

Substance Misuse Characters



Many people in recovery from substance misuse and many drugs and alcohol practitioners are still unfamiliar with self-directed support and do not know it can be used as an approach to support recovery. These characters can be used to explore the opportunities that self-directed support could offer. These characters were developed by the Pilotlight substance misuse co-design team.

Age: 38

Where do they live in Aberdeenshire?

New Deer, Buchan

Who do they live with?

They live alone in a one-bed council property.

Who are their family and friends?

Fred has a son, Garry, age 10. Fred hasn't seen Garry since he was a baby. Garry lives with his mum. Fred doesn't have many close friends. His best friend Dave (42) died last year due to blood poisoning from an injecting injury. Fred is trying to disassociate himself from his drinking and drug using friends to assist his recovery but finds this difficult due to loneliness. Fred sees his mum from time to time in Strichen but his dad won't have anything to do with him. He has no siblings.

What is important to them?

Fred feels isolated and low. He doesn't have much money and no hobbies. His reputation within the local community isn't great and he tries to keep himself to himself. He doesn't have a clear vision for the future for himself other than recognising he needs to get clean and find a job if he is to have any life. Fred has an interest in computers and enjoys keeping up to date with current affairs and world news. He loves his mum and wishes his relationship with his dad could be salvaged. He'd love to be a dad to Garry. He worries about his parents wellbeing as they get older given he is their only child and he has no idea what has been happening to Garry. He feels no one would notice if he died.

What are their skills and talents?

Fred doesn't feel that he has any skills or talents and likes to keep himself to himself. Fred is highly computer literate on a self-taught basis, very familiar with Microsoft Windows, has dabbled in web authoring in the past and gets free access to the internet by 'borrowing' his next door neighbours WiFi connection. He enjoys a diverse network of Facebook and



Twitter friends across the world and enjoys creating ironic digital images to entertain them or have a political dig at something. Fred will occasionally go wandering in the local countryside where he will supplement his meagre diet with food harvested from the wild including in season verge-side brambles, elderberries and crab-apples and edible mushrooms that he can identify as safe from a local birch wood. He has occasionally butchered fresh road kill or set illegal wire snares for rabbits and made this into a tasty curry or Irish stew.

What is their history of substance use?

Fred started drinking and using cannabis when he was 13 or 14 as school in Fraserburgh. He left school with no qualifications and joined the newly formed Highlanders (Seaforth, Gordons and Camerons) regiment at 18. Fred initially did well in the army until his unit was ambushed in Northern Ireland and two of his friends were killed in a Saturday night drive-by ambush by Irish Republican Army dissidents in 1997 when he was 20. Although shocked, angry and sad about the loss of his mates, Fred shrugged off the trauma of the experience and tried to get on with his military career.

Excess alcohol consumption was a normal feature of army life from when Fred joined but his alcohol consumption increasingly became problematic causing him to get into trouble routinely and receive a number of formal warnings. This continued until at age 22 he was caught with cocaine in his blood stream after getting into a drunken fight with soldiers from another unit. Fred was dishonourably dismissed from the Army. He was homeless in London for the following 4 years and became addicted to heroin. At 26 he returned to live in Fraserburgh, committed to turning his life around with the help of his parents. For 6 years he made variable progress but fell out with his parents and mother of his son and couldn't find a job. At 32 he became homeless again and eventually obtained a cold, poorly insulated single bed flat in New Deer. Fred continued to inject heroin for the following 4 years, funded by benefits and occasional petty crime until the death of his best friend. At this

point he reached out to treatment services and was supported to commence a methadone programme. Fred has been on methadone for the past 9 months but continued to top-up from time to time. Fred tried synthetic cannabinoids but didn't like them as they 'made him mental' for 2 days and almost had him land in a police cell or Cornhill hospital. He deals with boredom and loneliness by continuing to drink cheap white cider, smoke cigarettes and surf the internet. Fred has growing chronic physical health problems as a result of his drinking and smoking and feels his age.

Where are they on their recovery journey?

Fred has had a number of false starts but has successfully engaged with substance misuse services for the past 9 months. He is relatively stable having relapsed only twice over this period but continues to drink heavily. Fred is aware of peer support groups and recovery



cafes but feels ashamed and intimidated from participating in them. When he feels in the mood, Fred scans the job market via his computer but feels unable to identify what he wants to do or be able to contemplate doing a basic minimum wage job as he fears this would result in a reduction in income, even though it wouldn't. Fred's willingness to engage in meaningful activity such as education, training or voluntary work is limited by a lack of confidence and fears that he would not be welcome. He'd be embarrassed for any of his old army mates to see him now and know what he'd been doing since leaving the army.

