *Debbie, aged 28*

“I’d live on a Mars bar and a bag of crisps when I was on the gear,” *Sorayha, aged 31*

"I'd buy half a dozen Mars bars, maybe... Wasn't eating anything else," *Oliver, aged 31*

Many ate very little, if any, fruit or vegetables.

"I call salad 'rabbit food'... Like fruit don't interest me. The odd pear, one every month or something. And like vegetables, I think that will always be a no no to me... like fruit and veg, that to me seems like, if I can get to a point in life where I care about those things, then I'm sorted... I can punch the sky and go, 'Yes, I've done it!'," *Elliott, aged 32*

On the other hand, individuals did drink lots of coffee and sugary drinks. Indeed, some suggested that they felt they were addicted to sugar and caffeine.

"I will get through a jar of coffee every two days and a bag of sugar every couple of days as well... I probably have like a dessert spoon of coffee and three dessert spoons of sugar in like a pint glass, and drink those all day long," *Neil, aged 37*

"I've always liked sweet stuff. I love sugar... I've got a severe addiction to sugar intake. I don't know what it is, you know. I just love sugar. I take a lot of sugar in my tea and, I don't know, maybe it's another addiction or another problem," *Carl, aged 47*

Of course, not all heroin users eat badly. Some of our study participants emphasised that they had always been careful about eating healthily, even when they were using drugs chaotically.

"Like I only eat... brown bread, brown rice, things like that... Because it's healthy... All the shit I was sticking in myself, but like I used to be a really health conscious person. I used to like take vitamins... take Milk Thistle for my liver, used to take a whole load of things... like the Omega 3 fish tablets," *Leah, aged 38*

"I've always been fairly consistent with my diet, because I've always been into exercise. Alongside all of my using, all that insanity, has been that side of me there trying to maintain some sort of stable life-style. So I've always been about twelve and a half stone, always been about the same weight and... generally been mindful of what I eat in the past," *Tom, aged 35*

Women also reported that they routinely cooked for their children, although they would not necessarily eat the food themselves.

"It's not that important to me anymore, to buy food. The food was for my kids," *Diane, aged 34*

"If I can do something quick I will... especially if it's just me. I just don't see the point to be honest. If the kids was there, I'd make sure they had something decent to eat... I probably just have a coffee and yoghurt or something," *Bess, aged 31*

Additionally, some individuals emphasised that the food they ate in night shelters and residential treatment services was fairly healthy, although this obviously varied depending on the service.

"It's lovely here [*in the rehab*]... They spend the whole day cooking... and they cook all sorts of different things. It's not a set menu... we take it in turns. There's a really big, big kitchen out there and there's a couple of us and we'll cook together. So, it's nice food and healthy as well," *Frances, aged 31*

Eating as heroin use reduces

Changes in appetite, diet and eating patterns often began to occur once individuals reduced their drug use and their lifestyles started to stabilise.

"When I first came in here [*rehab*], I didn't eat for the first day, didn't eat very much the next day. But now, today, I couldn't wait till lunch because I was really hungry. I think it's because you're always... doing something

like in group. It's quite, you know, emotionally draining. Makes you tired and hungry. Yeah, my appetite's come back quite a lot," *Debbie, aged 28*

"I'm not binge eating as much as I normally would at the moment, because I'm getting into a routine of looking after myself. A lot of it is to do with I know I've got to do it through rehab as well, so I'm trying to get myself a head start, getting into a normal routine," *Owen, aged 30*

Not only did individuals report that they were trying to eat more regularly, they also seemed to be taking greater interest in what they ate.

"I've always ate every day but eating properly every day probably started about three weeks ago," *Tony, aged 34*

"I'm taking more notice of what I eat... I'm not just wolfing it down. I'm trying to taste it now instead of just eating for the sake of eating I'm eating better than I was. When I was on the methadone, my appetite was quite sporadic. I'd eat and then I wouldn't, but now I'm hungry every day," *Edward, aged 34*

Whilst there was still a tendency to eat sweet foods and consume lots of caffeine, many had reduced their sugar and caffeine intake quite dramatically and were eating more fresh fruit and vegetables.

"I'm still drinking sugar, a sugar in my tea, coffee, but I have a lot less tea now. I don't know why. I suppose I drink a lot more water, just aware of it," *Tony, aged 34*

"When I was using and on methadone, I would normally have... quite a sweet tooth... When I came off the methadone and went on to the Subutex ... I'm putting less sugar in [*tea*]. Whereas before I was putting four sugars in just for it to taste the same as it does now with two," *Edward, aged 34*

“Probably not five [*portions of fruit or veg*] a day, but I do make a conscious effort to eat some salad, vegetables. Haven't eaten many fruit, but yeah, I do make the... effort,” *Lauren, aged 27*

Individuals whose opioid use had reduced or ceased also appeared to be taking more pleasure in cooking and appreciating how much better food tasted.

“Now I'm a bit more adventurous, I do a bit more cooking... I still eat all the stuff I was eating when I was using, but it's just a bit more varied. If I was going to make pasta or couscous, it wouldn't just be pasta with a sauce, it would be with vegetables and seasoning, and more rounded, I suppose,” *Charlie, aged 31*

“Now you appreciate it [*taste*], plus you appreciate it because you cook it... Before you just bung a pizza in, waited and ate it, where now you're actually making it, cooking it and eating it,” *Liam, aged 37*

Sleeping

Struggling to sleep

Although our participants consistently reported difficulties relating to sleep, these problems varied depending on the individual, their circumstances and the kinds and amounts of different drugs (stimulants or downers) they were using. For example, many complained that they could not go to sleep or that they kept waking up throughout the night.

“It varies between like one and three [*hours sleep a night*], sometimes even four [*hours*]. Sometimes I fall asleep on the sofa with the telly on, and then I wake up... And then like turn everything off, go to bed, read my book, and then fall asleep reading it, and wake up and the light's on, and turn it off,” *Timothy, aged 27*

“Going to sleep was alright, but I'd always wake up, watch telly for a couple of hours, go back to sleep, wake up, watch telly for a couple of

hours. So my sleeping wasn't brilliant. No, I think that's why we never used to get up until about twelve o'clock, because I'd find like come six, seven o'clock, then I'd sleep for three, four hours. But no, not really, I would sleep, just in bits and pieces," *Lauren, aged 27*

Others (and particularly women) reported that whilst they were using drugs they tended to sleep all the time.

"Loads, loads of sleep, you know. Sometimes I'd sleep the whole day away. I'd just sleep the whole day, and gouch out and sleep, you know. I feel like I've slept six years of my life away, because that's what heroin makes you do, sleep," *Debbie, aged 28*

It was also evident that some people did not sleep for long periods but then slept for a couple of days without waking. Others said that they never really slept at all.

"I'm a binge sleeper," *Stewart, aged 50*

"I slept once a week for about five years. Went to bed once a week and I slept for about seven to twelve hours. Got up and I'd be awake... Third day, I'd start hallucinating, fourth day I'd be all over the place, screaming, I don't know, singing to the cooker. I nearly got sectioned. And then the fifth [day], then I'd normally fall asleep and it starts all over again. So, nightmare," *Toby, aged 45*

Some additionally said that they invariably woke up from sleep with withdrawal symptoms.

"Every time I do my crack and then I do my gear, I always like to go straight to sleep... So I just go straight to sleep, but then the worst thing about that, as soon as you go to sleep, don't matter if you've done it [used drugs] and you go to sleep for two hours, you wake up clucking," *Annabel, aged 29*

Whatever the precise nature of the sleeping problems experienced, individuals were often distressed by their sleeping habits, noting that they felt exhausted and unable to cope.

“I just didn't want to wake up... I never used to go to sleep until the early hours in the morning, if I did go to sleep at all. And then I'd be all like sketchy because I didn't, you know, I was so tired, hadn't eaten. And when you don't eat, you're weak anyway, aren't you? Plus the drugs on top of that. I was just a mess, total, total mess,” *Bess, aged 31*

Sleeping in recovery

Sleeping was often particularly poor during periods of detoxing and sleep problems were reported even after heroin use had reduced or stopped altogether. Again, individuals mostly discussed not being able to get enough sleep, although some women still said that their difficulty was sleeping too much. This is Luke talking about his lack of sleep whilst detoxing, followed by Olivia who is still struggling to get up on a morning despite no longer using heroin.

“I've had it before when I've not slept for two weeks... I would get two minutes, literally. I used to get out the shower about six o'clock ish, and I can remember I used to sit down and put *Star Trek* on, and my eyes would shut and then open two, three minutes later. And that was the only sleep I was getting. And I had that for about two weeks... I just lost the power of speech, couldn't talk to people,” *Luke, aged 34*

“Sleeping's a real big issue for me... If I know I've got to get up, I can get up, but I will still struggle, you know. I start thinking, 'Oh, do I have to wash my hair today? No, I'll stay in bed another half an hour and I won't wash my hair today', you know. Things like that. And that sort of gets me down because then I think, 'I'm a woman', you know. 'My mum would not get up without washing her hair'... These are all things that I'm dealing with. It's not a problem. I just think I need to... have a bit of discipline with myself,” *Olivia, aged 32*

Additionally, a number of individuals described having vivid and weird dreams, and nightmares.

“But I’ve had weird dreams before. Like where once where I jumped off the top of the Eiffel Tower. Fallen all the way to the bottom, hit the floor, and then bounced back up to the same height, and woke up at the top of the jump, top of the bounce. So that’s quite weird,” *Timothy, aged 27*

“All this anxiety and fear, I don’t know how I’m gonna deal with that. That’s the worst thing, being scared about everything. Scared to talk to people, scared to, you know, go outside, just scared. I hate it, and like it comes out in my dreams. Like I’ve had night terrors since I’ve been here [*in rehab*]. Like I just feel lost, and I can’t get out of places, and I don’t know where I live, lonely, waking up sweating, and too scared to go back to sleep in case I go into the same dream,” *Leah, aged 38*

Some also reported ‘using’ dreams which unsettled them.

“I’ve had a couple of using dreams, but I’ve not actually got to use the drugs. I’ve sort of scored and been going to use and then woken up,” *Nathan, aged 30*

“When I’ve had a... using dream, I wake up more tired than when I went to sleep. Just dead weird. It’s more like a flashback than a dream. It’s like you’re there and you’re living it. You can see it, you can smell it, you can hear it... It’s really bad and quite often I wake up and I’ll panic. I’ll be in a bit of shock because, while I’m dreaming, I’m there. Really, it’s that realistic, you know what I mean,” *Kevin, aged 25*

Despite this, many individuals explained how they were making serious attempts to get themselves into more regular sleeping routines and the structured environment of a residential treatment service often seemed to facilitate this.

"I'm trying not to [*get up in the night*]. I write a little bit in my diary and then I turn my light off and just try my best to go to sleep, which I did almost straight away last night... I do try and do that every night, and I don't come down straight away at two o'clock, when you are allowed down for your first fag. I do try and lay there and sit it out and sit it out and sit it out. Because I think, 'In five minutes, I'll be asleep'. But obviously, once you've wound yourself up and pissed yourself off so much about not going to sleep, you've got no chance really. So the only thing you can do is go down and calm yourself down, have a hot chocolate or Horlicks, have a cigarette, and then go upstairs and try again. Sometimes it works, sometimes it doesn't. You've just got to think, 'Right, I might feel like shit today, but tomorrow I might feel a bit better'. And if tomorrow you don't feel a bit better, you've got to think, 'Well tomorrow I might feel a bit better'. Because day by day you are gradually getting better and better, and I am sleeping more and more. Like I had a shit weekend, but I slept like a log the night before last. I slept a few hours yesterday. As long as I can have a few hours, I'm alright," *Lauren, aged 27*

Participants would also frequently avoid taking prescribed drugs to help them with their sleeping as they felt that this was unlikely to solve the problem. This is Olivia again,

"I just really struggle with getting up, you know. Often I think, maybe I should go to the doctors. But there again I'm going to the doctors and asking for him to prescribe me something to help me get up, and really the only person that's going to help me get up is me, do you know what I mean?" *Olivia, aged 32*

Indeed, many realised that their poor sleeping related to issues beyond simply using drugs. For example, other factors that they said stopped them from sleeping were being worried, drinking too much caffeine, and living in a noisy environment, such as a shelter for homeless people or shared housing. Factors that made them prone to sleeping too much included being unemployed and therefore having no reason to get up on a morning, starting a new job and

therefore feeling very tired from the increase in their daily activity, and being exhausted due to the emotional demands of being in residential treatment.

