



# Recovery Matters

Spring 2018-Issue #02



# Contents

This winter...

3	Aberdeen Recovery
4	Anti-Craving Medication
5	World Play
6	My Journey to College
7	Walk Your Way to Recovery
8	Hep C Testing
10	CEO Passes Baton
12,13,14	Services
15	Recovery Star Awards

## Editorial

Welcome to the Spring 2018 edition of Recovery Matters. This magazine has been put together by a group of people from Aberdeen in Recovery (AiR). We want to make recovery visible and celebrate the process, as well as tackle serious issues which are relevant to people who have experience of problematic substance use and addictive behaviours.

AiR has a **vision** of a society which celebrates visible recovery and accepts its responsibility to participate by identifying solutions to the conditions in which addiction thrives.

Our **mission**: to be a bridge from dependence to independence for the individual seeking recovery from problematic substance use and addictive behaviours.

Our **objectives**: the relief of the needs of those seeking to recover from addiction, their families, friends and in furtherance of this by:

**1) promoting the availability of supportive services of all kinds**

**2) working in partnership with other bodies to achieve their purposes**

For more information about AiR, or to get involved, contact [info@aberdeeninrecovery.org](mailto:info@aberdeeninrecovery.org), call **07936008808** or look them up on Facebook.

**Recovery is possible.**

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Supported by



# ABERDEEN IN RECOVERY

## Community Rooms

Contrary to a little counterproductive and mis-informed chatter which has been circulating. The closure of our “Cuppa with a Purpose” drop-ins does not, in any way, announce the cessation of AiR and its activities.

To the contrary it proclaims the end of an old and the beginning of a new chapter in Aberdeen in Recovery’s continued growth as an organisation and its ability to continue to carry a message that “Recovery is a Visible Reality” within Aberdeen City and Shire into 2018 and beyond.

It was unanimously agreed by our management committee that the ‘purpose’ of Cuppa with a Purpose had been allowed to lapse and therefore the sessions were closed.

We have, through the gracious generosity of Pastor Tom Skelton, his Leadership Team and Congregation, been granted unrestricted use of their basement spaces in Elm Church to use as our new recovery community hub. This is a non-religious space.

We do recognise and acknowledge the importance of informal social interaction, so AiR will be hosting two drop-ins for members, relatives and friends to meet and have a blether over a cup of tea.

In reinstating our purpose this will be an opportunity to find out what AiR is and does and for those who may be considering embarking on a journey of change to meet with peers and have a conversation with those who have travelled their same

path but have successfully made some changes to find a new direction.

It is our intent to utilise the other available space and time slots at the AiR Community Rooms to introduce and offer activities, events, groups, training opportunities, alternative therapies and holistic wellbeing classes.

Weekly programme of activities, events and meetings to be availed to members at AiR Community Rooms being developed and to be circulated end of April 2018

**ORT (Opiate Replacement Therapy) and Me meeting**

**“AiR Time Project” Media Group Meeting**

**SMART Tool School**

**Peer Led SMART Meeting Weekly**

**PUIR Meeting**

**Family Members affected by the substance use and addictive behaviour of a loved One Support Group**

**SMART for Family Members**

**Recovery Meeting**

**Mutual Aid/12 Step Fellowship info meetings**

**Alternate and Holistic Therapies**

**Yoga/Meditation/Mindfulness Classes**

**Cuppa with a Purpose style drop-ins. Twice weekly**

**Games, hobby and interests meetings**

Further training opportunities and interest groups that are being investigated and developed for inclusion later in the year are;

**Scottish Recovery Networks (SRN) Peer to Peer Mentor Training**

**Community Reinforcement and Families Training (CRAFT)**

**Asset Based Community Development. “We Can” meetings**

**FAVOR and Reach Advocacy Training**

**Scottish Recovery Consortium (SRC) 8 day Recovery College**

**Fitness, Health and Wellbeing Classes and Training Sessions**

**Games Club / Book Club**

We will also be holding monthly members “ideas and aspirations” sessions where we want you to come with your thoughts and suggestions as to stimulating, motivating and fun events, activities and groups. We will also require individuals to avail their time, effort and commitment to this project if we are to realise and make the very best use of our new, Aberdeen in Recovery Community Rooms.

The community rooms are held at **Elim Church 50 Marischal Street AB11 5AL**



# Anti-Craving Medication

Written by LW

**Anti-craving medication is a minefield that we are perhaps all a little scared of. There is the initial fear of substituting one addiction or dependency with another.**

However, I personally find it helpful as the simple act of swallowing a pill instils in me three times a day, every day that I do not want a drink. Now I use the term "do not want a drink" very loosely as there is always going to be times where that is all I want to do but the illusion of a "super pill" that helps to take away those cravings sits well with me and I am happy to give it a go.

