

Addiction: Gambling, Drugs & Alcohol

Renée Robey April 2022



“The opposite of addiction isn’t recovery. It’s connection.” - Participant

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1.0 Introduction

1.1 Healthwatch Essex

Healthwatch Essex is an independent charity which gathers and represents views about health and social care services in Essex. Our aim is to influence decision makers so that services are fit for purpose, effective and accessible, ultimately improving service user experience. We also provide an information service to help people access, understand, and navigate the health and social care system.

1.2 Topic Background

The recent Covid-19 pandemic meant that some addiction support services were impacted causing them to temporarily shut down which heavily affected interaction with people in need of support. Subsequently, many people found their recovery journey more difficult with some relapsing during this period. This resulted in many falling into addiction which created a clear correlation with poor mental health either as a cause or effect of this. Healthwatch Essex captured the lived experience of those who are living with an addiction, who are in recovery and the 'affected others' allowing them to share the support available and some of the barriers to seeking this support.

1.3 Disclaimer

Please note that this report relates to findings and observations carried out on specific dates and times, representing the views of those who contributed anonymously during the engagement visits. This report summarises themes from the responses collected and puts forward recommendations based on the experiences shared with Healthwatch Essex during this time.

2.0 Purpose

'Addiction: Gambling, Drugs & Alcohol' wanted to capture the voices of those who have lived experience in recovery from addiction and who are currently seeking support. The aim was to highlight barriers to accessing support, preventative measures that could be put in place, the current signposting of support organisations and what could be done to help people living with an addiction. It is hoped that having these conversations may encourage others to seek help and raise awareness of support organisations.

2.1 Engagement Methods

Participants were contacted via addiction support organisations, online communities and through associates of our participants. There was a common consensus recognising that by sharing their stories, they would be helping to reduce the still prevalent stigma surrounding addiction which may encourage others to seek support.



Interviews

In order to gain a more in-depth understanding of life living with an addiction, participants were interviewed via virtual platforms, during phone calls or in-person depending on their personal preference.



Case Study

To further understand the experience of the participants, several detailed case studies have been shared of their real-life experiences.

3.0 Key Findings and Recommendations

3.1 Gambling Addiction

The Initial Introduction to Gambling

All participants with lived experience of gambling were asked to share their background on how gambling addiction became a part of their story. 70% of participants either became aware of gambling activities or participated in gambling under the legal age of 18.

Exposure to Gambling at a Young Age

For many participants, an introduction was innocently made to them into gambling by close relatives, usually either a parental figure or a grandparent. For some, visiting their grandparents included helping them choose, most commonly, a horse to bet on as a form of bonding. The horse winning would lead to the child being given a small amount of money from the bet coming in, so the young people were being rewarded from a young age. Being a child seeing adult figures within their family gambling, it was perceived that this was normal, and no harm could come from betting.

“Gambling was kind of normalised for me from a young age, it was okay, it was acceptable. There were no issues, but I was kind of conditioned from that young age that gambling was a part of my life.”

For others, early socialisation into soft gambling was the frequent attendance of arcades with family, where the 2p machines appeared a popular choice for the participants at a younger age. Being in arcades led to some participants feeling comfortable and safe within this environment which had an impact in their later years.

“We’d spend the day on the beach, and at the end of the day we’d get some pocket money to go into the amusement arcade and I’d play on the latest card game or the shooting games. As I started to get older, it’s when I then started to play on the fruit machines. That was my first interaction with gambling at a young age. Again, it was all a bit of fun and entertainment.”

Upon approaching the legal gambling age, participants noticed a clear escalation of partaking in gambling activities. In particular, an increase in money they placed on various sports and an increase in both their time and finances through gambling. There was also a shift in the type of gambling they were partaking in, with some moving from only gambling in betting shops to also participating in online casinos.

People who had been gambling on specific sports noted that they felt encouraged to start placing bets on other sports, which they had no prior knowledge of.

Upon reflection of their own lived experience, concerns were raised for the younger generation, especially with the steady rise of gaming providers that have created the opportunity for in-app purchases. Youth gaming was seen to be a potential gateway behaviour for gambling, with participants emphasising the importance of education for not only children but parents too.

“You know, you’re pre making with this gaming, you’re pre setting up future gamblers.”

One view stated that under 18’s are not legally permitted to gamble, so the gambling operators should be mindful when promoting their products in the view of this age group. Many young people, especially within their early teens, do not understand addiction and therefore may only perceive addiction as the use of drugs and alcohol. Most participants were not anti-gambling or anti the promotion of gambling, but they believed that all promotional material was seen as potentially harmful to young people. Consideration also needs to be taken as to where these adverts are being located.

“Children aren’t allowed to gamble, so we need to be mindful of that and we shouldn’t be promoting it where some of the audience is not legally allowed to do that activity.”

Nearly *all* participants shared how important they believed education to be for young people. They explained how schools educate young people on the dangers of alcohol and drug addiction, but gambling is an addiction that is never mentioned. It was considered important to raise awareness of gambling related harms and that not only can it affect them as an individual, but the lives of others also. It is felt that there is a need for young people to be taught the dangers of gambling, how to spot signs of gambling addiction within themselves and others, and signposting to receive support if required.

Escapism

Several participants shared stories of having difficult, and sometimes traumatic, childhoods and recognised that they had seen gambling as a form of escapism at the time.

Using gambling as a form of escapism was not reserved just for participants who had difficult childhoods or traumatic experiences in their adulthood years, but also for people who had encountered poor mental health.

“I wasn’t doing this for the money or anything, it was around how it changed how I felt.”

Several of the participants shared that they had not realised they were using gambling to help cope with their past trauma until they started their road to recovery. During their recovery journey, they looked back upon their past and noticed key points of their life where their gambling had escalated. Participants shared that they had originally used gambling as a form of entertainment and would casually participate. However, as time progressed, gambling was utilised as a coping strategy due to the hope they would experience the emotions of winning a bet.

“Because of something that was going on in my life, I saw gambling differently. It no longer became that form of entertainment. For me, it was a form of escapism and a way to feel better about me.”

People may not be concerned that they are using gambling as a form of escapism due to their perception of gambling as being 'normal'. Several participants mentioned how charities use gambling as a fundraising method, including lotteries and raffles, which they found deeply troubling. Specific mental health charities were named as conducting their fundraising through these methods, which participants found especially unsettling. There are direct links within gambling and mental health, whether as a cause or effect, and by charities using gambling to fundraise, it could be misleading to some in relation to the risks of gambling related harm.

By using gambling as a coping strategy, participants found it harder to accept that they may be living with an addiction. They saw it solely as a way of making themselves feel better and did not recognise it as participating in a potentially harmful activity.

“There’s that need to still gamble, because I was completely convinced that it was my way to escape with what was going on in my life.”

Joe’s Story

Joe had a fantastic childhood and spent a lot of his time at beaches and arcades. As he got older, he started using fruit machines however he deemed this as a form of entertainment during this time of his life.

When Joe started working, he occasionally bet if there was a Saturday football match on or if he went to the local greyhound track for a day out.

“It was always under control, and I never thought anything else of it. But, that changed, when my mental health started to change.”

Joe had a stressful job and started to notice symptoms of deteriorating mental health. He sought support from his GP who credited his mental health to his work and offered to sign him off work for two weeks. Joe declined this offer as he thought he would be in the same position once the two weeks were over, and he was back at work. He spoke to his manager and shared the symptoms that he had been living

with to which he was greeted with a lack of empathy and understanding. Joe noticed a slight escalation in his gambling but felt he was still in control.

Joe decided to change jobs in the hope this would improve his mental health however he found his new job to be even more stressful. Joe was unsure where to turn to as he had already spoken to his GP, and he remembered how his previous manager had reacted when he told him about his mental health.