“I don't like doing it, but sometimes... I'll have my dinner and I'll go upstairs to watch *EastEnders* or whatever and I'll miss *EastEnders* and I'll miss everything. And [I'll] wake up about twelve o'clock. Sometimes I can sleep for like fifteen, sixteen hours. I think it's because it's a bit of a shock to the system going into quite an intensive, stressful job... I think it's taking its toll. I've been told after about twelve months, then your body and your mind starts to get a bit used to it,” *Kevin, aged 25*

“I think that's due to all the [therapeutic] work we do on ourselves... It's mentally and physically draining, you know. When you've been sitting in group all day and you've been talking intensely about feelings and what's going on for you, and you know, it hurts. It hurts your brain when you've been thinking about it, you feel exhausted,” *Debbie, aged 28*

Sleeping patterns did, however, seem to improve over time. Moreover, individuals were clearly delighted when this occurred.

“You're sitting in bed, you're thinking of things, and, of course, you end up winding yourself up more because you're not sleeping and you're stressing out about these things. It gets better, it does get better. You only get about two weeks like that,” *Lauren, aged 27*

“I mean I had my first night's sleep without interruption about a week ago. So it's took like three months of waking... Like from like half eleven until half six. It was wicked. Opened my eyes, there was light coming through the curtains. I thought, 'Oh my God, it's happened like', do know what I mean? It's just another thing I can tick off that I've done,” *Elliott, aged 32*

Personal hygiene and appearance

Keeping clean and presentable on drugs

Contrary to popular stereotypes, a not insignificant number of individuals reported that they bathed or showered and cleaned their teeth daily, even during periods of heavy heroin use.

“Yeah, I have a bath every day. I have to. I’m one of those people I *have* to get up and have a bath. I have to be clean, personally clean,”

Toby, aged 45

“I always brush my teeth when I eat something, ‘cos it gets stuck in your teeth... I always brush my teeth about three times [*a day*] normally, more than that sometimes. I’ve always done it,” *Louise, aged 34*

In addition, women often reported that they had always been concerned about how they looked, so would generally try to look in the mirror, wash their hair and put on some make up before they went out.

“Very rarely would I have got up and just gone straight out... Of course I’ve done it, but more times I’d look in the mirror, maybe give my teeth a quick brush, maybe not for the full two minutes, but I would do it, you know, wash my face, and things like that,” *Olivia, aged 32*

“When I’m smoking crack and that I always, I was always doing my hair and washing. Having a bath, I always, always do that,” *Annabel, aged 29*

Despite this, many individuals stated that keeping clean was just not a priority for them whilst they were using drugs. Consequently, they might go for several days without washing, cleaning their teeth, changing their clothes or brushing their hair.

“Brushing my teeth didn’t happen. I’ve got teeth missing all over my mouth, they look disgusting... I didn’t wash my hair... I used to

have a shower when I really, really had to. [I] was a complete skank. That's what the heroin does to you," *Elliott, aged 32*

"I didn't really give a shit. There'd be days where I wouldn't even have, like days and days, when I wouldn't have a bath, brush my teeth, nothing, not even get dressed. Wear the same pyjamas for days on end. Didn't give a shit," *Leah, aged 38*

"I'd go a couple of days without actually getting in the shower... That really wasn't my focus. I didn't really care about that. Spray some deodorant and hope for the best really. Whack some clothes on, go out," *Freya, aged 25*

"Like my hair. You'd call it a 'junkie bun' because you just pull your hair up like that, a junkie bun, and wrap it around. Never brushed it, just put it in a junkie bun. And you'll notice a lot of junkies will have buns like that," *Isabelle, aged 35*

Male and female participants identified many reasons for trying to maintain their personal hygiene whilst they were using. These included not wanting to look a mess, and particularly not wanting to look like a drug user, being worried about smelling, always feeling dirty because of sweating so much from withdrawals, needing to look presentable for a job, shoplifting or particular social situation, and being told to get washed by someone else. Leah explained how members of her peer support group encouraged her to dress nicely, whilst Eddie took satisfaction in the fact that others never seemed to realise he was a heroin user because he was always clean and tidy.

"Through my group really... I didn't want to look a mess there. And I felt alright when I was there... I'd buy myself new things out of charity shops and then people would always say, 'You look nice. You always look smart'. And that made me feel better about myself so I just kept doing it," *Leah, aged 38*

“People didn’t think I was a user because I always, like, washed, dressed myself and my flat would always be tidy, know what I mean?” *Eddie, aged 30*

In addition, some women reported that they just knew they would feel better if they were clean. Moreover, hot baths and showers could ease the aching muscles of withdrawals (see also Chapter 4).

“If I’m withdrawing quite a lot, it’s quite a lot of effort to get in the shower. But it’s really worth it, you know. ‘Cos you get really sweaty and stinky and your hair goes all horrible-looking and stuff. So if you have a shower, it makes you feel a bit better,” *Diane, aged 34*

“The thing is, when you have a shower or a bath you feel better... Obviously when you’re detoxing you sweat a lot, and [*you’re*] all ughh. And it’s just nice and it helps you relax the muscles, you know... I couldn’t wait to get in the bath just to stop my muscles diving around like a loony,” *Vicki, aged 45*

Factors that seemed especially likely to motivate individuals to clean their teeth, meanwhile, included seeing other people’s bad teeth, not liking bad breath, and smoking and drinking coffee which stain your teeth.

“Brushing my teeth to be honest is an awkward one... but prison I think has got me into [*cleaning teeth regularly*]... When I used to stand in a queue with people, feeling someone breathing over your shoulder who hadn’t done their teeth, that’s got me doing it,” *Luke, aged 34*

“I do [*clean teeth daily*]... because I smoke, I drink coffee and tea... It stains my teeth,” *Eric, aged 39*

Aside from chaotic drug use, there were some additional barriers to keeping clean. These included being depressed, not having access to hot water or a bath or shower, having a cold house or flat, and having to share bathing

facilities (for example, in a night shelter or rehab). Bess also said that she could not clean her teeth whilst withdrawing as it made her feel sick.

“I brush my teeth, might have a shower every three or four days, shave once a week, yeah... You don't keep a high standard. I didn't anyway, not this time. I was too depressed,” *Stefan, aged 27*

“*[I now]* have a shower when I get up. When I was using, I couldn't do that. First thing that I'd have to do was use, or get some money to use... Couldn't even brush your teeth, because it would just make you sick, you know. Washing is the last thing on your mind when you're in that state,” *Bess, aged 31*

Hygiene and appearance in recovery

As drug use reduced, cleanliness and appearance seemed to assume much greater importance to our study participants. Liam explained,

“Whereas before I would never do my hair before I went out, now I do my hair before I go out. Where before, you know, I would go months and months without having my hair cut, now I have to have it cut regular. It's just weird. It's just getting back into that... well I say going back into that normal routine,” *Liam, aged 37*

Indeed, many individuals, male and female, reported that they enjoyed soaking in the bath, using nice smelling products, applying face masks and moisturisers, and manicuring their nails.

“Oh yeah, yeah, everything. I even do all the face works, you know. Once a week I sit there with a sauna thing on my face, maybe even a face mask, whatever I feel like at the time, you know. Pamper myself a little bit, which again I wasn't doing that because *[of]* the drugs. Everything was neglected,” *Fiona, aged 49*

“I always used to bite my nails, just stupid things like that, you know. Like filing them and stuff... things before you wouldn't even think about.

Well I wouldn't... Now [*I do*] things like that, you know. Every little helps," *Annabel, aged 29*

Many were also brushing their teeth daily, and often more than once, with quite a number flossing and using mouthwash.

"I've got an electric toothbrush, mouthwash, I floss. I've actually booked myself in to a hygienist's appointment in April because I thought, 'Be good to yourself, Tom. Treat yourself'. It's a bit pricey, but you can't put a price on a good hygienist's session," *Tom, aged 35*

In addition, women often became more concerned about their hair. For example, they bemoaned the fact that it needed cutting or was in poor condition, but noted that having their hair 'done properly' was often too expensive or not possible whilst they were in residential treatment.

"Because it's dry at the moment, I'm washing it every other day, until I can get something for it and get it cut... My hair is down here [*points to half way down back*]. Wouldn't think it to look at it. It needs really fucking sorting out... It does need cutting because there's loads of split ends in it... I was meant to get it cut before I come in here [*rehab*], but obviously didn't... My hair is really thick and, yeah, I like it longish, but I was thinking of getting it cut and then having a few layers put in it. Do something nice for a change," *Lauren, aged 27*

"My hair needs a bit of a bloody cut... I need to go and get my eye-brows waxed as well. And my bits [*bikini line*]... In rehab, you can't do none of that and it goes a bit 'woah'," *Debbie, aged 28*

"Oh, my hair's doing my head in... I want it all chopped off... I can't do anything with my hair. I can't do anything with it, and all I do is just wear it up in a ponytail. I won't wear it down or anything. If I had it cut short, then I'd be able to wear it down, wear it up, I'd be able to style it, and I can't really do anything with my hair at the moment," *Ellie, aged 29*

Despite this pattern of increased interest in, and concern about, their appearance and everyday self-care, some individuals still noted that keeping clean, shaving and brushing their teeth did not come naturally and was a bit of a struggle for them.

“I’ve been a bit slack on the hygiene. I’m a lot better than when I was using drugs, but I don’t like getting up and showering in the morning. It’s just something I just don’t like doing, so I tend to have a shower in the evening and I try and brush my teeth every morning and I try and be hygienic and get my clothes washed and stuff. It doesn’t come naturally to me at the moment so I have to remind myself, you know. I need to clean my teeth... I’m not very domesticated in that kind of area, but I’m trying my best,” *Frances, aged 31*

“The shaving is a curse. It’s an absolute curse, I hate it, I hate it, I hate it, I hate it. Every morning, shaving. I think, ‘I don’t need a shave, it looks alright’,” *Luke, aged 34*

“I hate tooth brushes. Just the thought of them makes me cringe. Hate them, hate the noise they make. I hate the feel of them. I hate the thought of biting them. Biting the toothbrush. If you think about biting the bristles on a toothbrush, that makes me cringe, I hate it,” *Kevin, aged 25*

Summary

Our study data show that heroin use tends to be associated with poor self-care practices, including chaotic patterns of eating, sleeping and personal hygiene. Despite this, we cannot assume that heroin users all eat, sleep and wash irregularly. On the contrary, some take great care with their general health and well-being. Furthermore, self-care can be affected by a wide range of factors beyond drug consumption. These include psychological factors (such as eating disorders and depression), material factors (such as income and housing), other activities (such as employment and boredom), physical health

(such as stomach problems), and social factors (such as having someone to cook for or someone to offend by being dirty and unclear).

Notwithstanding these many individual differences, self-care practices do tend to become more important to individuals as their drug use decreases. Sometimes positive changes seem to occur spontaneously and sometimes individuals have to consciously make changes happen. Additionally, it may take some time for the benefits to show and, during this time, individuals may need patience and encouragement. This is often facilitated within residential treatment settings, where routines generally structure the therapeutic day. Importantly, though, taking an interest in one's food, sleeping better, and starting to pamper oneself occasionally can constitute important pleasures of recovery. So far, we have not tended to recognise or capitalise on these in treatment settings.

Chapter 10

Keeping house

Introduction

Having safe, secure accommodation is a basic human right and a foundation stone for recovery. In this chapter, our participants provide some important insights into their housing histories, experiences of homelessness and current living arrangements. They then discuss their attitudes and approaches to housework, as well as managing household income and expenditure.

Living arrangements

Moving around and settling down

The area where an individual lives is crucially important, not least because it can be very difficult to stop using drugs if other users and dealers live in the immediate vicinity. As Eric and Neil explained,

“There’s more drugs here [*name of city*] than like I’ve ever seen. It’s like a mini Amsterdam really... People are phoning me constantly, and phoning [*name of girlfriend*]. And it’s hard to stay away from it,” *Eric, aged 39*

“Where I live... that’s [*number*] 139. [*Number*] 145 is one of the dealers and 133 is one of the other dealers.... The guy at 145, he would come and knock on my door on Friday night because he’d know that I’d usually get something off him at the weekend,” *Neil, aged 37*

In practice, many of our participants had moved areas a lot in recent years and their reasons for this were often drug-related. For example, some deliberately

relocated or wanted to relocate to a new area in order to escape from drugs, drug-using associates and places where they commonly scored or used.

