

## **Tectona Voyage of Recovery**

### **Sea Changes**

Medical Humanities Longitudinal SSU

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### **Introduction**

*"The sea is almost always a therapeutic presence. Its indifference to our fate calms the ego and places the self in a wider, consolingly indifferent, context."*  
*Allain de Botton.*



The 'At Sea with Recovery' SSU is based around a one week sailing voyage aboard Tectona, a boat crewed by eight people recovering from drug and/or alcohol addiction, two of their key workers, three professional sea-staff and two PCMD medical students (including myself). During the first session we were

able to renew and deepen our acquaintance with addiction studies and meet with the rehab people. The next phase was the five day voyage alongside the rehab people (who had now been abstinent for some time) joining in with all the voyage tasks and group work. The third part of this project was to produce a piece of work inspired by the experiences of the voyage. I chose to produce this essay and a painting based upon a photograph I took during the voyage.

I was drawn to this SSU for both my personal and professional development.

On a professional level, addiction interests me. I wonder what it is that drives people into addiction. Can people really change and turn their lives around? How can this be facilitated? What does it feel like to be a drug addict?

I have had limited experience working with people recovering from addiction – if any! I wanted to develop a better understanding of addiction, rehabilitation and recovery. I hoped that working alongside recovering individuals in a non-clinical environment would help me to gain the confidence and practical skills to work better with patients with drug / alcohol problems in the future.

On a personal level, I returned to study medicine this September after taking a few months out. This allowed me to reflect upon what attracted me to the course and

what motivates me to become a doctor. I wanted to push myself further than I had before and pursue new and exciting opportunities. This SSU offered a challenge and working outside of my comfort zone helps to build my confidence and resilience.

### **My learning objectives**

- To gain a better understanding of the factors that influence whether an individual becomes addicted to drugs and/or alcohol.
- To know the current service provision in the UK for people suffering from addiction.



### **Personal Development**



Box 1 illustrates what we did during our week on Tectona.

I think that sailing on board Tectona teaches a valuable lesson of self-efficacy – knowing what you want and achieving what you want. Learning new skills and working under pressure provides a challenge

that is daunting at times. However, results are quick providing continuous little boosts to your confidence.

Everyone on the boat forms an equal member of the team. Everybody cooks, everybody cleans and everybody pulls on the ropes. The importance of support and patience is reinforced as the running of the boat is dependent upon a happy team. Sailing with people in recovery challenged my beliefs and prejudices and I developed my interpersonal skills both as a future doctor and as a member of society.

Going back to basics and putting your trust in Tectona puts life back into perspective. Allowing space away from everything including academia is really valuable for reflection.

The voyage upon Tectona was no holiday. It was a week of highs and lows and it was hard work! However, the sense of overcoming fears, of challenge and of achievement made it a very valuable experience.



## **Box 1 What we did**

Prior to our voyage we visited the rehab people who would be joining us in their residential rehab at Phoenix-futures in Hampshire. This gave us the opportunity to introduce ourselves and discuss our feelings prior to the voyage.

*Sunday 29<sup>th</sup> September 2013 – Tectona day 1*

My fellow PCMD student and I arrived on TECTONA around midday. We introduced ourselves to the boat staff and were shown around the boat. We settled in with a nice cup of tea, chose our beds and unpacked the food for the week. The phoenix bus arrived around 5pm. After initial introductions, we had more tea and biscuits and a safety brief. That evening, we sailed out of the marina and anchored in Plymouth Sound. Over dinner, we discussed the plans for the week and began to get to know each other a little better.

*Monday 30<sup>th</sup> September – Tectona day 2*

At 7am we all got up for breakfast. I helped to clean the decks and learnt some knots. At around 9am we made a plan for the day, sailed out into the sound and filled up with diesel. We sailed / motored throughout the day to arrive in Brixham harbour at around 7.30pm.

*Tuesday 1<sup>st</sup> October – Tectona day 3*

We awoke at 7.30am for breakfast. We spent the day in Brixham harbour learning to tie knots, climbing up the mast and practicing some rowing. We were able to walk into Brixham and get a shower. I visited some shops, bought an ice-cream and sent some post-cards home. We settled down to bed early to sleep before a night sail.

After a couple hours sleep we set sail from Brixham harbour at midnight. It was dark and quite choppy. Once the boat was sailing I was sent to bed until my watch at 4am. During my watch I steered the boat, using the stars as markers. We watched the sun rise and at 8am it was the end of my watch and I returned to bed.

