Different Diagnoses, Similar Experiences

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Different Diagnoses, Similar Experiences: Narratives of Mental Health, Addiction Recovery and Dual Diagnosis

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About the Editors

Michael John Norton is a Recovery and Engagement Programme Lead with the HSE Mental Health Engagement and Recovery Office, based in the Republic of Ireland. He is also a Part-time Lecturer at University College Cork and a Dissertation Supervisor at RCSI Graduate School of Healthcare Management. In his role, Michael John has responsibility for the implementation of recovery-orientated practice across the entire Irish mental health services. One such aspect of this is Michael's involvement in the development of Peer Support Workers in the said service. He is also module co-ordinator for a module exploring mental health policy and practice with University College Cork as part of the QQI level six award in Mental Health in the Community. Additionally, Michael is also a lifelong learner and is currently engaged in a number of programmes of study at postgraduate level. When Michael is not working and studying, he spends his time being an advocate for mental health and evidence-based practice through his involvement in the peer-review process for several high-impact journals and in being a member of several working groups nationally and internationally looking at areas such as co-production, family recovery and trauma. Michael is also an early career researcher whose research interests include peer support work, co-production, patient and public involvement, recovery education, mental health and personal/social recovery.

Oliver John Cullen has lived experience of dual diagnosis – a combination of both mental health and addiction challenges. He is a passionate advocate for recovery in his community where he has worked and volunteered extensively. His roles include Recovery Education Facilitator, Peer Support Worker, Peer Advocacy through engagement with forums and a *Public and Patient Involvement Consultant* on several research projects, covering areas that include peer support, co-production and service change. Oliver has spoken extensively and openly about his lived experience both on radio and a variety of mental health conferences. Oliver's mission is to encourage change within services and wider society by encouraging others to speak about their own challenges and experiences in order to reduce stigma. He has qualifications relating to peer support and addictions from Dublin City University and the Institute of Technology Carlow, now South East Technological University. For Oliver, the purpose of this edited book is to allow others to speak about their own recovery journey in order to demonstrate that recovery is possible for those who choose such a path. He hopes you enjoy, learn and experience hope as you read this book.

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About the Contributors

Anonymous 1 (Chapter 12) – A human following a deeply reflective life, breaking patterns, who is a jack of all trades but master of none, deeply interested in humans and helping and learning to rest.

Anonymous 2 (Chapter 21) – Anonymous 2 is a 28-year-old male from the south of Ireland. After secondary school, he studied French, mathematics, and psychology in NUI Maynooth [now Maynooth University] for a year. He dropped out of NUI Maynooth after the year and started working as a security guard for five years and then as a Heavy Goods Vehicle [HGV] driver for a further two and a half years. Now, he is in recovery and is currently upskilling with the hope of soon entering back into full employment.

Arlene is a 38-year-old from Co. Kilkenny. She has pretty much lived there all her life and loved it. She was surrounded by her family in a village that, as a teenager, she couldn't wait to escape from! But priorities shift as you grow older and she couldn't be happier than where she is now, surrounded by all this support from a loving family – in all aspects of her life, not just in recovery. She is still trying to find the new Arlene after the past 15 years or so. She keeps to herself but is very social with people she knows and trusts. She was good fun and friendly, although sometimes her face might tell you differently as she was a very deep thinker, and always had been. She liked to know the answers to everything and never liked to wonder for too long before finding out. Psychology and behaviour fascinated her, and she had studied it, although this wasn't the area she worked in. Like most mothers, she lived and breathed for her kids, mentioning that they kept her going. She expressed being very proud of them and proud of herself for who they were so far. She stated her love for animals, mentioning she had six pets at the moment and counting. She liked to think she was kind-hearted and liked to help people if at all possible.