“I used to try moving around geographicals from one place to another to try and get away from the problem,” *Edward, aged 34*

“I couldn’t stay here [*name of city*]. There’s too many... memories... too many people I know. Everybody knows me, and that’s what fucked me up last time I think – just being in the same area with the same people... a complete clean break is the best thing I can do at the moment,”
Lauren, aged 27

Meanwhile, others moved area in order to access treatment. For example, everyone who was interviewed in residential rehab had moved there from another area and some individuals had relocated to towns and cities where they’d heard that substitution treatment was more accessible.

“I had heard [*City 1*] was a good place for recovery. In [*City 2*], you would have to wait anything from six months to a year to get help on scripts... So I spoke to a counsellor down there [*in City 2*] and they said, ‘Look, go to [*City 1*] and try and settle [*there*]’... I packed two bags... jumped on a train and just come to [*City 1*],” *Liam, aged 37*

Sometimes, a geographical move helped individuals to reduce or even cease their drug use.

“The good thing with me coming... here is that I don’t hang around with the riffraff that I used to, and I don’t know any dealers except one, and that one dealer lives in [*name of suburb*],” *Eddie, aged 30*

“We moved to [*name of town*] just to get away from the people that associate around drugs and that, so [*away from*] the temptation and that, which helped a lot,” *Ellie, aged 29*

“Being in [*City 1*]... has made it easier for me. That’s a big one because if I was in [*City 2*], it... would be too difficult [*to stay clean*], I think,”
Olivia, aged 32

Others described moving as pointless because they simply identified new drug sources as soon as they arrived in the new area.

“I know full well, if I did want to find it [*heroin*], I would find it. No matter where I am pretty much in the world... I’m pretty sure I could score,” *Owen, aged 30*

“Don’t matter where I go from town to town, within a few hours I can usually score,” *Luke, aged 34*

Interestingly, many of our participants also decided to move back to areas where they had drug using associations because they still had family, and particularly children, living in those areas. For example, Helen wanted to move back to her home city following rehab even though she liked the area where her rehab was located and even though she knew her home city posed risks in terms of relapse.

“[*Name of daughter*] has just had to choose what GCSEs she wants to do. It’s not the right time to move her from school and, secondly, I’ve got all my family that love me in [*Home City*]... If I was finding I was stressed out there, I can pick up the phone and speak to them or just go around to their house... It’s not the same here,” *Helen, aged 46*

Experiences of homelessness

One very serious housing problem commonly experienced by those in our study was homelessness. Time and again, our participants described sleeping rough, staying in hostels and shelters, and sofa surfing with family and friends. Individuals like Timothy and Ted emphasised how difficult it was to try to address a drug problem whilst being without a proper settled base,

“Being on the streets is so crap and you really don’t have much chance in terms of not using, having a life and stuff,” *Timothy, aged 27*

“If I was in a night shelter or if I was in [*name of hostel*] or if I was sofa surfing or on the street, I’m pretty certain I would still be using to be honest,” *Ted, aged 48*

Despite offering benefits such as one-to-one support and advocacy (see Chapter 2), our participants often criticised hostels and shelters because they were full of drinkers and drug users which made it difficult to escape using.

“I didn’t want to go back to [*name of hostel*] because it’s full of drug addicts,” *Owen, aged 30*

“I didn’t really want to be in a shelter. There’s a lot of alcoholics in there and... alcoholics and drug takers have never really seen eye to eye,” *Liam, aged 37*

“A night shelter is not, no disrespect to it, but it’s not beneficial for anybody. Because that place is full of drugs. You’re allowed to drink in it... I know people that are trying to stay off the drink in there and they come down in the morning, seven o’clock, they walk out and it’s unavoidable... people sitting first thing in the morning until the end of the day drinking and other stuff,” *Carl, aged 47*

In addition, hostels and shelters could be insecure, noisy and harsh places which made individuals feel extremely vulnerable.

“There’s fifty other people in here [*night shelter*]... It’s quite loud now, so you couldn’t sleep now if you wanted to. I couldn’t go up to my room now and sleep,” *Isabelle, aged 35*

“Waking up in the morning in the shelter... I could almost cry every time I woke up. I was just facing another day of really hard stuff. It just really gets you down after a while,” *Frances, aged 31*

Meanwhile, even sofa surfing with family and friends could be a precarious and stressful arrangement which strained relationships and had the propensity to end suddenly and without warning if hosts tired and told their visitors to leave.

“There’s loads of people now I could go and knock on their door and say, ‘I need to stay for a couple of nights to be able to sort myself out’. But they’d all be drinkers and users and so I’d be back to square one before I’d even tried to start,” *Beth, aged 43*

“He [*step-dad*] doesn’t sleep very well and he’s always coming down for a fag and to go to the toilet and get himself a drink. And he sort of times it for every hour, hour and a half to two hours. So I’m just nodding off [*on the sofa downstairs*] and then he’ll wake me up, and then my mum will get up early in the morning. So I just feel like they’re constantly waking me up. It’s getting to the point where I’m starting to feel it’s personal, and they’re doing it on purpose against me,” *Owen, aged 30*

“The threat of homelessness [*is real*] because my old man... said, ‘If you use, you can’t stay’. And my cousin said it and my brother [*said it*], so they all sort of said that,” *Nathan, aged 30*

Being housed

Other accommodation forms experienced by our participants included residential treatment services, prisons, supported housing projects and move-on accommodation. Although supported and move-on housing was often highly valued because of the personal help it provided (also see Chapter 2), our participants again complained of having to live alongside other drug users.

“The most injecting I think I’ve done is almost living here [*supported housing project*], bizarrely enough. Because, what a stupid thing to do is put somebody who’s come out of rehab and been clean a year into this place... My next door neighbour is a heroin addict, my upstairs neighbour is a heroin addict and they put me right in the middle of it,

coming out of rehab... That's just ridiculous. It's like putting a kid who's been on a diet into the middle of a sweetie shop," *Toby, aged 45*

"Everyone's using. People coming in the house. I wanna stop but I've ended up, my using's got worse... It's stressed me out that much I've ended up using," *Eddie, aged 30*

Many of our participants also currently lived in private rented accommodation. This was often low standard, poorly maintained, insecure, and similarly involved sharing with other drug users and people who didn't care much about their surroundings.

"It's hard [*living in a house with five other users*]. I've lived in the house before when I've got myself clean, for a short while, yeah. It's very hard 'cos obviously while I'm in my room and that I can hear them running around scoring or drug dealers coming to the door and that,"
David, aged 35

"I can stand up here and blitz the place [*shared kitchen*]... take two hours. Blitz it all, bleach it all, so it's alright and then next day it's all trashed again," *Louise, aged 34*

Furthermore, individuals often worried that they could not afford to move out of private lets. For example, Louise continued by explaining that the only reason she stayed in her current shared house was because she couldn't afford a deposit to move elsewhere. Meanwhile, Liam, who was living in emergency accommodation, was concerned that he and his girlfriend might get into debt with their rent if they took on paid employment and then lost some of their benefit entitlements.

"It's the deposit, that's the problem... [*You're*] looking at like a grand [*and*] two hundred, aren't you?" *Louise, aged 34*

"I want to go back to work as well... [*but*] we can't. The rent there is just ridiculous... £400 a week... then we have to pay £35 a week between

us for like electric and gas and service charges... There's no way. Nobody can do it," *Liam, aged 37*

Whilst a small number of our participants had more secure council or housing association tenancies, they were still often keen to leave them and move on once their recovery journeys started because these homes held negative memories of their drug using lives. As Leah and Beth, who were both currently living in rehabs, explained,

"That's why I'd be scared about going home, you know, to the same house where everything's gone on," *Leah, aged 38*

"I've given up the flat that I was living in, 'cos I just don't wanna go back there. I wanna be somewhere new, with new people," *Beth, aged 43*

More positively, though, a number of individuals reported that they had recently secured new homes, usually housing association flats, which offered them much greater security and stability. When this occurred, individuals described feeling very lucky and clearly relished their new independence and freedom.

"I'm quite passionate about my place. I'm really quite proud of what I've done to it, and really grateful also that I've been given this opportunity to have my own place. All this has happened within a year of recovery, so that's been a real significant event for me in this last year... It's something that's always been on the agenda for me but I never thought it would turn out quite as it has. It's perfect, it really is. I couldn't ask for any more," *Tom, aged 35*

"I was really lucky to get the [*housing association*] flat as well. I'm really grateful now. I count my blessings on a daily basis," *Stewart, aged 50*

Doing domesticity

Another aspect of keeping house is doing the daily chores, such as cleaning, washing, ironing and shopping. Inevitably, there will always be differences between individuals in terms of how important or otherwise they view such tasks. So, some participants explained that they did not, and never had, considered housework to be particularly important.

“I’ve never been one for ironing. I just tend to throw them [*shirts*] in the wardrobe and when I have to wear one I think there’s no point ironing it because it’ll have creases in it anyway,” *Luke, aged 34*

Conversely, others noted that they had always been quite domesticated.

“I was a functioning addict... I was still used to getting up in the morning and making sure that my flat was tidy, did the housework, paid bills,” *Helen, aged 46*

“I know where things are. If it does get into a shit hole, it doesn’t last like it for very long, definitely not. I’ve always got to know where things are, got to get clean, tidy,” *Liam, aged 37*

Amongst those who were more housework-conscious, some clarified that they were actually very, very particular about cleaning.

“God yeah, that’s one thing I do. I... do clean it [*flat*] every single day. Like Hoover every day, mop every day, everything. [*I’m a*] bit of a cleaner, cleanaholic really,” *Annabel, aged 29*

“I’ve got to watch it sometimes... I’m one of these people that I walk in, if I just see one hair on the carpet, I’ve got to pick it up, and then I see something else and then I’ll go to the corners with the Hoover,”
Carl, aged 47

“I’ve always been, not to the point of sort of mad, but I do like things to be quite Spartan, and I like things to be clean. I don’t like dust, and I do not like grime basically,” *Ted, aged 48*

Across our participants as a whole, meanwhile, individuals tended to pay less attention to household cleanliness and domestic order when they were using drugs chaotically and more attention when they began to recover.

“When I lapse, they [*domestic chores*] get worse. When I don’t use, I get in quite a good routine around the house and stuff. But as soon as I’ve lapsed for a few days, everything goes to pot,” *Louise, aged 34*

“I’ve not always done it [*iron*] when I was using. I never had an iron, but whenever I’ve been OK, I’ll try and iron my clothes,” *Edward, aged 34*

“My washing machine used to go on once a month, all day. Whereas now it goes on once a week, two loads once a week... So I’m getting better, getting a bit of balance in there,” *Stewart, aged 50*

Getting back into the habit of performing everyday chores could nonetheless prove quite a struggle. As Vicki, who was now clean, remembered,

“I couldn’t function [*in early recovery*]. Like I’d go into a supermarket and I’d have a list of what I had to get but I couldn’t get from the list to the shelf to the basket... I sort of started to realise then that maybe I’d lived... on a different planet for many years, and that I actually didn’t know how to live,” *Vicki, aged 45*

In this regard, residential services routinely played a very important role in helping drug users learn how to manage domestic tasks, particularly where individuals had not previously learnt them in childhood or early adulthood.

“In a way, it’s comfortable being told what to do [*in rehab*] ‘cos you don’t have to think about it... Like with your washing, you have a set day to do your washing. So I do it on that day... Whereas usually I can do it

tomorrow, so I leave it 'til tomorrow... I can cook, but I'll cook in an hour, so don't bother cooking. So I find it [*rehab structure*] quite useful,"
Nathan, aged 30

"I also see it [*rehab*] as a kind of stepping stone as well, you know. In between coming from a shelter to getting a flat, it's kind of I can learn to cook and clean and get up in the morning and have a shower, and do the normal things, you know, which I probably would find a lot more difficult if I was on my own at the moment," *Frances, aged 31*

Significantly, some individuals felt that chores such as cleaning, washing up and ironing had useful therapeutic value.

"If I wake up and I feel shit, if I'm not feeling good, I go and do the washing up because I know I'll feel better after," *Stewart, aged 50*

"I always do my washing, it's just part of routine. I'm back into doing what people would class as the mundane things, but to me they're therapeutic to some degree. What else would I be doing, you know, if I was left to my own devices and I was in the other world again?"
Carl, aged 47

Others believed that cleanliness and tidiness were particularly important in terms of having a clear head so that they could think straight in recovery.

