

10427243

March 2017

Medical Humanities SSU

Student ID: 10427243

Word Count: 1489

## Sea Changes



Figure 1: Tectona from the distant shores of Hallsands bay.

### Introduction

Last September, I was fortunate to be involved in a 'recovery voyage' on board the Tectona, a large sail training vessel. The purpose of these journeys are to help people in recovery from drug and alcohol addiction to work on their self-confidence and resilience. Clients have to earn their place on Tectona through remaining

abstinent and raising funds towards the cost of the trip. On our six day voyage, we sailed through storms to Torbay, in calm conditions overnight to Falmouth and back to Plymouth in glorious sunshine. As a crew, we bonded over the intense running and maintenance that Tectona demands, through the breath-taking highs and disconcerting lows. In this reflection, I will examine my experiences and draw conclusions about what I have learnt and how this will affect my future practice as a doctor. My personal learning objective for this project is to work out how, as a future doctor, I can best understand and help addicts.

### Abstinence

One of the first things to strike me as we boarded Tectona was the sudden departure of three of the recovery crew. Almost as soon as they put down their bags, they were leaving the boat and solemnly wishing us a great trip. At the time, none of us knew exactly what was going on, which created a tense and anxious atmosphere downstairs. Shortly afterwards, it was explained that three of the clients had a beer with their pub lunch, moments before boarding the vessel. This was clearly in breach of abstinence rule. Upon finding this out I felt shocked that they would throw away such an exciting opportunity that they had worked so hard for. Consequently, we started the voyage on a low point. I can now think of a number of reasons why they made the decision to have a drink. Firstly, these guys were about to do something completely new, with a group of people they don't know well. This step outside of their comfort zone would have inevitably created some level of anxiety that they struggled to deal with. A drink may have seemed like a good idea to settle nerves and begin forming friendships with the crew. This, along with peer pressure and a non-sober environment like the pub, is a trigger to have a drink. With a combination of these factors and an impulsive decision, I can begin to understand what drove them.

Drinking alcohol is part of the culture in Britain, where a large proportion of people drink for pleasure or to enhance social situations. Generally, young people binge drink to go out partying and older people drink smaller volumes more frequently. Without moderation, these behaviours can become anti-social and problematic, impinging on health and social functioning, as dependence and addiction develop.

One client told me about how he used to drink to numb his surroundings; there was no enjoyment, only less pain. Arguably, I think that alcohol is one of, if not the hardest addiction to recover from. Unlike other substances, which are often illegal or strictly controlled, alcohol is always available. Recovering alcohol addicts are forced to cope with their vice in plain sight. Attempting avoidance strategies would be very isolating in itself, leaving individuals feeling trapped.

As doctors, we must recognise that addicts are in constant battle with themselves. They won't always follow your advice because it is not straightforward for them. Any number of factors could influence the decisions that they make, thus it is important to find out why they make a decision that you may not think is not in their best interests. For us to help addicts, we must act in a non-judgemental manner and build trust with each consultation. We must not assume they will never recover – some will.