During this time, Joe attended a horse racing event and although his bet didn't win, he did receive several free spins which resulted in him winning £200. Although the win wasn't an exceedingly large amount, it resulted in Joe feeling a 'high.'

“I won around 200 pounds. So, nothing life-changing, but that real buzz from playing, and also winning some money, I went from being at a really low level in my life to actually feeling this really sudden rush of adrenaline.”

Joe remembered the positive feeling that the win gave him and for him, it became a cycle. His gambling began to escalate, and he progressed from gambling casually to gambling daily and on different products. To continue participating in gambling and to make up for his previous losses, Joe started to use access to an unaudited bank account at his workplace to fund the gambling addiction. This however had a further detrimental effect on his mental health as he found himself feeling not only stressed, but also anxious at the thought that he had been caught every time there was a knock on the door or he received an email.

Unfortunately, Joe was unable to win back his losses and continued to gamble, during this time his mental health was further deteriorating. To help cope, he found himself gambling at all times of the day and wherever he was, whether at home or at work. Soon there were not enough hours in the day so he started increasing the amount that he was gambling as he thought this would give him a better feeling. Due to the increase in betting amounts, gambling operators made him a VIP customer and started inviting him to big events including the Royal Ascot and horse racing events in Dubai.

“I was never asked once where my money was coming from that I was depositing. And I was never asked if I'm okay.”

Soon, the stress became too much, and Joe resigned from his work to which he was greeted with questions being raised on his work ethics by his colleagues. He admitted to his wife what had happened and collectively they decided to print out his bank statements and work out the total amount that he had taken from the organisation. They soon realised that within the three years, he had taken just under 1.1 million pounds from his employer. Joe knew what the consequences would be and questioned whether he would take his own life or go to prison and seek recovery. Thankfully, Joe chose to seek support from Break Even which allowed him to look at his relationship with gambling, why he had proceeded down this path and what barriers could be put in place to prevent himself from further gambling. Joe also sought support from the NHS before being sentenced to 4 years in prison.

“I only found it out whilst I was in prison, but I actually staked, online, in that period, 19.9 million pounds. And no one questioned if I could be spending this amount of time, or this amount of money, because it’s all relative.”

In prison, Joe was asked by professionals if he had an addiction, to which he admitted to a gambling addiction. He was informed that there was no help or rehabilitation available for people living with a gambling addiction. Although gambling still took place around Joe in prison, he abstained and without being able to access help from a service, he started his recovery using his own holistic methods. Upon his release, Joe has continued using these methods and is now supporting other people with their recovery journey using his own lived experience.

FEMALE GAMBLING

We spoke to four female participants who shared their experiences of being addicted to gambling and the support that they received.

Stigma of Female Gambling

Gambling is perceived to be a male dominated addiction, leading to female gamblers believing that recovery programmes and support organisations will be predominantly attended by males. Subsequently, this created the belief that the support offered would be more refined towards male gamblers too.

“For a woman, as a compulsive gambler, it was like who can I tell? There’s no one I can turn to because of the shame and the stigma.”

This belief was reinforced by the lack of publicity surrounding female gambling, thus making the participants feel that they were displaced because they had developed a gambling addiction.

Gambling addiction has a prevalent stigma attached to it; however female gambling is specifically seen to be a taboo subject. There is an assumption that women must use their money predominantly for their family wellbeing, for example looking after the house and buying necessities for children. The female participants were concerned that if it became known that they were living with a gambling addiction, social services would get involved and there would be a risk of losing their children. They shared that this gender divide reinforced the stigma and created a barrier for seeking support, especially for those who were mothers.

“A woman wouldn’t do that, spend all that and the food money and the rent and everything.”

Accessibility of Support

The female participants shared that they believed the level of support offered varied widely between males and females. It is only recently that female only groups and residential rehabilitation centres have opened. When researching female gambling support, the results are extremely limited with news articles on female gamblers being the first responses.

“If you google “women compulsive gamblers help”, it doesn’t come up everything that’s out there. It’s not really clear cut. People have to really search for help, and I think that’s wrong.”

Those unable to find female only groups chose to attend mixed gender support sessions, where they encountered large groups of males and in some cases, was the only female in a group of up to 30 men. The participants who have been accessing support for some years, shared that they had started to see an increase in the number of female attendees. This was seen positively as it encouraged more engagement from females attending and they felt more comfortable openly talking about their personal experiences of addiction. Female participants disclosed how they felt more comfortable sharing stories with other females and in some cases included their past domestic and sexual abuse experiences which would not have been the case if surrounded by male attendees.

“The women might have gone through a lot of problems that they don’t want to sit in a room full of men and talk about. That’s what might have triggered them into gambling, you just don’t know.”

Some support organisations used some promotional material which was seen to be ostracising and damaging, with participants feeling they were not an accurate representation of the truth. A signposting advert was recalled of a female sat in the corner gambling whilst her children were watching TV. The female looked unclean and as if she was not looking after herself. Participants felt like they could not relate to this image and that this was reinforcing the perception that female gamblers are bad parents. Some females might also view this image and feel that their gambling is not as severe due to not being able to relate their circumstances to this image.

“You’re already signposting that woman as not being a good mum. It doesn’t make her not a good mum. You’re signposting that she doesn’t look after herself, that she doesn’t look after her children.”

Some female participants shared that in their experience, they tended to participate in gambling activities during the night when their children and partners may be asleep. This was to maintain secrecy and would sometimes continue into the early hours of the morning. This was when some participants would hit ‘rock bottom’ and needed further support from services. Participants were keen to emphasise the importance of 24-hour helplines who can offer assistance at all hours of the day.

“You’ve got to capture that person when they’re at their lowest and when they need that help.”

Melanie’s Story

Melanie was introduced to gambling from a young age and witnessed her father gamble heavily. For her 18th birthday, she attended a casino and discovered that she enjoyed gambling, meeting new people, and playing poker. Melanie was not addicted to gambling during this time and participated in gambling activities that she was in control of and could comfortably afford.

When Melanie was 29, she attended a casino and participated in a poker jackpot which led her to winning £127,000. From this big win, Melanie started to increase the amount of her bets and the frequency, resulting in the development of a gambling addiction.

“It became like every day; I was gambling for the next 16 years. Whereas I used to bet £20-£30 a day, it was becoming £200, £300, £500, then getting into the thousands.”

During the 16 years of gambling, Melanie ended up losing her house, having to re-mortgage three times. She became homeless and moved into a hostel with her children where she struggled accessing help from the council during this time. Melanie was rehoused within 6 weeks, however before this, during conversations with her local council, she had received comments that showed a clear comparison in the way that different addictions are treated.

“The woman at the council said to me, ‘If you had been an alcoholic or a drug addict, we would help you. This is your own fault. You’re a compulsive gambler, you spent your own money.’”

Later in her life, Melanie met her husband, and they went to Las Vegas for their wedding. After the wedding, she attended the casino leaving at 6am the next morning. Whilst in Vegas, Melanie had taken out a £2,000 loan from England to pay for the casino gambling and had then asked her son if she could borrow £2,000 to pay the loan off.

“He transferred the money for me and I went straight to the bookies and I blew £2,000 in 35 minutes. I remember walking back to my car and sitting there for about an hour. I was sobbing and I just felt, ‘You’ve now borrowed money off your son, which you’ve now blown. You’re lying to everybody and you’re getting deeper and deeper and deeper into it.’”

For Melanie, this was a turning point in her life, and she reached out to Gamblers Anonymous for support. She attended her first meeting where there were 35 other male attendees and one other female. Melanie was comfortable sharing her story in

front of males however she remembered being conscious that many women may not be.