Now I am no GP and strongly advise anyone to have an open discussion with their doctor before deciding on what medication will suit them best, but I would like to tell you about my own personal experience with a couple of these.

I am still very early in my recovery and only went through my detox seven months ago but even then, I knew I was going to need something to help me along afterwards.

The first one I tried did not make me feel like I had taken any medicine. I had no cravings to speak of other than the odd fleeting thought but nothing

newsworthy. In addition, I had no side effects, but I did notice when I missed a dose there was a slight craving creeping in. How much of that was psychological I have no idea, but it was what it was. The dosage was based on my weight and I was advised to take it three times a day. As I had abused alcohol for many years I was significantly underweight, and the dosage reflected this. The following 3 months seemed to be going smoothly enough and whether my increased weight due to eating regularly had an effect I do not know but I fell off the horse spectacularly at the beginning of December for a couple of weeks before dragging myself up and dusting myself off.

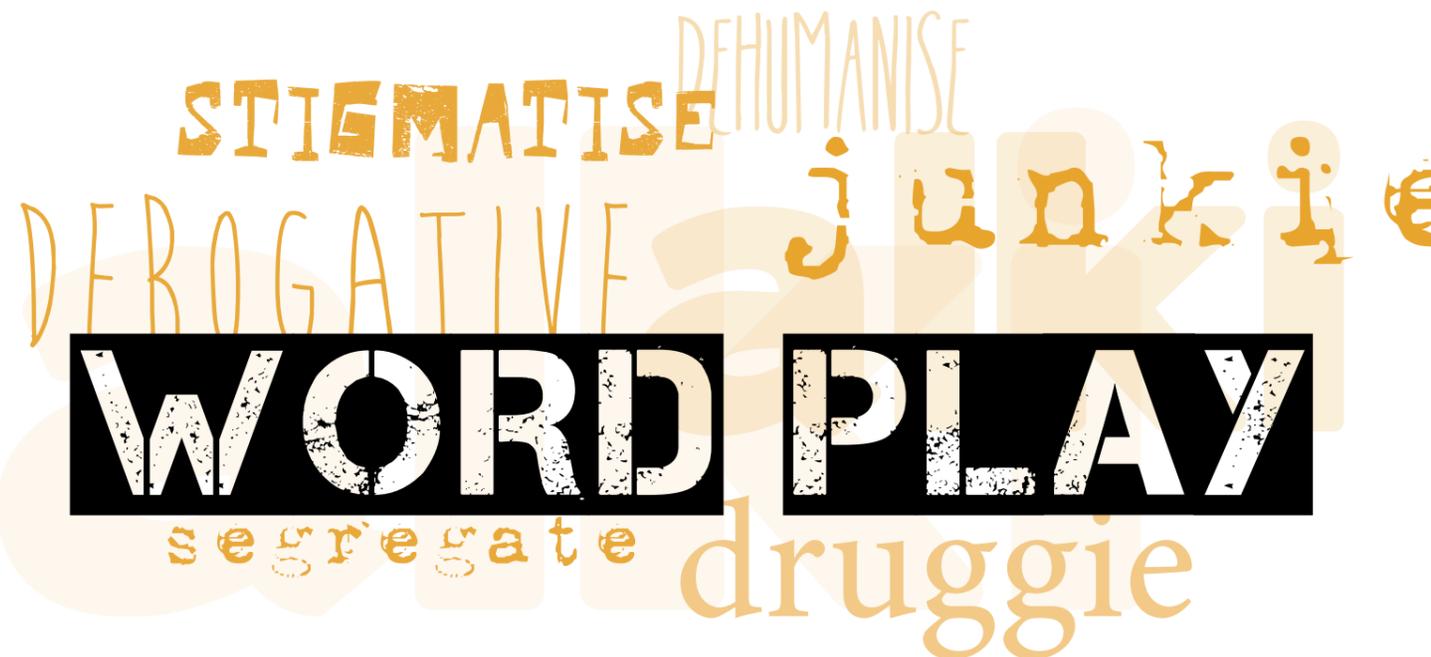
So, onto the next one I was prescribed. It was suggested to me in the thought that it may also help with my anxiety issues. Unlike the last one, I was affected with some of the side-effects quite spectacularly. For this pill you need to start at a very low dose building up over about a week and I fully understand why. On my first half (yes, just a half) I was practically floored and crawled into bed! Unfortunately, it led to some pretty lucid dreams which were quite unsettling. It also affected my balance and I kept on taking dizzy spells. I took the third dose before

bedtime and even though I had napped twice through the day I have never had a better night's sleep.

