



ADDICTION – An all-consuming relationship

RECOVERY – An all-reviving possibility

by Nick Barton, Chief Executive

Addiction kills people

In fact – and this can surprise - it is the number one preventable cause of premature death in the UK. The surprise is largely because people tend to forget the addictive aspect of cigarette smoking and the extensive scale of alcohol dependence, preferring to focus conveniently and more comfortably only on the stereotypical “junkie”.

Addiction can kill suddenly or over a long period. People may die from an overdose of heroin or in a road accident, driving themselves to death intoxicated by alcohol. Its multiplying harms may destroy a liver or heart or both instigate and sustain a depression that eventually results in suicide.

It is implicated in many other ailments and problems: cancer of several kinds, diabetes, poverty, homelessness, abuse and neglect, criminality, and all manner of accidents.

But addiction seldom, if ever, appears as such on a death certificate, helping to ensure we do not give it the attention it requires. Addiction flourishes in the shadows thrown by ignorance; wilful or otherwise.

If it doesn't kill, it usually wrecks the lives of individuals and families. In some cases it may be a way of coping with poverty and disadvantage, while in others it may be its cause. It is implicated in the accumulation of debt, most particularly in the case of gambling but, let's not forget, quantities of alcohol and drugs have to be paid for...somehow.

Addiction lays waste to human potential. It devours time, energy and spirit. It has a huge impact on communities and society as whole, costing billions every year.

And, you don't have to be addicted to suffer from addiction. Think of children growing up with addicted parents. Think of partners, spouses, siblings, parents, grandparents, friends and colleagues. It touches all of our lives in some way or another.

At a personal level, being addicted is like being enslaved to a cannibal skilled in hypnosis. While devouring your identity, your selfhood and indeed your body and soul, he convinces you that he isn't doing so. In addiction you're ready to be convinced. You are caught in an all-consuming relationship. As you consume you are consumed, as are those close to you.

You believe you're hopeless. You feel self-loathing and despair. And there is no shortage of people willing to confirm that denigrating self-view. Widespread ignorance and misunderstanding about addiction drains other people's empathy and heats the branding iron of stigma which is burned into your identity

But you never chose to be an addict. Why would you? Why on earth would you?

Addiction finds people through their mood-altering behaviour. People do alcohol and drugs or engage in potentially addictive behaviours not because they seek to become addicted but simply to change the way they feel – in the short term. These substances or behaviours work. They do the job in a variety of ways whether it is to relax, gain relief, ease psychological or physical pain, or increase energy or arousal. That's why people go back to them. But they go back entirely unconscious of their vulnerability to dependence. They think they are in control. And perhaps for a time they are but the consuming relationship may be forming.

It's a bit like a virus. You don't discover your immune system isn't working as well as it might until you're already sick. You avoid facing what is happening because that would mean giving up and giving up is the last thing you want to do. A brief encounter with the acute discomfort of withdrawal will help you there. You'll try to convince yourself you're in control; despite all the evidence to the contrary.

If you're close to someone suffering with addiction, you may feel very similar; consumed by your care for them and the continual encounter with powerlessness as you struggle - often desperately - to get them to change. After all, addiction is life threatening. You may lose them, not just for a while to the consuming relationship, but forever. You may try collusion, manipulation or variations on so-called tough love. Your life begins to narrow down too in a parallel way and addiction claims another as you lose sight of your own needs and welfare. Stress and distress take their toll.

I can imagine all this sounds bleak in the extreme but it is important for us to face up to the reality of addiction. But while addiction rakes its way destructively through our families, communities and society, it is not hopeless. People can and do recover from extraordinary depths. Ways are being found to help children and young people avoid the clutches of addiction.

Action on Addiction takes action to disarm addiction to achieve its vision of people free from addiction and its effects. We very deliberately use the word 'disarm' which, as metaphor, owes more to martial arts rather than to some of the more nakedly combative terms used by other causes in describing their charitable purposes. We think that for

human beings, by virtue of their very nature, the potential for addiction will always exist.

The Charity, which is offering itself as a national resource, believes its role is to find and disseminate ever more effective ways of decreasing the potential for addiction to take hold, building resistance, even immunity where possible as well as finding routes to sustainable recovery however, whenever and wherever people find themselves affected.



Action on Addiction

We work in two ways that interrelate. We work directly as in providing front-line services to individuals and families and indirectly through commissioning research, training practitioners and those in universal services and advocacy on behalf of our beneficiaries. On the direct side we run treatment centres in both residential (Clouds House and Hope House) and non-residential settings (our SHARP programme in Bournemouth, Liverpool and Essex), deliver or help others deliver programmes for families, including for children living with parental addiction (as through the M-PACT programme), run a work and life skills development programme (Working Recovery) and operate an alcohol free bar and entertainment venue called The Brink, in Liverpool.

On the indirect side – where we may affect the lives of people we never see in person - we commission research from the National Addiction Centre that we hope will result in real practical benefit and we run the Centre for Addiction Treatment Studies (a franchised partner of the University of Bath) where we train people to a higher standard than ever before.

In all our work we run up against stigma which acts in a variety of more or less obvious ways. It is perhaps the greatest obstacle to progress in our field. It is not just to be found in stereotyping and the casually dismissive language often used in the media. It is evident in the inadequate investment in research; hard to imagine another major life-threatening condition attracting so little funding. It is evident in the lack of investment in high quality services or training of those working with addicted people and their families. The problem is that there's a tendency to view addicted people through the lens of the consequential harm. We lose sight of the human beings, who come, let us remember, from all walks of life, classes, cultural and ethnic backgrounds.



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