UK Recovery Walk
2019 Middlesbrough

FAVOR UK RECOVERY

Together We Can

Annemarie Ward

Chief Executive - Faces and Voices of Recovery UK

Welcome everyone to the 11th UK Recovery Walk. On writing this introduction I have been reflecting on how far we have come as an organisation and also as a community. There have been many losses and gains in our field this year, echoing my own personal journey which has saw the death of my mother this year. Her loss to me and my family has undoubtedly impacted the pace of the Charites works this year. I have also seen great leaps of growth with my other family relationships as life slowly but inevitably moves on.

We all come to the walk each year to celebrate our recovery and no doubt have a joyous fun filled day I can't help but think about the difficulties we face as a field and would like to take the opportunity in this year's annual report to highlight my main areas of concern. Although overall drug use is declining, drug related harms are not. Drug related deaths have increased significantly during the last ten years since we started walking together. In 2017 there were 2,503 drug related deaths registered in England and Wales 934 in Scotland and 136 in Northern -Ireland. The prevalence of hepatitis C in the UK particularly England remains high among people who inject drugs with a quarter currently infected, while nearly half of those currently infected do not know that they are. Around one percent of people who inject drugs are living with HIV and in 2017 there were 140 people newly diagnosed cases.

Being here in Middlesbrough this year we see Heroin Assisted Treatment (HAT) which we know is a clinically effective treatment for people who inject "street" heroin daily but do not respond to oral methadone and buprenorphine

treatments, and we know they will achieve health improvement and crime reduction outcomes. Despite the international evidence base for HAT, it is only available for a few dozen individuals in a small number of local areas. Similarly, Social Network Interventions, particularly Facilitated Access to Mutual Aid, is an evidenced based intervention too which supports long term recovery in the community. Despite being recommended by the National Institute for Clinical Excellence and Public Health England, it is still not consistently provided across all drug treatment services.

On a positive note we will also hopefully see the newly approved drug Buvidal introduced as another potential choice of treatment and alternative pathway to recovery be available across the UK.

Since 2014/15 public health budgets to local authorities has been reduced by £700 million which has had an impact on the capacity of local drugs treatment services and their ability to retain an experienced and expert workforce. Mandating local authorities to commission drugs treatment services alongside other mandated public health services will protect them against disinvestment following the discontinuation of the ring-fenced Public Health Grant. (drugs and alcohol treatment are not currently "mandated services", that is, there is no legal duty for local authorities to invest in them).

The debate continues around Supervised Injecting Facilities (SIFs), sometimes referred to as Drug Consumption Rooms, which we know are effective in attracting vulnerable people who inject drugs, reducing drug related deaths, HIV transmission, drug related litter and improving access to drugs treatment. There is no evidence that they increase drug use or supply in the areas that they are located. Drug testing services, alongside other multi-agency safety initiatives, have the potential to reduce health harms by influencing drug using behaviour and improving intelligence.

Despite the international evidence base for Supervised Injecting Facilities, the Home Office continues to refuse to allow such facilities anywhere in the UK to allow a comprehensive evaluation of their effectiveness in a UK context. Giving local areas the flexibility to meet local need for a Supervised Injecting Facilities could potentially have a significant impact on reducing drug related harm.

Unity across our field is essential if we are to be effective advocates for a range of harm reduction and recovery support services. We cannot allow ourselves to be divided and must advocate for the complete range of interventions that keep people alive who are still in active addiction, reduce the societal impact of their substance use and support them in long term recovery. This begins with the recognition that there are many pathways to recovery and all are a cause for celebration. This year the FAVOR UK annual conference will be celebrating the many pathways to recovery with a combination of professional and peer presentations from the different recovery pathways.

Annemarie Ward

The ‘Oldest New Town’ In England

How Middlesbrough grew from a small farm of 25 people to one of the most important towns in the UK’s history.