"Yeah, I prefer clean. If my room's all messy, then my head feels all over the place," *Chrissie, aged 24*

Managing income and expenditure

Being able to keep house also requires individuals to balance their income and expenditure, perhaps keeping some cushioning, or savings, for a rainy day.

Paid work and benefits

Those in the study had income from a very wide range of sources. Whilst a few had paid legal work (see also Chapter 11), almost all were in receipt of state benefits or tax credits. Most commonly, these included Jobseekers Allowance, Income Support, Incapacity Benefit, Employment and Support Allowance, Disability Living Allowance, Housing Benefit and Council Tax Benefit. However, individuals also received Carers' Allowance, Child Benefit, Community Care Grants, Budgeting Loans and Legal Aid.

Frequently, the mix of benefits received was complex with many participants appearing confused about what exactly their entitlements and incomings were. This was compounded by the fact that there had been recent changes in the benefits system, individuals' personal circumstances (and hence entitlements) often changed, and those working in the Benefits Agency sometimes gave confusing, conflicting or inaccurate advice.

"I don't know what's happening with my money at the moment. I think I'm still waiting for my claim to be transferred over. I'm not sure about that," *Ellie, aged 29*

"The dole put a forty per cent sanction on my benefits for a reason that they couldn't actually tell me. It took me three months of phoning and going backwards and forwards from one person to another to find out why they had even put it on there. They gave me nine different reasons," *Tony, aged 34*

"I'm on this ESA, which is a sort of limited capability for work... Everyone's having problems with it because you get sent for a medical and... unless you're half dead or whatever, you kind of automatically fail this medical, and then they take you off, and then you have to appeal... They [*Benefits Agency staff*] all say different things and they don't seem to understand what's going on," *Ted, aged 48*

Income generating crime

Many of our participants spoke openly of committing serious crimes to raise money for drugs in the past. These crimes included robberies, theft, shoplifting, credit card fraud, benefit fraud, drug dealing and drug production. In addition, several women had worked as prostitutes, escorts or slept with dealers in exchange for drugs. Such activities were, however, generally not considered an option once individuals had had a taste of being clean. As Elliott explained,

“I’m not prepared to go and do crime for it [*drugs*]... I couldn’t... Like my mentality and my view on things in life are completely different... I’ve only ever had that six months [*of being clean*]. It’s sort of given me more of a conscience... I couldn’t go and rob somebody’s house because now I know... them people have gone out and worked for their possessions and I just could not go and do it,” *Elliott, aged 32*

Those who were still using drugs did, nonetheless, report that they sometimes shoplifted, undertook cash-in-hand work, ‘worked’ the benefits system to their advantage, sublet rooms in their homes for additional income, or even scored for others in return for drugs.

“I’m living off my benefits... If any work comes my way, I’ll sort it [*money for drugs*] out that way. If somebody’s up to something and needs a hand, I’ll help them, like within reason like... No criminal activities like, just odd jobs, whatever,” *Eric, aged 39*

“I’m on Incapacity Benefit, Housing Benefit, but I also make sidelines... I have various people that employ me for various jobs – housing maintenance, repairing bicycles and the many other things I can do. Bit of gardening here and there, a bit of this, that and the other. That’s how I survive,” *Tony, aged 34*

Supplementary income and benefits in kind

In addition, our participants adopted other methods of supplementing their income, such as claiming legitimate expenses and lunch in return for voluntary

work, buying and selling goods from charity shops, selling personal belongings, begging, busking, scavenging food from bins, and organising new bank overdrafts.

“Well, the dole and begging and that, and anything I get scoring for people,” *Diane, aged 34*

“*[I]* do the charity shops... I don't think they really have any idea *[of]* the value of things... I've always taken one, well no, four, five, maybe six items of pottery home, that when I get home I'm going to put them on eBay and sell,” *Helen, aged 46*

Individuals also very often received money, gifts or benefits in kind (food, childcare) from family and friends (see also Chapter 5) or had support from charities, shelters and soup kitchens.

“My benefits stopped for four months and my mum kept me for the whole four months, paying my rent, keeping me in food,” *Bess, aged 31*

“When I was in the night shelter I got fed. When I was on the streets, I didn't. I'm not going to say I didn't eat, 'cos I did, but it would only be a sandwich, usually sandwiches from either soup kitchens or shoplifting,” *Edward, aged 34*

Financial outgoings

Those living in residential treatment, shelters or supported accommodation generally had only fairly small weekly allowances for personal items such as tobacco, sweets, soft drinks and toiletries etc. This was to offset the fact that the costs of their accommodation, bills and food were included within their treatment charges. Those living in the community, meanwhile, also often had less disposable income than their benefit levels suggested. This arose because they had fines, debts, rent arrears, unpaid council tax, and loans which needed to be repaid weekly and were sometimes deducted at source.

“I was in a lot of debt. I wasn’t paying my rent. I ended up owing three grand in rent arrears, debts here and there, council tax weren’t ever paid and all that stuff, which I’m paying off now out of my benefits,”
Eddie, aged 30

“We buy our food and all that, and we don’t have a lot left over at the end of it, you know. I have a bit taken out for fines... By the time we take my fine out, and then her [*girlfriend’s*] money out for the loan she had, it takes us down quite low,” *Liam, aged 37*

Whilst only some of our participants still bought drugs or alcohol, all smoked (frequently quite heavily) (see Chapter 4) and this ate into their already limited financial resources.

“I paid rent arrears [*to the night shelter*] this week... I was left with forty-eight quid, and then twenty quid for my fags,” *Isabelle, aged 35*

“I’ve got to spend three pounds a day on tobacco, so that’s twenty-one, that’s forty-two pounds for the two weeks,” *Toby, aged 45*

Debts aside, other outgoings were usually fairly standard and included rent, bills, mobile phone top ups, food, and toiletries. Additionally, many spoke of their financial responsibilities for children or pets.

“Gas, electric, food, cat food. Make sure [*daughter*] has got money really... bills, pay my bills,” *Tamsin, aged 37*

“It’s not easy being on benefits... It’s quite a juggling act to make sure you pay ‘em [*bills*] and got stuff to eat and stuff, but it’s doable... I know now that in order to keep the quality of life going, I’ve got to stay on top of all me bills and me rent,” *Edward, aged 34*

Overall, it would be fair to say that most individuals in the study had very little money left in their pockets each week once essential living costs and

tobacco were deducted. Despite this, spending less money on illicit drugs did open up some welcome opportunities for small or occasional treats.

“Just treating yourself to everyday ways of life as well, you know. Buying yourself, I don’t know, a T-shirt you want, where before you wouldn’t even think about that. It would be if the shelters had anything donated,” *Liam, aged 37*

“When you get the money you like to give yourself one little treat, like maybe a burger or something,” *Toby, aged 45*

“Spending my money on, you know, stuff for the house and stuff. It just makes you happy, I suppose, stuff like that,” *Annabel, aged 29*

Moreover, once individuals began working, they often had extra money for other items. Vicki, Edward and Tom all had full time jobs at the time of their second interviews and explained,

“I need to get a little car to get myself to work,” *Vicki, aged 45*

“Now I’m working, things are more achievable, you know what I mean. There’s things I can do now [*referring to planned short break in Prague*], that I couldn’t do before. I’m just enjoying it,” *Edward, aged 34*

I can treat myself to holidays, and I can buy myself some clothes and buy nice things for the house,” *Tom, aged 35*

Money management

Managing their income and expenditure was a real source of concern to many of our participants. Whilst some worried about not having enough money to pay their bills, debts and other outgoings, others were more concerned that they did not have the necessary budgeting skills.

"I've got no proper skills... like paying bills and stuff like that, being responsible with my money. Things that I should have picked up as I was growing up. But because my life has been so much on drugs, I haven't picked these things up," *Isabelle, aged 35*

This anxiety was exacerbated by memories of how any money they'd had in the past had always immediately been spent on drugs.

"Before, you know, you'd have your payday and you'd use... madly that day or whatever. And then... you're waiting again for the next two weeks," *Annabel, aged 29*

"[When I was using] every penny I had went on heroin," *Edward, aged 34*

"Every month I'd have all these direct debits set up to pay this and pay that, and everything seemed all, you know, nicely packaged. And then I'd blow it every month by spending all my money on drugs," *Vicki, aged 45*

Indeed, many individuals still worried that having spare money in their hands or in a bank account would be a trigger to using (see also Chapter 4).

"To have money in your pocket, that's mad, because money wouldn't last me half an hour because I'd have go and spent it all on gear," *Sorayha, aged 31*

"Having money in the bank is just a big trigger. It's on my mind, I've got money, I can score... Hopefully it's not going to be like this the rest of my life. My girlfriend wants me to save," *Timothy, aged 27*

"My bills get paid straight out of my dole so I don't have to look at them. Because I would totally bugger it up if I did... Because I'd have the money in my hand and I'd think, 'This or drugs, this or drugs', 'Oh, I'll pay it back somehow' or 'I'll just get a bit of this and that'. And then I'd end up spending it all," *Diane, aged 34*

Given such concerns, a number of individuals explained how they spent money as soon as they had it. Others had sought financial advice on budgeting from treatment providers and debt specialists.

"I'm at Citizen Advice Bureau, got a solicitor to see next week,"

Fiona, aged 49

"I've even started sorting my debts out, you know what I mean. I've had this woman from... our local drug place. She's like a financial [person]. She helps you out with your debts and that," *Sorayha, aged 31*

"Well my benefits haven't been even sorted out yet but... I've had to put money in my accounts to try and stop the charges... The [rehab] staff help me... I've gotta go down there for meetings with my bank and that," *Stefan, aged 27*

Some individuals also reported that their ability to manage money, pay bills and deal with paperwork was improving as their drug use ceased and other aspects of their lives stabilised.

"Before I wouldn't open an envelope, never open an envelope, just put it straight in the bin. Now I open my envelopes and try and cope with the paperwork," *Toby, aged 45*

"Everything is set up by direct debit going out of my account. So I'll set it up from when I get paid from the 24th to the 3rd. They all go out in that one week... I've got a little spreadsheet on my computer... So I get paid that much, that much is my outgoings, so that much is how much I've got to spend," *Freya, aged 25*

"I always make sure my bills are paid, which is a big difference... I mean before, nothing ever got paid. But now that, you know, someone's given me a chance, I've got a roof over my head, I'm not in any hurry to lose that... And I'll do what I need to do to keep it," *Bess, aged 31*

In particular, a number of individuals were very satisfied that they had for the first time in their lives started to put money aside and build up some savings.

“I’ve saved up four hundred pounds to buy a new telly for my new place. I mean that’s all unspoken of, you know. Normally that four hundred pounds would have been gone months ago... It’s really good to sort of see differences and stuff,” *Olivia, aged 32*

“There’s all of the, you know, trying to put something away for all the expenses that inevitably crop up, like the car breaking down or the telly blowing up, washing machine flooding the flat. *[It]* feels really nice actually to be saving some money... a bit more secure with a bit of money in the bank,” *Charlie, aged 31*

Summary

Our findings show that drug users live in a wide range of accommodation types and have very diverse domestic arrangements. Importantly, though, their household circumstances are commonly characterised by uncertainty, instability, insecurity, and very low disposable income. Where an individual lives will inevitably affect recovery processes, particularly if the benefits of having support on hand are offset by the dangers of having other drug users living nearby. There are clearly enormous difficulties for individuals who have to live close to dealers and drug sources. Indeed, service providers should remember this when offering both treatment and housing. Nonetheless, it is also necessary to recognise that moving to another area is in itself unlikely to prevent a person from using, unless they are really committed to being drug-free.

Homelessness, including rooflessness, hostel living, and sofa surfing, is very common amongst heroin users. Addressing a drug problem is extremely difficult whilst individuals are without a secure home or surrounded by others who are selling and using. Yet, those living in slightly more stable housing forms – such as supported and move-on accommodation, private rented accommodation, and even council housing and housing association properties

– can face some similar problems whilst also finding that high housing costs and memories of drug use in a particular house impact negatively on their attempts to recover. Conversely, having somewhere settled to live can be an important boost that improves independence, self-esteem and general well-being.