Kate Byrne is an example of, and advocate of recovery in the community. She is involved in 12-step programmes and supports others in recovery. She recently completed a Diploma in Training and Development in Sustainable Workplaces, including Equality and Addiction Studies. She is currently studying for a Master's in Business Administration. She is a mother to three wonderful children who are flourishing in a loving home. Kate believes that the experiences and struggles we

survive in life, add golden threads to the tapestry of our lives. Thus, allowing us to enrich the lives of those around us.

Mark Coyle is a 45-year-old and from Ballymun in North Dublin. He was a Professional Dry Cleaner and enjoyed working in this area for the last 25 years. He has a beautiful daughter who is nine years of age and her name is Eva. Eva is his hope and recovery journey as she shone the light on him especially when the days got hard with her amazing smile and the fun elements she brings to his life and that is how he knows now that hope and recovery are possible. He has been in recovery for the last six years from alcohol and suffered from anxiety due to alcohol intake and other stresses for the last 20 years. He has hope now, and telling his story helps his recovery and hopes it inspires others.

Claire Foy in 2014, at the age of 34, entered the workforce. Having been influenced by the frustration of her own experience and a drive to support others who were struggling with mental health and addiction, Claire has been working in the charity and NGO sector with marginalised groups since that point. She has experience as a frontline worker in low-threshold settings with marginalised populations and later in governance, policy and advocacy roles in several national charities. She is hoping to return to education to complete her post-graduate studies and she has long-term goals that include continuing a career path that enables her to influence social justice and health care reforms for marginalised populations, in particular for those experiencing, homelessness, addiction and those within the prison system.

Andrew C. Grundy is currently working as a Lived Experience Researcher in the School of Health Sciences, University of Manchester, UK. He is also the Lived Experience Research Lead at the Mental Health Policy Research Unit, University College London. Andrew's PhD explored service user perspectives on and experiences of risk and its assessment and management in an acute psychiatric setting. His main research interests are in understanding concepts of 'mental health' and mental health service provision from service user/survivor perspectives. He's also interested in critical approaches to public involvement and co-production in research.

Laura Hardiman is 30 years old and lives in Wexford. She has spent the last 6 years building a recovery lifestyle that keeps her feeling connected to herself, others and her place in the world. She likes a balanced life of being outdoors and sitting on the couch, watching horror films and reading poetry in equal measure. Her current focus is on community and working towards social recovery. She tries to always keep her mind open and changeable, but one thing she knows for sure is the healing power of relationships.

John had been in recovery from addiction and mental health challenges for two decades. His journey hadn't always been easy but deemed it undoubtedly worthwhile and meaningful. Currently, he is working in mental health services, where

he utilised his lived experience to inform his practice alongside his professional competencies. He expressed hope that his narrative, along with the many other stories of hope in the book, would be helpful.

Jack Kilkenny is a recovering addict and alcoholic. He reflected on how his life used to revolve around drinking and drugs, focusing primarily on living for the weekends. However, he stated that it wasn't like that anymore. He is a family man who prioritised hard work and lived and breathed recovery. He emphasised the importance of recovery in his life, stating that without it, he would have nothing.

Jenny Langley is a passionate and positive-minded peer support worker, mother of three, and former Marketing professional who spent several months in hospital in 2021, confronting the damage caused by years of grief, trauma and depression. Determined to turn things around she embarked on a journey of personal growth, healing, self-compassion and resilience. Through regular psychology sessions, Compassion-Focused Therapy (CFT), Cognitive-Behavioural Therapy (CBT), Wellness Recovery Action Planning (WRAP) and peer support, she transformed her mental health. Jenny recently obtained her Certificate in Peer Support Working in Mental Health from DCU, solidifying her commitment to helping others self-determine their mental health journeys. Believing in the transformative power of sharing stories, she hopes to empower others to embrace resilience and find hope in their own narratives.

James (Jimmy) Lewis is the Founder of Pleaze. A mobile app that is dedicated to tackling issues with mental health and addiction with innovative approaches. After struggling with mental health and addiction issues for the majority of his life, his mission is to help as many as possible.