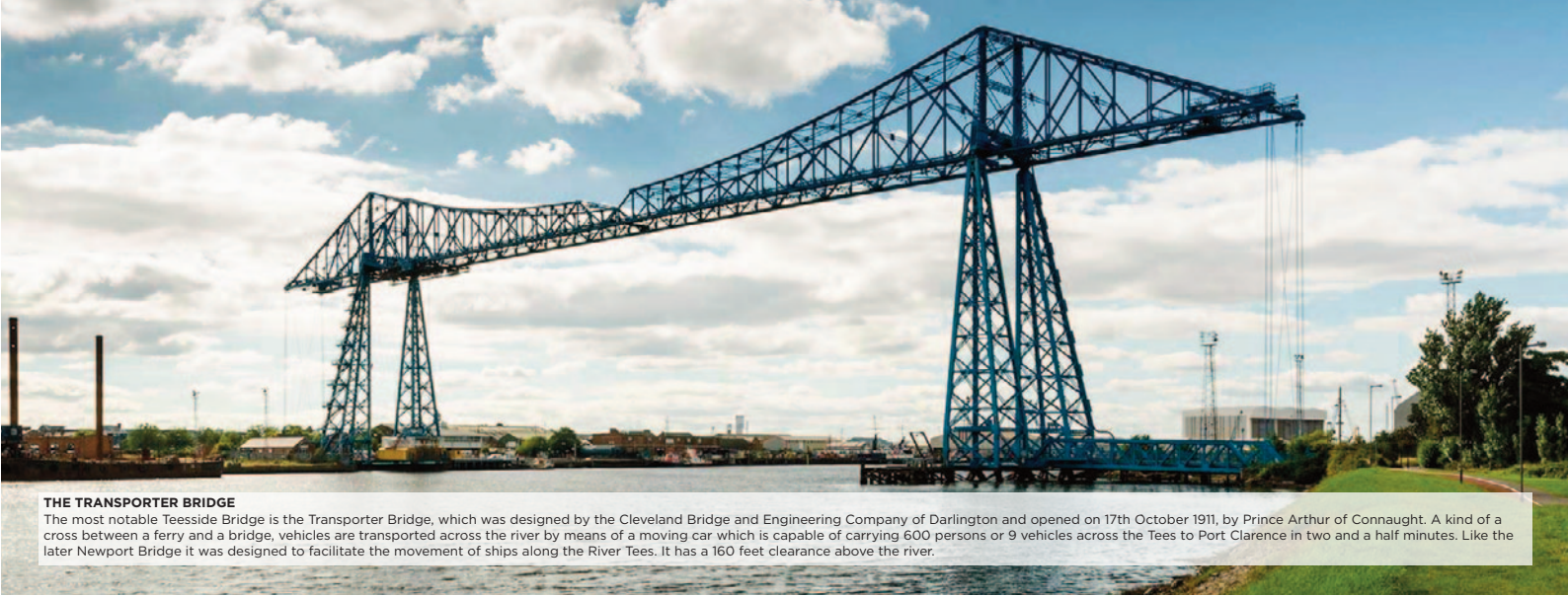
In Anglo-Saxon times Middlesbrough was certainly the site of a chapel or cell belonging to Whitby Abbey but despite this early activity, Middlesbrough was still only a small farm of twenty five people as late as 1801.

In 1829 a group of Quaker businessmen headed by Joseph Pease of Darlington purchased this Middlesbrough farmstead and its estate and set about the development of what they termed `Port Darlington’ on the banks of the Tees nearby. A town was planned on the site of the farm to supply labour to the new coal port – Middlesbrough was born.

Joseph Pease, ‘the father of Middlesbrough’ was the son of Edward Pease, the man behind the Stockton and Darlington Railway. By 1830 this famous line had been extended to Middlesbrough, making the rapid expansion of the town and port inevitable. In 1828 Joseph Pease had predicted there would be a day when “the bare fields would be covered with a busy multitude with vessels crowding the banks of a busy seaport.” His prophecy was to prove true. New businesses quickly bought up premises and plots of land in the new town and soon shippers, merchants, butchers, innkeepers, joiners, blacksmiths, tailors, builders and painters were moving in.

In 1850 Iron ore was discovered in the Cleveland Hills near Eston to the south of Middlesbrough and Iron gradually replaced coal as the lifeblood of the town. The ore was discovered by John Vaughan, the principal ironmaster of Middlesbrough who along with his German business partner Henry Bolckow had already established a small iron foundry and rolling mill at Middlesbrough using iron stone from Durham and the Yorkshire coast. The new discovery of iron ore on their doorstep prompted them to build Teesside’s first blast furnace in 1851.

With iron now being in big demand in Britain, particularly for the rapid expansion of the railways, more and more blast furnaces were



THE TRANSPORTER BRIDGE
The most notable Teesside Bridge is the Transporter Bridge, which was designed by the Cleveland Bridge and Engineering Company of Darlington and opened on 17th October 1911, by Prince Arthur of Connaught. A kind of a cross between a ferry and a bridge, vehicles are transported across the river by means of a moving car which is capable of carrying 600 persons or 9 vehicles across the Tees to Port Clarence in two and a half minutes. Like the later Newport Bridge it was designed to facilitate the movement of ships along the River Tees. It has a 160 feet clearance above the river.

opened and by the end of the century Teesside was producing about a third of the nation's iron output.

By 1860 the population had increased to an incredible 20,000 and by the 1870s, steel, a much stronger and more resilient metal was in big demand and Middlesbrough had to compete with Sheffield. In 1875 Bolckow and Vaughan opened the first Bessemer Steel plant in Middlesbrough.

Associated with the making of steel on Teesside is the construction of bridges, one of the industries for which the area has achieved international recognition. Chief among the bridge building firms was Dorman Long, a firm which began as an iron and steel works in 1875 manufacturing bars and angles for ships.

