

IT SHOULD ALL BE ABOUT THE PERSON

SAPPHIRE'S RECOVERY STORY

Things went well when Sapphire was intimately involved in decisions about her methadone-based treatment, but poorly when professionals took sole control.

1. School days

If you'd have asked me at the time why I started taking drugs, I'd have said either a) I like them, or b) everyone else is doing it. Looking back on it though, I think that as a child I never really felt like I fitted in anywhere. I had as many friends as anyone else, but I always felt a bit on the outside, and a little bit awkward and chubby.

I didn't realise, until self-harm was out there in the public conscious, that's what I had been doing to myself from about the age of 12. This self-harming made me feel in control of things and had a weird sort of calming influence. Once I started taking drugs in earnest, they replaced the self-harm.

I started drinking alcohol when I was at secondary school and began going out at the weekends with my friends. Drinking alcohol eased my social awkwardness and made me feel good and forget about my problems. Before long, I was hanging around with a group of older kids who smoked weed. So, I started smoking weed. I also experimented with LSD and magic mushrooms.

At this time, the rave scene was exploding and at weekends, even though we were only 14, we'd go to raves in fields, warehouses or wherever. This led me to discovering speed. At last, I felt here was a drug that would stop me feeling so inept at talking to people. Speed gave me the confidence I lacked naturally. I took copious amounts of the drug, along with ecstasy.

I started becoming very promiscuous and engaging in some really risky behaviour sexually. Looking back, I think that having very low self-esteem played a huge part in this promiscuous behaviour. I still didn't really feel like I fitted in anywhere. I was very shy and often bothered by what people might think of me. I also found it difficult to see other people's points of view, and was quite ignorant of people with different beliefs to my own.

In my last year at school, I became more bothered about taking drugs than travelling anywhere. I would hang round with people in my hometown rather than go raving, as this meant I had more money to spend on drugs.

2. From speed to heroin use

When I had finished my GCSEs, my parents expected me to go to college and then on to university. However, I'd really had enough of school and, besides, I had more exciting things planned than college! I got

an office admin job with a local firm that would send me to college one day a week to do an accountancy course.

The job was fine, a bit boring really and I could do it in my sleep. As I now had my own source of income, I could take as much speed as I liked. I graduated to injecting it, not really because I thought I would get a better buzz, but because all the people I was hanging round with were injecting the drug. At that young age, it also seemed so dangerous and perhaps a bit glamorous. I'm not sure I was really even enjoying taking speed still, but it felt better than being sober and having to deal with things with a clear head.

The comedowns from the speed started getting terrible. I was extremely paranoid. At first, the paranoia would only rear its head during the comedowns, but as I started using more and more drug it made me paranoid when I was still high. I had auditory hallucinations and felt terrible.

Someone suggested to me that I could avoid the speed comedown by taking a few temazepam or Valium [benzodiazepines or 'bentos'] when I wanted to come down. I tried this... and wow! Not only did they bring me down from the speed, but they made me feel lovely, like being wrapped up in a big snuggly blanket.

This drug use carried on for a few months, until one time when I'd been on a bender for a few days and needed to come down, I couldn't find any benzos (benzodiazepines, e.g. Valium). A 'friend' of mine said, 'Hey, try this, it works just as good as the benzos.' I knew it was heroin, and I certainly knew that it was addictive, but I thought one time surely couldn't hurt.

I smoked it, only a few lines, and oh my god, I had never felt so good! All my worries melted away. I felt like I was cocooned in a little cosy shell and nothing horrible could touch me. It felt so good that even before I had finished taking it, I knew I would be taking it again.

As heroin hadn't really made me feel too sleepy, the next time I decided to try it without any speed, and it was just as good as I'd remembered! Heroin made me feel completely at peace with myself. After a short lifetime of feeling not right in my own skin, this was pure bliss.