*Wednesday 2<sup>nd</sup> October – Tectona day 4*

I awoke at midday to return to watch. It was much smoother and we managed some really good sailing with all the sails up. Our watch grabbed a couple hours more kip from 4-6pm before arriving and anchoring by the Isle of Wight. We all came together for dinner and discussed the events of the previous 24hours. Unfortunately, one of the rehab people left the boat and returned to Phoenix.

*Thursday 3<sup>rd</sup> October – Tectona day 5*

After breakfast we sailed Tectona into a marina at East Cowes, Isle of Wight. After the decks were cleaned and all jobs done, we were able to have some down time. We went for showers and took a trip into the town before relaxing back on the boat. We all came together for dinner and discussed the plan for the following day.

*Friday 4<sup>th</sup> October – Tectona day 6*

We awoke early for breakfast. The whole boat was cleaned and made to look pretty before sailing into Portsmouth. On arrival into Portsmouth harbour we said our goodbyes and returned home.

## Professional Development

*'Addiction destroys lives, breaks up families, harms communities and has a damaging impact on society as a whole. In some way it affects us all.'*  
Action on Addiction UK <sup>(1)</sup>

People's attitudes surrounding addiction have been disputed for some time. The solutions to the problem of addiction are far beyond the scope of this essay. However, doctors are notoriously bad at dealing with people suffering from addiction. Doctors, especially General Practitioners, can play a very big role in the holistic care of patients who misuse drugs and/or alcohol. The attitudes that I hold will inevitably affect the care that I give to my patients. By challenging my beliefs regarding the choices that people with addiction have, I hope to ultimately improve the care I give.

People in addiction and recovery need more than a doctor; recovery is something they need to do for themselves when they are ready. Some of the provision for addiction in the UK is supplied by the NHS and some are specialist facilities run by charities and the public sector.<sup>(2)</sup> A GP can discuss treatment options and is able to organise referrals to appropriate services. Alternatively, many drug treatment services will accept self-referrals. There are a number of helplines such as 'Frank'<sup>(3)</sup> and 'Samaritans'<sup>(4)</sup> who are able to offer advice. Once a person has been seen by their local drug treatment centre and has been deemed appropriate for treatment they are allocated a key worker. This could be a doctor, nurse or drugs worker. The key worker helps to organise treatment and is a first point of call providing continuity of care. Outside of the NHS there are private residential rehab centres and community services of various types are provided by voluntary organisations. These include structured day programmes, outreach and harm reduction services, counselling services, aftercare and housing support services. The set-up of these services is illustrated in Box 2.

## **Box 2 Tiers of Drug Treatment Provision <sup>(5,6)</sup>**

### **Tier 1: Non-specific (general) Service**

A range of drug-related interventions that can be provided by generic providers such as:

- General Practitioners (General Medical Services)
- Housing

### **Tier 2: Open Access Service**

- Advice & Information – provide factual information on drugs and treatment
- Harm Reduction Services – such as needle exchange and hepatitis B immunisation

### **Tier 3: Community Services**

This includes specialist prescribing e.g. methadone, structured day programmes, counselling and aftercare.

### **Tier 4: Specialist Services (Residential)**

This includes inpatient detoxification and residential rehabilitation. This also includes criminal justice interventions and drug treatment and testing orders (DTTO).

## **Is addiction a choice?**

Alcoholism and drug dependency are a physical and/or mental addiction to a substance.<sup>(7)</sup> Several theories of drug and alcohol addiction exist such as genetics, exposure, self-medication and factors involving socioeconomic status. There are hundreds of factors that interplay in addiction; this is perhaps why it is so hard to understand. Addiction can occur across all regions and cultures, all age groups, sexes and in the wealthy and the poor.

How is it that this cycle begins that becomes so overwhelming and leaves its victim so out of control? Why is it that some people can grow up in horrific circumstances and ultimately avoid drugs and alcohol all together, and some people can lead what appears to be a comfortable, affluent lifestyle and fall prisoner to the bottle?

Many of the changes to my clinical approach to addiction and recovery since the voyage are due to an abandoning of stereotypes. Prior to the voyage, I believed addiction is a choice. It is no secret that too much alcohol is bad for you and drugs are illegal. So I don't drink in excess and I don't touch drugs – simple! I now realise that this way of thinking may have been a little naïve! I realise that my sheltered suburban childhood has shaped my values and beliefs. I even feel a little bit guilty that I could be so judgemental! Spending time as part of a team of recovering addicts has opened my eyes to how different many of their lives have been to my own. I found myself thinking 'If I had lived their life would I be an addict too?'