Accommodation stability is, of course, not just about where an individual lives but also their ability to look after their home and keep it functioning. Participants differed widely in terms of their interest and skills in dealing with domestic chores, but there was a general trend towards increased attention to housework as recovery progressed, with some even describing chores as having therapeutic value. It can, though, be hard for individuals to manage a home, particularly if they have never really been taught basic housekeeping skills. Similarly, it can be difficult for them to budget and balance finances – this even more so where they have low and often very uncertain incomes. Here, service providers can be very effective in assisting individuals to sort out their debts and learn the practical skills necessary to manage their finances and a home. Being able to balance the domestic books, pay for some simple treats and put a little bit of money aside for a rainy day are clearly very satisfying milestones for individuals trying to stay clean.

Chapter 11

Filling the void

Introduction

It is widely recognised that sustaining an addiction to heroin is a time-consuming activity. Money has to be raised, heroin has to be purchased and used, the effects need to be experienced, and then the whole cycle must begin again before the withdrawals set in. Entire days will often focus on obtaining and using drugs. Once consumption begins to reduce, individuals can then find that they have large amounts of new time to utilise each day. In this chapter, we explore what individuals do with that time. In particular, we consider how they counter boredom, their experiences of education and employment, and their hobbies, interests and social life.

Dealing with boredom

Most individuals in our study emphasised that boredom could be a real problem once their days were no longer dominated by drugs.

“When you stop taking drugs, you’ve lost that thing you’re doing. So really you need to replace it with something to do. Otherwise *[it’s]* a big void of nothingness,” *Toby, aged 45*

“I didn’t really do boredom *[when using]* and that’s really hard in here *[rehab]*... As someone said to me, ‘As junkies, we don’t do bored.’ Part of it *[recovery]* is learning how to cope with being bored,” *Beth, aged 43*

"I get bored quite a lot... finger tapping time. I struggle with that. I need to be occupied with something," *Debbie, aged 28*

As already noted in Chapter 4, being bored was considered a trigger to using drugs or drink.

"That's why I need to start finding things to do or I just end up using just from being bored... 'Cos, like when you're using, it's quite an active life... When I was using, I'd get up early... go out, make the rounds, then go out selling it. [*It's*] quite a busy day every day you're using. And when you stop using, it's one of them things you've to watch, when you get bored," *David, aged 35*

"I know what's going to be my downfall and... boredom is one,"
Liam, aged 37

"It's boredom as well, you know. Sitting around doing nothing obviously isn't good. You're more then inclined to go out and drink and things like that," *Olivia, aged 32*

Our participants identified a range of situations and circumstances that seemed to increase the likelihood of boredom. These included having nothing constructive to do, having no routine and being lonely.

"[*I'm using*] heroin, not much though, just little tiny bits, a couple of times a week. It's more boredom rather than anything else. Because I'm not working now and I always have worked. So I've got all this time on my hands. So I think it's boredom more than anything," *Tamsin, aged 37*

"Just sitting there doing nothing, watching the telly... It would just take me straight back [*to using*]... Whereas if I probably had something to do, or even if the kids were there to amuse me... I might have gone a few more days... It made it so much easier for me [*to use*] when the kids weren't there, because it was just so easy to say, 'Well fuck it'," *Lauren, aged 27*

“I get bored in the evenings if I’m sat in on my own... I’ve always had a thing about being on my own. I do like to be around people,” *Bess, aged 31*

Although a number of individuals new to residential services anticipated that the routine and structure of these settings would become repetitive and boring, those who had been there longer reported that there was so much going on and so many people to talk to in treatment that boredom was not really a problem.

“You haven’t got time to get bored in this place [*rehab*]. You’re that busy on your feet. I don’t know how anyone could get bored in here,”
Ellie, aged 29

“It does get boring, but there’s people around to talk to and have a laugh [*with*],” *Nathan, aged 30*

Indeed, those in residential services were generally more likely to complain of boredom if they were given too much unstructured (rather than too much structured) time.

“The weekend I spent here [*in rehab*], it really dragged. I hate the weekends because there’s too much time on our hands. I’ve got nothing to do and when I’ve got nothing to do, that’s not good for me. That’s not a good time,” *Debbie, aged 28*

“Some days I get really bored. Not really in the week. I find Monday to Friday goes really fast. And then Saturdays and Sundays, I get so bored some days,” *Chrissie, aged 24*

Looking to the future, a small number of individuals worried that a life without drugs might be boring.

“What do you get at the end of it [*giving up drugs*]? You get, you know, you get to be a member of the rat race, getting up in the morning, going to work, coming home, having your tea, watching *Emmerdale*, going to sleep. Fuck that. It’s crap, it is boring. I don’t care what anybody says, it’s boring. It don’t matter whether I’m 32 or 55, it’s still gonna be boring,” *Elliott, aged 32*

Others felt that a boring life was better than the misery that heroin had brought them. Moreover, a boring life could actually be quite a contented life.

“Of course, I do [*get bored*]. Who doesn’t? I do get bored, yeah, but then I’ve got to think, ‘Well I’d rather be bored than lying out there smashed out my head, worrying about what I’ve done... who I’ve offended or who I’ve stolen off,’” *Carl, aged 47*

“[*I’m*] quite content, quite happy with the way things are... Some people find it a quite boring life [*being drug free*], but I’m happy as I am. I’ve got like my little hobbies, like my fish. I keep fish, know what I mean?”
Kevin, aged 25

Many also took measures to ensure that they did not become bored. Sometimes this involved doing anything to prevent ‘stinking thinking’.

“I don’t allow myself to get bored. I think that’s something you have a choice over... It’s almost like that’s your choice if you’re bored... And if you’re bored, you’re sort of wasting time. Yeah, [*I’ve*] got a totally different philosophy on life now,” *Stewart, aged 50*

“I think keeping meself busy, it does do something for your recovery, definitely. Moping about just gets you stinking thinking,” *Sorayha, aged 31*

Others identified particular activities to keep themselves occupied. Examples included paid or voluntary work, attending drug services or peer support groups, doing something physical or educational, domestic chores, watching TV, or even just pampering themselves.

“I try not to let myself get bored. I try and have, you know, enough to do in the week, to not get bored... When I do get bored... I go out and have a walk, go out for a bike ride... I won't let myself get bored, because I know that's when, you know, you start thinking,” *Liam, aged 37*

“Occasionally I go for a sun bed or sit and straighten my hair or curl it or something. It all comes down to boredom. Got nothing else to do, you might as well sit and wax your legs,” *Louise, aged 34*

We return to many of these activities in more detail below.

Working towards recovery

Education and training

Most individuals in our study had left school at sixteen or before, often with very few academic qualifications. The accounts of Tony and Isabelle were not atypical.

“Education? No, I couldn't handle school. If you've got a dysfunctional home life... I couldn't handle school. I basically went into school as the funny person. I just wanted to fit in. I told lies.... My parents lied so it was OK to lie. I people-pleased... Actually I ran away from school when I was thirteen because I hadn't done my homework one night... So no, I didn't finish education. I left school at fourteen basically and just skipped school,” *Tony, aged 34*

“I left school when I was fifteen. I got put in one of them special units but I didn't go, and they didn't care... It suited me to doss so I got no education whatsoever,” *Isabelle, aged 35*

Despite this, four of our participants had been to university (two leaving with degrees) and many had gone to FE colleges, often still using drugs whilst studying.

"I'd left school and I'd started a catering course at the college of further education... [*'d*] be smoking the odd wacky baccy and doing the speed, and then just like chill out, coming down on the Sunday, ready for college on the Monday," *Helen, aged 46*

"I like learning. I've been to courses... Access2 courses, drug courses, philosophy courses, you know. I like learning, I like education," *Carl, aged 47*

At the time of their interview, several individuals were currently studying, including basic literacy and numeracy, introductory level counselling, and more advanced job-specific training.

"[*I've*] started a college course and am looking into starting another college course in January to become a counsellor. Well, it's a counselling concepts course, which is the first course to becoming a counsellor," *Chrissie, aged 24*

"I sat them [*GCSEs*]. I sat about three or four of them, but I failed them. I'm doing education at the moment here [*in rehab*], so hopefully I can get on top of my reading and writing," *Ellie, aged 29*

Individuals explained that attending college had many benefits, particularly enabling them to re-establish some structure in their lives, pleasure and enjoyment, boosting self-confidence and self-esteem, and improving their future employment prospects.

"I handed my first assignment in today and passed. And I'm like over the moon about it because I've put so much effort into it all, and it does mean a lot to me. I just want to make something of me, do you know what I mean...? I always suffered with [*lack of*] confidence. I think it's from using drugs, you know... And I thought it [*college*] would have built my confidence. I thought I might have learnt a bit about myself and I definitely have, you know. I'm glad I've done it and along the way I've started enjoying it," *Bess, aged 31*

"I'm doing training to try and get me into a job in the care services. So I'm doing a course with [*name of local drug service*]. Training sort of on... policies, procedures, all them different sort of things," *Kevin, aged 25*

Paid jobs and voluntary work

Very few of those in our study had not worked at all. It was more often the case that individuals had done numerous jobs. These were, however, often casual, cash-in-hand or temporary, with participants reporting that they turned their hands to anything. As Oliver and Luke explained,

"Anything from fitting double glazing, carpet fitting, building, whatever was going to be honest, any old job... I don't have any qualifications, but I can do most things," *Oliver, aged 31*

"I've done all sorts. I've done everything. I've done litter picking, I've done foundry work... I used to fit air conditioners. I was a machine operator at a factory... When I was younger I was out with a shovel labouring, painting, decorating... I've done so many jobs... welder as well... I always used to say, 'Jack of all trades and a master of none'," *Luke, aged 34*

Although our participants frequently discussed having unskilled or semi-skilled jobs, some men had had trades (such as carpentry, building, plumbing, and painting and decorating). Additionally, a small number of men and women had had a profession or owned their own businesses.

"I did a hairdressing course. I passed that, but then... as I just passed my hairdresser course, my mum decided that it would be a good idea for us to open a business together in [*name of city*]. I thought, 'Yeah, that'll be good. I'll do that'... It was a tanning salon, so I moved down with my mum," *Debbie, aged 28*

"I've never known what I've wanted to do, apart from have my own company. Well I've had my own company... which was a very good company... made a lot of money, but that all went pear-shaped because of friends, drugs, money, jealousy, you know. And I also made quite a lot

of money in my life like with property, but now I've kind of gone, I've lost the plot," *Toby, aged 45*

When individuals talked about why they were no longer working, they described being unable to cope with the stress, being sacked, being made redundant, and getting bored with the work. Frequently, they said that their drug use was the underlying reason. As Olivia told us,

"I was sacked for not being able to get up, not being able to get there. [*I'd*] probably been up smoking crack, not gone to bed until late... I'd try. I'd set my alarm and I'd think, 'Right, I've got to get up', you know. I'd wake up at like eleven o'clock and think, 'Shit', you know, 'Didn't hear my alarm, didn't hear my phone'... It's just your brain is so zonked," *Olivia, aged 32*

At the time they were interviewed, very few individuals had paid legal employment. Most were claiming out-of-work benefits, although some were still doing casual work on-the-side (see also Chapter 10). Interestingly, those who were doing paid work (legal or on-the-side) routinely enthused about how much they enjoyed their jobs.

"My mum was a cleaner, and my sister, both my sisters. And we've just all been brought up, we used to go to work with my mum like cleaning and that. So I've always like cleaned... I love cleaning, I do, really. Lots of people don't like doing it. I don't so much like doing my own, but I love doing other people's houses," *Annabel, aged 29*

"And then I got into construction and builder's labourer, like carrying bricks, being a hod carrier, carrying bricks and blocks, and I loved that job and I did that all the way up until September last year," *Owen, aged 30*

Besides enjoyment, some of the key benefits of paid work were having opportunities for social interaction, keeping busy, additional money, improved self-worth and confidence, and work being generally good for recovery. Tom neatly captured many of these benefits below,

"I think my work has really helped my recovery... because I get a real sense of satisfaction and self-worth from my job as well, I really do. It's stressful but it's really rewarding," *Tom, aged 35*

Individuals who did not have paid employment often reported that they did not currently feel stable enough to undertake full-time work. Instead, they preferred to do voluntary jobs, such as helping out in shops, gardening, restoring furniture, and assisting at drop-in centres for other drug users. Voluntary work had many of the same benefits as paid work, but could also increase future employment prospects and enable individuals to feel as though they were giving something back to society.