Work was becoming totally unmanageable and I got sacked. Not that I was too bothered, since it gave me more time to pursue my true goal of getting obliterated all day, every day. The relationship I was in was not going too well, as my boyfriend was very jealous, possessive and controlling. I think that due to my age, I thought that all relationships were like this, so I put up with it. Drugs were now a way to blot out the constant arguing, the put-downs about my appearance, and the constant accusations that I was being unfaithful.

I started taking more and more heroin, until it got to the point that I was taking it every day. Even after having used every day for about three weeks, I didn't consider the possibility that I was addicted, or that I might become addicted to the drug.

However, one day I didn't have the money to score, and discovered very quickly what physical addiction is like. I just couldn't believe how shit I felt, and how annoyed I was with myself. I was almost thinking, 'Oh well, I'm an addict now, I might as well run with it.' Who knows, if I'd have stuck out the next three or four days without gear, I may have been able to stay away from it, but I don't think that would have been the case.

I was 17 years old, but already an addict. Heroin is expensive, and as I didn't have a job, I turned to criminal means to feed my habit. However, I wasn't a very good criminal, not agile enough for house breaking and too obviously nervous for shoplifting. I did a bit of kiting (buying things with stolen cheque books and credit cards), which was a lot easier, but still I wasn't really comfortable with ripping people off. I think that I tried getting by on the dole and shoplifting or kiting for about a year before getting bored of it. As I wasn't very good, these activities were just not profitable enough!

I decided the only thing to do was get another job. In reality though, there was no way I could have worked with my drug habit. I would not have made it through the day without needing to use, and then if I was sick, I obviously couldn't have gone into work. There was another way forward though.

3. The path to a happy life on prescription methadone

Some of the people I knew on gear were also on a methadone script. I knew this as I had bought methadone off them when I couldn't get any gear. I therefore decided to go to the local Community Drug Team (CDT) and see if they would put me on a methadone script. I'd been using for nearly two years by now, and was hoping that getting on a script would mean I could get back to work and away from being sick every day.

What a laborious process it seemed. This was in 1995, and methadone really wasn't as widely used as it is now, and as I was so young, they seemed very reticent to prescribe me the drug. Subutex was not available at this point, so I was not able to choose anything else. It took me ages to get an introductory appointment, and another couple of months before I saw someone who even mentioned any kind of substitute script. When I finally received my first doctor's appointment, I had to have a social worker go in with me, as I was under 18 and obviously didn't want either of my parents in there with me! The doctor put me on 30mg/day of methadone.¹

I knew even then that this dose wouldn't be 'enough' for me, but I suppose you could argue, when is anything enough for a drug addict? Mind you, despite the low dose, the script made me feel that I would be able to get a job without having to worry about getting sick.

¹ The pharmacological basis of maintenance treatment of methadone to heroin-dependent individuals is to minimise withdrawal symptoms and cravings for street heroin. Such a low dose of methadone was commonly prescribed throughout the UK at this time, despite the original research focused on methadone maintenance by Vincent Dole and Marie Nyswander involved doses of 50 – 120 mg/day (often above 80mg/day). Findings with low doses of methadone are equivocal at best in helping people stay off heroin, unless they are part of a dose-reduction regime.

I got a job that started me off in a whole new career. I loved this job. It was interesting and the people I worked with were lovely. I even started reducing my methadone intake, as things were going okay and I thought it would be a good idea to see if I could manage with less methadone, or even none at all. What could possibly go wrong?

However, I was then made redundant. I didn't know what to do with myself and started filling my days with taking gear again. I also felt quite depressed from having been made redundant, and as I didn't have any coping skills, I used drugs to blot out my depressive thoughts.

Even though I was not responsible for my redundancy, my parents thought it was my fault. They assumed I hadn't tried hard enough or worked well enough. They were already disappointed in me for not going to university, and I just felt like a big let-down to them. I felt guilty that my parents were stressed by my work situation—Dad had become physically ill from the stress so even seeing him look so poorly made me feel terrible—and taking drugs helped me stop thinking about this guilt.