So, day one was done, and I was already thinking it wasn't for me. I did some thinking and weighed the side effects up against the length and quality of sleep I had so I decided to persevere for another day and see how it went. Thankfully there were no hallucinations on day two but it was still affecting my balance issues. It may also be worth noting that my memory was worse than ever (which I didn't think was possible)! I persisted though, and a couple of weeks in all side-effects subsided and I have been taking the full dose, three 'whole' tablets per day, for a couple months now and so far, so good.

I am not going to say that this is the "super pill" I am looking for as it is still very early days, but I am hopeful that it continues to curb the cravings and helps me down a successful path of recovery.

I started this article with the fact that anti-craving medication is a minefield and I have not even scratched the surface so if anyone would like to share their own experiences please get in touch at [info@aberdeeninrecovery.org](mailto:info@aberdeeninrecovery.org), we would love to hear from you.



Written by AR

**So here I go again with word play. When you see these words, you may, like a lot of people, get confused. The way a word sounds to some people it can be bewildering - it's like if you are not in the know you read things at face value when there may be a deeper meaning.**

This time I have chosen a quote that resonates with my own experiences struggling with substances and addictions. Before my recovery journey started I was always "chasing the

high." What I meant by this is I would experiment and try harder drugs to get the same high that I originally got from starter drugs like marijuana.

It has been shown that this is what happens to a lot of people starting off when experimenting.

Say these words out loud: "chasing the high." In everyday life this can mean the different things for different people. Most people would think of 'adrenaline junkies.' But there's that word again! But when you put this word next to 'adrenaline' and you think of people who love

bungee jumping or skydiving you don't hear it in the same way as when people say it in reference to someone with substance abuse issues.

A little while ago someone asked me if there was a cure for addictions, I answered simply no. Addictions are like a rough diamond they are multi-faceted, there is always things influence each individual's history and life story with addictions. So this is my play on words to describe how I see addictions and recovery and others will have their own words to describe it for themselves.

**"Only I can change my life. No one can do it for me"**  
(Carol Burnett)

**"Sometimes the smallest step in the right direction ends up being the biggest step of your life. Tiptoe if you must but take the step!"** (Naeem Calloway)

**"Though no one can go back and make a brand-new start anyone can start from now and make a brand-new ending"**  
(Carl Brand)



Written by AC

## My Journey to College by a fairly "Mature Student"

**"Ping!" That was my light bulb moment that many people will have had when an idea or a thought enters into their head.**

This happened to me several years ago earlier in my recovery journey. Whilst sitting in a group meeting, listening in awe to the worker. I was amazed by the amount of knowledge and understanding they have about recovering from addictive behaviours. How did this individual become so knowledgeable about this subject? Where did this individual learn all this knowledge?

Then it happened "Flash", "Ping" that light bulb moment; could I do that job? Why not? Well, I've no qualifications (except experience) so how can I get a job in the care service field?

I was in a stage of my recovery where I felt I was ready to give something back to society, I wanted to support other individuals who required support themselves.

I began to discuss my goals with several workers, who gave me the advice and support which would ultimately help me succeed in reaching my goal.

I approached North East of Scotland College where I had an

appointment with a careers advisor who advised me on the appropriate course which would be best suited for me. The advisor supported me with filling in the application forms for the course. I also had several appointments with a financial advisor at the college who supported me with the required funding. I waited patiently for a reply from the college and then it happened: I had the date for my interview.

On the day of my interview I was nervous, anxious, asking myself if I was doing the right thing.

There were a lot of thoughts going through my head. Then I began to be more positive. I thought to myself if I don't get in it's not the end of the world, at least I've tried.

The interviewer was very nice and understanding as we went through all the questions, for example, why do you want to do this course? As I explained why I wanted to do the course, I mentioned a little about my background and wanting to support others. On hearing this the interviewer became very chatty and seemed to forget that we were actually in an interview which helped me to relax. As I was the last interview of the day our interview somewhat overran.

Once my interview was over I was amazed to be told there and then that I had been accepted on to the course. I thought that I would have to wait awhile before I would be informed. I sat there in disbelief with the interviewer for about five minutes, I could not get it into my head that I had been accepted into North East of Scotland College.

In conclusion I would like to say: "From that very tentative and fear filled first meeting a few years ago I have continued on my journey and have been accepted at Robert Gordons University where I'm in my first year of study towards a degree in social work"

**Never give up on your dreams!**



# Walk your Way to Recovery

Written by JL

In January, after the dark days of winter and a very inactive Christmas and New Year, I was needing something to motivate me, get me moving and get more active. In theory I know the benefits; better sleep, improved mood, less stressed, get fitter and stronger, and maybe lose the excesses of Christmas. But that wasn't enough to give me that oomph to get started. I needed a goal, so I made a pledge to AiR that, come 20 May 2018 I would do my bit to make recovery visible and run the Baker Hughes BHGE 10K for AiR. Baker Hughes is a huge running festival held every year in Aberdeen with lots of money raised for charities. I say run which sounds very athletic, but in reality, I would be happy just completing it as I could barely run for a bus never mind 10K. So, with the trusty NHS app - Couch to 5K in 9 weeks to keep me motivated I got off the couch and got active.