"It's just basically café work, just helping out 10 am until one on a Monday. But then, if I get on well with them, because I know two of the women in there..., they should do up my hours until I get a job basically. And they're going to write me a reference as well," *Eddie, aged 30*

"I went out of my way to get this voluntary work with [*name of local charity*]... It's because... you do get a lot of thanks from the people... you get a lot of self-worth. And at the end of it you see what you've done, you know. You actually get the satisfaction of seeing something you've made nice. Like gardening, seeing a nice garden blossom and seeing everything grow because you've done it," *Liam, aged 37*

"Well I used to go to [*name of local drug service*] as a service user myself and, when I stopped going, I suppose I wanted some way to say 'thank you' to them and to give something back. So I asked [*name of service manager*]... and then he said, 'Why don't you think about volunteering? Just come in and out in the drop-in', sort of thing. So I've been doing that for four months, I think," *Edward, aged 34*

Hobbies and interests

Aside from going to college, working and volunteering, we wanted to know how else those in the study spent their time and avoided boredom. We therefore asked them about any hobbies or interests they had. Their responses seemed very similar to those we might expect amongst any group of adults.

Chilling

Watching TV was clearly a major pastime. Not everyone had or wanted a television, but many said that they enjoyed watching all kinds of programmes. *Jeremy Kyle*, *The Wire* and soap operas were all common favourites.

“I like the *Jeremy Kyles* and that... Seeing all the different people on there, and all their problems, and they're airing it on national TV,”

Louise, aged 34

“I watch everything. In the mornings, I watch like all the *Car Booty*, *Homes Under the Hammer*, and *Flog It* and all that lot. And in the afternoon I watch *Murder She Wrote*, *Come Dine With Me*, then like *Neighbours* and *Home and Away*. *Home and Away* is not on at the moment. *Emmerdale*, *EastEnders*, *Coronation Street*,” *Annabel, aged 29*

Listening to music, of all types, was also important to many in the study.

“I just sit and zone. Watch TV, listen to music, you know. I've got a digi-box and all that, surround sound system,” *Eric, aged 39*

“I'm more a music person, but I even do that addictively. I listen to music until I hear a tune that I really love and I'll play it over and over, something that will make the hairs on the back of my neck stand up. And then I play it over and over again until it stops working... then move on to the next one. I've got quite a lot of music, haven't quite run out yet,”

Stewart, aged 50

In addition, a very small number of men said that they liked to play computer games.

"[I play] the games that my parents got me. My mum had one at Christmas, a DS, and I played her brain training and I enjoyed it... I didn't really want to get money for my birthday because I would just spend it on drugs, so... my parents got me a Nintendo DS and two games which was cool," Timothy, aged 27

Being physically active

Whilst they liked to 'chill', our participants also enjoyed being physically active. For example, they talked about walking, running, cycling, swimming, going to the gym, and playing racket sports.

"I do circuit training on Tuesday, cardio work at the gym, not so much heavy weights these days, I just do light weights, but a lot of road running as well... I love running," Tom, aged 35

"I enjoy going to the gym. I started going when I was at the shelter and that was good... I don't mind swimming, yeah... Swimming is good too... Let off a bit of steam, a bit of tension," Frances, aged 31

They also discussed fishing, dancing, aerobics, horse-riding, archery, motor sports, surfing, sailing, tai-chi, and yoga etc.

"Fishing, I've been doing... I used to fish when I was a child and I started again when I was about 26, 27. [Name of ex-girlfriend] bought me a fishing rod. I didn't use it for a year and then she told me I ought to go and use it on a fishing holiday for a week. And then I was hooked, excuse the pun, and then I was fishing every night," Tony, aged 34

"Surfing and horse riding, running... I find if I keep myself physically fit, then I don't want to use," Chrissie, aged 24

“Yoga is wonderful... I do yoga once a week with the teacher in the [residential] unit, and he’s wonderful,” *Ted, aged 48*

Some individuals said that they did not do much sport whilst they were using drugs heavily.

“No, I had enough exercise fucking steaming up and down from the dealer’s house to my house all the time,” *Eddie, aged 30*

Others said that they had always been fairly sporty, even during quite heavy periods of drug use.

“There were periods while I was using quite heavily, but still playing squash once a week,” *Charlie, aged 31*

Apart from taking drugs, individuals noted that the cost of some sports made it difficult for them to participate.

“Well I was horse riding. I was riding once a week, which my parents were paying for... I don’t know, I don’t really like taking money off my mum and dad, even though it’s how they feel they help, yeah. So I’d quite like to go horse riding again, but it’s very expensive,” *Tamsin, aged 37*

In addition, some said that having nobody to do sport with could be a problem.

“I like mountain bikes, I like all sports really, but it’s finding people to blimming play with you,” *Eddie, aged 30*

Exercising the mind

The body was not the only thing our participants liked to exercise. Many also enjoyed keeping their mind active. Reading could be difficult whilst they were battling with withdrawals and cravings, but was often enjoyed once detoxing was over.

"[I] always get a paper, always read the paper or read a book... I was getting them [books] from the library... It's concentration and that, when I was on smack. I wasn't really bothered about anything like that really," *Louise, aged 34*

"I have started reading. That's something I have started doing again, because I do enjoy reading. It's weird. It's just something you would never do, even if you're bored, when you're using. You wouldn't do it, because your mind is not in that space to want to do it," *Liam, aged 37*

Indeed, our participants read all kinds of books including autobiographies, self-help manuals, science-fiction, and academic texts.

"I've read quite a few autobiographies, but they have to be people that I'm interested, or I think I'm interested, in... This book, I mean, it's a really thick, big, thick novel... I thought that I wouldn't be able to read it and I'm about halfway through it now, and I quite look forward to bedtime to be able to continue with it," *Beth, aged 43*

"I read a lot of bits of a lot of stuff... Philosophy is quite an interesting subject," *Edward, aged 34*

A small number of men, meanwhile, described being interested in fixing and building computers.

"I love to take apart computers. That's another thing. I fix people's computers... With computers it's different now, you just replace the part, but I can fix it, make it run better and all that stuff. It's an interest," *Carl, aged 47*

And several individuals explained how they liked to keep up-to-date with current affairs.

"I keep the radio on. I always listen to the World Service or Radio 5. I like to know what's going on," *Helen, aged 46*

Being creative

Our participants additionally described more creative interests. For example, as well as listening to music, some liked to play instruments or mix music. Others talked with great enthusiasm of activities such as gardening, knitting, woodwork, painting, drawing, and writing.

“I love gardening at [*rehab*]. They’ve got an allotment, so I’m going to ask for... allotment duty every day. To be able to do art and things. I need a creative outlet,” *Tamsin, aged 37*

“I’ve been carving... I’m doing a sculpture, a little, not a bust, but a little, it’s a bit [*of an*] African sort of design,” *Edward, aged 34*

“I’m drawing at the moment. I like pencil drawing... just learning different skills at the moment... I have designed a CD cover for the night shelter... They want me to help them do a mosaic and that, with the other residents. And they always come to me if they want anything done with art. [*I’m*] always getting notes under the door, asking me if I’m free to do something for them,” *Isabelle, aged 35*

“Whereas you might not be able to say it or might not want to talk about it, you can express it in your [*art*]work... It kills time and when you’ve got a paintbrush or knitting needles in your hand, you haven’t got a crack pipe or an injecting kit,” *Owen, aged 30*

Being sociable

On the whole, being sociable was not identified as a major pastime amongst our participants and we therefore consider having a social life separately below. Despite this, some individuals did report that they enjoyed spending time with friends and several said that they liked to stay in touch with people on Facebook. Freya, for example, explained that she lacked the energy and motivation to be very active and seldom had the money to go out. Instead, she would rather,

“just go visit people, go around friends’ houses and stuff like that, to be honest. Might sound boring, but I like it... Just getting a bit old before my time, I think. Put my slippers on, get my cardigan on, and go and sit upstairs on Facebook,” *Freya, aged 25*

Managing a social life

As indicated in previous chapters (Chapters 4, 5 and 10), individuals in our study often emphasised how important it was for them to avoid drug users and dealers if they were to progress their recovery.

“I’m just completely sort of blanking them, you know... People have tried to involve me in their little stories and, you know, I’ve just said, ‘No, I’m not interested, I’m walking away’.” *Ted, aged 48*

“I did learn to keep myself to myself... [I] try not to get involved with people,” *Annabel, aged 29*

“It’s just avoiding danger really... knocking around with the wrong people... I stopped seeing all the people I knew that used,” *Eddie, aged 30*

Effectively, this meant breaking ties with many of those who had previously been part of their social network, but one common consequence of this was isolation and loneliness.

“I feel like Billy-no-mates some of the time. Whereas there’s always people to hang around with when you’re using,” *Nathan, aged 30*

“My choices of seeing people are excessively limited. So I’ve only got a choice of about one or two people, one person really [to go and visit]. So, you know, I can’t keep seeing them all the time. It’s quite hard to entertain yourself sometimes,” *Toby, aged 45*

Whilst some individuals seemed quite content to spend time alone, most recognised that they needed to develop a new circle of friends comprising people who were non-users and therefore 'safe' to be around. As reported in Chapter 5, some individuals had already begun to fill the social void in this way.

"I've got a few friends and that, but they're all linked to like college, you know... I know them all from college really and... the day centre that I go to... I wouldn't say it's fantastic, you know... I suppose it's better than it was," *Bess, aged 31*

"I think the [NA] meetings for me at the moment are more kind of social, to go and see people that I've met through [name of rehab] and met through going to the rooms," *Neil, aged 37*

Developing a new social network was not, however, easy and individuals often resigned themselves to the fact that it would inevitably take time.

"I struggle socially...I only started going out not long ago and it scared the hell out of me...but I'm getting better at that now," *Toby, aged 45*

"It's just difficult because it's so easy to slip into what you know. Like relating to people who use... So [you have to] brave yourself up and have the confidence to talk to people who don't use," *Liam, aged 37*

Summary

Boredom is a serious problem for recovering heroin users since it is often a trigger for using drink and drugs. Despite some concerns that both the routine of residential treatment and life without drugs would be boring, these fears tended not to be realised. Instead, the structure of residential treatment was generally deemed helpful and even the more mundane aspects of living without heroin could bring contentment and relief from the misery that drug taking commonly brought. Furthermore, participants in our study frequently

recognised how inactivity, lack of routine and loneliness could lead to boredom and so deliberately engaged in activities to keep occupied.

Paid employment is one obvious means of staying busy in a meaningful way. However, those who use heroin often (although not always) have few academic qualifications, limited skills and poor track records of legal work. Full-time paid employment may therefore be desired, but will not necessarily be easy to obtain. It can also seem somewhat overwhelming in early recovery given the many other stresses and changes commonly experienced. Engaging in further study or participating in voluntary work may consequently be more realistic, at least in the short-term. The heroin users in our study demonstrated a strong desire and willingness to study and expressed great pleasure in doing unpaid work that improved their employment prospects and helped others. It seems sensible then to encourage as many heroin users as possible to use college and voluntary work as ways of keeping busy, finding satisfaction, developing a sense of self-worth, and progressing to future employment opportunities.

In addition, we need to enable heroin users to develop and maintain hobbies and interests that can prevent boredom and keep them away from drugs. Those who have drug problems are in this respect no different from other members of the general population. They will enjoy relaxing with television, music and computer games; participating in sport and exercise; reading, fixing computers or following current affairs; being creative or artistic; and spending time with friends etc. Often these activities will become easier as drug use ceases and the ability to focus and concentrate returns. Yet, hobbies and interests are frequently best enjoyed when done with others. Building up a good social network of non-drug using friends is crucial to those in recovery, but can be a very slow process that takes patience, time and effort.

Chapter 12

Thinking about the future

Introduction

Looking into the future can be both exciting and daunting. The road ahead can be paved with challenges, hurdles and setbacks, but also opportunities for achievement, pleasure and the realisation of goals and dreams. In this chapter, our participants each pick up a crystal ball and tell us what they feel and see as they hold it in their hands. They repeatedly talk about wanting to be ‘normal’. They also tell us how they believe they have already changed and grown since starting their recovery journeys.