By the time I got myself another job, I had a huge heroin habit, as well as being on a methadone script. I decided that I couldn't take gear at work in case I got caught. However, as my methadone dose was not holding me for 24 hours and I was experiencing withdrawal symptoms during the day, I started buying methadone from the street to help me make it all the way through my workday without getting sick.

I started out buying just enough so I would have about 50mg/day of methadone, an amount I thought would hold me through the day. The local CDT never seemed to prescribe anyone over 40mg/day, so I didn't think I could just get a larger prescription dose to hold me through the day. I thought that if I went back to them and told them that I was buying methadone on top, they would stop my script, so I just ploughed on like I was fine.

This went on for a few years. My career went up and up, but so did my methadone usage. When I couldn't get the methadone I needed, I'd use benzos on top. I did this enough times that I also became addicted to benzos. I tried to stop taking them but had three seizures in one day, which scared me enough that I didn't try stopping again. I don't actually remember the seizures, but was told that the first one happened in the street. Apparently, I lost consciousness and banged my head on the curb as I fell. I had a second seizure in the ambulance and then another later on in hospital.

At this time, I was really scared that the CDT would stop my script if I told them what was going on in my life. Even though what they were prescribing was only a small part of my total drug intake, it still helped me. I was worried because the CDT were stopping people's scripts if they gave more than three positive screens or swabs for illicit drug use. I knew people whose script had been stopped, and I now had two positive tests.

Initially, I brought in someone else's 'clean' urine and poured it into my sample, but when that person started using heroin too, I had to give the CDT my own sample. This 'three strikes and you're out' regime was not a good way to encourage people to be honest with them!

When I was 25, my urine screening revealed that I was taking benzos and the CDT sent me to a shared care GP who was to prescribe me methadone and benzos. At my first appointment, I decided to be honest and tell the GP about the methadone I was buying, and how bad my benzo use had become.

To my surprise, the GP said that she was a GPWSI (General Practitioner with Special Interest) in addiction. She also informed me that some people need higher doses of methadone than others, and their genuine need is not always correlated with the size of their heroin habit.

Things were starting to get a little better now I was able to see a doctor with whom I could be honest, and without the threat of sanctions related to my medications. It felt great to freely talk about what was really going on in my life. My new GP listened to what I had to say and treated me like any other (non-addict) person. She also did not repeat ad nauseam that, 'Everything in my life would be rosy if I was abstinent', which was the party line of the CDT.

My GP increased my methadone dose and I was able to function totally normally without having to buy any methadone on top, or without feeling like I wanted to use any other drugs. I felt like any other person, and it was very important to me that I didn't have to worry about buying drugs or find the money for those drugs. I was still using benzos, but they were prescribed by my GP and I took them as I should and did not try to acquire more illicitly.

My career had gone from strength to strength since seeing this GP on a regular basis, and I was now managing a team of about 12 people. The job was quite stressful, but I loved being busy. It meant I had less time to think about drugs or to worry about anything else, such as my controlling partner. I was still being physically and mentally abused by the man I was living with, and was a nervous wreck as a result, particularly around him. The odd word or slightest thing out of place would set him off.

4. Disruption of my methadone prescription and descent into crack addiction

Everything seemed great for about three years, but then my GP suddenly died. I was sent back to the CDT for my prescriptions, where I met my old drug-using friends for the first time in ages—I had earlier cut all ties with them.

I now had a new problem with the CDT. As I was testing negative for all drugs other than those I was being prescribed—that is, I was not taking anything on top of my prescription—the CDT kept insisting they reduce my methadone dose. They believed that I didn't need the same dose of methadone, as I wasn't now using illicit or unprescribed drugs. They were ignoring the fact that it was because of this dose of methadone that I

was able to abstain from other drugs and alcohol. Their logic seemed to be: 'As the medicine is working, she needs less of it!'

When the CDT reduced my methadone dose, I would start off okay, but then reached a point where the methadone wasn't holding me physically all day. I started getting cravings and as a result I would use heroin in addition to my prescription. The CDT would then titrate my methadone dose back up because of the positive drug screening and what I had said about the lower dose not working. It was very frustrating to be stable and not using illicit drugs, only for the CDT to coerce me into reducing my methadone dose as soon as I gave drug-free screens again.