Michaela Mc Daid is an Ecotherapy Facilitator, Writer and Speaker from the Northwest of Ireland. Ecotherapy is where her personal and professional life met and everything fell into place. As an avid diarist since childhood, Michaela doesn't know how to be in this world without writing about being in this world and is currently writing her memoir. As for the 'speaking' part, chatting comes very naturally to this middle-aged Irish woman.

L. McGowan is currently employed as a family support practitioner in Ireland. She is a graduate of Atlantic Technological University, Mayo where she completed a degree in Social Care. She also completed a Certificate in Peer Support Practice. Her area of interest is trauma and she is currently studying for a Professional Doctorate in Health, Education, and Society where she intends to explore the topic of gender-based violence. She is a dedicated volunteer with much experience in various charities and organisations. Her credentials, work experience and volunteering show her unwavering dedication to the health and social care areas.

Paul is a 58-year-old father of four and is in recovery from substance abuse. He is at present finishing an Access year at University College Dublin as a mature

student and will start a Degree course in Sociology and Social Policy in the autumn. His previous career was in the hospitality sector as Head Chef in many Dublin establishments. He has now returned to studies and has a particular interest in early education and prevention through community endeavours and education for young people regarding addiction issues. He has written of his own battle with addiction here and its subsequent effect on his mental health in a frank and open manner.

Amy Ryan is living in Cork City. She enjoys shopping, drinking coffee and people-watching in 'town'. She is often found chatting on the phone with her friends and sister, travelling to new places and coming up with new ideas.

Shay works as an Engineer and, previous to this, a creative carpenter with a keen eye for detail. Having grown up as a lonely child until his teenage years in Kilkenny, he was involved in numerous sports as an active child. He is passionate about music and running which keeps his body and mind active and healthy and is generally an active person. He is a caring person who is always there to offer support and help others. His goal in life is to be an inspirational father figure, support his family and keep pounding the pavement until his body gives in and then complains about it.

The Eternal Student (Chapter 9) is a person no better or no worse than anyone else.

Acknowledgements

Michael John Norton
This book is the result of Ollie's and my passion for recovery. I am, at the time of writing, nine years in recovery from mental health challenges. I have achieved many things in these nine years. Including this book. However, none of this would have been possible without the support of certain people in my life. Firstly, to my Mum – Mary Ann and my Dad – John, you both have supported me throughout my life in many different ways. You continue to be a source of knowledge, a source of love and support to this day despite the challenges life brings. For all your support over the years and for the years to come, I want to thank you dearly. To my brothers Paddy and Eddie, I know I said this before but my ability to reach the stars academically would not be possible without you both taking the slack off me and working hard on the farm. For taking on that extra burden, thank you. To Louise, my sister-in-law. The final few months of making this book must have been some of the hardest times in our family's life. For supporting Mam and Paddy in particular, thank you. To Sophie and Cody – my godchildren, this book is dedicated to you. I hope you never have to face anything like what the contributors faced in this book, but if you do, I hope this book can provide some comfort. For being the light of my life, the reason I breathe, and the motivator to achieve all I can achieve in life I thank you and I love you both dearly.

To my friends, Linda and Dwayne, once again, I have completed another book and yet again this has resulted in less time being spent with you doing the stuff we love. For understanding why I need to do this, and for making that sacrifice and being there, I thank you. To my co-editor Ollie, thank you for being my friend, for being my sounding board every time something goes wrong and for your enthusiasm across this journey, I thank you and I feel blessed to call you my friend.

Finally, but by no means least, thank you to the contributors of this edited text. Without your generosity in sharing your experiences with us, this book would have never been possible. Your stories are awe-inspiring and hopeful and I hope the reader gets as much inspiration from your narratives as Ollie and I did over the course of the making of this text. Finally, to the audience of this book, I hope this book is not only a source of information but also a source of hope to you and your family and proof that with hard work and dedication, recovery is possible.