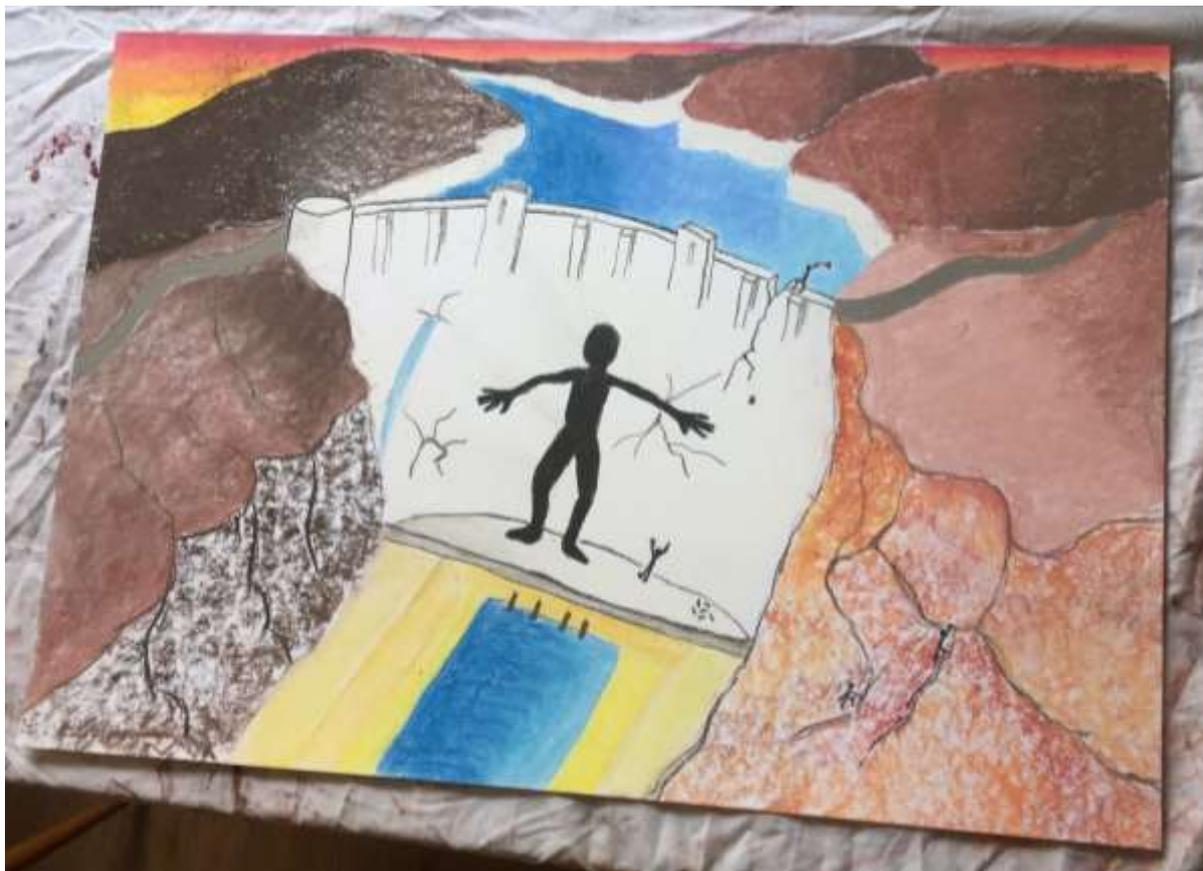


Figure 2: Our artistic interpretation of the scale of pressure involved in recovering from addiction.

T

Some of the most poignant insights that I gained into addiction were from one particular crew member, who I will refer to as 'T'. She is a highly educated, intelligent woman who first started having problems with alcohol when she would have a couple of drinks by herself each evening. This escalated over time, until she was drinking heavily every evening after work. She then became involved with a partner and his friends who used other drugs and soon developed a heroin habit alongside her alcohol use. She began to use a range of drugs and developed a heroin addiction. Her addiction continued until she cut ties with her social circle and moved away. Despite the reduction in street drug use, alcohol was still a major issue. Her story really highlighted to me how addiction can affect a whole range of people, not just the stereotype of homeless people. In fact, the least deprived people in Wales are more likely to report excess consumption compared with the most deprived (Fone *et al.*, 2012). Her story taught me how easy it is to slide into addiction and the importance of choosing friends wisely. I wonder if she felt pressure from her partner to try new drugs or was simply interested. What might she have done differently in retrospect?

'T' told me about how her life has got back on track after meeting her new partner while on last year's voyage. As an ex-addict himself, he understands exactly what 'T' is going through. I think that her happiness and new connection with her partner has been key to her ongoing success in recovery. Since leaving rehabilitation, we know that she has had a couple of relapses, which is common in the recovery process. One study found alcohol relapse rates to be 40% in those who have help (professional treatment/support groups) and 60% in those who do not (Moos & Moos, 2006). The first was after leaving rehabilitation and finding that she no longer had a support structure. The second was brought on by stresses over the Christmas period. Both of these relapses occurred at times when 'T' was not coping well and was in a negative place. It is at times like these that addicts reconnect with their unhealthy addiction in order to relieve the desolation and misery that often features in their lives.

'T' highlighted something really important to remember as a doctor: addiction cannot be fixed with a bandage, to get clean the motivation has to come from within. This

means that I will never be able to cure addiction in the same way that I could cure a chest infection. However, we can listen and act as an advocate, which is invaluable. If I were 'T's doctor, I would use motivational interviewing to promote positive behaviour change, as I have seen used effectively in Pain Clinics. In particular, I would emphasise how far she has come, her great new relationship and her achievements on Tectona, while reminding her the importance of keeping alert to the signs and triggers of a relapse.

Figure 3: Our third and final sighting of a pod of dolphins. Fortunately my camera was in hand ready to capture a glimpse of these beautiful creatures!



### Social Problems with Addiction

I spoke with crew members about their social difficulties while they were using and now they are in recovery. 'M', a woman who had suffered with terrible alcohol addiction for many years, told me about how her sister had taken her in following her recent detox and rehabilitation. As much as this was a wonderful act of kindness, 'M' felt grateful but was not content with her life in recovery. Living on a mattress on the floor of the conservatory, she felt like she has lost her independence and had struggled to regain her confidence. Her anxiety levels were so great that she could not bring herself to drive the car and would instead walk for miles to get from A to B. When I first met 'M', she came across as quite a snappy, defensive personality. However, as we all got to know each other over the week, her confidence blossomed and the protective front that she put up had been lowered, revealing a thoughtful, conscientious woman. I think that the recovery voyage is most beneficial for people like 'M', who have little confidence to begin with and are allowed to challenge and enjoy themselves, helping them to build reliance to cope with recovery. 'M's story highlights the harsh realities of everyday life for a recovering addict. It is a sad fact that often people are in worse situations than this and with low 'social capital' (marriage, education, self-efficacy etc.), individuals are more likely to have worse outcomes in terms of remission (Moos & Moos, 2006).

As a doctor, it is important to recognise that this group of people are often outcasted from society and find it incredibly difficult to re-gain their place. It is our role, along with local drug and alcohol services, to listen to their social concerns and offer help and advice to set them on a better path. Developing a social structure that is right for them will only impact positively on their chances of successful remission.

### References

Fone, D., Dunstan, F., White, J., Webster, C., Rodgers, S., Lee, S., *et al.* (2012) Change in alcohol outlet density and alcohol-related harm to population health (CHALICE). *BMC Public Health*. 12(6), p. 428. doi: 10.1186/1471-2458-12-428.

10427243

Moos, R. H. & Moos, B. S. (2006) Rates and predictors of relapse after natural and treated remission from alcohol use disorders. *Addiction*. 101(2), pp. 212–22. doi: 10.1111/j.1360-0443.2006.01310.x.



Figure 4: How I was feeling on dry land after a little less than a week at sea...