At the first session in Hazlehead Park I was beginning to wish I had never gone public with my pledge as even 60 seconds jogging and 90 seconds walking was a challenge.

Now, at the time of writing this in March, I am so glad I did as I can already see and feel the benefits of making this part of my daily routine. In quite a short period of time I have reached the amount of physical activity for health which is 150 mins a week of moderate activity such as brisk walking (or 30 mins 5 days a week) and two strength sessions using all muscle groups. This might seem a lot if you are not used to it, but any amount of physical activity is a start and it doesn't have to be a sport or exercise as such. Just getting moving about and gradually build activity in to your daily routine.

I am now beginning to recognise how getting physically active benefits recovery in many ways, more than just getting fitter. Here are just some of them:

**More positive use of time** – helps structure the day, staves off boredom and helps build discipline and resilience.

**Healthier sleep patterns** - restores natural sleep wake cycle and improves quality of sleep. Can improve symptoms of restless leg syndrome.

**Increased resistance to stress** -increases calming chemicals and helps the body adapt to stress.

**Clearer mind** - physical activity has been described as "meditation in motion". It helps declutter the mind allowing for clearer thoughts and more focus.

**Feel good factor** – increases happy hormones for a natural "high" and sense of wellbeing.

**Positive outlook** - greater self-confidence and self-worth and sense of achievement.

**Reduces cravings and helps prevent relapse** - redresses brain chemicals in a natural way.

**Builds social networks and connections with others** - getting active with others and joining a group can be fun and gives the opportunity to learn new skills.

All of this and much more is only a step away. So make a start today: get off that couch, get moving and walk, jog, dance or skip your way to a fitter, stronger, healthier and happier you in recovery.



# Chronic need for improvements in Hepatitis C Testing

Written by SG & DC

## How can Lived Experience Peers get involved

There have been major inroads into the improved testing, diagnosis, medications and treatment of those at risk and may have contracted the Hep C virus.

It is clearly evident with recent studies stating in the region of 34,500 people are currently infected with hepatitis C in Scotland with more than 40% remaining undiagnosed, that there is still very much to be done.

On the back of the multitude of research studies, reviews and recommendations from Government enterprises, the “Scottish Hepatitis C Parliamentary Champions” group, along with the Hepatitis C Trust, have compiled and published the Eliminating Hepatitis C in Scotland: A Call to Action report in 2018. Unlike many research type documents this is a very readable and informative report and we would suggest worth a read.

What we would like to focus on is firstly their recommendations that education, screening, testing and treatment be made available and delivered from within “community settings, such as substance use services, community pharmacies and primary care settings”.

They also regard collaborative involvement of Peers with Lived Experience as beneficial, stating: “Peer messaging was regarded as an effective method of spreading information about the new

treatments and dispelling outdated views, based on experiences of older treatments... This can be highly effective at supporting patients into treatment and along the care pathway.”

So here is our “Call to Action” and the way that we as individuals with the required lived experience can participate for the benefit of others. Below we, with grateful thanks to the ambassadors at I’m Worth organisation, have some stories to share. We hope in doing so and directing you to their site you will realise you do not have to be an author to participate, all you have to do is tell your story.

Others gave Lois the courage to seek treatment:

*“Hi, I’m Lois. I first found out that I had been exposed to Hep C in 1992. I was detoxing in London in a unit and then I had a long period of using again and went back into treatment in 2009. Overtime I met other people that had been through the treatment and that gave me the courage to go ahead and start treatment when I discovered that I had the live virus 2011.*

*Just being in recovery is hard enough anyway and then having to find out that I’ve got like a life threatening virus was tough. I had a lot of support from other people, but I was very scared. Although there was quite a lot of after-effects from going through the treatment I do have a better quality of life, and have*

*been clear five years almost. That impacts positively on my children and my ability to be a mum. I’m able to share my experience with other people and hopefully encourage them to get tested. I’d just like them to feel like they are worth it and then have the opportunity to go on and get treated and clear the virus ultimately.”*

One of our own AiR peers speaks out about his Hep C story

*“When I first heard of Hepatitis C I had been with my then partner for over a year. We were both intravenous heroin addicts sharing equipment and obviously sleeping together.*

*When she told me, she had Hepatitis C – I was devastated but eventually accepted my fate that I MUST have contracted the virus.*

*My partner told me that it was called the ‘junkie disease’ and could only be contracted by blood to blood infection. Upon us breaking up after five years I resigned myself to this ‘fact’!*

*I had heard that the only treatment for Hep C was Interferon and I had heard a whole heap of horror stories about that – people who were bed-ridden for over a year by the drug that ‘might’ cure them so I thought – ‘@&%\* that!’.*

*Eventually my GP talked me into getting the test done so that at least I knew where I stood and assured me that there were*

*newer, less brutal treatment options available. I took the test and could not believe the results – I had won the lottery and had not contracted the disease! I was lucky but not everyone is.”*

These testimonies show that this disease is not the end of your recovery or life so please, if you fall in the demographic we have discussed in this article realise that there is hope that you may not have contracted Hepatitis C. Even if you have the treatments last around 12 weeks, not a year or more and there seems to be not so many adverse side-effects as the myths may suggest.