“Sometimes I just used to think like, ‘If you’re sitting in a group full of men do they really get, as a woman, as a compulsive gambler what you’re going on about?’ I know we’ve got a similar problem, but there are things that women just want to talk to women about.”

Melanie is in recovery from her addiction and now plays an active role with peers supporting others. She was concerned how women may not be asking for support due to barriers associated with being a female, so has started the process of setting up her own female only group as a safe space for women to talk about their gambling addiction.

“There’s a lot of women hiding a lot of secrets. It’s a shame. It’s a shame because I was that person.”

Support Available

Hitting ‘Rock Bottom’

The consensus between participants was the need for the right mindset when seeking support, and ‘hitting rock bottom’ was mentioned by many participants. Participants revealed they had previously received support, but they had relapsed, after being unable to accept that they were living with an addiction.

“I never thought I could stop, couldn’t see a way out and unfortunately, I made an attempt to take my own life. And that was the rock bottom, I always knew I had a problem, but I never really wanted to face up to it or address it, so it was that moment that I really knew I needed help and I reached out to my gambling operator.”

The participants term ‘rock bottom’ referred to a place where they were unable to escape gambling, had suffered loss either financially or through family, and were living with extremely poor mental health. Several participants shared that they had been living with suicidal thoughts during this time.

“I attempted suicide twice in March 2018, I reached out to my younger brother just before throwing myself in front of a train, he persuaded me not to and that was obviously my rock bottom, that was the trigger point that made me reach out for help and at that point I came clean, and I was honest for the first time.”

Several participants explained how their close family and friends had recognised that they were living with an addiction before they were able to. Some families and

partners accessed support organisations themselves to learn how to help support their loved ones and share stories with others going through similar situations.

“We all went to Gam-Anon first and my son went to GA. So, we were accessing that for about three months before he did. And often that’s the case as an affected other, you realise that there’s a problem and the gambler is still in denial.”

Barriers to Accessing Support

Nearly all participants shared that their main barrier to accessing support was the stigma attached to living with a gambling addiction. Addiction has a huge emotional impact on those affected, leaving them feeling ashamed, embarrassed, and guilty. Participants felt others wouldn’t understand their circumstances making it difficult to articulate accurately how it had left them feeling, which prevented many from initially seeking any support.

“I didn’t want to basically admit to people that I had a problem at all, but I certainly didn’t want to admit it was gambling because I thought people would just think I was an idiot and that it was my fault.”

Others were concerned that if they admitted they were living with an addiction, it could affect their jobs. Some participants were working in finance or working in retail with direct contact with cash. They were concerned that their employer would distrust them handling the organisations money and that if there were ever discrepancies in company money, they would be the first person accused.

“If the till’s short, they’re going to think that you’ve stolen it or something like that. So, I was always fearful around my job. That was the biggest barrier for me seeking support and coming out sooner.”

Participants had negative experiences where they had previously contacted organisations and accessed support but did not find the support helpful and shared how they were more reluctant to seek help again after being dissatisfied the first time.

“I think the advice I’d give to somebody is seek help but they need to understand that the first thing you do to try and seek help might not work.”

Some addiction organisations require payment for their services which the participants shared was not a realistic means of accessing support for people living with a gambling addiction. Many people are not living with the excess finance to fund recovery sessions which require payment. Participants who accessed support that required payment shared they only managed to do so with the financial help of close family, and they would not have been able to do so without this monetary aid. Gambling addiction support that is free of charge is not always easy to access and can have long waiting lists.

“Any help that is available that doesn’t cost is usually very difficult to get on. You have to kind of wait and waiting is not what anybody needs.”

GP Support

Participants highlighted the severe lack of support received when approaching their GP's. 40% of participants had been prescribed anti-depressants when seeking support from a GP for a gambling addiction and had felt this was not a sufficient solution to the root cause of the problem.

“I said ‘No, I don’t need antidepressants. I need you to help me, signpost me where there’s treatment that I can go and get help’.”

Participants found that GPs appeared to lack knowledge on gambling addiction and some of the pathways available in relation to recovery. There was little signposting available to support organisations and participants felt they would have received more support if they were living with a drug or alcohol addiction. Participants were not expecting medication for a socially constructed behavioural addiction when seeking support from their GP and were therefore ‘knocked back’ and unsure where next to turn.

“They just say ‘oh well, here’s some anti-depressants,’ to get shut down... and kind of dismissed that it’s a problem, at that first stage could really be detrimental to someone going on to find other help or support.”

Although the participants didn't expect the GP to have extensive knowledge of gambling addiction, they did feel they would be signposted to services that cater specifically for gambling problems. Even receiving a single sheet listing the different services available and their contact details would have been hugely beneficial, as it would have made the start of the recovery journey easier. When searching for support online, some people shared they had to scroll past paid adverts at the top of the Google webpage to access support sites further down. For some, this would be damaging and may cause them to visit the gambling operator sites instead of the gambling addiction support websites that they had originally intended to visit. By being provided contact details for these organisations by the GP, it would minimise the risk of this occurring.

40% of participants did not approach their GP for support, stating that they had little confidence that they would be able to help them. Interestingly, upon reflection and hearing of some GP's starting to ask more probing questions concerning gambling addiction, several of these participants said that if they could go back to the beginning of them looking for support, they would now go to the GP as the first point of contact just to have that initial conversation of speaking out loud about their gambling addiction.

“I would go to a GP now. I think that should be normalised. I think that for any addiction, that should be the first-place people go. You can’t take medicine

for gambling addiction, but I think that's where the referral should take place."

It was raised that questions are asked within GP appointments whether someone has an alcohol or drug addiction, but gambling is never mentioned by a GP. Participants shared that someone living with a gambling addiction may not answer truthfully initially but if these questions are asked more frequently, it would begin to normalise the conversation. If the individual reaches their 'rock bottom' or wishes to seek support, they will know that the GP is a suitable place to raise their concerns as they would have previously been asked about it. Several participants mentioned the introduction of e-consult forms asking the patient questions relating to the possibility of them living with a gambling addiction. Although the participants thought this was a promising first step, they were concerned that this was digitally exclusive and that some people may not be able to access these forms.

Participants did not find there to be adequate signposting in general compared to the other addictions. They believed that people could recall relatively easily the national support organisations for the other addictions but that most would struggle thinking of those for gambling addiction. By increasing the promotion of gambling support organisations, this would help break down the stigma attached to this addiction. Many people feel that they are tackling their addiction on their own, but by actively promoting the support available, it will reinforce gambling addiction as being more common and shared by others seeking help in a similar situation.

Addiction recovery organisations need to be clear and transparent with the support that they can offer, as some feel like they cannot be helped so require in-depth information including what targets would be put in place for them.

Lack of Intervention

Most participants raised concerns over the lack of intervention of betting shops and gambling operators. They shared their views that gambling operators are aware when their clients are spending money erratically and therefore feel they have a responsibility to get in touch and conduct a welfare check. Several participants mentioned exclusion periods being enforced on the client to prevent them from placing further bets on that site. They acknowledged that there is an abundance of other gambling operators but felt it may prompt them into seeking support.

Instead of intervening, participants found gambling operators to be actively encouraging the use of their sites, to the level which they deemed to be immoral. The gambling operators would engage in direct marketing where they target their customers with free bets, bonus offers and incentives to encourage further gambling. When participants were on the road to recovery, if they had not implemented gambling blocking tools and unsubscribed to mailing lists, they would receive direct emails from the operators. The emails would state that they had not

seen them for a while and offer bonuses to entice the participant to return, which could be triggering for those who are in recovery.

“I personally have an issue with the kind of promotional element, the free bet type offers, and the fact that some of it is quite predatory in terms of it’s trying to entice or encourage people into doing it.”