Describe their recovery journey so far?

Fred wants to get better and recognises that he 'has to do something' for himself but finds it difficult to get motivated because the hurdles seem so insurmountable. He's engaged with the NHS via substance misuse services and his dispensing pharmacy (and previously as his needle exchange outlet) but he struggles to know what to do next. Whilst on methadone, his life has become far less chaotic but the free time and clearer head has caused him to dwell on his past experiences of his son, parents, deceased friends, traumatic army experience and apparently hopeless future. His GP has prescribed antidepressants and beta-blockers for anxiety. Fred aspires to learn to live and behave in a different way but can't get out of the rut that he feels he is in. No-one has discussed naloxone with him.

What do they do during the day now?

Fred has a predictable cycle of trips to the New Deer chemist for his methadone, trips to the supermarket for his cheap cider and spending much of the rest of his time surfing the net from his bed. When he can be bothered or has run out of food or money, Fred enjoys the outdoors.

What else is important to know about them?

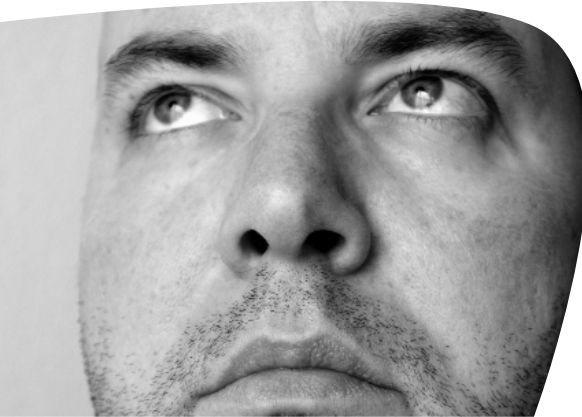
Fred has a debt of £6350 at 5% interest. He receives a JSA income of £73.10 per week. His

outgoings include £18 cigarettes, £28 cider, £11 electricity and £6.11 debt interest leaving £9.99 for food, clothing and transport per week. Fred doesn't have access to a car. Fred finds it difficult to properly heat his house. Public transport from New Deer to Peterhead involves two buses, costs about £6 one way or a Buchan day rider ticked for £7.80 and takes between 1hr 20 to 1 hr 50 minutes each way. There is no public transport between New Deer and Strichen but it can be easily cycled in 2 hours. Fred doesn't have a bike. Fred is 6'1" and only weighs 60 Kg. He is seriously underweight. Although Fred suffers from dental pain from time to time and doesn't like smiling due to his badly rotten teeth, he is reluctant to visit a dentist for fear of being stigmatised and criticised and also the anticipated pain of treatment. The nearest dentist is in Mintlaw, either 26 minutes or 1hr 53 minutes away by bus depending on the time of day.

Fred always feels cold (due to his low body weight, beta-blocker prescription or the core body temperature reducing effects of alcohol) and can't afford to properly heat his home. Despite this, Fred periodically experiences severe sweating that soaks his clothes.

What is their experience of drug and alcohol services?

Fred feels welcomed and respected by the substance misuse service and recognises they are helping to help and keep him alive. He dislikes supervised methadone dispensing and worries that everyone in the village knows he is on methadone. He feels substance misuse services only scrape the surface of his issues. He's not been offered any help to make sense of what he should stay alive for or anything that would help him meet new friends or discover a sense of purpose in his life. No one has explored deeper issues such as past trauma and his powerful feelings of inadequacy. Fred feels lucky that the HIV and BBV tests have all come back negative.



Age: 35
Where do they live?
Inverurie

Who do they live with?
Lives Alone

Who are their family and friends?
Mother, sister, daughter

What is important to them?
Family and having access to the daughter

What are their skills and talents?
They don't feel they have talents. Although previously enjoyed learning about practical skills, for a building trade used to be a team learner of a building site. Previously trade electrician.

What is their history of substance misuse?
Dabbled on and off at school with cigarettes, cannabis. Left school at 16 and got an apprenticeship. Father died suddenly at 19 years old and he fell in a 'bad' crowd. Recreational drug use at weekends spiralled to weekdays, lunchtimes etc over the next 5-6 years until at 25 years old he crashed his car and killed a man in another car when high. Spent 3 years in prison and has been released. Has been in recovery in the past and is keen although frightened to fail again. very low confidence. They are anxious, feel as though they have nothing to get up for, worthlessness.