If you are interested in participating by sharing your story you can get in touch with the Media Team at AiR Community Rooms or email [info@aberdeeninrecovery.org](mailto:info@aberdeeninrecovery.org)

**Don’t spread myths and rumours. Share the education from your lived testimonies so that future generations don’t have to spread the disease.**

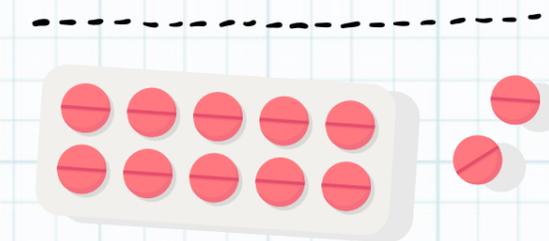
If you, a family member or a loved ones have been affected by the subjects discussed in this article help and information can be found on <http://www.hepatitisscotland.org.uk/> and <https://www.imworth.co.uk/>.

The full report available at [www.hcvaction.org.uk/resource/eliminating-hepatitis-c-scotland-call-action](http://www.hcvaction.org.uk/resource/eliminating-hepatitis-c-scotland-call-action)

Dried blood spot testing (DBST) is available at ADA. Call the helpline 01224 594700 for more details.



34,500 people are currently infected with hepatitis C in Scotland



## More than 40% remain undiagnosed

Peer messaging was regarded as an effective method of spreading information about the new treatments



# CEO To Pass 'Voice of the People' Baton

An Interview with Retiring ADA Chief Executive Luan Grugeon

## How long have you worked in the addictions field?

I graduated in 1992 with a sociology degree and soon after a job came up at Aberdeen University looking for someone to look at whether there were hidden pockets of people in Aberdeen that had HIV.

My passion was to support people with drug and alcohol problems and a lot of my research work was piggybacking on DA's outreach so when a vacancy came up at Drugs Action I jumped at the chance. I think my first role was a needle exchange worker at Union Street. I was also concerned about women involved in street prostitution who were very vulnerable. We started walking around the harbour with a rucksack, offering women support and helping them come into services if they wanted to.

## What support services were available at that time?

There was an epidemic of heroin use across Scotland in the 90's. Treatment services were absolutely swamped and there wasn't a great understanding of what was going to effectively help people.

In those early days ADA provided a haven for people and there was a massive waiting list. We listened to the person and didn't tell them what to do, we didn't ever judge because people did enough judging of themselves. In the 90's there wasn't a lot of treatment available and services were very siloed.

It took a long time for the whole system to catch up with the volume of people and the complexity of their needs.

## Would you agree that services were solely clinically based at that time?

Yeah, I think the fixation was about getting people titrated on Methadone. The plan was get them on a script, get them stable and look to detox but this resulted in a revolving door service because people couldn't maintain abstinence. We still see this today, but I think it was much more prevalent then. I feel ADA were the voice of the people, trying to speak up for those who weren't getting the treatment they needed - it was a really challenging time.

## So that was the situation two decades ago. When would you say you first saw that the support being availed was different?

It's been incremental. ADA started having real conversations with their statutory partners in the 90s which I feel started change. It has taken a long time to get everyone on the same page. I think for a long time our service was perceived as encouraging people to keep using drugs while the statutory partners, NHS and Social Services, wanted to get people off drugs so it was quite polarised.

The national strategy has now caught up and it is recognised

that the first step to recovery is being alive so it's not a conflict to have harm reduction and recovery working in conjunction. In comparison to where we are now it really has transformed what's available for people. The ADA team is a cohesive and valued member of the integrated drugs and alcohol services. We are now working in constructive and collaborative partnerships with colleagues in NHS and Social Services where each person is at the centre. It's great to see this proactively in place and working for people.

## Would you say that genuine collaborative working has been the major improvement in the delivery of support services that you've seen?

Yes, and there had to be the right capacity within all the services to meet the demand. Going forward, ADA has now got stable funding in place over an agreed contract period. We've got a very clear contract and know exactly what we're there to deliver and know how this compliments what our statutory partners do.