Due to the CDT's coercion, I started supplementing my prescribed medication with street-bought methadone. I was sick to death of the treatment system at this point. Prescription methadone at the right dose was working well for me, but the CDT kept interfering with my treatment. At the time, I didn't know enough about the treatment system to know whom to approach to get the CDT to stop reducing my clinically effective dose. I also feared that if I did complain, punitive measures would be invoked.

I'm really not sure why, but I went back to a guy's house one day after my visit to the CDT. I didn't know that he was a crack user. I had used crack a couple of times, but then had always said 'no' whenever anyone offered me a pipe. When this guy offered me a pipe that afternoon, I'm not sure why I said, 'Yes.' I think that I was under a lot of stress at work, my parents still didn't seem happy with my career progression, and I still didn't feel like I fitted in anywhere. I didn't fit in with straight people as I was on a script, but I didn't really fit in with drug users either, as I wasn't using any illicit drugs!

Well, I took that pipe, and wow, I didn't know what hit me! I knew I liked it though. It's really hard to describe what smoking crack is like. It's like an all-over sense of well-being, almost orgasmic, and you can do or say anything you want. Everyone is your best friend. You feel like this for about five minutes, and then the intensity dies down and all you can think about is, 'Grrrr, I want another pipe!'

It really does feel so, so good, which is one of the reasons why one can develop an addiction to it so quickly. It generally takes quite some time and determination to become addicted to heroin, as most people are sick the first time they take it, and the needle thing puts a lot of people off. With crack, however, once you've had that first pipe, you know with total certainty that you want more, more, more!

At first, using crack seemed relatively cheap. I would spend a few quid on it at the weekend and still function fine at work, so everything was hunky-dory. However, it was most definitely not hunky-dory!

People say that crack is not physically addictive, only psychologically addictive. At the height of my usage though, I would actually get physically ill—sweating, feeling shaky, experiencing a churning stomach, sort of like the start of opiate withdrawals—which would subside once I had used again. When you start smoking

crack, it really energises you, but once you are addicted it sort of does the opposite. Without a pipe, I'd be a bundle of nervous energy, and then once I had used again it would have a sort of calming effect on me.

With my heroin addiction, I could at least pretend to myself that other people didn't know, and that I still looked and acted 'normal', but with crack addiction this was not the case. The cravings are far more psychologically intense, to the point that I would have done literally anything to get the drug. Whereas I had done some pretty awful things to fund my heroin habit, I did far worse to fund and maintain my crack habit, things that I had previously said to myself that I would never ever do.

I soon started smoking more and more crack. As anyone who's ever taken it will tell you, you always want more! I could smoke my whole pay cheque in one evening, and still want more crack. I think I could have smoked all day every day, and it still wouldn't have felt like 'enough'.

My crack use started interfering with my job, as I was taking time off from work. I just wasn't bothered anymore about the job that I had previously loved. Inevitably, I was sacked. I was mortified and didn't tell anyone. I managed to get an agency job, paying a fraction of what I was previously earning, but at the time I thought, 'Oh well, at least it will keep me in crack for a few days.'

Crack really took me to a much worse place than heroin ever did. I didn't give a shit about anything or anyone. I borrowed or stole money off all my friends and my family. I terrorised my mum so much that I feel complete shame about it in a way that makes me feel physically sick. I felt that even though I was only 29, I'd messed up my life so badly there was no point in trying for anything better. Everything I touched and every person who came into contact with me seemed to end up in a worse state, so I sort of just resigned myself to living the stereotypical crack-head lifestyle... and giving it 100%!

When my agency job ended, I wasn't really bothered. I was seeing a guy who was selling crack, and we just sat in his flat all day and night smoking the profits. We were selling for one of the bigger local dealers, and we smoked his profits once too often. We were both beaten up, sprayed with CS gas, and threatened with a taser.