Oliver John Cullen
The idea of writing this book came from a conversation between two peers. That is myself and my co-editor Michael. It was born from an idea that recovery is not only evident in our day-to-day interactions, but it is absolutely attainable, even when it seems insurmountable. Myself and Michael have achieved many things against the odds, and we felt like it was time to show others through publication that recovery is difficult, it's harrowing, it can make or break you, it's often born out of trauma, existential crisis and can really bring us to the brink of our semblance of self. However, once the recovery path begins to take on a life of its own, we achieve many, many things, peace, love, harmony, balance, intuition, identity, purpose, honesty, integrity, a life of your own choosing and so much more.

Recovery is an exploratory journey of self-discovery, that has many branching paths, some paths don't have the answer, but that's ok! We learn on this journey that nothing is linear and nothing is wasted. To not try is to miss the opportunity to discover what 'may' or 'may not' work for you. I personally have lifted every rock, looked through every crack and stepped forward when I felt it was right, paused, reflected and looked for guidance and support when I wasn't as sure.

The ironic thing is that during the writing of this book, I wasn't so sure. I struggled and I lost hope. I was admitted to the psychiatric services for 10 weeks, but I needed that additional support. I needed that clinical help. I pushed many people away, and I lost hope, but others did not. They kept in contact; they told me that '*it was ok not to be ok*' even when my ego told me that I don't need anyone to help me. When I finally relinquished the responsibility of recovering on my own, I started to see that I too had lost my identity, I had lost my passion for life through disconnection and emotional turmoil. Then through that re-connection, I became re-enchanted and invigorated with life. Consequently, I have grown and I am humbled by my experiences and the people who continue in silence to grow with me.

To all of those people, I want to say thanks, thank you for telling me, I am enough, I am valued, I am loved. And most of all I couldn't have done this without you.

To Demelza and Olivia, you are the light and hope that I carry inside of me, without you my life would be devoid of all meaning. To my wonderful mother Triona, you showed me how to be kind, to care, allowed me to express my feelings without judgement, and loved me as I believe no other mother could love a son. I love you with all my heart. To my father Ollie Snr, you showed me how to live with dignity and self-respect, and silently supported me all my life. I want you to know I am eternally grateful, and I love you and I hope I make you proud. To my sister Corinna, thank you for looking out for me in my formative years, never questioning my fear of the dark, embracing me and telling me, everything was going to be ok. My love for you is never-ending…

To my co-editor Michael, you hold the same values as I do, you have the same passion and in-depth personal experiences as me, you supported me so much with this book, giving me the time and space, I needed to heal for those months in hospital, and the work we did on the book when you came to visit kept me focused on my recovery, thank you.

To my friends, Karly, Murf and Woodsy, I love you all dearly and thank you for being like brothers to me. To my friend Agatha, who gave me the opportunity to be heard, to be seen and her vigilance for my wellbeing has kept me safe many, many times.

To my team in St Pats, you gave me encouragement, support, empathy and clinic expertise and are an integral part of my recovery. Thank you.

To my additional friends whom I don't have the word count to thank personally! I want you to know that you gave me respect and that's all I needed, and I value you as I value my closest allies.

To the friends/family who have left this mortal coil. I think about you every day, and you are forever in my heart.

And would also like to thank the contributors to the book, your courage and strength have resonated with me on such a deep level, that can't be explained in any textbook. I truly am humbled that you have put your voice forward to support the premise of this book and to inspire others that are on or contemplating their own journey of recovery.

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Part 1

Context

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Chapter 1

Contextual and Personal Introduction to the Text

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Abstract

This, the first chapter of this text provides an introduction to a social world that is constructed through cultural attitudes, with a long history of the so-called '*insane*' or deviants being excluded from society. In many cases, this was due to their behaviour resulting from an addiction issue, mental ill health or as is often the case, both. The chapter begins with an introduction to what led to the conceptualisation of this text. Once this occurs, the interplay between the '*normal*' and the deviant, as discussed above, is played through an examination of the cultural perceptions of both mental health and addiction. In addition, to support this, a brief historical timeline of mental health, addiction and dual diagnosis is described and visually depicted. Finally, the chapter concludes with an introduction to both editors of this text who then describe what will be discussed in the chapters that follow.