Participants were concerned that betting shops and gambling operators may not be educated fully on the patterns of behaviour which may imply that a customer is spending above their income and developing an addiction.

A preventative measure which could be put in place are practical barriers including deposit limits and account restrictions. These can be put on by the person gambling themselves, but the participants believe that there is too much onus on the individual. This is difficult as people do not envision ever developing a gambling addiction, so they do not believe practical barriers are necessary.

“There is definitely prevention, early intervention is possible, I think you can stop, or you can do something about it early but it’s recognising the second it becomes a problem and doing something about it then, a lot of people wait until a point where they have to (do something about it) like I did.”

3.2 Drug Addiction

Impact of Association

Introduction to Drugs

Many participants disclosed that their drug addiction had initially started through alcoholism, and they had been recommended to use drugs as a coping mechanism for the alcohol consumption. Many stated that taking drugs would occur occasionally, but this soon grew into an addiction thereafter. Nights out would start with alcohol, and this would then proceed into taking drugs into the night and would become normal as the evening went on. The perception was that everyone took drugs as part of the 'party lifestyle' when surrounded by people living in similar ways.

“My recovery now is managed and maintained in AA because it always started with a drink. I would never ever use until I'd had a drink.”

Being introduced to drugs by close friends had escalated into actively associating with people who either took drugs or were dealing them. This enabled drugs to be both easily and quickly accessible. Due to being around these people constantly, drug consumption became normalised, and they became completely dependent on them.

“If I had one pill or I had smoked some cannabis then it was like, well that was it – I'm not going to stop now – I'm going to find whoever's got more and make friends with them.”

This lifestyle additionally acted as a barrier to seeking support, with fear that reaching out to agencies or family could come at a cost of losing friendships and associates. The feeling of loneliness was disclosed by many participants particularly when going through recovery. This was exacerbated by the requirement to distance themselves from those who introduced them to drugs and enabled them to continue.

Positive Role Models

Participants shared the importance of talking to others with lived experience to prove that recovery was possible. However, some participants had negative experiences with their counsellors or peer support workers, which had proved to be extremely detrimental to their recovery. The most common negative experience was the realisation that their support worker was still consuming drugs. Participants either discovered this by witnessing this themselves or realised once the employee had left the organisation.

“I had an assessment with a recovery worker and then about three or four days later I was in the pub, and I saw the fella in the pub. I went and was in the car doing a line of coke off the back of a CD case and I looked across and he was doing one three or four cars up.”

For some, this resulted in them losing faith that there was an end road during their journey, with some feeling disappointed, angry and misled. Several of these participants did however speak highly of their support and shared positive experiences with their peer support workers and counsellors upon accessing help later in life.

Laura’s Story

Laura had a wonderful upbringing and a good childhood however upon starting secondary school, she started hanging around with older people. Her older friends were taking drugs and she was influenced into participating in drug taking from the age of 11.

“I’m an easily influenced person so, if there’s someone there that looks loud and fun, I’m like, yes, let’s go. I’m attracted to all of that.”

By the time Laura was 19, she was taking large amounts of cocaine so therefore made the decision to access support. She was provided a counsellor who over time, groomed her into an affair. This was extremely detrimental to her recovery and instead increased her drug addiction. Laura continued taking drugs and did not seek support from this organisation again until falling pregnant.

“I had two boys to look after and I just thought, enough is enough now. My partner was like if you carry on like this, I can’t stay with you, I’m going to take the kids and go. That was the kick I needed.”

Laura had previously taken heroin and crack but had seen her friends pass away due to their addiction to these substances. She made the decision to substitute these drugs for codeine and at this point, was taking up to 100 tablets a day. Upon deciding to stop taking codeine as well, she was experiencing withdrawal symptoms including extreme nausea and hot flushes. Due to the physical impact of the withdrawal, Laura returned to the addiction support organisation where she was put on a methadone programme. This did not suit Laura so after two weeks, she was put on Subutex instead.

“It slowly got me off and I was pregnant with my daughter at the time and the midwife said when she was going to be born that she’d be addicted to Subutex if I didn’t come off of it. So I took myself off of everything and just went cold turkey. I felt really bad for a few days but now I feel the best I’ve ever felt.”

During this time, Laura was in contact with a support organisation which gave her the opportunity to speak to others with lived experience. This was a large beneficial factor in her recovery, as she had positive role models to speak to who had been in her situation before and understood how she was feeling.

“They’re the best people to speak to, because they know what you’re going on about and they understand that you do fight demons every day.”

In recovery, Laura noticed a positive change in her personality and behaviour and recognised that she could handle situations better and remain calm in potentially stressful and emotive situations.

Laura made an active decision to distance herself from old friends who were still using, to maintain her recovery and focus on her family. She is now sharing her experiences to help others and is looking to start both a career and volunteering role where she can support other people living with addiction.

Incentives to Seeking Support

Participants were keen to disclose that family was their main motivation and incentive to want to access support. Several participants stated that their families made the choice of having minimal contact with them which impacted feelings of hitting ‘rock bottom’. Families felt that in order to help their loved ones see the effects of their addiction, this was the only way they could open their eyes to the impact it was having on everyone.

“The breaking point was when my mum and dad turned their back on me completely, because up until then they had enabled me to keep going.”

Some relatives, especially those of the elderly demographic, were protected from the individuals’ addiction in order to shield them from worry and concern of their loved ones, which led to secrets being kept within the family. Upon reflection in their recovery, participants shared the guilt that they had felt and the importance of making amends with the people they had involuntarily emotionally harmed.

“It’s like a ripple effect, isn’t it? Drop a pebble in a pond. The people closest to you are the ones that are most deeply affected.”

“In some ways the addiction fuelled that self-belief system that actually I wasn’t in control of my life, I couldn’t be in control of my life, something else controlled my life. And then I’d feel guilt because something was out of my control, and then I would feel shame because I couldn’t get to grips with these issues.”

These emotions were incredibly strong, which soon started taking over their lives, forcing them to seek support. They described the realisation as having a ‘light bulb’

moment, but appreciated they needed to be in the right frame of mind for change to seek support.

“One of the big problems with addiction is that you need to identify it in yourself to recognise it’s a problem. It’s only when it clicks in your own head that I think you can engage with help.”

Accessing Support

Barriers to Accessing Support

Like the participants with lived experience of alcohol addiction, those who had lived with drug addiction shared the significance of being in the right mindset to accessing support. This was listed as one of the biggest barriers to accessing support, alongside their own denial and the stigma attached to drug addiction.

Apprehension was felt when approaching services and GP’s initially for support as there were concerns that, for the younger participants, they would not be taken seriously.

“I think that because I was so young, I felt there was a stigma that it was like...’no one is going to take me seriously because I’m going to outgrow this,’ like they don’t really understand how bad it is.”

Participants additionally envisioned encountering judgement from medical professionals when seeking support and were concerned by their perceived reactions. They expressed anxiety and anticipated that they would be greeted with scrutiny about the decisions they had made in life.

“I knew I would be condemned, and I mean I looked rough because of the amount of alcohol and drugs I was taking, so I knew I would be condemned for alcoholism or drug addiction, so whether that was a perceived barrier, or it was a real barrier, I don’t know.”

For those who were mothers, their biggest barrier was the fear of their children being taken from them by social services. They were concerned that social services would not be able to recognise that they were trying to access support to overcome their addiction but would be more focused on the safeguarding issues related to their young family. Participants shared that although they were being consumed by their addiction, their children were always cared for, but one barrier to seeking support was the stereotype of a parent living with a drug addiction. They were worried that they would receive judgment and be deemed an unfit parent based on their drug addiction.

“I didn’t try and get help because I was scared if social services found out about my drug use, I’d have my children taken away. I didn’t know much

about social services back then and I didn't know that they try and keep families together."