Even that didn't make me want to stop. I was homeless and jobless. I had nothing, but I didn't really care. I treated my parents terribly, including going to them when I owed people money and expecting them to help me pay it back. I think the lowest point I reached was sleeping with men either for money or drugs, something I'd never thought I would do. When I look back on it now with a clear mind, I just can't believe that it was me acting so crazy. It sort of seems like it happened to a different person.

5. Getting off the crack

The crack was really starting to affect my mental health. It was making me paranoid and I was quite confused about where reality started and stopped! At the flat I was crashing in, the window of the room I slept in was on the ground floor, and I was absolutely convinced that there were people spying on me from

the garden. When I went out, I thought there were people following me. I'm not sure who I thought these people were, or what they wanted, just that they wanted to hurt me.

I'd been going like this full-force for a little more than three years. I saw a photo of myself from this period the other day, and I've always been quite Rubenesque—plump or rounded, usually in a pleasing or attractive way—but in this photo I look like I have anorexia. My skin is yellow, and I have sores all round my mouth. The frightening thing was, that at the time, I thought I looked fine; good, in fact, as for once I was thin rather than fat!

I'm not sure what actually happened one particular day. I know that I had been up for about five days smoking crack and I think I had a fit and was taken to hospital. I can remember being in the A&E department of the local hospital, ranting on and on to the nurses, about what I couldn't tell you. They sent me to the psychiatric wing of the hospital, I think mainly because they didn't really know what to do with me and didn't want to discharge me in that state. A psychiatrist referred me over to the alcohol and drug unit of the hospital the next day.

I had been taking so much methadone, some prescribed and some obtained on the black market, that I don't think they believed how much I was on. The consultant doctor decided on a dose he thought would be therapeutic, and I spent ten days in there coming off the crack and stabilising on methadone, nitrazepam and diazepam. I also attended group meetings and talked with a psychologist, but I was in such a fragile place mentally that everything just went over my head.

I'd been living with the same guy (Robert) since I was 16, and I was now 32. He had continued to be physically abusive and made me feel like crap—like what was even the point of leaving him, as no-one else would want me. I was also scared of being alone. He used to sit on his arse all day, while I went to work, paid all the bills and bought all our drugs.

A couple of weeks before I went into hospital, I took some money off Robert for drugs, and he had rung my parents and told them I was on drugs! I was beyond furious, as you'd imagine, and worried about what my parents would think. (My parents did not know about my drug use, as I was living a 'double life' and was very good at putting on a front.)

In fact, my parents finding out was one of the best things that ever happened to me, as they've been more supportive than I could have ever imagined. They encouraged me that even if I didn't do anything else, I should not go back to Robert, as our relationship was not healthy. After I left the hospital unit, I didn't go back to him; in fact, I don't think I even spoke to him again!

Robert has since died, of an overdose, I think. After I left him, he apparently could not support his own drug habit and started burgling people's houses. He was on trial for aggravated burglary, for which he did not get sentenced, as the judge thought he was mentally unstable. He died soon after.

His sister messaged me on Facebook to tell me, and to say that all his family thought it was my fault he was dead. I certainly didn't introduce him to drugs—in fact, he was already taking heroin when we met—and I wasn't even living in the same town when he started robbing people, so I don't feel any guilt about it. I wasn't glad he was dead, but after the hell he put me through for all those years, I wasn't sad either.

My reaction sounds bad, but it wasn't until I had left Robert and started a relationship with someone else, that I realised how badly he'd actually treated me. I didn't know that relationships could be so good as the one I have now. When I look back on it, I really regret not leaving Robert years earlier.

When I first got out of the hospital, I went back to hanging around my old friends and smoked crack for a month or so. I didn't really have any friends who weren't on drugs anymore, so it was difficult to break away from using.

However, I then met this guy (Jim)—well I say met, we'd know each other for years, but not romantically—who'd just got out of prison. We started seeing each other, and he made me start to think that there could be more to life than sitting in some grotty flat smoking crack!