A natural progression from this was to become involved in the construction of bridges particularly when Dorman Long took over the concerns of Bell Brothers and Bolckow and Vaughan in the late 1920s.

The expanding iron and steel industry of Middlesbrough in the 1860s and 1870s spurred on the growth of Middlesbrough with a population of 19,000 in 1861 increasing to 40,000 only ten years later. The residents of this early town came mainly from neighbouring Yorkshire and the North East, but later from Cheshire, Ireland, Scotland, Wales and a some European countries.

At the turn of the century Middlesbrough's population had more than doubled to 90,000 and it must have been hard to believe that only seventy years earlier the town did not exist. Today Middlesbrough has a population of 150,000 and is undoubtedly the heart of the Teesside conurbation and the modern 'Capital' of the area. In English history nothing compares to Middlesbrough's rapid growth. It is no wonder that Middlesbrough has been described as the `oldest new town' in England.

5

GREAT THINGS MIDDLESBROUGH HAS GIVEN US

While you will find many people who can't spell Middlesbrough or Teesside, let alone place it on a map, it's fair to say it has given some pretty impressive things to the world.

From famous faces and works of fiction that will sit on many a bookshelf, to sporting legends and of the most famous maritime explorers - while there will be lots of people around the globe who don't know too much about our area, many will have benefited in different ways.

So here's just 5 ways Teesside has made its mark on the world.

1 CAPTAIN COOK

Captain Cook was born in Marton, Middlesbrough in 1728 and was one of the most famous maritime explorers of the 18th Century.

He was the first to map Newfoundland prior to making three voyages to the Pacific Ocean. There he achieved the first European contact with the eastern coastline of Australia and the Hawaiian Islands as well as the first recorded circumnavigation of New Zealand.

2 THE FRICTION MATCH

The iconic Sydney Harbour Bridge, climbed by thousands each year, was built by Dorman Long with steel manufactured in Teesside.

Canary Wharf, the new World Trade Centre in New York, Heathrow Airport's Terminal 5, and Wembley Stadium, are among others thave have been constructed using steel from Teesside,

3 TEESSIDE STEEL

With a keen interest in trying to find a means of obtaining fire easily, John Walker invented the friction match in 1827.

But he came across the method by accident. While preparing a lighting mixture, a match which had been dipped in it took fire by an accidental friction upon the hearth.

4 MUSICIANS AND ACTORS

Chris Rea, James Arthur, David Coverdale, Maximo Park frontman Paul Smith, and Paul Rodgers all hail from the Middlesbrough area.

Jamie Bell, who was picked from 2,000 youngsters to play Billy Elliot, and has since gone on to land major roles in Hollywood movies, Stephen Tompkinson, Charlotte Riley, and Thornaby's Richard Griffiths who is best known as Harry Potter's angry muggle uncle Vernon Dursley.

5 SPORTING GREATS

Brian Clough, Kat Copeland, Amy Wilmot, Jonathan Woodgate, Wilf Mannion, Richard Kilty, Aimee Willmott, Stewart Downing, Bill Athey, Jade Jones, Chris Tomlinson, Tanni Grey-Thompson - the list really could go on.

But these 12 names are just some of the talented sportsmen and women who have flown the flag for Teesside in their achievements.

Abbeycare Group are residential addiction treatment clinics situated throughout the UK. With rehab clinics in Scotland, between Glasgow and Edinburgh, and our flagship clinic in Gloucestershire, we treat people suffering with alcohol and drug addiction and the problems associated with substance dependence and misuse and have a proven track record.

Abbeycare offer uncompromising treatment programs for detox and rehabilitation from alcoholism and drug addiction. Our programs are open to anybody aged 18 or older who is committed to recovery from alcohol or drug abuse. At Abbeycare, we offer a programme using best practice and proven techniques – rehab that's designed to help you get to grips with the physical, psychological and emotional implications of your alcohol or drug problem.

At Abbeycare, you will get the support you need to recover from alcohol or drug dependence. You will also learn about making the big changes – in your lifestyle and in your thinking – that will let you maintain your recovery.

We know the fingerprint of addiction and are ready to help you now!

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FACES AND VOICES OF RECOVERY UK

ANNUAL CONFERENCE 2019

Supported by Abbeycare Group and University of Chester


Tony Mercer


Clifford Johnson


Daniel Ahmed


Donald McDonald


Dot Turton


Mark Moody


Prof. John Stoner

SEPT 06 2019

BAR ZERO
133 LINTHORPE ROAD, MIDDLESBROUGH
TS1 5DE

THERE ARE MANY PATHWAYS TO RECOVERY - AND ALL ARE A CAUSE FOR CELEBRATION!

This year's conference will be celebrating the many pathways to recovery. A mixture of professional speakers and local people in recovery will be talking about their work and personal recovery stories, celebrating medically assisted, harm minimisation and abstinence pathways to recovery.