Keywords: Addiction; dual diagnosis; history; mental health; recovery; stigma

1.1. Introduction

Compared to that of addiction services, the application of personal recovery and associated models in mental health discourse has only occurred relatively recently (International Mental Health Collaborating Network, n.d.). Recovery was not

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heard of in mental health service provision until the seminal work of William Anthony, who defined the concept in 1993. Here, Anthony defines recovery as:

> […] a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful and contributing life even with the limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness.

Since 1993, we have learned a lot in terms of both mental health and addiction recovery and the similarities between them. For instance, both of them rely on the power of peer support to enable and maintain the life transformation required to recover. Both view recovery, not as an end destination, but as a lifelong journey with many peaks and troughs rely on the personal responsibility of each individual to abstain and continuously work at their own recovery throughout the lifecycle of an individual.

This text was born out of a common interest for both editors of this book, the first editor [MJN] has lived experience of mental health difficulties and familial experience of addiction challenges. The other editor [OJC] has lived experience of both mental health and addiction challenges. Chapter 1 of this text aims to provide some contextual information relating to the cultural and historical underpinnings of mental health, addiction and dual diagnosis challenges within our society. The chapter is divided into a number of sections, each exploring parts of this chapter's aim. Section 1.2 explores the cultural perceptions of mental health and addiction. This is vital in understanding how society views mental health and addiction issues as it will provide further clarity into the lack of understanding of these complex issues. Section 1.3 provides a brief history of mental health, addiction and dual diagnosis. This will be carried out by analysing them separately first before combining the key points in Fig. 1.1. Section 1.4 introduces the editors to the audience, followed by Section 1.5 which details the structure of the book. Finally, Section 1.6 concludes the chapter by providing a brief synopsis of what was discussed before focussing attention on Chapter 2. Section 1.2 will now be presented.

1.2. Cultural Perceptions of Mental Health and Addiction

The concept of culture is abstract and refers to a set of beliefs, norms and values of a particular group of people that form part of society (Department of Health & Human Services, 2001). It is important to examine culture as it relates to health care as it is intrinsically linked with service quality (Mannion & Davies, 2018). For example, increased awareness of the importance of culture within the healthcare setting has led to the facilitation of better communication pathways between service providers and those utilising the services (Kaihlanen et al., 2019). Here, a discussion regarding the impact of culture on both mental health and addiction will be presented. It is important to understand the nuances within the perception

Fig. 1.1. Mental Health, Addiction and Dual Diagnosis Throughout the Ages – A Detailed Timeline.

of both types of challenges within society at present so that an acute awareness of the sensitivities and stereotypical nature of each type of challenge can make a difference in recovery outcomes for such individuals.

1.2.1. Cultural Perceptions of Mental Health

The concept of culture and its association with the diagnosis, treatment and overall recovery journey of those with a mental health challenge is quite strong (Al-Krenawi, 2019). Culture has impacted mental health discourse for thousands of years. For example, before the mid-1800s, mental ill health or deviant behaviours or phenomena were thought to have been rooted in the area of religion and spirituality and as a result treated in such a manner that represents this flow of thinking (Norton, 2022). In some developing world cultures, this conclusion is still logical as the cause of mental ill health (Ahmad & Koncsol, 2022). This disparity of sources of mental distress and its true inner meaning has caused differences in the way those appearing to be in mental distress are treated. For those regions that still actively believe in a spiritual or religious cause for mental distress, the nature of the religious belief used to support and cope with the distress influences the long-term recovery outcomes of the individual affected (Lucchetti et al., 2021). In addition, in an article focussed on the cultural differences in perspectives of voice-hearing, Parker (2014) found that the culture influenced how

these individuals lived with their voices. For example, as a sense of a nonviolent mind, a source of closeness to God and so on.