Issues were raised in relation to time delays when reaching out for help or support. They acknowledged that although a week or two does not appear a long time, when you are living with addiction it can feel like a lifetime.

"It took them quite a while to contact me and, in that time, it had got an awful lot worse and that's when I'd gone into treatment. So, it was not their fault. It was entirely my fault. A long time for me at the time was a week."

One solution suggested was for a phone call to provide reassurance where a time frame can be given of when to expect to receive support. It is understandable not to expect full support within minutes, however the initial contact could be a phone call to let the person know that their message has been received and further support will follow.

Some participants had initially tried to access support however were turned away due to being deemed 'not addicted enough'. It was believed their drug consumption was not enough for them to be labelled as living with a drug addiction. There appears to be a need for some preventative measure to assist people who may be using relatively early before hitting crisis point.

"If someone's identified that they've got a problem with drinking or drugs and it's in the early stages then I think we could possible do more, as a society and as services. I think this idea that you have to reach a certain number of units before you're classified as an addict or an alcoholic, it's meaningless. I think it's the role the addiction plays in your life that's important, not the amount."

Josh's Story

Josh had a healthy childhood however always battled with low self-esteem and anxiety. He left school and decided to go straight into scaffolding at the age of 16. He was surrounded by colleagues who were drinking and taking drugs and would usually join in with them when drinking. Josh was solely drinking for a year until he became more regularly intoxicated and was struggling to work.

"I managed to hold off on the drugs for about a year, but then once I'd start to drink too much and I'd actually become drunk and unable to work, then someone would say, "Well do a bit of this, and then it'll sober you up!" I thought, "I'll give that a go." I was using cocaine and drinking pretty much then onwards...."

Josh stayed in scaffolding for around 8 years before moving into a gas engineering role. He progressed quickly within this field and was soon earning a large salary in his

twenties. At this point, there was no testing facilities at his workplace, so his addiction was undetected during his time there.

In his last two years of working within this role, Josh was using heroin and crack. To fund his habit, he turned to crime, including stealing money, dealing drugs, and facing disciplinaries at his place of work. He resigned from the gas board and his mental health deteriorated, leading him to self-harm and make several suicide attempts.

“I was parked in the back of a car park, and I had my last two or three hundred quid, so I bought as much crack and heroin as I could. When it had all gone, I had a carrier bag on my head and tied my hands to the steering wheel with a zip tie. It was just by pure chance that a fella walked past, saw me slumped at the wheel and pulled the bag off my head. I think I’d been out for a little while and he was too scared to stay, because of how aggressive I was, so he left. I didn’t stick around because I thought he’d called the police. Looking back now, I’ll never be able to thank him and that’s a tough nut to swallow, that I’ll never be able to thank the man for that.”

This situation forced Josh to re-evaluate his life and make the decision to seek support. He tried to seek support from an organisation, however they took too long to contact him. In this time, his addiction had got worse, and he had to go into residential rehab where he stayed for several months. During this time, his supportive family had made the difficult decision to stop contact with him informing him that he was on his last chance at the rehab. Josh realised that his parents had inadvertently enabled him by always being there for him and supporting him as much as possible and it was only when this changed, that he was able to recover.

“It was only when it had come to the point, and they’d turned their back on me, that I actually got clean within a month.”

Towards the end of his stay, the rehab offered him a job as a Healthcare Assistant where he had the opportunity to mentor others. Unfortunately, the rehab went into liquidation with Josh only being given two weeks’ notice. Josh was unsure where to turn and debated going back into the construction industry. However, he decided to continue into the route of supporting others. He volunteered at a local support addiction organisation for six months until a job opening came up.

“I got the job and I’m now clean and sober from October 2017. I’m coming up four years this October.”

Signposting

Signposting to support organisations was deemed inadequate by some participants and they did not feel like support was freely advertised. There were concerns around

the stigma attached to drug addiction but admitted that there had been improvements made since they had initially reached out for support.

“Support wasn’t advertised. It was a dirty, dirty thing, drugs and alcohol. Even in the time I’ve been in recovery, you’ve seen so much more help publicly advertised than before.”

Participants had encountered negative experiences of professionals who had told them to ‘stop taking drugs’. This showed a distinct lack of understanding of both drug addiction and the hold it can have over people. They specified that this language was used by the people who had no lived experience of addiction. By talking to other people with similar experiences there is an understanding of the way they are feeling and the difficulties they have faced.

“For some reason there’s this unity between addicts and alcoholics, especially addicts and alcoholics in recovery, that you know whatever you tell them, it’s not going to shock them.”

The signposting that did take place was often limited with participants feeling they were only ever provided options of the well-known addiction support services within their local area, including Open Road. They found there to be choices available for residential rehabilitation centres for often a substantial fee, but found their options limited for free structured treatment.

Participants emphasised the importance of organisations working in partnership, including mental health charities and groups that encourage socialising in safe spaces. Stories were shared of cutting ties with previous friends who they considered to be potentially detrimental to their recovery. However, upon distancing themselves from these people, they felt the effects of loneliness which for some, may be so strong they are forced back to old associates.

“Loneliness is just going to push us back to the old people because ultimately, we need to feel connected. The opposite of addiction isn’t recovery. It’s connection. If you don’t feel connected with anyone or anything then loneliness and fear are just going to push us back into our old behaviour.”

Partnership working can provide a more rounded support package which can look at potential issues that arise during the recovery journey, such as mental health and loneliness. For some, this was seen as a way in which could minimise the chances of relapse and make the recovery journey easier.

“The quicker you can forge new friendships and go for coffee with a mate or go for lunch with two or three of you, it replaces that connection with the wrong people. You’re building connections with good people. That’s the hardest part because there’s so much fear involved.”

Participants who now work for addiction support organisations were keen to highlight the prominence of dual diagnosis of addiction and mental health. Concerns were raised over the lack of awareness of dual diagnosis and considered there to be a prevalent link between addiction and mental health. Participants detailed the importance of that understanding from professionals so that the care provided is suitable for the individual.

“If they have a client in front of them who is absolutely racked with crack and heroin addiction, can they tell the difference between the effects of the crack and heroin, so crack induced psychosis... Can they differentiate that from bipolar? Can they differentiate that from manic depression?”

Increase in support organisations was mentioned by some, as there were concerns that only one or two large organisations within their local area could offer support for people in recovery. If these organisations were not seen as fit for purpose, then some individuals may continue their addiction as it hasn't met their needs. Having varied options for recovery allows for people to find what suits them personally and can increase the overall chance of recovery.

“It could be something holistic like acupuncture, that could just really help. And I think why not try it? I think the problem with having one service dominate the whole geographical area or areas, I think it's unhelpful. I would rather see four or five in the area that offer maybe slightly different approaches so if it doesn't work you can work with someone else.”

3.3 Alcohol Addiction

Introduction to Alcoholism

“There’s a reason people drink. They don’t just wake up one day and think, do you know what, I want to be an addict. It’s a lot of stuff as to why they turn to this.”

Influential Childhoods

The journey into alcohol addiction varied between participants, however most of the people who shared their experiences spoke of wanting to “escape”. The personal experiences were diverse but included stories of traumatic experiences within both their childhood and early adulthood. Turning to alcohol allowed for these experiences to be more manageable which led to their alcohol dependency.

“I started getting beaten by my school peers on a weekly basis. Then I found alcohol, which made it OK to take the beatings, and it didn’t matter anymore because I’d walk away laughing.”

Participants shared stories of being raised in families where high levels of alcohol consumption were seen as normal. Alcohol was also easily accessible within their households, and many started drinking from an early age. Witnessing their main role models in their young influential years consuming alcohol, led to the participants struggling to recognise how alcohol can be potentially harmful.