Studies have shown that children who are born to alcoholic parents and are adopted and brought up in a different environment have a three to four fold increased chance of developing alcoholism. This is strongly suggestive of a large genetic component to addiction. However, those children raised by their alcoholic parents are at even greater risk, showing how environment also plays a big factor. Exposure theories suggest that repeated introduction of a substance into the body will eventually lead to addiction. Biological models believe that this is a consequence of changes in metabolism such as endorphin releases. Conditioning models suggest that the substance itself is a powerful reinforcer of behaviours. They provide pain on withdrawal and bring on pleasure and euphoria and thus gain control. Adaption theories consider how any number of psychological, social, cognitive and environmental factors can influence addition. Our expectations and beliefs about what a substance will do will affect our associated behaviours.<sup>(8)</sup>

One single comprehensive theory of addiction does not yet exist. People don't always follow stereotypes and patterns and not one theory fits all. The vast number of differing theories illustrates how many different factors interplay in addiction. Many of these theories form strong arguments against addiction being a choice. Each theory pointing towards factors that are usually out of a patient's control yet drive them towards addiction.

People seen in recovery centres such as those run by 'Phoenix Futures' have complex problems.<sup>(9)</sup> 1% of the UK population were in care as a child, compared with 27% of addiction service users. 70% of the UK population are in paid employment, only 14% of addiction service users are in paid employment. 11% of UK adults have no qualifications compared with 21% of adult service users. Statistics like this show that people in addiction come from more difficult backgrounds. This further suggests that there are aspects of their life that are out of their control yet make them more vulnerable to developing an addiction.

Many people struggling with addiction experience guilt and shame. Guilt is based on our values, morals and standards. Failure of doing or meeting our standards can lead to guilt. Shame is a feeling of inferiority. Shame can cause a person to feel 'unworthy' or 'not good enough'.<sup>(10)</sup> People suffering with addiction would only experience these emotions of guilt and shame if they believed on some level that they are responsible for their addiction. It has become apparent to me that addiction doesn't usually happen because of one bad decision. There are a number of life events and a series of choices that have led a person to follow a certain path. For example, past experiences could lead an individual to feel ashamed. The shame comes before the addiction and can drive this behaviour.

There is a large role of honesty in addiction recovery. In order to seek help, the person must first realise that they need help. An important part of the recovery process for the rehab people I sailed with was telling their 'Life Story' – a frank, honest and complete story of their life and journey through addiction. Their belief is that they need to confess and acknowledge all that they have done before they can completely move away from addiction. If a person does not realise they need help before it is too late or does not truly understand where they have made mistakes, is that their fault? I would argue that many addicts don't have enough insight early enough in their journey through addiction. By the time they realise that they have a problem, it is often too late – they are hooked. They no longer have the 'choice' to become an addict – they are one! The 'choice' whether or not to take drugs / alcohol is being driven daily by such a strong compulsion that it is almost completely out of their control.

My renewed understanding of recovery is that the patient is taking back that 'choice'. They are making a decision to no longer allow their addiction to rule them. This is a journey that very few manage first time, further supporting the argument that addiction is not a choice. Even people who choose to change are often unable to do so.

## The Painting

On return from the voyage I spent some time looking through the photos I had taken and reflecting upon what I had learnt over the week. I decided to paint my interpretation of one of my favourite photographs. This painting is of the view from the East of Cowes Marina in the Isle of Wight on the final evening of our voyage. I felt that this scene reflected the calm after the storm – quite literally! After a week of challenge and a scary night at sea, I felt very peaceful with a quiet sense of satisfaction. The end of the trip allowed time for reflection. All of the crew sat down to our last meal and we discussed the changing of emotions over the course of the week. I feel that this is a proud, happy painting illustrating a sense of achievement and also contentment. The colours are warm and comforting and the sun setting nicely symbolises the end of a journey.



## **Conclusion**

Completing this SSU and writing this essay has been beneficial to both my personal and professional development. On a professional level, it has enabled me to gain a better knowledge and understanding of the service provision for people with drug and alcohol addiction in the UK. I am aware of the role of a doctor in the care of patients recovering from addiction and also of the range of other health care professionals and services available and their role. I have considered whether addiction is a choice and I have gained more respect for patients suffering from addiction problems. I have gained some of the tools to develop and sustain professional relationships with these people and I have taken account of how my own views and beliefs can impact on the care I give my patients. On a personal level, the sense of overcoming fears, of challenge and of achievement has made it a very valuable experience.

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