One day at a time

Not surprisingly, perhaps, many individuals in the study said that they found thinking about the future rather overwhelming and scary. As Luke and Vicki explained,

“I’ve got enough on my plate at the moment without having to worry about what’s happening a few months down the line... I’ll cross that bridge when I come to it,” *Luke, aged 34*

“If I let my head run away with me, it’s a very scary place... If I allow myself to go too far, then it is very scary, and I don’t know what I’m scared of,” *Vicki, aged 45*

Because of such anxieties, individuals often preferred to take one day at a time, a strategy very commonly advocated within 12-Step Recovery.

“I’m just taking it one day at a time for now, not making big plans for the future yet,” *David, aged 35*

“I don’t wanna look too far ahead. I take it as I see it, take each day at a time,” *Helen, aged 46*

Indeed, some felt that the future would take care of itself so long as they kept doing what they believed to be right in the here and now.

“I think the future will take care of itself. Maybe I’m wrong, but keep doing the right things and it will all come good,” *Edward, aged 34*

Moreover, the present potentially had much to offer if only they stopped worrying and tried to enjoy it.

“Contentment is what one always strives for, you know. If you worry too much about the past and too much about the future, you’re never living in the present, which is my problem,” *Toby, aged 45*

Hopes and goals

Despite this evident reluctance to think too far ahead, our participants still identified a wide range of future hopes and goals. These related to their drug use, employment, relationships, housing, activities, possessions and general happiness.

Being clean

Without a doubt, one of the most common hopes discussed by our study participants was to be drug-free. For those still using heroin or prescribed opioids, this meant stopping their use of these drugs. For those who were no longer taking opioids, this generally meant staying off them.

“Learning to deal with life without having to use drugs... to mask it all,” *Tony, aged 34*

“My hopes for the future is that I don’t pick up drugs. And like I said earlier, anything that comes on top of that is a bonus, absolute bonus,” *Vicki, aged 45*

Some individuals did not, however, want to be completely abstinent from every drug. Instead, they wanted to be able to drink and even use non-opioid drugs in a controlled and non-problematic way.

“...to be able to have the occasional joint and the occasional drink without it ever getting out of control, that would be nice,” *Oliver, aged 31*

Getting a job

A second major aspiration was to secure full-time paid work. In this regard, our participants commonly talked about finding a career, a profession or at least a job that they would enjoy.

“I’d like to have a career, and be able to cope with a career,” *Toby, aged 45*

“My hopes are to have a job that I enjoy doing. I don’t wanna end up down Tesco’s stacking shelves,” *Beth, aged 43*

One kind of job that particularly appealed was working in the drug treatment sector. Here, individuals felt that they had lots of useful experiences and knowledge to share, would not be penalised because of their past drug use or criminal behaviours, and would be able to give something back to the services that had helped them.

“What I want out of life is to help others, to help other drug users, and tell them there’s a lot more out there, there is help, and there is people that care about drug users and helping them get clean... Because I’ve got experience in that field where I am an ex-drug user, and I think I’d be able to advise and help people go down the right track,” *Ellie, aged 29*

“Someone said about sort of being a counsellor, basically to people that were still using drugs and that. And I just thought, ‘Well, you know,

why shouldn't I give something back out of what I've gained?' So it's something I'm gonna look into, definitely," *Lauren, aged 27*

When individuals felt that they were perhaps not quite ready for paid work yet, they frequently identified voluntary work or education as important interim aspirations (see also Chapter 11).

"I want to get into voluntary work. If I get a few weeks voluntary... or a few months, even. If I like it, I'll just keep doing it... I need some experience... so hopefully that will keep me busy and I'll do what I want from there," *Bess, aged 31*

"[I] hope to do some kind of, maybe go to college... Get some skills, maybe go into, I don't know, train as a nurse, maybe even. This is just early days thinking, but possibilities, you know. I don't really know exactly what yet. It's too early for me to say. I can only think about getting through today, let alone anything else," *Debbie, aged 28*

Rebuilding relationships

Relationships also formed a crucial part of our participants' hopes for the future. Many non-resident parents were desperate to see their children more and to live with them again. Parents also spoke of wanting to establish better relationships with children, being a good parent, and wanting to watch their children grow up into happy adults.

"I hope my son grows up proud of his dad, instead of [*ex-partner*] having to tell him that his dad chose heroin, his dad, you know, didn't love him enough to stop his heroin addiction," *Tony, aged 34*

"Just being there for the kids completely... Making the most out of our own lives. Doing... everything we can... just living life to the full really. Being a proper mum and being sober for the rest of my life," *Lauren, aged 27*

“I want my children to, you know, feel comfortable with me and feel, you know, that they can rely on me and I’m a kind of, that I’m a good example,” *Ted, aged 48*

Those without children often discussed wanting to have children at some point in the future and this was frequently linked to desiring a compatible partner and being part of a happy and loving family.

“Basically I’d like a wife and kids and someone to love and someone to love me. [*That would*] be nice,” *Nathan, aged 30*

“Family, decent woman, family. That’s about the biggest hope really, and to... have a good life with them, you know. Just really what most other people want but don’t sort of spend fifteen, twenty years wasting around before they try and get it,” *Oliver, aged 31*

Some also talked of wanting to improve relationships with parents, siblings and other relatives.

“I’ve hurt my family quite a lot emotionally... I hope I can build that back up with them,” *Sorayba, aged 31*

“My hopes are really just to be there for my family. Mum and dad are getting older as well. Mum and dad will be retiring. Just be there as a son, to spend some good quality time with my family, brother, nieces, all of my close family. To be there for them,” *Tom, aged 35*

Furthermore, some said they wanted to build some strong and trusting friendships.

“My hopes are just to try and be, just content, I suppose. Have a few mates, be free,” *Nathan, aged 30*

“To have a group of friends that are true friends... not just a load of people feeding off of each other... to have some true friends,” *Beth, aged 43*

Setting up home

As part of their desire for a happy home life, our participants additionally often wished for stable accommodation.

“I would like to be in a nice house, have both of my children with me, be with a partner, you know. Have that perfect little family that everyone dreams of,” *Bess, aged 31*

“I want a nice house with my kids. ‘Cos I used to have nice houses, proper nice houses. I want a nice house for me and my children, that’s what I want,” *Louise, aged 34*

“To have a little house of my own one day with a little vegetable patch and herb garden, with a partner and children. That’s it, that’s what I want,” *Debbie, aged 28*

Doing nice things

Individuals simultaneously talked about things that they wanted to do, such as trying out new activities, enjoying hobbies, going on holiday or travelling abroad.

“Going to the theatre, getting a passport, going abroad, nothing too grand, just little things really. But... doing those little things will open up... the door to more stuff,” *Vicki, aged 45*

“I wanna go to India... I would love to see the pyramids, love to see like the Niagara Falls and that... I’d love to go to like Africa and see lions and elephants and rhinos. And stuff like that I think would be brilliant, yeah. Might even ride horses again. I’m a bit of an adrenalin junkie really. I’d love to jump out of a plane, and just plummet through the air. I think that would be brilliant, yeah, do bungee jumps, go to New Zealand, I’d go anywhere really,” *Nathan, aged 30*

Owning material possessions

Whilst a few individuals said that they would like to have a car, items for their home or a little more money so they didn't have to worry about buying food and paying bills, nobody seemed particularly materialistic. Indeed, some explicitly said that they did not really want money or material possessions.

"To have enough money for food and things, get a house, car, you know. Only what everyone else in this country wants. Nothing more,"

Oliver, aged 31

"[I'm] not like really money-orientated. When I say I want a career, I want to go quite up in a career, but not for money... it's not for money for me. It really isn't. I want to be secure. Being rich doesn't really, it's not a big part of me, know what I mean," *Kevin, aged 25*

Finding happiness

More often, individuals emphasised how much they simply wanted to be happy and to be able to enjoy life without drugs.

"Just to be happy in myself really... Because I think if I'm happy in myself, then that will bring other things to me, or I will be more open to, more accepting to, I don't know, better things and nicer people,"

Tamsin, aged 37

"Just like to be happy. Yeah, happy without having to take drugs and stuff," *Nathan, aged 30*

"My hopes are to be happy, without drugs or alcohol, easy as that," *Beth, aged 43*

Fears and concerns

Alongside their hopes and goals, those in the study discussed many fears and concerns for the future. Frequently, fears and concerns related to not achieving their goals above.

Relapsing and returning to old behaviours

Our participants worried about relapsing and returning to old drug-using lifestyles and behaviours.

“I’m concerned I’ll be on heroin for the rest of, or an opioid substitute for the rest of, my life. That’s a big concern... I have a concern that my life won’t really progress,” *Timothy, aged 27*

“I’m concerned about whether I’m going to use again, whether I’m going to be strong enough to stay off it... I’m concerned about never using again, full stop,” *Debbie, aged 28*

“Obviously my main concern and the most important concern and priority is not to go back to my old ways, you know, and doing everything that I can to avoid that happening,” *Carl, aged 47*

Work worries

Individuals were also concerned about not finding work, particularly a job that they would enjoy, and their careers not progressing.

“Not having any qualifications and a trade... Everyone wants experience... That does my head in a bit... especially at my age as well, when there’s 21 year-olds, 25 year-olds going for the same job,” *Oliver, aged 31*

“Where am I gonna go, you know? What career path am I gonna take?” *Olivia, aged 32*

“Then my other concern is my career, whether that’s going to progress in the way I’d like it to,” *Charlie, aged 31*

Family concerns

Many worried about not being good parents, their children developing drug problems, it being too late to have children, and not finding a stable partner.

“The idea that I might really struggle with the children at the end of the day, that’s my only real concern,” *Lauren, aged 27*

“My age worries me. I would love to have a family. That’s the one thing I’ve always wanted. So it would be nice to have a girlfriend one day, because it’s natural. I think it’s natural... I’d love to have a family, but maybe I’m too old for a family... There are concerns obviously,”
Toby, aged 45

“I’d like to meet someone and settle down. Get a job, maybe have kids one day and just have a settled life. And it does concern me that that might never happen, or that I’m too late, you know, I’ve missed my chance for a lot of things,” *Nathan, aged 30*

In addition, some were anxious that they had permanently damaged their relationships with parents, siblings and other family members.

“Concern that my family will never come back to me,” *Chrissie, aged 24*

“I’m concerned that I won’t build adequate, you know, put bridges across relationships with my family,” *Beth, aged 43*

Others worried about the health of relatives, including relatives who used drugs.

“I’ve got concerns for the future because I’ve got an ill mum that’s dying and she’s still using [*drugs*]. That’s a big concern of mine. I’ve got a sister on drugs and I don’t want anything to happen to her. That’s always going to be a concern for me,” *Stefan, aged 27*

Housing and loneliness

Housing was equally a worry. However, this was less in terms of where they would live than with whom they would live, and particularly whether or not they would be lonely.

“My only concern is have I done enough while I’m in here [*rehab*] to keep myself safe out there [*in the community*]? And... making the right choices about who to move out with. Because sometimes I look around and I think, ‘I ain’t going to live with him, him, him, him, them, them, them’. There’s a couple of people in here [*rehab*] that I get along with, but to live with them in a shared house out there with them, are they going to be safe enough in themselves to keep me safe and am I going to keep them safe?” *Luke, aged 34*

“[*I’m*] a little bit scared about what will happen after I leave here [*rehab*] really. Where I’ll be... I’m scared of being lonely, you know,” *Frances, aged 31*

Being in debt

Some individuals were anxious about not having money to pay bills or clear debts.

“A bit apprehensive about, you know, bills and things like that... the bills and things like that. Just getting used to it again,” *Liam, aged 37*

“I do worry what’ll happen when I get out of here [*rehab*], ‘cos I can’t budget and things like that. I’ve got loads of debt as well. That worries me,” *Nathan, aged 30*

Being unwell

And others agonised over their own personal health problems.

“I’ve got to have a hep C, hep B, whatever it is, test done. I’m worried that I’ve caught something. No proof or anything. It’s just in my head.

It's always in the back of my head and until I get tested and clean, then there's always a chance," *Owen, aged 30*

"I can be, 'Oh my God, I'm going to die one day'. And get really quite scared about it all... And I do sometimes think, not so much today, but in the early, early days, 'I've done all this. I've got bloody clean. I bet I get bloody cancer or something and I'm going to bloody die'," *Vicki, aged 45*

Wanting to be normal

As individuals reflected on the future, they consistently referred to wanting to be 'normal'. By this they clearly meant experiencing both the positive and negative aspects of everyday life. For example,

A family, a home and some possessions

Many individuals said that being normal involved having a loving family, a secure home, and a few material possessions. It did not mean being excessively wealthy.