“My mum and dad were always heavy drinkers, so it was normal for me. There was always alcohol in the house and so I just started drinking their alcohol.”

Other participants detailed feeling anxious or uncomfortable in social situations and used alcohol as a way of being able to handle uncomfortable environments. Alcohol was used by some to gain confidence when having to undertake a task that was seen as daunting or increased their anxiety. Many reflected upon feeling different and more extroverted after drinking, which allowed them to engage more with their peers and feel content in social settings.

“She drank when she was going to college because she didn’t feel confident about talking in a group at college, so she’d had a quick drink before she started. Even if she was going out with friends, the alcohol helped her feel more socially confident.”

Professions & Industries

Two participants shared stories of being introduced to alcohol via their professions within the catering industry. Both spoke of alcohol and drug addiction being prevalent within this industry and how many of their colleagues were either going

through or had gone through an addiction. Because they were surrounded by others in similar situations, it made reaching out for support more difficult, as they thought it was just part of what comes with their industry. The easy accessibility to alcohol during their shifts and the extremely stressful nature of the roles were perceived to be the main causes for the development of their addiction.

“Work was just getting so stressful, it was getting on top of me, and my way of dealing with it was instead of talking about it, trying to let my feelings and emotions go, I turned to the drink to try and relax me.”

With alcohol addiction, the physical impact and negative emotions attached to it can make recovery extremely difficult. Participants spoke of the losses they had suffered due to alcohol including the impact it had on their families, with some losing contact with their relatives. As a coping mechanism, people turn to alcohol for comfort and to aid these impacts, leading to a continuous cycle.

“You lose your job, you lose all your self-confidence and the only way of getting it back is by drinking.”

Adam’s Story

Adam first started drinking from a young age when attending parties with his friends. He was uncomfortable in these situations due to his shyness and was always conscious of what others may be thinking of him. Adam discovered that by drinking, he became more relaxed around people and felt more comfortable in scenarios that would have previously been difficult for him to be in.

“I enjoyed drinking at that time, it seemed fun but looking back it was a lot more than that. It was around trying to feel comfortable in environments where I’m not comfortable. People would have assumed I was a huge extrovert back then. What I’ve realised over the past five years is that that’s totally not me at all.”

“It was drink that made me feel more relaxed. I don’t think better is the right word, I wouldn’t say it made me feel better. It made me feel able to cope in different situations where I felt I wouldn’t cope otherwise.”

Adam’s drinking advanced into an alcohol addiction and upon reaching 30 years old, he developed a gambling addiction too. Adam realised that he had developed these addictions and attempted to stop gambling but found that he was scared to stop drinking.

“It ended up taking two and a half years of life getting worse and worse, getting depressed, feeling suicidal, all this kind of stuff. The drinking was becoming more and more and more. The quantity was becoming more and more and more. It was having no effect other than making me feel down.”

He realised that he couldn't stop one addiction without stopping both. Adam decided to talk with his wife and family about his addictions to which he was greeted with full support. His family were positive about his recovery and supported him until they believed he was fully ready to access support.

“This is a matter of changing me as a person. Changing me isn't about stopping one predictive behaviour and keeping another or putting another on top of it. It's about actual change.”

Adam made the decision to seek support from Alcoholics Anonymous (AA) and attended his first AA meeting the day after attending his first meeting at Gamblers Anonymous. Adam's father-in-law was also a recovering alcoholic and attended this meeting with him. At the end of the meeting, the attendees were asked if anyone was there who had succeeded 24 hours sober. Adam had achieved this and received a token chip as acknowledgement.

“I got the chip and sat down, and my father-in-law patted me on the knee and went ‘Well done son. I'm proud of you.’”

Adam found the consistent and eager support offered by peers at AA to be one of the largest positive factors in his recovery journey. This was because the meetings were not clinically led and instead involved people talking about their own experiences, sharing what worked for them. There was however still the offer of support from professionals should it be required.

“Everything is a suggestion, it isn't a rule that has to be followed, it's a suggestion by others. It's suggested that if you follow these steps, you will start to live a life without drinking.”

Adam is now in recovery from both alcohol and gambling addiction, and he runs an organisation who support people living with a gambling addiction.

Positive Mindset for Change

Across gambling and drug addiction, participants spoke of the importance of being in the right mindset to access support. However, this view was seen even more predominantly with those who had lived experience of alcohol addiction. Every participant mentioned how being in the right mindset for help massively impacted on the effectiveness of their recovery.

They spoke of how they had made further actions, alongside seeking support, that included cutting people out of their lives who they deemed could be detrimental to their recovery.

Participants believed this also included being able to face the main reasons which led to an alcohol addiction, and why they started drinking initially. Support methods varied, some organisations looked at the root of the problem that influenced the

individual's alcohol addiction and allowed for experiences to be shared. Alternatively, other organisations focused more on the understanding of alcohol addiction and tried educating the service user.

“The alcohol is a symptom of a much bigger problem, and a lot of programmes just don't deal with all that so it can only keep you sober for so long. You have to deal with all the reasons of why you were drinking.”

Denial

One of the main barriers of accessing support was refusing to admit that they had an alcohol addiction. Some were in denial and others did not recognise they were living with addiction for years. Many participants had a 'light bulb' moment which encouraged them to seek support, however they would have benefitted from more information before attending their first meeting. In addition, this would reduce anxiety when initially reaching out to an addiction organisation.

“I stood by that doorstep for a good 20 minutes, with an argument going on in my head as to why I should go in and why I should not go in. But I chose to go in.”

The denial was partially blamed on inaccurate perception of what a person living with an alcohol addiction physically looks like. Several participants mentioned that they had a preconception of this image, which they did not recognise in themselves, especially those who considered themselves functioning alcoholics. As they felt able to do things relatively normally within their lives, they couldn't relate to the stereotypes of what an alcohol dependent person looks and acts like. It was thought that if it was more commonly recognised that alcoholism can affect anyone from any career, people may be more likely to recognise their addiction and seek support.

“You have this image in your head of what an alcoholic looked like. It was a traditional raincoat tied up with string, with a brown paper bag, on a park bench. That's how many people perceive an alcoholic. And yet, if you look at it, it can affect anyone...lawyers, judges, policemen.”

Having a strong support network in the form of friends and family was seen to be one of the largest factors in helping to alleviate the denial. Recognising affected others and having them share their concerns highlighted that they were living with an addiction and encouraged them to actively reach out to their GP or a support organisation.

“Until concerns are said to you by a group of people, it's either do you finally admit that you've got a problem, or do you just carry on and then risk losing everyone and everything?”

Participants shared how important it is for people to be aware that the road to recovery is not always a smooth journey. There could be relapses along the way and the first point of call for support may not work. Many people living with addiction look into a few different options before finding the best route that is most suitable for them. Having this information beforehand negates the potential feelings of failure or disappointment should the individual struggle during the process of recovery.

“There will be relapses, there will be hard times, there’ll be times where the mental health aspect will come into it as well, so people need to be aware of the support and that there are other places out there.”

Support Available

Accessibility of Support

Most participants found it extremely difficult to access support for a variety of reasons. Those who had begun drinking to cope with feelings of anxiety found that the thought of having to face those situations without alcohol too daunting. Others had adapted to the 'party lifestyle' and as they were around people who lived a similar life, they did not see the addiction as harmful to their health and believed it was just a phase within their life.

“Sometimes it can get a bit overwhelming and it’s very easy to relapse when you’ve got so much going on. You’re dealing with one turmoil; your addiction, and all of a sudden, people are bombarding you with things you can do to stop, and it’s all very well some of these organisations saying ‘you need to stop’ but that sometimes just isn’t enough.”