In westernised societies, although mental health and physical health are intrinsically linked, there remains a lack of information and indeed understanding when it comes to mental health (Mohankumar, 2022). This often leads to dual comorbidity as the individual not only has to suffer the life-changing effects of their condition but also the stereotypes, prejudices and misconceptions of mental health from others in society (Corrigan & Watson, 2002). This can result in stigma occurring within mental health service provision. The term stigma describes the behaviour of devaluing, discrediting and/or shaming based solely on personal attributes or characteristics that the victim of stigma may possess (Subu et al., 2021). In a study examining rates of stigma overtime for mental health challenges such as depression, and schizophrenia, Pescosolido et al. (2021) found that although there was a decrease in stigma for depression over a 20-year period, the sense of volatility in those with schizophrenia and related psychotic illnesses increased by 15.7% during this same time period. These results suggest that although mental distress is becoming more acceptable as part of the human condition within our society, this assumption is not the reality for the more enduring and serious mental health challenges such as schizophrenia and other psychotic-based illnesses. As a result of such stigma, many consequences can arise for those who use services at the centre of such dilemmas (Geraldo da Silva et al., 2020). Such consequences include shame, self-blame, discrimination and isolation (Latoo et al., 2021).

Consequently, with the rise of the recovery movement, came the realisation that those with mental health challenges have a unique knowledge set which could only be gained from living through an experience of mental ill health (Norton, 2022). The realisation of this lived experience – known technically as experiential knowledge – brought with it a number of initiatives which have been known to reduce stigma towards those who have had a mental health challenge. Such initiatives include peer support work, co-production, recovery education and peer academics to name just a few. Unfortunately, despite this realisation, a recent study reported in *The Guardian* by De Jong (2023) suggests that stigma has increased for those with a psychotic disorder since the year 1990. As such, the report leads one to suggest that although positive change has occurred in recent years relating to culture, stigma and mental health, more work is needed in order to resolve the inequities experienced by people who use services as a result of their mental health challenge. In addition, this has raised further calls for an examination of culturally associated health beliefs and how they impact the treatment received by individuals within the mental health system (Jimenez et al., 2012).

1.2.2. Cultural Perceptions of Addiction

The perspectives surrounding addiction challenges differ significantly depending on the person asked and the culture in which they were born and reared. For instance, in Irish culture, it is quite normal within this society to have a drink after the end of a hard day's work, at weekends and for major events within the lifecycle

such as births, baptism, holy communion and so on. However, despite this cultural norm, alcohol abuse is linked to a number of diseases and is associated with approximately three million deaths per annum globally (World Health Organization, 2022). Alcohol and associated pathologies also have an economic, familial, organisational and self-destructive impact, which has led to calls to review the legality and social acceptability of the substance across the world (Jankhotkaew et al., 2022).

Of equal concern is the upward trend of the use of powerful stimulants, such as MDMA and crack cocaine ['free base'] in our society. For instance, Ireland currently ranks 80 per capita for alcohol consumption, with a dependency rate of 3.8% (Wisevoter, 2023). Economically, the resulting service needs to be created due to this is approximately €2.3 billion to the Irish economy (O'Halloran, 2018). Alarmingly, the Department of Health (2019) noted that 26.4% of those aged 15 years and over have used an illegal, illicit substance at some point during their lifetime. This knowledge may suggest that a good percentage of these individuals have made a conscientious decision to consume such substances, despite the prior knowledge relating to the legality of its use and the potential harms that can occur as a result of the misuse of the substance. The usage of certain substances has increased at an alarming rate (Mongan et al., 2021). For example, cocaine use has increased by 7% in males aged 25–34 years within an 18-year period leading to 2020.