10.00am	**INTRO – TONY MERCER** Tony Mercer, Public Health England
10.05am	**KEYNOTE SPEECH – CLIFFORD JOHNSON** Clifford Johnson
10.45am	**MEDICALLY ASSISTED TREATMENT AND HARM MINIMISATION ROADS TO RECOVERY** Daniel Ahmed
11.10am	**RECOVERY SHARES**
11.40am	**BREAK**
12.10pm	**MANY PATHWAYS TO RECOVERY** Donald McDonald
12.35pm	**RECOVERY PATHWAYS IN HIGHER EDUCATION** Dot Turton, Recovery Connections
1.00pm	**LUNCH**
2.00pm	**MANY PATHWAYS TO RECOVERY IN TREATMENT** Mark Moody, Change Grow Live
2.20pm	**ABSTINENT PATHWAYS TO RECOVERY** Prof. John Stoner, Univeristy of Chester
2.45pm	**RECOVERY CONNECTIONS SHARES**
3.15-pm	**Q&A SESSION**

For tickets visit www.tickettailor.com/events/facesvoicesofrecoveryuk

MIDDLESBROUGH RECOVERING TOGETHER

The Middlesbrough Recovering Together (MRT) service model aims to provide a clear recovery pathway and ensure that service users experience their journey as a single system, catering for the needs and aspirations of all. Harm minimisation, prevention, early intervention and specialist recovery interventions form core elements of the service, underpinned by accredited screening tools, assessment and care co-ordination processes that focus on strengths and aspirations.

The three elements - pharmacological, psychosocial and recovery - operate under a single integrated umbrella 'service': MRT, utilising evidence-based delivery models to provide individually tailored treatment packages with recovery embedded from the offset to support residents of Middlesbrough to become free from drug and/or alcohol and sustain their recovery in the community. The three partners delivering each individual element of MRT are CGL, Foundations and Recovery Connections.

Recovery connections

How an organisation led by the community inspires, motivates, empowers and supports visible long term positive change for those affected by substance use.

Recovery Connections was founded in 2008 by members of the Middlesbrough recovery community and was one of only a few lived experience led organisations. After a number of years providing peer support and achieving some of the highest accolades including the Queens Award for voluntary service, charity status was achieved.

Lived experience is at the core of the organisation and currently 80% of staff are in recovery from addiction or family members. Feedback from the people who access support suggest the opportunity to receive support from someone who knows what its like to be struggling with the negative impact of substance use, is hugely beneficial.

Recovery Connections deliver the recovery element within the Middlesbrough Recovering Together Partnership. The residential rehabilitation element achieved a CQC rating of outstanding in April 2019. Offering a 24 week residential facility, the rehab team deliver a hybrid 12 step framework and recovery coaching therapeutic programme.

Recovery support is provided in the form of therapeutic groups, mutual aid, community led activities and individual sessions. Connection is fundamental to recovery and everything on offer promotes the value of peer support. Education, training and volunteering provides a valuable focus and purpose in early recovery. Academic achievements over the last 12 months within our community include maths student of the year and three successful enrolments on under graduate degree programmes.

The support of students in recovery within Teesside University is a project that is in the early stages and much needed nationally. Based on the North American Collegiate Recovery model, it aims to reduce the isolation of students studying in an abstinence hostile environment. The pressures of higher education coupled with for some, the silence of being in recovery can be challenging. Connecting with others in recovery provides much needed peer support and social opportunities that don't involve alcohol. A mobilised visible recovery community on campus offers help and support to students with escalating problematic substance use who are reluctant to access formal services.

Family values are threaded throughout the organisation, bringing your whole self to work is encouraged and celebrated. Staff identified non conformity and humility as core values of the organisation, a view that is celebrated by the organisation. Recovery Connections are proud to support all pathways of recovery and everyone is welcome.

UK RECOVERY WALK - MIDDLESBROUGH 2019

YOUR WALK ROUTE

Join thousands of people in recovery, their families and friends for hte biggest gathering of recovering people in Europe as we walk through Middlesbrough, starting and fninshing at Centre Square, celebrating and advocating for recovery.

Each September in the UK thousands of people in recovery as well as projects and services celebrate their successes and recovery itself by organising and taking part in events that are hosted up and down the UK. See our website for the Official Recovery Month Events Calendar for more information.

Anyone can be involved. You can join the walk, attend events, speak to us or your local recovery organisation or just ear something purple to show your affinity.

This years walk offcially commences at 12pm. From Centre Square you will turn left on to Albert Road, right on to Grange Road, right on to Linthorpe Road, right on to Corporation Road before turning right back on to Albert Road (in more simple terms you will be walking in a clockwise direction around the Cleveland Centre.