Not all participants who attended rehab found their experience positive, with many mentioning their disappointment at the time spent within these facilities, especially at community rehab. Several participants found tasks such as, keeping diaries of what they were consuming as detrimental to their recovery. They did not see how this was beneficial, revealing and facing the true extent of their alcohol consumption was at times uncomfortable. Concerns were raised that in the time dedicated to keeping a 'drink diary', that person may fall further into their alcohol dependency, and this could develop into even more of a harmful impact on their mental and physical health.

“Money needs to be thrown into organisations so that people can be put into rehab where they have help in a programme that is quicker. For those six months writing in a diary, people are going to die of alcohol poisoning or liver failure or kill themselves because it’s hell.”

Negative Experiences with Professionals

Some participants recalled stories of receiving unconstructive comments like being told simply to stop, which is not seen as possible for many people living with an addiction. A lack of support from specialists and hospital staff led to missed opportunities for signposting and for some, acted as a barrier for accessing support elsewhere. It was disclosed that some GP's only wanted to focus on treating the participants mental health and offered minimal support regarding addiction recovery. The inadequate response from the medical professionals left participants feeling disappointed and embarrassed when reaching out for help and guidance. Consequently, these negative experiences led to the belief that by accessing support they would be judged upon the route their life had taken.

"I told the specialist once how much I actually drunk, and he went "Just stop drinking. It's because of your alcohol. Just stop drinking." I was like "Well, I can't," That's when I really knew that it was a problem and the specialist just really looked down his nose at me. He went, "Well, stop drinking. Why would you do that?" You know, like I was stupid."

It was raised that for some people, their GP is their first point of contact to access support and improvements need to be made to ensure the route to recovery is more effective. Participants recognised that GP's were keen to help them with the mental health side of their addiction but believed that signposting could be improved. Information that was easily accessible at the GP reception area or waiting room was seen as beneficial as it can be discreetly collected should anyone wish. This would make information accessible for those who are digitally excluded and may not be able to search online for contacts.

One participant shared the difficulty they faced accessing adequate support from the NHS. They were offered CBT and six support sessions however they did not feel like this was a suitable amount of time for the person to develop a rapport with the counsellor or feel the full positive impact of the sessions. Organisations that offered more extensive and longer periods of support encountered issues of a high employee turnover which had a detrimental effect on people who had been assigned these members of staff. Participants found the lack of consistency of support workers exasperating due to having to develop a rapport with a new member of staff each time this occurred.

"It was very frustrating, because to me, if I was given a designated key worker, they would find out everything about me and I'd give them all the information they wanted. Then within a few weeks, I would turn up to see them only to be told 'oh, they've left'. You get assigned another key worker, but you have to go back to the beginning to go through it all again."

The staff turnover led to information being slowly fed back to the person accessing support, including initially being informed that their support worker had left the organisation. It was recalled that on occasions, messages were not passed on and

that people were not being spoken to when they requested to be contacted by a support worker.

Financial Accessibility

Funding was a huge topic for the participants with many revealing that if it wasn't for their family paying for their access to more intense support, then they would have struggled to recover and would be in a near death situation.

“I couldn't afford to put myself into a private rehab if it wasn't for my mum. But I know you can't do what you can't do if you haven't got the resources and the money behind you. Unfortunately, it's still looked upon as something we choose to do, but no one chooses to become an addict. It's horrendous. It's like living in hell.”

“There aren't actual residential care homes for lower income people with alcohol problems. Only a very small amount, and I count myself as very lucky, end up getting the funding to go to a place like this.”

There are some options for people who cannot afford these routes to support but often these are away from their local area. Participants shared stories of being forced to stay at facilities extremely far away from their usual residence, including someone living in Essex who had to travel over 250 miles away to access a residential service in Blackpool.

Residential Rehabilitation Programmes

Participants were keen to share their views on how important residential rehabilitation programmes can be to someone's recovery. Comparisons were made between these programmes and others which included centres that allowed the person to go home at the end of the day. Due to the easy accessibility of alcohol, some spoke of leaving the centre and having to drive past shops and pubs which sometimes proved hard to resist.

“I think the reason I failed with the community rehab is, I've always got the temptation of coming home every night, and going to the shop, but the temptation of all the bottles, the kaleidoscope of colours... if you're weak-willed, which I am, it's very hard to resist”

Negative experiences of a partially unsupervised facility however were shared by an affected other whose daughter was in a rehab facility that was not manned by staff during the weekends. Not having constant supervision allowed for the opportunity for relapse and for potentially damaging situations to occur which could be detrimental to a person's recovery.

“They had all these recovering addicts on their own over the weekend and having a party. Sophie was probably one of the youngest there and one night I got a phone call from her. She was quite distressed, and she was saying ‘mum, they’re all running around the house with kitchen knives in their hands. I’m scared.’ I could tell she was drunk but obviously she wasn’t the only one, they all were.”

Residential rehabilitation centres take away the temptation of alcohol due to not being able to access it. Being in a facility that provides methods on how to recover and offers 24/7 care to the residents is important. Many centres provide mental health treatments that are not as accessible outside of these facilities, and they administer support during the recovery process. Being around other people who are also currently attending as a resident was seen to be highly beneficial as they could relate to each other and support each other where needed.

Although participants emphasised how significant residential rehabilitation centres have been to some people’s recovery, they shared their views on how aftercare was often lacking for both those who stayed the full length and for those who left the programme early. Concerns were raised that some people who leave rehab may struggle to go back to their normal lives and relapse back into addiction. Often there is a link between mental health or a past trauma and if the root cause isn’t discussed and helped over time, this may leave the opportunity open for relapse.

“When people do get sober, it would be really good if they could then have a mental health assessment if they’re willing to do that because it just feels like often there are underlying issues, and the treatment services just discharge the person back into the community and that never gets picked up.”

Participants who were accessing mental health services before attending rehab spoke of having to move temporarily out of their local area due to their not being any suitable centres nearby. Upon finishing rehabilitation and returning to their home, they found themselves without any form of support and having to sign up again on a waiting list to access mental health services. Some found coming home difficult due to the change in environment where they did not have the support of addiction specialists and mental health professionals. Not being able to transition into an alternate delivery of aid in the form of solely mental health care was stressful for participants, as they felt this was an occasion where they could have benefited from this support the most. Concerns were raised that organisations may assume that because a person has completed their time in rehab, that they will no longer need any further help moving forward.

“As big as the shock to the system of going into that kind of environment is... I’m going to spend three months there with a lot of people with a lot of therapists with a lot of help, and yet in three months’ time I get in a cab and come home to just me on my own.”

Ongoing Support

Many participants revealed that they were still accessing support, mostly in the form of AA sessions, as they realised there was always the possibility of relapse. AA was mentioned by most participants as their biggest support due to accessibility and being able to speak to others who had lived experience. Experiences had been overall positive and extremely beneficial for the individual's recovery, however a few participants disclosed that they had found that AA was not personally suitable to them. Some found that due to living with anxiety they found group sharing daunting.

“I tried AA a few times but it’s a bit rigid and it was group work rather than one-to-one and I was never comfortable speaking in groups.”

Being able to have different options is important to recovery as it allows the individual to try different services until they find the one that is most suitable for them. Organisations should offer different counselling and therapy routes that allows for people to find their most comfortable support mechanism whether that is group settings or solo sessions.

Janet & James's Story

Janet had known James from a young age however they had lost contact over the years. Years later, they got back in touch with each other, and initially James mentioned that he was excessively drinking and trying to seek help. However, at this point, Janet did not realise how strong his addiction was. As time progressed, signs started becoming evident that James's addiction was increasingly getting worse.

“As the relationship grew, I come to realise that the reason why he’d turn up with a backpack on his back was – he’d have a bottle of water, but in that bottle of water was actually vodka.”