We in ADA have never lost sight of the importance of family for people. As my role developed I realised that if we could support parents and partners to appropriately support loved ones who had issues with drugs and alcohol they could become our army of helpers. Services can't be there all the time and families and friends are

with people every day so they are critical. We've got people that have come through the D.A.R.T. (Drugs and Alcohol Recovery Training) programme where they learn through discussion, reflecting on what's worked previously, learning from lapses and finding the ingredients that will work for their recovery. These guys are now in a good place where they can give back and help others and that's been so brilliant to see.

## I'm taking from your comments that the success of collaborative working relies on everyone that is involved being part of that partnership?

Yeah absolutely. To be fair to NHS, they were overwhelmed in the 90's and didn't have the capacity to deal with the number of referrals.

We're now in a better place that capacity is more available within statutory services, but the collaboration has got to be with the service user, their families, their neighbours, their employers, the NHS, social work, third sector as well as peers with lived experience - it's got to be the whole picture.

## What would your aspirations be for ADA within the addictions field?

There's a lot more to be done around alcohol and helping people understand harmful drinking. We've had great experiences of people in recovery getting involved as peer volunteers. There are huge benefits

for the individual in promoting self-confidence, worth and autonomy by availing of themselves to assist others and its an area that needs further development. We are in a climate of tight funding and we know there's people out there that aren't getting the support they would best benefit from so we have to be creative about using every single resource available and I see peer volunteering as a win-win for everyone involved.

Due to drug use being criminalised society began seeing drug users as criminals and dealers. Thankfully this has moved on over the last decade and the whole substance use problem is viewed more of a health issue. This is important because it removes the moral thing around illegality which has no place in a service where you're trying to support people to move on.

Problematic alcohol and drugs use can affect absolutely anyone of any cultural or financial background. But my experience over the years has made it evident that if you are from a more disadvantaged area you are more likely to find it harder to get into recovery. Whilst it can affect anyone we do need to have a focussed effort on working with people in priority localities because generally there's greater risk of mental and emotional health issues in those communities as well as poorer health outcomes.

The funny thing about it all is, I know a lot of things have changed

but, the core stuff about treating everybody the same, with respect, being non-judgemental, being person-centred are the things that are still as relevant today as they were back then, so we just need to keep doing it.

Thank you Luan.

*(This is only an excerpt from a very detailed interview of which we will share other aspects of in later editions).*



Following DA (Drugs Action) being successfully commissioned in 2014 to also provide alcohol support in Aberdeen they layer rebranded to Alcohol and Drugs Action (ADA) to reflect this change in offered services

# RAPE CRISIS

Rape Crisis Grampian (RCG) provides support to people, over the age of 13 years, who have experienced sexual violence at any time in their lives.

We offer a variety of support which is led by the individuals' needs and particular circumstance. The support is provided by trained, paid and volunteer support workers, in a safe environment which offers the individual the space and time to talk about their experience without being judged.

Survivors will be invited to attend an initial appointment to discuss the type of support that best suits their circumstance i.e. face to face, telephone, email or video conferencing emotional support or advocacy for those who may choose to report the assault.

RCG can provide the individual with information on the law, health and any other issue relating to sexual violence. This information may then enable the survivor to make an informed decision about

their way forward.

In addition, a survivor will be offered information, "signposting," to any other organisation which may be able to offer support appropriate to the individuals' other needs as required. Initial contact can be made via the telephone, email, letter or by visiting the centre in Aberdeen.

**Tel 01224 590932**  
**National Helpline 0141 331 4180**  
**Email [manager@rapecrisisgrampian.co.uk](mailto:manager@rapecrisisgrampian.co.uk)**

# SCOTTISH RECOVERY NETWORK

Together we can make recovery real

The Scottish Recovery Networks (SRN) vision is 'A Scotland where recovery is real for everyone in every community.' People are at the heart of everything we do. SRN's overview for a mentally healthier Scotland:

- Brings people together
- Puts lived experience at the centre
- Helps people share stories and experiences
- Shares learning
- Encourages conversations

We want to collaborate and co-produce with communities to develop and adapt recovery approaches in a way that is appropriate to and owned by you. We want to work with people and organisations in their local area to:

- Bring people together around recovery
- Seek out and highlight good practice and innovation

## • Develop opportunities for collaborative projects

Together we can bring about positive change and enhance the wellbeing of people throughout Scotland.

## Write to Recovery

One of the ways SRN encourages people to share stories and experiences is through the Write to Recovery project.

Everyone has a story. Writing it down can help you in many different ways. Write to Recovery explores the power of people owning their story in a positive way. The sharing of life stories can create lasting bonds between people, support personal growth and give people the chance to view their journey in a different light. Through on the ground group work, and a specially designed online story-sharing tool, Write to Recovery provides the opportunity for people to share experiences,

skills and ideas around how to manage and improve wellbeing. Central to the process is the chance for participants to explore writing and shaping their own story.'