Following the walk, there will be free food and live entertainment on our specially erected stage. Details of the entertainment will be provided on the day.

foundations

Heroin Assisted Treatment

Daniel Ahmed, Clinical Partner at Foundations Healthcare, discusses a somewhat controversial clinical trial taking place right here in Middlesbrough which will hopefully change the lives of fifteen people.

At first glance the idea seems ludicrous, supplying heroin to people who use heroin, whatever next! Hopefully when you understand the evidence, like me you will be a convert to the idea and support the wide spread introduction of this treatment option.

Heroin Assisted Treatment (HAT), sometimes referred to as Injectable Opioid Treatment (IOT), Opiate Assisted Therapy (OAT) or Diamorphine Assisted Treatment (DAT) is often seen as a controversial treatment approach.

Heroin assisted treatment was introduced initially in the UK in the 1920's supplying a few hundred patients nationwide. During this period prescribed heroin was issued in take home doses and is referred to as the 'British System'. Unfortunately, although anecdotal evidence suggested this was an effective way of supporting people who had problems with heroin use, no formal evidence was collated in this period.

The practice was slowly phased out between the 1960's and 1980's partly due to pressure from the US government as part of the war on drugs and partly due to the introduction of methadone which increasingly began to be seen as a more suitable treatment option. During the mid-90's Switzerland was home to some of the largest open drug scenes in the world, with major city parks effectively becoming areas where people injected heroin openly, these were referred to as needle parks. Ambros Uchtenhagen, a distinguished Swiss Psychiatrist began large scale trials of HAT as an attempt to address the rising criminality and ailing health of people who used heroin.

The trials selected patients who had repeatedly failed to benefit from methadone treatment and differing significantly from the 'British System' no take home doses of heroin were issued. Patients in the programmes attended treatment centres where they self-administered prescribed heroin (diamorphine) intravenously under medical supervision several times a day. Trials were a success with patients in the programmes greatly reducing criminal behaviour whilst improving their health. This has become known

as the 'Swiss system' and the adopted model for delivering HAT worldwide. Swiss treatment centres now offer take home doses of non-injectable diamorphine as part of treatment with some patients moving away from or reducing injectable routes of administration.

Further countries followed suit and introduced HAT as an available treatment option to support people to stabilise the impact of their heroin use.

Professor Sir John Strang describes how the Swiss found a rusty pen knife in the British System and turned into a shiny Swiss army knife (Swiss system).

The UK conducted its own trials into HAT, led by Professor Sir John Strang, known as the RIOTT (Randomised Injectable Opiate Treatment Trials) which adopted the Swiss System approach of patients attending centres several times a day to self-administer medication with patients issued either oral methadone, injectable methadone or injectable diamorphine. The trial concluded that prescribing of diamorphine resulted in a reduction in street heroin use that was greater than the results achieved by the two forms of methadone.

Further evidence exists via studies such as the SALOME trial in Canada and repeated systematic reviews of existing evidence which repeatedly confirms improvement in people's health, social stability and reduction in associated crime.

During field visits to Switzerland and Canada, I have been able to witness first-hand the positive impact on people's life's HAT has had. In Vancouver I met 'Spike' who described how he went from being homeless and gripped by his heroin use to stabilising and running for local council, although he didn't win his seat he amassed several thousand votes. HAT allowed him to stabilise and unlock his potential.

The latest version of UK guidelines for the Clinical Management of Drug Misuse and Dependence (2017) notes HAT as an evidence based intervention that may benefit individuals who failed to benefit from optimised methadone/buprenorphine. HAT is an effective second line treatment option when the first line option has failed.
It is estimated 5% to 10% of patients who access methadone and buprenorphine treatment at optimised doses (doses known to be the most effective) will fail to benefit. The impact of the failure to benefit is profound, the individual continues to engage in high risk behaviours which increase the risk of death or significant harm, the community suffers as the crime and social breakdown of unstable drug use impacts them and already stretched social structures are put under increasing pressure such as increased access to emergency health care for overdoses, policing costs, failed engagement in probation services and repeated short sentences in prison. People failing to benefit from treatment remain locked in a cycle of offending and incarceration which puts them at high risk of death or serious harm and leaves the wider society mopping up the harms to families and communities.

The evidence is clear; other countries have widely adopted this approach, it's been shown to be cost effective so why don't we see widespread HAT in the UK? It seems a complex mix of reducing budgets, a lack of a recommended central government funding and service pressures to focus on supporting people to be abstinent from drugs and discharged from treatment services has meant HAT has largely been overlooked as a treatment option.

Sadly a backdrop of increasing drug related deaths, the UK having the largest rate of drug related deaths in Europe, and an aging population of heroin users who have a complex range of health conditions has highlighted the need to explore all available treatment options with several areas working hard to introduce HAT to the available treatment options.