"Just live normal... live in a nice house with my kids, maybe by the sea, watch my children playing by the sea, going to school and doing nice things with my kids, watching my kids be happy," *Diane, aged 34*

"The car, the little house, the holidays and, you know, wanting what... 'normal' people have," *Sorayha, aged 31*

Work and everyday activities

Having a paid job was also central to being normal, even if this job was fairly mundane.

"The norm is, I suppose, getting up in the morning, going to work, you know. Doing this, doing that... you can go home and you can actually cook a meal because there's food in the cupboard, where before

you'd go home and there was nothing. You'd be lucky to have a cup of coffee," *Liam, aged 37*

Others said that normality meant doing routine domestic chores. These included cleaning, keeping on top of the laundry, going to the supermarket, paying bills, and being responsible with money.

"[I] went to Tesco, did my shopping, fruit and veg shopping, toiletries and stuff. So my routine at the moment is pretty normal, average for a normal human being," *Tony, aged 34*

Equally, normality was taking pleasure in very simple activities, such as visiting friends, going to coffee shops, watching television, going away for a few days, or pottering about at home alone.

"So that's a typical Saturday... Sometimes we might go to an NA meeting, not always, or we go around a friend's house, have a meal, go to the pictures. Sometimes we just stay at home, but that's OK. I suppose really I'd always sort of craved this normal life, and sometimes if I am home and I think, 'This is really boring and shit', I think, 'No, hold on, this is normal life'... I lived in the fast lane for too long so I have to appreciate moments of down time and just appreciate that I can do that, even if it is a bit boring," *Vicki, aged 45*

Emotions and body functioning

Experiencing emotions, both positive and negative, was additionally identified as evidence of being normal. These emotions included happiness, confidence and pride, but also sadness, guilt and stress.

"You just have to come to grips with all the pain and stuff that you've caused family, and yourself, you know... Your emotions genuinely come back when you're detoxing... Your body basically starts working normal again," *Olivia, aged 32*

“A couple of times a song has come on that’s got memories attached. I’ve been emotional... which again is novel... I’m alright about it at the minute; it’s nothing overwhelming. I think it’s just normality,” *Edward, aged 34*

Normality likewise meant returning libido, regular bowel movements and menstruation, regaining weight, having energy, and feeling ‘well within themselves’.

“Heroin, you know, has an almighty affect on like your bowel system... My digestive system, my bowel movements and stuff... that took me about eight months before it started getting back to normal, and even still sometimes now it’s not like how the most normal average person should be,” *Olivia, aged 32*

“Once I just get even one day of feeling, you know, ‘God I feel normal, I’ve got energy, I’m not scared’. I know it’s gonna take a lot of work,” *Leah, aged 38*

Some individuals noted that even negative and unwelcome bodily experiences, such as feeling pain or noticing that they had a cold or sniffle, were valuable reminders of returning normality.

“I get them [*colds and sniffles*], not any more or any less than anybody else. I just get them. I get a cold when the winter hits. I get a cold when the summer hits... I don’t think about it, it’s just normal,” *Kevin, aged 25*

Drug use

Importantly, some individuals described normality as *not* experiencing withdrawal symptoms and consequently not needing to obtain drugs or money for drugs.

“You wake up and you feel OK. You don’t have to then go and drink something or smoke something or inject something just to feel like normal,” *Timothy, aged 27*

For others, normality meant being able to use drugs or drink alcohol socially and in a controlled way.

“Just normal, everyday life, you know. Just a lot of people will smoke a few joints every now and again, have a few beers, and that’s enough. No more than that, no less than that though either really. I don’t want to be squeaky clean. I don’t see the need to be. Just keep it under control,” *Oliver, aged 31*

Change and growth

Finally, we consider some of the ways our participants said they thought they had already changed since reducing their drug use. We cannot provide a detailed account of everything discussed. Instead we offer an overview of the main types of change they identified.

Increased awareness of self and others

Many individuals commented on how much more self-aware they had become since beginning their recovery journeys. This included being more aware of how they looked, their emotions, their bodies and their personalities. It also meant being more critical of themselves and how they behaved, and being more open to criticism from others.

“[In the past,] I looked in the mirror and I seen a thin person, but I didn’t see how thin I was... It wasn’t until I got clean, I looked at photos and I was like, ‘Oh my God. I cannot believe that was me’... You don’t want to believe it when you look in the mirror,” Bess, aged 31

“Recovery’s been, it’s been a struggle, and a lot of hard work... Having to discuss feelings and everything. I still find it hard to identify my feelings, to know where they’re coming from... I’d never have thought that I was an angry person, because I don’t outwardly show my anger. I don’t, you know, smash things up. I don’t get abusive and what have you. But I’ve learnt that I am very angry, but it kind of goes inwards my anger.

I'm... becoming a lot more aware of myself, and my feelings and the processes that I go through," *Debbie, aged 28*

"I'm a bit more self-aware. I didn't realise how manipulative I was before. And I am really, can be really manipulative. So I try not to do that,"
Nathan, aged 30

In addition, individuals often noted that they had become more conscious of, and sensitive to, the needs of others. So they felt that they were more considerate of others and also more alert to others' feelings and emotions.

"I care about people a lot more. I wake up in the morning and instead of thinking, 'What am I going to do today to make enough money to buy whatever I need to buy, or want to fix myself on?', I'm waking up thinking, 'How is [brother]'s baby?, how is my niece?, how is my nephew...? I can invite my mum down to do a bit of shopping in town just to get her out of the house... I don't know, it's thinking about other people rather than me, Mr. Self-Centred. What can I do for me...? It's a weird feeling, I like it. It sure beats drugs," *Tony, aged 34*

Becoming moral

Individuals in our study also often reflected on how they had become more honest and moral as people. It was almost as if they had developed a new moral conscience. Not only did this mean committing less crimes and being more law-abiding, it also involved them telling fewer lies and being shocked and embarrassed by their own past bad behaviours.

"You had to go out and graft to get your money... Burglary, robbery, nicking bags off old ladies... whatever we could.... Oh my God, it just kills me to think about it. It's like I don't even want to think about it because it's that bad. It's horrible... Horrible as in now... I'd rather pick an old lady up and carry her across the road than do that," *Elliott, aged 32*

"I'm trying to be really honest... that's helping me is being honest, not hiding things, and patterns of old behaviour... I've been telling the truth

about a lot of things... I realise that I spent a lot of my life lying and... I invented this whole mythology about things that didn't happen... and I started to believe that they did, because I was living this lie... So [*I'm*] trying to be honest," *Ted, aged 48*

Increasing self-control and reduced anger

Greater self-control and reduced anger were also identified as common developments. One corollary was that individuals reported feeling more calm and peaceful within themselves. They also felt less impulsive and better able to think through their actions in a rational way. Equally, they felt more patient and better able to 'sit with themselves'.

"I have changed because... I'm dealing with getting access to my children, and I feel lots of anger, you know... but I manage to control things and realising now not to respond because it will be detrimental to me seeing the children. So my whole outlook is not to get my penny's worth in... because that's destructive. I've got to look forward, [*see*] the bigger picture, and think... 'I want to see my children. It's about my children. It's not about me, it's not about her [*ex-wife*], what we think of each other'. So I'm... calmer and more in control and more logical, I believe," *Carl, aged 47*

"Learning to sit with yourself, which is hard when you're coming off the gear, very hard. That's another thing I've learnt to do, sit with meself. I wouldn't be able to sit here with you talking to you like this when I was on the gear, because me mind would be going, 'Where can I get some money from? Where can I...? I ain't got time to sit and talk to this woman'... I'd be off," *Sorayba, aged 31*

Feeling happier

Not unrelatedly, a number of individuals noted that their mental health seemed to have improved since they had reduced their drug use. For example, they felt more confident and more positive. They also described being happier, nicer, more balanced, more self-contained people and a small number thought that they had benefited from becoming more spiritual.

“My mental health has improved dramatically,” *Charlie, aged 31*

“My confidence has grown massively,” *Vicki, aged 45*

“I think I’m stronger... and I think I’ve changed... I’m being a lot more positive. I am on a bit of a spiritual journey,” *Ted, aged 48*

“It’s been really hard but on the other hand it’s made me feel a lot better within myself, yeah. Just to be myself, be normal, be nice and stuff,” *Frances, aged 31*

Growing up

Last but not least, many said that they felt that they were finally growing up into adults. For example, they were taking on more adult responsibilities, developing as individuals, being more reliable, forming their own opinions, and managing to cope better without resorting to chemical props.

“It’s just trying to behave like an adult really. Because I’ve spent so long being this big kid, who just doesn’t think about consequences, is irresponsible, impulsive, doesn’t give a crap about anyone’s feelings, exploits people, abuses... I mean that’s what I spend a long time in therapy doing, realising the crap that I’ve done and who I had become, and sort of working out who I wanted to be and how to manage myself,” *Chrissie, aged 24*

“I think my development and my growth, my personality, was kind of arrested when I started using. So I feel that I’m starting to change in my recovery,” *Tom, aged 35*

“I feel so much better... I can conduct myself, I can deal with situations which I wouldn’t have coped [*with*] well before. I would have reached for a can of beer or I’d have gone silly [*with drugs*],” *Eddie, aged 30*

Summary

For drug users in recovery, the future can often seem overwhelming and scary. Not surprisingly, many prefer to adopt a strategy of taking one day at a time, rather than looking too far ahead. Despite this, individuals do have hopes and goals. For example, they want to stop using heroin and prescribed drugs; have a job that they enjoy; do voluntary work or go to college; establish new relationships but also rebuild and repair old ones, particularly with children and other close relatives; have a stable and secure home; try out new activities; own a few material possessions; and generally be happy.

Their fears, meanwhile, are generally the opposite of their hopes and aspirations. That is, they worry about relapsing; not finding work; not having a happy family or home; being lonely; being in debt; and being unwell. Arguably, a key message from our study is that recovering heroin users have relatively modest and achievable goals. Moreover, they prioritise people and relationships over wealth and material possessions. Essentially, they want to be ‘normal’ respectful and respected members of society, and they recognise that this means experiencing both the positives and negatives of life just like anyone else.

Since heroin users realise that living without drugs will not be easy, they often find the prospect of abstinence daunting and unappealing. Yet, those in our study show how quickly progress can begin to occur. As soon as heroin use reduces, individuals experience changes that please them. These changes are physical, psychological, emotional and social. Their bodies begin to function better, they regain the capacity to feel pleasure and pain, and they start to develop meaningful relationships with others. So they described themselves as becoming more sensitive, considerate, trustworthy, balanced, happier, and confident people. Effectively, they started to see themselves growing and flourishing as adults who were part of, but also had much to contribute to, the rest of society.

Appendix

Study participants

Name	Gender	Age at first interview	Stage of recovery
Neil	Male	37	Detoxer
Edward	Male	34	Detoxer
Tony	Male	34	Detoxer
Timothy	Male	27	Detoxer
Owen	Male	30	Detoxer
Isabelle	Female	35	Detoxer
Bess	Female	31	Detoxer
Lauren	Female	27	Detoxer
Sorayha	Female	31	Detoxer
Leah	Female	38	Detoxer
Tom	Male	35	Ex-user
Stewart	Male	50	Ex-user
Carl	Male	47	Ex-user
Charlie	Male	31	Ex-user
Kevin	Male	25	Ex-user
Elliott	Male	32	Ex-user
Freya	Female	25	Ex-user
Helen	Female	46	Ex-user
Vicki	Female	45	Ex-user
Olivia	Female	32	Ex-user
Eric	Male	39	Opioid substitution client
David	Male	35	Opioid substitution client
Liam	Male	37	Opioid substitution client
Toby	Male	45	Opioid substitution client
Eddie	Male	30	Opioid substitution client
Diane	Female	34	Opioid substitution client
Fiona	Female	49	Opioid substitution client

Annabel	Female	29	Opioid substitution client
Louise	Female	34	Opioid substitution client
Tamsin	Female	37	Opioid substitution client
Nathan	Male	30	Residential rehab client
Luke	Male	34	Residential rehab client
Oliver	Male	31	Residential rehab client
Stefan	Male	27	Residential rehab client
Ted	Male	48	Residential rehab client
Frances	Female	31	Residential rehab client
Chrissie	Female	24	Residential rehab client
Beth	Female	43	Residential rehab client
Ellie	Female	29	Residential rehab client
Debbie	Female	28	Residential rehab client



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