The discussion and writing undertaken at Write to Recovery groups aims to invoke, in participants, a recognition of their strengths and positive aspirations. As the group develops participants can consider the option of becoming facilitators.

## Get in touch

I would love to hear about the work you are doing in the North of Scotland, your hopes for change and how we can work together. Email me at: [holly.hendry@scottishrecovery.net](mailto:holly.hendry@scottishrecovery.net) or give me a call on 07881425746.

**[www.scottishrecovery.net](http://www.scottishrecovery.net)**

# Getting Through Life One Day At A Time

Written by GP

After spending a good few days wondering what to write, I finally found myself doing the one thing that has been highly recommended by others throughout my recovery from alcoholism: take action! It sounds easy and was a term that I wrote down regularly. I even use the scraps of paper as bookmarks as a daily reminder of how I'm likely to feel if I don't have the willingness to get motivated and give things a try. As an alcoholic in early recovery I still manage to let my mind get the better of me at times. I struggled with alcohol abuse from quite a young age and while for many years I functioned, eventually I was brought to my knees by the mental impact of daily drinking. What started out as a 'magic solution' to aid the social skills I lacked was the very thing that was stripping me of any

strength I had left. Living a life in the shadows with the curtains shut, using every excuse to avoid connecting with the world around me. Trying to overcome an illness that I had mistaken for a weakness seemed impossible. How wrong was I!? With the help and support of my doctor, family and friends in recovery I no longer awake to the torments that I inflicted on myself and others throughout my drinking days.

Putting down the drink is a great place to start but merely a beginning of the recovery process. I had a true desire to stop drinking but no great intention of getting well. That would include making lots of changes in my attitudes and actions and for someone not used to taking on responsibilities there have been times when this challenge just looked massive!

This was when I began to realise the importance of living in the present, one day at a time. When I look too far ahead, the fears and anxieties creep back in. I must take a step back at times and remind myself that I have no control over people, places and things which means I have to accept that things might not go the way I want them too. If I'm finding this tough I can always ask others in recovery who help me look at things in a different way. I've been fortunate to have always had people around me who have been strong enough to tell me what I need to hear, not what I want to hear! To find an emotional balance, contentment and a second chance at life is a gift. Recovery is a gift that is free for everyone to share; all that's needed to begin is action!

# P.U.I.R Parents United in Recovery

PUIR is a peer-lead support group that has been set up two women who have lived experience of problematic substance use and have experienced the loss of children through addiction. The group was set up as it was recognised that there is a substantial lack of support for parents in this situation. Often there is a profound sense of guilt and shame which isolates these parents. Dealing with complex emotions attached to this makes finding and maintaining recovery a challenge.

It is hoped that parents in this situation are offered a confidential, safe, non-judgemental, understanding and supportive environment to share, explore and reflect on feelings and experiences. By sharing with others about our similar experiences we can learn from and support each other. The group provides a sense of belonging and lessens the sense of isolation. It is hoped that through the therapeutic value of the group parents experience restored hope and can move towards a positive future.

Any parent whose children are no longer in their full-time care due to their substance misuse issues can self-refer and attend. Children of those parents with addiction issues are often looked after by family or fostered/adopted. We will be meeting every 1st and 3rd Wednesday of the month, beginning on Wednesday 1st February 2018 from 11am – 12.30pm at Timmermarket, Clinic 1, East North Street.

**All enquiries can be made to Iris or Anne at Alcohol & Drugs Action on 01224 577120**

# ALCOHOL AND DRUGS ACTION RECOVERY GARDEN PROJECT

## Spring into some healthy activity

The warmer weather and sunshine encourages us to get outdoors and what better way of getting a bit fitter and enjoying nature than to come along to the ADA Recovery Garden Project. Meeting weekly on a Wednesday morning from 10am – 1pm at the Grove Nurseries at Hazlehead, the

group plant, grow and harvest fruit and vegetables, which they can take away and eat. There is always time for coffee breaks and a chat. The tunnel gives great shelter and work can go on unheeded by the outside weather conditions. The health benefits of gardening

and related physical activity are widely proven so why not become part of an award winning team who are again entering the 2018 'It's your neighbourhood' project and want to enjoy achieving great things in 2018 for ADA and as part of the Aberdeen entry to Britain in Bloom.



# RECOVERY STAR AWARDS CEREMONY 2017

As was publicised in our first edition the Recovery Star annual awards ceremony, that celebrates recovery, took place on Friday 24th November 2017 in Citadel, Aberdeen.

It was hosted by local leading substance use charity Alcohol and Drugs Action (ADA).