One area is Middlesbrough, which through the organisation I represent is about to introduce HAT. Foundations, as part of Middlesbrough Recovering Together (a partnership with CGL and Recovery Connections) with support from Cleveland PCC, South Tees Public Health and Durham Tees Valley CRC have worked together to bring HAT to Middlesbrough.

Why Middlesbrough you ask? Every area will have people who would benefit from this treatment option, Middlesbrough has a great need for a range of harm reduction focused interventions of which HAT is one. The town contains 5 of the most deprived wards in Europe and has the highest number of heroin users per head of population than the rest of England. Middlesbrough, being part of the North East of England which is the region with the highest level of drug related deaths in England.

As part of the preparation of HAT we explored the economic impact of people failing to benefit from treatment. We selected 20 individuals who would be suitable for HAT and explored the known costs. Policing the 20 individuals cost approximately £800k, that's the costs for arresting and processing to get to court, that works out that each Middlesbrough Council resident is paying £5.50 per year to police 20 people. Add in the cost of prison sentences (approx £1million) and addressing the acute and chronic health needs the cost continues rising yet people aren't stabilising so the cost continues year on year. Economically it's a no brainer; we are wasting millions on managing a small number of people ineffectively when evidence suggests the whole town will benefit from the introduction of HAT. One aim of our programme is to reduce street heroin use, and such a reduction in street heroin use has been shown in all previous studies to reduce crime, improve health and support improved community cohesion.

Foundations is going to provide HAT to 15 people, who will attend the clinic twice daily for 7 days a week for self-administration of injectable doses of diamorphine under supervision of medical staff. People in the programme will have wrap around support from the MRT team and wider partner agencies to help them address a wide range of needs. Care Co-ordination staff will ensure each person has a detailed recovery plan and access to psychosocial interventions.

The programme is recovery focused, individuals will have the opportunity to engage with recovery ambassadors (people with lived experience who have been through the treatment system) and staff who will offer support, encouragement and connection to recovery focused interventions. Recovery outcomes will be defined by the individual with options to reduce diamorphine and access to the local Recovery Connections quasi residential rehab as an end point of the programme.

By the time you read this our programme should be underway with people benefiting from it and achieving some stability back in their lives, perhaps for the first time. People and communities, who have had nothing but a cycle of pain and punishment, will be able to take time to begin piecing their lives together. Hopefully other areas will be providing HAT and instead of being controversial this evidence based health focused harm reduction intervention will be accepted for what it is.

Colin's Story

My name is Colin, and I am a recovering addict. A grateful one. I arrived in recovery, at the end of a journey marred by abuse, inconsistency, and feeling that the whole world revolved around me.

I grew up very introverted, shy, painfully so, separated myself from the world as I felt I had been constantly let down by the people who I thought were supposed to keep me safe. My dad did his best when my mum left however it couldn't prevent from going down the path of self-destruction that ensued.

I was angry, resentful and wanted to rebel. I had no self-confidence, and getting into drugs gave me that for a period of time in my early teens. My drug use progressed. Never social, always dangerously anti-social.

By the time a realised that my drug use was affecting my whole life, it was, so I thought, too late. I had pushed away everyone I had left in the small circle of people that I had known. Life was a merry-go-round of stealing/begging to fund my use, to prison and back again.

This led me to treatment. I was literally a quivering wreck, I could not string a sentence together, and refused to let anyone into my world. My childhood had shaped my mistrust of others.

During treatment, I got clean. But not only that, I started to learn that I was a good person, that I had something to offer the world. I started to smile again, and, in time, started to lighten up and let people in. It has taken time to let my barriers down, and I am working on it day by day.

I became employable. Where I left school without any education, I now have degree. I have a job, a home, a beautiful partner, step son and daughter of my own. All of this would not be possible if I was not in recovery, continuing on the journey and learning from my mistakes.

I am a good person. I have lots to give. I let people in. I refuse to live in the darkness. For anyone wanting to get clean and find a new way of life, reach out, step into the light. It feels great!

“I’m now doing things I never thought I would do. I’ve done a few courses, even appeared in a production of Macbeth.

The best thing in my life now is I‘m back in contact with my daughter and my grandkids. It’s like having a new family, really.

I’m now just enjoying life again.”

Eddie Thompson, at Forward Leeds, a service led by Humankind.

FORWARD LEEDS INSPIRING CHANCE

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Sam's Story

I come from a dysfunctional family. Both my parents were alcoholics, so when I was 12 I moved into a children's home. I have suffered from anxiety and stress most of my life.

Around the age of 14, I started drinking at weekends until I blacked out. I would wake up the next day not knowing how I got home. I got a job and started partying at weekends – binge drinking and taking drugs. When I reached my late 20s, I realised I had a problem and went into counselling. This opened up many emotions which triggered more drinking.

At the age of 29 I fell pregnant and I moved with my daughter to Edinburgh, thinking this would help me. Instead I started drinking again and taking cocaine. My flatmate pushed me to get help as she was worried about me and my daughter.