Where are they on their recovery journey?
Decreasing reliance from CPN to support services. Is very frightened and afraid. Often has dark thoughts.

Describe their recovery journey so far?
Received treatment from CPN and is now stable with a methadone script. They are starting to engage in community support services. Recovery has been difficult and

although drug use has stopped. Alcohol is sometimes used to dull the pain and cure anxiety.

What would they do during the day now?
Attend pharmacy for methadone and going to their mother's house to sit.

What would they like to be doing during the day?
Enjoy life, working, acting 'normal' although earning money is scary and it's easier to be skint. Would like to feel healthy and have energy to eat good food.

What is their experience (if any) of drug and alcohol services?
Previously good. Although is unsure of the next step, very anxious about not seeing CPN as it has been his crutch. Keen to see what life has to offer.

What are their beliefs about recovery?
Hope, frightened, networks of friends

Fast forward one year. Where are they on their recovery journey?
Ben has attended regular appointments with support services and groups. Self-confidence is improving and he is able to plan his week with a range of activities. Ben has started to titrate his methadone and is happy with his limited CPN support.

What recovery outcomes did they want to focus on?
Mental and emotional wellbeing, Physical health and wellbeing and relationships

How has self-directed support helped them meet their recovery outcomes?
SDS has paid for a gym pass and sports shoes to help him partake. SDS has provided suitable clothing to attend and improve self confidence. SDS has also paid for a trauma counsellor to finally let go and move on from the past.

What are they thinking?
Routine and things to do, daughter

Age: 24

Where do they live in Aberdeenshire?

New Deer

Who do they live with?

Mother, step father, half sister

Who are their family and friends?

Mum - Rona, Stepdad - Sean, half sister - Louise (19), friend - Karyn (24), friend - Lisa (19), boyfriend - Daz (29)

What is important to them?

Boyfriend and family despite difficult and at times volatile relationships, wants to learn to settle down with Daz, have a family - loves children and spends a lot of time looking after cousins and cousins children.

What are their skills and talents?

Good with children, friendly and helpful, caring and loyal, sings beautifully

What is their history of substance misuse?

Began drinking in early teens, initially weekend bingeing. Stopped attending school and drinking became a feature most days spending time with younger children, often providing them alcohol so she would have company to drink with. No friends own age apart from Karyn. Several hospital admissions due to alcohol. Thrown out at 16 and accommodated out of the area. Drinking stopped - slowly beginning again on weekend visits home. Moved home at 18 to 'help' with younger sister. Drinking soon escalated to the point she was consuming between 1 and 2 litres of spirits mosts days.

What are they thinking?

I'm worthless, there's more to life than this

Where are they on their recovery journey?

Reduced daily intake with weekend binges at times. Has good spells with no drink for up to 3 days at a time.

Describe their recovery journey so far?

Frustrated, negative influences (Daz, Mum's behaviour) come and go, coping mechanisms fluctuate in relation to this



What would they do during the day now?

Part time in local shop - varying hours, looks after cousins / cousins lads

What would they like to do during the day?

Would like to do paid work with kids

What else is important to know about them?

Mild learning disability, very vulnerable

What is their experience (if any) of drug and alcohol services and their beliefs about recovery?

Various attempts to engage with differing results. Belives that she can do this but is scared and doesn't know any other way, there will never be enough support, worries she is just like her Mum so there's no point

Fast forward one year- Where are they on their recovery journey?

Has reduced drinking and generally copes without alcohol for prolonged periods, remains vulnerable to relapse caused by negative influences but this happens less frequently

What recovery outcomes did they want to focus on?

Housing and independent living - was able to acknowledge that living situation was not the best environment, occupying time and fulfilling goals, mental and emotional well-being

How has self-directed support helped them meet their recovery outcomes?

Support to access and establish self in own accommodation - support worker short term to help her establish routines, bus pass to enable Denise to access local singing group and meet new people - new relationships and networks

Age: 46

Where do they live in Aberdeenshire?

Stonehaven

Who do they live with?

Alone

Who are their family and friends?

Divorced, 1 grown up son, supportive mother who is elderly, other drinkers, professionals, one or 2 friends, brother moved back recently, church

What is important to them?

Periods of sobriety when son comes to visit, pet, writing / poetry, attending groups and classes, church, mother - relationships

What are their skills and talents?

Writing/poetry, educated, speaks french, trained as teacher

What is their history of substance misuse?

