Elza Berk - South Africa

For the past twenty years, I have worked in the addiction industry, an area that I am particularly passionate about due to my own lived experience with substance abuse and an eating disorder. At the age of 19, **I found myself in a treatment center, scared and desperate for change.** Drinking led to high-risk situations, including sexual assault, blackouts, and multiple suicide attempts. During my time in treatment, I discovered that patients were not allowed to leave the premises, see visitors, or have contact with the outside world, except during designated times. Unfortunately, the fear of relapse was often so great that it became overwhelming. As a result, I found myself locked in a bathroom, scared that I would use again without even realizing it.

Relapse was viewed as a shameful setback, and women with children were told that their kids would be taken away and placed in social services. Physicians were reported to the medical board, and their licenses were taken away.
As an addiction counselor, I witnessed the ongoing struggle of relapse and the negative impact it had. Clinics in South Africa used manual labor as a way to create humility and view addiction as a choice, with many rehabilitation programs touting a disproportionate success rate. However, often the success rate was due to patients never leaving treatment but instead starting to work in the facilities. If these patients used while working in the facility, they immediately lost their job and started the process again as an inpatient.

Even clinics with beautiful facilities, gyms, therapeutic groups, one-on-one sessions, trauma groups, and rave reviews from international and national clients had a looming fear of relapse. If a patient relapsed on food, pornography or substances, their family would be contacted, and depending on the severity of usage, the client would either be kicked out or have to start treatment again from the beginning. Any progress they made was written off, and they had to acknowledge that they hadn't gotten the powerlessness and damage that their addiction caused them - starting Step 1 of the 12 steps. **This narrative puts the blame on the individual and implies that it was their choice to relapse.**

Clinical treatment studies have reported that up to two-thirds of individuals in early recovery will relapse within weeks or months of starting treatment, with over 85% of people relapsing and returning to their addiction within a year of treatment. After two years of substance use recovery, 40% of individuals relapse. Despite this, clinics in South Africa still promote abstinence and inform patients that they need to be readmitted if they relapse. Counselors with lived experience with substances are paid much less than those with degrees or doctorates, and they are required to have regular urine tests to ensure that they are still "clean" on the job.
My time in rehabilitation centers, as a client, created a safe space and a break from my incredibly violent and neglectful home life. Nevertheless, I was vulnerable, scared, and desperate, and I would have done anything they asked me to do. However, this does not mean that the clinic was safe, only that it was safer than my home life.

There is a severe lack of human rights for those who enter addiction facilities as clients, and those with lived experience are often told that they can only keep what they have by giving it away. **Addiction is not treated as a mental health issue but is still seen as a choice.**

Marcel Niezan - Netherlands

Not one person in the world chooses to become an addict, or rather: a person with an addiction. No one desires to lose themselves in alcohol or drugs. No one wishes or aspires to live a life of lies, loss, illusion and disillusion. Addiction is not reserved for certain people. Of course, some factors determine that one person is more vulnerable or predisposed to become addicted. But in general, addiction does not differentiate between country, race, religion, income or social background.
In the Netherlands 2 million (population is 17,7 million) have an addiction. The most common addiction is alcohol and smoking is the most deadly. Only 10% of the people seek help in addiction care, and the waiting lists are long.

Addiction care in the Netherlands has a wide range. There are clinics and treatments for youth, adults, older people, women with little children, families, forensic etc. Used treatments are CBT, EMDR and system therapy but also running therapy, creative therapy, psycho motoric therapy etc. Most organizations work according the 12 steps Minnesota model or use the Biopsychosocial-model.
Addiction is seen as a (mental) disease with a pathological character. Even though knowing this, there still is a lot of stigma and moral judgement regarding addiction. The opinion, at least in the Netherlands, and even amongst a lot of caregivers, is that addiction is a choice and addicts are weak and spineless.

So, when you find yourself lost in an addiction, admit to that and want to seek help, you first have to fight stigma, self-stigma, judgment and waiting lists. Once in addiction care the focus is on cure and symptom control. The creed is: **once addicted, always addicted. A message deprived from all hope.**
It is not strange that clients and client organizations wanted change and battled for a paradigm shift. As a result, the recovery vision was developed and introduced into addiction care. Recovery is the process of self-discovery and change as one grows beyond the catastrophe of mental illness It is a way of living a satisfying and meaningful life with or without limitations caused by the illness (William Anthony). Empowerment, taking control, focus on the whole person, shared decision making, involving family and close ones and a holistic approach are important ingredients.