I was prescribed Antabuse (a drug used to treat alcoholism) and started an abstinence programme. I was sober for a year, before I had a relapse. I went back on the programme, but this time I was beginning to understand what was wrong with me.

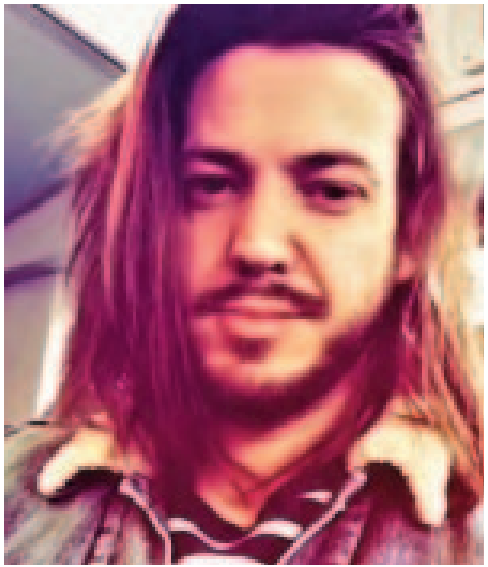
I started volunteering and I came close to getting a job, but then relapsed again. I fell pregnant and managed not to drink, but then afterwards, the anxiety and stress came back and so did the drinking.

In 2018 I came to Change Grow Live. My keyworker Ellie taught me mindfulness and introduced me to a recovery app called Breaking Free. I've had a few blips but as soon as Ellie heard, she texted me straight away - which was great.

Change Grow Live encouraged me to become a Service User Representative which is something I really value. I didn't think I'd be allowed to because of the blips, but I wasn't excluded.

I've been put forward for training and a group programme. Eventually I would like to work as a support worker.

I feel I am making progress.



Phoenix Futures
The charity that is confident about recovery

Thomas's Story

Hello, my name is Thomas; I'm 32 years young. I have one hell of a resilient and wonderful mother, three remarkable brothers, a beautiful sister and a gorgeous nephew, as well as a soon to be born nephew/niece who will be a magnificent addition to the family!

I took to drugs rather than alcohol as I'd seen first-hand the effects of alcohol and how it tore my family apart, this was also paramount to the underlining issues which are accountable for most of the pain and suffering I experienced during my life. Alcohol for me was a substance I thankfully didn't choose to pursue, however surprisingly drugs were.

Now as doom and gloom are my initial thoughts and involvements around addiction, in the beginning I loved taking drugs, I couldn't get enough of them. Like most addicts would tell you, in the beginning drugs were exciting, they were only used socially and to a certain degree without harm, or so I thought anyways. However like every "Honeymoon Period" we all know that it will inevitably end. After an on-off addiction with ketamine, a ghastly substance I had an impenetrable 10 year battle with. I eventually hit rock bottom when I was made redundant in 2018. I felt that I had no purpose in life and that I had become a complete and utter failure as an individual and also as a member of society, a laughing-stock to my friends and family.

I can remember the day I got the call from Phoenix Futures informing me of my admission date. I can remember trying to tackle my way down the stairs, running into the kitchen to share the good news with my loving mother, we both broke down in tears and to this day I can still remember the glimmer of hope she had in her eyes as well as the relief in her voice as we cried together hugging.

I let my destructive behaviors and thoughts not only ruin my life but all those around me who really love and care for me. This stopped the day I moved to Scotland and enrolled on my programme with Phoenix Futures.

My journey is far from over, I will be pursuing a career as a Drug Guru within Schools & Colleges and anyone else that I can also help along the way. Using my experience as a foundation to educate children on the terrible dangers that drugs have to offer.

Addiction doesn't care who and what it destroys, it just wants to take over. Hopefully these pictures will inspire any else who is struggling... let me say this to you, it is possible to change your life... but firstly you have to accept the fact you have a problem, then secondly you have to conjure up every ounce of grit and determination and use it to change your miserable addictive life. If I can change my life then so can anyone else that's struggling from any form of addiction!

Phoenix Futures
The charity that is confident about recovery

Danny's Story

About five years ago I became unwell which resulted in my leg being amputated. I didn't realise at the time the impact it would have on my life and the way it would make me feel. Even though the amputation was not a direct result of my drug use, it did not help.

After the operation I moved back to Preston to be closer to my family as they had offered to support me. I relapsed before the operation by taking crack and heroin. My physical appearance was changing due to my addiction and amputation. I lost a lot of weight and could not take care of myself. I became ashamed of the way I looked. It made me feel powerless and that my life was not worth living.

I become sick and tired of my life plus I had to admit to myself that I needed help and that I could not get it back on track on my own. People started to take advantage of me financially and I was in a place I did not want to be and I felt that I was buying friendships. Rehab for me is not only about becoming drug free but it's about finding myself again and rebuilding my family relationships. The fact of the matter was I had two choices; give up or get help through accepting I wasn't coping.