The event which celebrates and recognises big achievements of people in recovery from alcohol and drug use was a huge success. This event appreciates all the hard work by people in recovery as well the agencies supporting them. An exceptional number of 143 people were awarded in 5 categories: achieving personal milestone, supporting others, groups and activities for achieving their personal milestones and supporting other over the last year. This ceremony proved once again that, people are strong enough to turn their life around and with strong and active support networks, determination and unified partnerships, recovery does happen in Aberdeen. ADA congratulates all deserving winners for the achievements they have made during their recovery

journeys. One of the award winners commented: "you know what is beautiful in this room, the happiness. The help I have had from different organisations in Aberdeen has been amazing, recovery can happen."

### Filming the Recovery Star Awards - Turning my Fears into Fun

Starting a new life after dependency is a very difficult time – getting involved in new things, meeting new people, developing new habits can all be a bit overwhelming and where do you start? I got the opportunity to get involved in the media group with AiR a few months ago and started with a short course in filming with shmu. This was a huge deal for me and other than the initial anxieties of starting something new I was excited about it.

Unbeknown to me however, as soon as me and the couple other guys were in the room, Dermot announced that we were going to be filming the Star Awards in three weeks' time! Yes, we only had a couple of sessions to become Steven Spielberg before the big day. We were horrified at this

prospect and wanted the ground to open up. That being said, we had a good laugh about it and embraced the situation with good spirits until the big day.

We arrived at the Citadel that morning panic-stricken with grave faces – you would have thought it was a funeral not an awards ceremony that we were at. Once again though, we sucked it up, got everything set-up and gave each other plenty encouragement with the standard 'it will be fine'! And, after all the fret and apprehension it actually was fine - in fact it was amazing.



# ALCOHOL & DRUGS ACTION ARE WINNERS!

ADA were finalist in three categories at the recent Aberdeen Health & Social Care Partnership's second annual HEART Awards held at the Beach Ball Room. The occasion drew some 350 colleagues from across the Partnership, and the third and independent sectors.

The event saw the ADA Service User Forum pick up the overall winners awards for the Aberdeen's Choice – The Community's Award category.

This is an amazing achievement in the first year of the forum being formed. Our service users support the services of ADA and provide valuable feedback to shaping the service to meet the needs of service users.

The other two categories we were finalists in saw our nominations

received finalist awards. Again, another great achievement to have been shortlisted as finalists from so many nominations in these categories. The Exchange St Clinic team picked up their finalised award in the #TeamAberdeen: The Integrated Working Award. ADA Volunteer Linda Algie was awarded with her finalist award in the Our Pick: The Staff Choice Award.



# Recovery Matters community contacts

## **ADA Helpline**

01224 594700

## **Aberdeen in Recovery**

07936008808

## **Timmer Market**

01224 651130

## **AA**

0800 9177 650

## **NA**

0300 999 1212

## **Frank**

0300 123 0600

## **Drinkline**

## **Al-Anon**

020 7403 0888

## **SFAD**

0141 221 0544

## **Smart Recovery**

01224 594700

## **Gamblers Anonymous Scotland**

0370 050 8881

## **Samaritans**

116 123

## **Breathing Space 24hr Helpline**

0800 83 85 87

## **Penumbra**

01224 621 266

## **Aberdeen Foyer**

01224 373880

## **Healthy Minds** 01224 49 81 30

## **Aberdeen Cyrenians**

01224 625732

## **Citizen's Advice**

0808 800 9060

## **Reach Out**

01224 640811

## **LGBT Scotland**

0300 123 2523

## **Rape and Abuse Support**

**Aberdeen** 01224 591342

## **Grampian Women's Aid**

01224 593381

## **Cash in your Pocket**

0800 953 4330

## **St Machar Credit Union**

01224 276994

## **Grampian Credit Union**

01224 576990

## **Community Food Initiatives**

## **North East (CFINE)**

01224 596156

## **Pathways**

01224 682939

## **Families Outside**

0800 254 0088

## **Aberdeen Multicultural Centre**

01224 478203

## **Social Work Duty Team**

0800 7315520

## **Emergency Out of Hours** 01224

693936

## **Water**

**Scottish Water Emergency** 0800

0778 778

## **Gas Emergency**

0800 111 999

## **Gas Emergency with a Meter**

0845 606 6766

## **Housing**

## **Aberdeen City Council**

## **Emergency Repairs**

01224 219 282

## **Grampian Housing**

## **Association Emergency**

## **Repairs**

0300 123 9279

## **Langstane Housing**

## **Association Emergency**

## **Repairs**

03000 200 292

## **Castlehill Housing**

## **Association Emergency**

## **Repairs**

01224 628104

## **Call Centre Emergency**

0845 608 0929

## **Electricity**

## **If you have a power cut**

0800 300 999

## **Crisis loan**

0800 03 04 713

## **Home-Start**

01224 693545

## **Instant Neighbour**

01224 489955

## **Family Planning**

0345 337 9900

**NHS 24** 111

**G-Dens** 111