Experts by experience are working in most addiction care centers now. They use their lived experience to support others in their recovery process and have an attitude of hope and optimism. They start from a reference of 'being there'; use their professional framework of reference in a modest and unobtrusive way; make room for support and connect with the persons own story about their life, problems and recovery; acknowledge and stimulate the use of personal strength (empowerment) individually and collectively; utilize and stimulate the development of expertise by experience of the person; utilize and stimulate the support of the person by significant others, is focused on the relief of suffering and on the enhancement of self-management and personal autonomy.

Based on my own experience as a social worker and former client in addiction care is that all this is not enough. **My personal opinion is that addiction is a symptom from something else. You have to address that something else; it may be a bad childhood, poverty, abuse or trauma.** Addressing those experiences is the way to really find healing.

And not one person in this world does not want to heal.
We, as peer workers, can and must support that!

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Numan Miah - United Kingdom

My journey through addiction is by all means not unique nor is it an uncommon ordeal but it is an uncomfortable experience that warrants discussing and being told so that others may find their way. In what I can only describe as a misty haze of pleasure used to escape from a legacy of pain and suffering. This is my story of being addicted to opioids and cannabis from 16 - 27 and how I exploited the everything encompassing me to get what I wanted and the failings in the system to properly help.
I started using opioids from approximately 16 to help me with my studies as I was determined to get into university for course I desperately wanted to do. But this did not happen, and my intake of codeine and tramadol had reached excessive levels by the time I was 18 wherein I was struggling to cope without them on a daily basis

I rationalized in my own mind it was to soothe my whiplash pain and to help me escape the sense of huge disappointment I had caused within the family. I did not seek help within the family as I feared I would be judged for resorting to drugs to help myself, I did not have the energy to be seen as a failure time and time again in so many ways and then to add addiction on top of that was worse. Adding on top being a brown Muslim person, I would have been shunned even more so and the family would have lost 'face' in the community, I had to protect that regardless of my own health needs.

A few months after turning 20, I was exposed to cannabis, and I enjoyed it. I truly did. I resented I became that person, that sense of guilt and self-loathing never left me until I became sober. At times when the guilt became too much, and the usage was getting in the way of academia I would give away my supply to friends because I wanted to stop. But it did not stick. A lot of the guilt stemmed from how I would face the family if they ever found out and less about how I saw myself. Sometimes, I felt like a traitor to my Lord and how I would face them, that sickening feeling within myself drove me further into a guilt spiral, but it just did not hold me down enough to stop.

I broke the law multiple times procuring drugs, associating with unsavoury characters, neglecting my own health in a pursuit of manufactured happiness. Struggling to remember anything and having only snapshots of everything, I kept photos as 'milestones' so that I could remember those times. A friend at the time told me 'I was living on borrowed time' and that really struck me. The thought of my sister calling me a 'junkie' when she was only aware of me using cannabis kept on doing loops in my mind. I did not want to be attributed to those definitions.
In my third year of law, I was trying to make a concerted effort to give up and I would scold one of my friends for using cannabis. By postgraduate, I was back to old habits and using cannabis and opioids every day to cope with everything. I became a hypocrite to my own principles and to my former self, with me doing law it felt defeatist to be using illicit substances and discuss legal principles. I was using so much; I had developed a tolerance to cannabis and could not get 'high' and that was frightening.

Upon graduation I found myself desperately alone and unemployed, this **pushed me further to use and I just could not approach the health system**. As that was more so focused on resolving the addiction instead of why I was using and approaching family was unfathomable to me. The final push to sobriety came for me when it dawned on me, I was just spending my days in a constant intoxicated state with little to no accountability of my activities and I thought I was clear headed enough to see my niblings if I did not use for a day. But in reality, I was sluggish, irritable, and not playful, I was not me.

The thought of relapses terrifies me but being addicted is worse for me.
I became clean on 23rd December 2020 from everything, and I am grateful for that.

"What progress, you ask, have I made? I have begun to be a friend to myself." - Hecato

"The goal isn't to be sober. The goal is to love yourself so much that you don't need to drink." - Unknown

"Recovery is about progression, not perfection." - Unknown