Just prior to leaving hospital, I was being prescribed over 200mg/day of methadone. When I left hospital, I explained to the head doctor at the CDT that as I had previously been buying so much methadone on top of what I had been prescribed, if he were to prescribe me 75mg/day for example, then I would be back to square one and topping up my dose illicitly.

The doctor was concerned that if he did prescribe the large dose I was requesting, it would still not be 'enough', and that in six or so months I would be back to buying methadone illicitly. However, I emphasised to him that I had no desire to continue my current lifestyle. I wanted to sort myself out, but unless I was prescribed a reasonable dose of methadone, I would be stuck in Groundhog Day (the same day continually repeating).

After a two-hour consultation, during which time he checked my hospital notes and saw that I had been prescribed over 200mg/day as an inpatient and had shown no signs of sedation, the doctor agreed to start me on a dose of 220mg/day—with the proviso that if I let myself, or him, down in any way, that things would have to be reconsidered. I was really grateful that the doctor believed that I was not just drug-seeking, and genuinely needed a higher than average dose.

Once I was stabilised on my high dose of methadone, I found that my cravings for crack diminished over time, although I still wanted to use the drug on occasion. I know that methadone is not supposed to be used for crack addiction, but lots of drug users have reported that if their methadone dose is increased significantly, it can help curb their cravings for crack.

In my case, the higher than normal dose of methadone gave me the 'space' to be able to start working again and to distance myself from the drug lifestyle, so I could begin to think like a 'normal' person again. I dread to think where I would be now if I had not been prescribed this dose of methadone. (I should point out that I was still using benzos at this point, but only as prescribed by my GP).

Two other factors contributed significantly to my staying away from cocaine. Firstly, I cut myself off from my circle of 'friends'. I say friends, but really, they were only people I used drugs with, and the only thing we had in common was drugs. Secondly, I had a really supportive partner and parents.

I was able to talk to Jim about everything. As he has experienced addiction issues in his past, he really understood where I was coming from. He helped me feel settled and I knew that someone cared for me without wanting to control me. The fact that my family now knew about my addictions was a blessing in disguise, as they became a key part of my support system. I thought they would totally disown me, but they educated themselves about addiction and became my rock. They supported me emotionally, talking to me about anything that was bothering me.

Finally, I should say that I don't think that the CDT was well-equipped to know how to help me get off crack. The service was very much focused on opiate and alcohol addicts, and there wasn't really a lot of support for poly-drug users or stimulant users.

6. The agony in successfully coming off benzos

Jim and I moved house at this point, as the area we lived in was renowned for drugs, and I just couldn't see myself getting well with all the negative influences around me. Mum and Dad provided financial assistance and helped organise the move.

Now that I had an equal relationship with a supportive partner, and a lovely new house in a fab area, I felt able to say that I wanted to detox off the benzos and then reduce my methadone maintenance dose. I'd been stable for around a year, with no illicit drug or alcohol use, and I felt strong enough to try and take some steps forward. However, I knew that trying to detox off both benzos and methadone at the same time would have been a recipe for disaster.

At the time, I was being prescribed nitrazepam for sleep problems and diazepam for anxiety [5]. My GP suggested swapping to one daily dose of diazepam, as the tablets come in smaller increments and are therefore a bit easier to taper from. Moreover, as they are a long-acting benzodiazepine, they are supposedly easier to come off than the shorter-acting benzos, although they certainly didn't feel 'easy'. I started on 40mg/day of diazepam and reduced by 1mg a week.

The detox from Benzes was one of the worst things I have ever been through. I continued being reduced by 1mg a week until I got to 2mg a day of diazepam, and then my GP stopped the script. I have since found out that this wasn't really the best thing, for my mind or body, to be stopped cold turkey still on 2mg a day. I had

some seizures and terrible headaches, and I couldn't sleep properly for months. The first time I had a seizure I was out in town and knocked myself out on a wall. I was taken to hospital where they gave me some diazepam, as they were sure that the seizures were from the doctor reducing me too quickly.