As already identified for mental health, stigma also has an extremely negative impact on those in recovery from substance misuse challenges, particularly towards issues of trust and fear. In addition, to societal stigma, negative attitudes towards those with substance misuse issues can even occur amongst the individuals taking the substance. For instance, individuals whose substance of abuse is alcohol may not consider themselves an addict and instead refer to those with other types of addiction negatively as their addiction is more normally accepted than, for example, an opiate addiction. Such stigmatising assumptions can affect the recovery journey of those in addiction, particularly if there is a need to take supplemental medication to maintain stability and recovery. Stigma can come in many forms including from society to professionals to self-stigma (Subu et al., 2021). Stigma, particularly from professionals, can affect the quality of care received (Degnan et al., 2021). Language is also an important factor in the treatment of those with addiction challenges. For example, the use of derogatory terms such as 'addict' and 'abuser' can infer negative connotations onto the individual by self and community leading to stigmatisation (Quigley, 2022; Shi et al., 2022).

However, unlike the perpetual effects, addiction has on an individual and their surrounding social world, addiction as a pathophysiology, a trauma, does not discriminate between social or ethnic classes. There are many conceptual models that support our understanding of recovery from addiction. For example, Canadian Physician, Dr Gabor Mate claims that the source of addiction is not to be found in one's genes, but in early childhood experiences (Mate, 2018). Whatever reason an individual chooses to use an addictive substance, that experience, for certain individuals increases the release of dopamine, providing a rewarding sensation which

leads to repetition of use in order to replicate the euphoric feelings achieved as a result. A *New York Times* article describes the devastating impact of the opioid crisis in America. One individual vividly describes '*remember[ing the] feeling like [they were] exhaling from holding [their] breath for [their] whole life'*. Another individual suggested that the euphoric feelings achieved from substance misuse were '*like being hugged by Jesus'* (Sinha, 2018). Previous understandings of addiction would point towards detox, with perhaps a medical intervention and recovery support groups as a continued source of peer support and a reminder of the challenges that were once prevalent in the individual's life. But now we know there are many alternate routes that can be taken, including education, therapeutic interventions, and pharmacological support (e.g. methadone or buprenorphine for opiate maintenance). The individual also has choice and autonomy around their recovery pathways.

In terms of support around recovery for addiction, there are also multiple avenues a person in addiction can follow towards recovery based on what they feel works best for them. For example, SMART Recovery centres on the principles of choice and autonomy, delivered through a four-point programme:

1. Building and maintaining motivation,
2. Coping with urges,
3. Managing thoughts, feelings, and behaviours,
4. Living a balanced life.

(SMART Recovery, 2022)

SMART stands for Self-Management and Recovery Training. It is an approach based on cognitive behavioural therapy which aims to assist individuals to achieve and maintain recovery. This is achieved through the programme empowering individuals to use the tools and practices promoted by SMART in their own lives, including the use of self-empowering and destigmatising language.

Another model: Alcoholics Anonymous [AA] promotes a different perspective on recovery through a 12-step programme which suggests that the individual is ultimately powerless over their addiction and relies on a higher power to achieve and maintain recovery. The model is traditionally based on the Christian faith and belief in God. Over time this has changed to be inclusive of many faiths and spiritual beliefs. Unlike SMART, AA often utilises terms such as alcoholic or addict to describe the individuals who use this service for recovery as it sees addiction as a disease, that can be cured using the programme. According to Drugs.ie (2018), stigma also comes into play within the way society views addiction to illicit substances – a crime. There is evidence to suggest that addiction should be viewed as a healthcare issue and as such, how it is viewed should be pathological in nature as a result. According to The Gateway Foundation (2023), using the judicial system to solve the addiction challenge does not work as it is a disease of the brain that has societal consequences, and not vice versa. The approach used currently [the judicial system] reinforces stigma and keeps individuals in a vicious cycle of trauma with little hope of obtaining and maintaining recovery. This is evident through the Dillon et al. (2022) report which identified that in 2022, 70%