I'd been given funding 6 months before I got a place at Phoenix Futures but no place would take me, I'd lost hope on everything. I felt like I'd died inside. If I had not accepted I needed help, it would have taken longer than it did I and I do not believe I would be here now.

Phoenix has provided me with the opportunity to get clean and I was proud to complete my detox on the 7th of November 2018. I have also been supported to get the medical help that I need and I am in a much better place physically. I now participate much more in groups where I build my confidence and develop the tools I need to get better. I am able to begin to look at issues from my past with my keyworker and think about goals for the future.

One of the most special things I have got in recovery is getting my son back in my life. I thought this relationship was over as a result of my addiction but he has visited me on a regular basis with his girlfriend and phones me every night. He's amazing and didn't give up on me and is a pleasure to be around. I am determined not to let him down again and I have a choice today to do what is right.

My biggest goal at the moment is to get the help I need with my disability that will allow me to get out of my wheelchair and be able to walk again with the help of prosthetics. If this is possible it is my dream to walk on stage to get my certificate at the Phoenix graduation ceremony in a couple of years surrounded by my friends in the community and my son.

The 12th UK Recovery Walk will be held in Newcastle in September 2020.

We hope to see you there!

The UK Recovery Declaration of Rights

FACES AND VOICES OF RECOVERY UK spent a year travelling through England, Northern Ireland, Scotland and Wales, holding consultations with many varied groups. Those in treatment, Harm Reduction and Mutual Aid communities, professionals and families, people who currently and formerly used substances; together we created this Declaration of Rights. In response to funding restrictions and increasing drug related deaths we feel a need to step forward and to make our voices heard. Our collective hope is that this Declaration of Rights will galvanise all concerned, and contribute to improving the lives and health of those with Substance Use Disorder.

FREE FROM STIGMA

We have the right to be free from the social stigma imposed upon us, which we experience within the healthcare system and wider community, fuelled by media stereotypes and a lack of understanding of the root causes of addiction.

Stigma attached to substance use disorder makes it harder to seek help and to recover. We call for a public awareness campaign on stigma reduction for those of us with substance use disorder, as has been successfully seen with mental health.

ACCESS TO CARE

We have the right to fully resourced, easily accessible effective and specialist care; entry into which is non-punitive and non- discriminatory.
Assertive outreach, out-of-hours support and provision of family-friendly and culturally appropriate services, will increase engagement and outcomes.

INFORMED CHOICE

We have the right to be given clear, objective and up to date information on all evidence-based pathways; their advantages and disadvantages and suitability for us as autonomous competent individuals at different stages of our recovery and with differing lifestyles and needs. The principle of informed choice and consent empowers us to participate fully in our own health and care.

QUALITY OF CARE

We have the right to investment in the highest standards of effective, and specialist care, delivered by a fully trained and competent workforce. We have the right to individualised, patient- centred care. We call for collaborative and integrated physical, mental and social healthcare pathways which are associated with better cost effectiveness and improved outcomes. Best practice treatment, consistency of care, a non-punitive approach and to be treated with respect are vital to our recovery.

PRISON

We have the right to health and recovery within the criminal justice system; to have the same access to quality specialist care and informed choice of pathways as in the community. Continuity of care prior to and on leaving the criminal justice system is an essential part of our recovery.

POLITICAL REPRESENTATION

We have a right to meaningful political representation. People with Substance Use Disorder and their families are a constituency of consequence, deserving of support, commitment to positive change and accountability from our elected representatives. We invite policy-makers to work together with us to actively promote the removal of all barriers to treatment, educational, housing and employment opportunities.

FAMILIES

We have the right for our families to be recognised as stakeholders in our recovery journey, and to be involved in our path where appropriate.

Families, including children, also need independent professional support in their own right.

AFTERCARE

We have the right to access a comprehensive range of aftercare options so that we may nurture our recovery, lessen the chance of relapse and maintain a healthy and fulfilling life. The ongoing building of connections and recovery capital are important to our survival and wellbeing, and enable us to transition from dependence to independence.

SERVICE USER INVOLVEMENT

We have the right as individuals with lived experience to inform the development, delivery and review of policies and services that affect us. Barriers to effective service user involvement must be addressed. Putting the service user perspective at the heart of the decision-making process has been shown to enhance the quality of healthcare, improve patient satisfaction, working relationships and outcomes.

HUMAN RIGHT TO HEALTH

We have the right to health. 'The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. When people are marginalised or face stigma or discrimination, their physical and mental health suffers. Discrimination in healthcare is unacceptable and is a major barrier to development.'
World Health Organisation

Over 120 organisations have now lent their support to this document. To add your name or organisation please email annemarie@facesandvoicesofrecoveryuk.org

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