I ended up in hospital about nine times with seizures, but I would not take more benzos, since I didn't want to go through the withdrawal again. I was worried that I would feel awful forever, and never escape from my addiction, but after about eight months it seemed that the worst of the withdrawals was over.

Once the seizures were under control, helped along by some non-addictive epilepsy medication, I tried to get back to a normal day-to-day life. However, I was so nervous about literally anything and everything. I found it difficult to learn how to deal with anxiety and stress without having benzos to help. I thought I would never lead a normal life. It took almost a year after the detox before the anxiety and sleeplessness had subsided to a manageable level, so it was difficult to plan anything for the future as my head was all over the place.

7. Trying to come off methadone and dealing with arthritis

Once I was off the benzos and feeling a little more like myself, I went back to work. I hadn't worked since having the crack-induced event, so was really scared that I wouldn't be able to cope with a job.

As I had come off the benzos, and now had the proper support of a partner and my family, I started thinking about reducing my methadone with a view to abstinence. I knew I had the willpower, as I'd managed eight nightmarish months of the benzo detox, and I'd also kicked a crack addiction about two years earlier.

To start with, the reduction went quite well. The CDT doctor and key worker were well aware of how my previous attempts to reduce my methadone had been hampered by overzealous treatment staff. Therefore, they encouraged me to take control of my reduction, and only go at a pace at which I felt comfortable. It also helped me knowing that I could stop reducing my methadone, and even increase it again, if things got too much.

In fact, I didn't increase the dose again, but I did stop reducing a few times, to let my body reacclimatise to the smaller doses. I felt empowered by being in control of my treatment and having a real say in what was going on. I felt confident in myself and in the drug treatment staff.

Unfortunately, this situation did not last. Both my doctor and key worker left to take up different jobs, and I was then shunted between various key workers, all of whom told me that I should increase the speed of my reduction. As I was doing well, and not using on top, I didn't feel it was prudent to do this. However, my new doctor thought I'd be fine. He and the treatment workers said I was being argumentative and stubborn for not agreeing to go faster, so under pressure I agreed to increase the speed of the methadone reduction.

I managed to get down to 26ml/day, where I really started having problems. I was craving drugs like crazy. Whereas I had not thought of using when prescribed higher doses of methadone, now I kept thinking about

drugs. I also had no confidence in either my key worker or doctor doing something to help me if I told them I was struggling. I worried that if I relapsed it would affect my job, which I couldn't afford to lose, and I would let my partner and family down. Life became a stressful nightmare.

Ultimately, I ended up relapsing onto opiate-based pain medication that was prescribed by my GP for chronic pain issues relating to the arthritis I was now experiencing. When I was on a reasonable dose of methadone, I was able to control any pain from the arthritis with paracetamol or Voltarol. However, I found that as my methadone dose was reduced to under 40mg/day, I experienced more pain and needed higher doses of the prescribed painkiller, or a stronger drug, to be able to function. The pain was so bad some days I could only walk a few steps.

My GP, who was well aware of my addiction history and knew I was on methadone, signed me up for a medication trial of a new drug that was supposed to be like Tramadol [an opioid pain-killer], but less likely to cause constipation. At this point, the pain was really bad, and the last thing I wanted to do was use more methadone, so I agreed to take part in the trial.

The pain tablets were quite a lot stronger than I had thought they'd be, and they did a wonderful job of relieving the pain in my legs. Unfortunately though, they spoke to the addict in me! I started taking far more than I was supposed to, and was soon telling the doctor they weren't working and I needed more. I ended up eating them like sweeties and spending all day drooling in my lap! After having enjoyed the cotton wool cocoon of the pain tablets, it was only a short step for me to acquire some heroin.

Luckily, I began to see a new key worker who really listened to me. I felt able to tell her about my relapse with the pain pills and heroin, how much I was struggling, and how I felt that I had no say in my treatment anymore.