James sought support and attended rehab, which he had also previously tried before, however this was only for two weeks which for him, was not long enough to start him on the road to recovery. He went through stages of not drinking for a while and then excessively consuming alcohol to the point of being unable to function. Over time, Janet started noticing telling signs of when he was going through one of these stages.

“Sometimes, I’d come home from work, and the tell-tale sign was if the lights were all on. It looked like Blackpool Illuminations. I had that fear of dread in my stomach, and I thought, “He’s drinking.” I’d know straight away because you learn to recognise the signs.”

After trying a series of different support options, James's mum took him onto The Jeremy Kyle Show to access support and aftercare from the show. He had grown up in Essex however they sent him to a rehab in Bedfordshire initially for a month and

then to another facility in Blackpool. As he was so far from home, James got homesick and managed to access alcohol to help him cope. As drinking is not permitted with these facilities, he was forced to leave, however there was no aftercare or support offered to him once he had left the building.

“They kicked him out and the next thing is, he’s ringing me up, really drunk, he had lost his wallet and his phone, he was borrowing someone else’s. Between his dad and I, we had to get a train up to Blackpool, for him to come back down again to get him back home.”

The pattern of having a few weeks of sobriety and then consuming large amounts of alcohol carried on for a further three years. James attended another rehab centre for three months in Bognor Regis which during this time, Janet was out of the country. As James was living partially between Janet’s and his mum’s, he had asked her if he could come back to hers when he left rehab, to which Janet agreed. Whilst she had been away, she had a neighbour visiting her house frequently to check on her animals. During this time, Janet had received a phone call, her neighbour spoke of seeing all of her house lights on so had entered the house and found James unconscious upstairs due to his alcohol consumption.

“The first thing he had thought of when he’d come out of rehab was getting vodka.”

After this occasion, James infrequently accessed support via either his GP or a local alcoholism organisation. One day when he was staying at his mum’s, she had gone shopping and he had visited an off license to access alcohol. His mum came home and discovered that James had passed away upstairs which was later found to be caused by a heart condition prompted by the alcohol addiction.

“We used to say to him, “It’s not the alcohol that’ll kill you, it’s the damage it’s done to your body.”

Janet understandably found James’s passing incredibly hard and made her think of the different routes James had tried to take to access support and why they hadn’t worked for him. Janet was keen to emphasise the importance of services looking at root causes of addiction.

“There’s so much shame attached to being an alcoholic. You look at people sitting in the streets with a can of beer, and people would turn their nose up at them, and I just think you need to look beyond that. There is a reason for these things.”

Following supporting James through his life and witnessing addiction first-hand, Janet is currently studying to be a counsellor with the aim to specialise in addiction in order to help others.

3.4 Importance of Lived Experience

Across all three addiction sub-topics, every single participant mentioned the importance of lived experience in their recovery. They shared details of speaking to professionals, like doctors and counsellors, but found that they couldn't relate to the person they were speaking to, and they knew that this was mutual. It was thought that without lived experience, professionals did not truly understand 'how an addicts head works.'

"I've gone to CBT, I've gone to everything, and none of it worked until I was able to connect with that person who could relate to me."

Participants disclosed how significant groups and fellowships were to their recovery as it allowed them to speak to different people who were going through a similar situation although in different stages of recovery. It was mentioned frequently how some people had an expectation of the 'types' of people they would meet in these groups, and they found it reassuring when they were greeted by people from all different walks of life, different genders, ages, ethnicities and areas of profession.

"It was just an incredible thing seeing people who understood me, people I could talk to, people I could listen to, talking about what I was feeling in my head, in my mind."

It was deemed that talking to other people with lived experience helped people see that it was possible to recover and that it was one of the most motivating factors especially at the beginning stages of their recovery. Many people cannot imagine their lives without addiction as it appears impossible. By seeing others who have been in a similar situation and now in recovery, living a healthy life mitigates these negative feelings and can provide inspiration.

"I've found that someone telling me about my addiction isn't the same as someone saying where they've come from, how it was for them and how bad it was for them. To hear someone talking about crime and everything else, and then to see them, you just get that hope if it worked for them it can work for you."

Participants also shared how it is not only beneficial for people living with an addiction to hear from others with lived experience, but it can be hugely eye-opening for professionals with no lived experience themselves too. Speaking to those in recovery can provide in-depth insights into addiction which can be utilised when supporting those who are currently living with an addiction.

"I think it's helpful for people in training to hear from people with real life stories, so they can better understand kind of the social side and the kind of softer side, not just the medical model of addiction, but the kind of holistic role and the kind of dynamic it plays in someone's life."

3.5 Recommendations

1. GP Awareness, Education & Training

GPs to undertake training including signposting to support services for those living with a gambling addiction. People often go to their GP as their first point of contact when seeking support and GPs should be knowledgeable on what services would be most appropriate for that individual. Asking the patient questions on whether they may potentially be living with a gambling addiction should be included to encourage these discussions moving forward.

2. Addiction Awareness in Schools and for Parents

People are being introduced to gambling at a younger age, as seen in family bonding and through gaming and they are not always educated on gambling related harms. Children and young adults are taught about alcohol and drug addiction within their educational institutions however gambling is not included within this framework. Awareness around the potential of gambling related harms and where to go if an individual recognises this within themselves should be taught within schools, colleges, and universities. Educational material should be sent out to parents in school newsletters so they are additionally aware of gambling related harm and how this can be recognised in young people.

3. Dual Diagnosis

Drug addiction support organisations to increase the number of dual diagnosis workers to effectively manage the potential number of individuals who are living with a mental health condition alongside their drug addiction. By having dedicated members of staff who can efficaciously diagnose and aid these people to ensure that they receive support that will be most effective at increasing the chances of recovery.

4. Female Centred Support

Gambling addiction support organisations should dedicate more groups which are accessible for female attendees only. Females would be more likely to engage in open conversations in an environment they feel safe and comfortable in. These groups and other support methods should be promoted in a non-offensive manner and should not promote unhealthy stereotypes of 'what a gambler looks and acts like.' By doing so, this could be alienating for females in their first steps of seeking support.

5. Rehabilitation Aftercare

Residential rehabilitation facilities to provide aftercare to residents who leave the programme early. Many individuals find it difficult leaving the facilities and feel alone with the ease of accessibility of alcohol around them. Providing aftercare would help the transition period until the individual feels ready to use another service (like AA). Mental health support should additionally be offered to individuals to minimise the risk of relapse.

4.0 Conclusion

By listening to the lived experience of the participants within this report, it is hoped that we can influence positive change in services aimed to support those living with an addiction.

It is evident that experiences vary across different addictions however there is a consistent need for professionals to have a full understanding of the support that is required for someone in recovery. Having knowledge of local services and organisations that can be signposted quickly and efficiently to the individual can 'catch' them when they are in the right mindset to seek support. Addiction support services should continue and expand to include people with lived experience into their recovery programmes. Many people will be able to relate more to their support worker if they know that the professional has been in a similar situation before.

Education and awareness are key and young people should be taught about addiction from the earliest appropriate age to know the dangers that are associated with it. Education is not only important to young people but also to professionals too who may without it, try to medicate the individual instead of sourcing a problem focused medical solution.

It is key for professionals to speak to the person themselves to hear their experience to ensure that they are signposted to the correct organisation which may be able to offer dual diagnosis or offer support that is most appropriate for their demographic.

Times are changing and although there are improvements in support available and there is seen to be a small decrease of stigma around the topic of addiction, there is a long road to make the recovery journey for those seeking support easier.

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 enquiries@healthwatchesessex.org.uk

 01376 572829

 49 High Street, Earls Colne, Colchester, Essex,
CO6 2PB

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