Alcohol use started during marriage. Was a victim of serious domestic violence, police involved, relationship ended and ex husband removed child and moved away. Alcohol use continued significantly over the years. Julia sometimes tried to stop but physically dependent. Needs detox/medical supervision. When son visits, Julia manages periods of sobriety but unable to maintain long term. Still drinking at harmful levels to date. Also suffers from depression and poor mental health.

What are they thinking?

Failure, despair, lonely

Where are they on their recovery journey?

Recovery journey been sporadic over the years. Currently sober.

Describe their recovery journey so far?

Periods of residential rehab, short periods of abstinence, engagement with services but always

relapses. Julia aware of damage she is doing to self and others, know she must reduce drinking and lengthen period of sobriety.

What would they do during the day now?

Not much, attends group if able, has counsellor that she sees, CAIR workers involved and CSMS. Drinks, recovers and participates.

What would they like to do during the day?

'Be normal', have a life and work. Not have mental health issues, look at employment or volunteering. Be able to sustain longer periods of sobriety.

Other important things about them?

Julia stops taking her meds when she wants to drink and goes back to them to stop. When sober makes good use of services and groups.

What is their experience (if any) of drug and alcohol services?

Has significant experience of drug and alcohol services over the years. GP, Dr Davidson Consultant Psychiatrist, CPN, CSMS, DA and CAIR. Attends groups, MH Pillar, AA, SMART, Enable, Acupuncture

What are their beliefs about recovery?

slow process, battle, struggle

Fast forward one year>> Where are they on their recovery journey?

Abstinent with periods of relapse

What recovery outcomes did they want to focus on?

Alcohol, self care, relationships, physical health and wellbeing, mental and emotional wellbeing and occupying time

How has self-directed support helped them meet their recovery outcomes?

SDS commissioned to attend groups sessions Counselling, Bus pass allows her to travel to SMART Recovery, AA and family Enable additional support

What are they thinking?

determination, want to get on, more positive





Age: 25

Where do they live in Aberdeenshire?

Peterhead

Who do they live with?

Lives alone (in temporary accommodation)

Who are their family and friends?

2 and 3 year old girls. Mum. Dad died in car accident. Friends are other drug users. She has friends that are no longer friends because of the lifestyle she has chosen.

What is important to them?

Contact with children. Drugs and associations. Getting daily fix and money.

What are their skills and talents?

Has qualifications in beauty therapy and hairdressing.

What is their history of substance misuse?

Started drinking at 14. Cannabis by 16. Ecstasy at 17. Speed and amphetamines at 18. heroin by 19. Still using heroin although it has decreased in the last 2 months.

What are they thinking?

I want to stop using. I can't cope, I need help. I need a fix. I feel ashamed

Where are they on their recovery journey?

Just starting to engage with services although still using and missing appointments and contact with family member.

Describe their recovery journey so far?

Mixed emotions as still at very early stage of recovery and although wants to stop is finding it hard. Her usage has decreased but not believing she is ever going to be clean, as the debts she is left with are hard to cope with.

What do they do during the day now?

Go to groups which drugs services provide.

NA meeting occasionally. Meeting up with old friends not associated with drugs. Bored a lot of the time and lonely.

What would they like to do during the day?

Working and taking the children out and looking after them. Going out to social events.

What else is important to know about them?

Can be fragile /vulnerable at times. Struggling to stay away from associates that are actively using.

What is their experience (if any) of drug and alcohol services?

Bereavement counselling at 14 when Dad died. Family mediation through drug services to try and bring family together and understand Sally's problems. Got place in rehab but it fell through. Not showing up for appointments with Turning Point.

What are their beliefs about recovery?

I've lost EVERYTHING. Will I ever be normal? I'll NEVER do it, the cravings are too much. It's too hard. I'll never get a job or work again. No light at the end of the tunnel.

Fast forward one year>>

On a suboxone prescription. Regularly coming down. Regular contact with Mum and girls. SMART recovery meetings
Engaging with services (Care Manager)

What recovery outcomes did they want to focus on?

Getting a job or volunteering. Getting their girls back. Getting a normal house and life
New friends. More qualifications

How has self-directed support helped them meet their recovery outcomes?

By paying for bus for going to meetings and college. By paying for beauty therapy equipment, hairdressing stuff. Start their own (mobile or rent chair) beauty therapy or hairdresser

What are they thinking?

I can do it. I feel good. I can't believe this is happening. Life is getting better