There is much said about drug workers (key workers) needing to be a recovering addict to do their job well, but from my experience I would say that this is not a prerequisite. As long as the person has empathy, experience of life and good listening skills, then they don't need to be a recovering addict to be able to be an excellent key worker.

My new key worker quickly got me an appointment with a different doctor at the CDT. I explained to him how I felt about being 'encouraged' to reduce my methadone far faster than I was comfortable with, and as a result had started abusing my pain medication. It felt great to get everything off my chest.

The doctor gradually increased my dose, to where it kept me comfortable for 24 hours, and although I still had some cravings, they were manageable with the good support system I had. Once my methadone dose was increased, I no longer needed opiate-based pain medication every day. I therefore asked to be switched onto a non-opiate pain killer to eliminate the risk of me abusing the meds.

There is a theory that some people who have been opiate addicts have what is called Endorphin Deficiency Syndrome, which means that their brain does not produce any endogenous 'feel good' endorphins anymore. As such, they need an exogenous opiate to simulate the 'feel good' chemicals that other people's brains produce. For me, the jury is out on this idea, and I 'd like to see some more research done on the subject. But some of it does make a lot of sense.

8. Life today

I am so grateful to have the love and trust of my family, a job, a home, and a loving relationship where we are both equal. In my previous relationship, I was definitely a second-class citizen! I don't think you can underestimate the value of a good support system. Having the support of my partner and family has enabled me to see that, whilst I may still need to take methadone for the foreseeable future, I can do anything I want.

This support has really helped me to increase my confidence and self-esteem, and helped me enjoy all the things that everyone else does. My self-esteem is still low at times, but I am learning that what other people think about me is not the be-all-and-end-all. I think the things that I have had to overcome in active addiction have made me a stronger person, and I am also much more empathetic to the feelings of other people.

I go to work every day, to a job that I actually like. I had to start at the bottom again, but have worked my way up and have more responsibility, and I really do love my job.

Spending time with my family, without them worrying what I'm up to, is lovely. To ring my mum just to talk to her, rather than tap her up for a tenner, feels great. To know that my parents are proud of what I've overcome means the world to me. I'm sure some parents would be embarrassed that their child was an addict, but mine 'sing from the rooftops 'about my recovery.

I feel so blessed to have a loving supportive husband. Jim and I got married last year, after being together for five years. I had previously wasted so much of my life with someone who was a bully, who put me down and made me feel worthless, so to have someone who is the total polar opposite makes me feel so lucky. I just hope that I can support him the way he does me.

I'm not sure if I'll remain on methadone forever. I have again reduced my dose without relapse, but I feel that taking it is a preventive measure against craving for, or using, any drugs or alcohol. I'm worried that without methadone my life would be filled with drugs again, rather than doing the things I currently enjoy doing, like working, travelling and volunteering. I volunteer as a 'companion' for elderly people who don't get many visitors, or who don't have family. It makes me sad to think of people being so lonely, and if I can give them some of my time, well, I hope that helps.

Being stable on methadone has not stopped me doing anything that I've wanted to do. I've travelled extensively, have a job that I love, have the trust of my family back, and a great husband. Apart from the

relapse that occurred following overuse of my pain medication, I have been drug and alcohol free for five years, other than my prescription methadone.

It does sometimes annoy me that being on methadone (or Subutex/Suboxone), is not seen as being in 'real' recovery by some people. Whatever 'real' recovery is?! I feel that abstinence-based recovery services should be promoted in CDT's, so that people who decide they want abstinence have that option available to them. However, by the same token, abstinence does not work for everybody, and if utilising methadone or Subutex enables you to live a full and productive life, then more power to you.

Being on methadone should not be seen as some kind of moral failing, as we are all individuals with different needs and different coping mechanisms. Using methadone does not mean you are not 'working the programme hard enough' or 'not working the steps properly'. It just means that we are all different, and some of us need different recovery options. There is no shame in being on an opiate substitution script!

For now though, methadone is definitely part of the glue that helps me keep my life together, and I don't think I'd be disappointed if I had to take it forever, as there is no need for it to stop me doing anything and everything!