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**Fulfilling Lives**  
South East Partnership



# Lived Experience Perspectives

Fulfilling Lives South East  
submission on 'Lived Experience  
Perspectives' for the Independent  
Review of Drugs by Professor  
Dame Carol Black

**JULY 2021**

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## LIVED EXPERIENCE PERSPECTIVES

### Introduction

This report is drawn from a series of conversations with women that have experienced drug and alcohol misuse as well as with mixed gender peer led creative recovery groups.

We would like to share their insights and first-hand experience of accessing and using a variety of services providing support around substance misuse.

We focussed on gathering direct lived experiences in line with our belief that these are essential to design, improve and deliver services.

We are ever grateful to those who generously shared their views and personal journeys with us and hope that this can be heard (read in this case) by those who have the power to influence service provision.

These views were submitted to the National Expert Citizens Group and fed into their contribution to the Dame Carol Black "Independent Review of Drugs" report.

Throughout these conversations there were common threads; regardless whether the individuals were currently using services, had used them in the past, or were themselves providing support at present. These consistent messages highlighted the following:

- 1. Trauma needs to be addressed as part of any treatment.**
- 2. The need for a holistic approach to treatment and support; mental and emotional health, access to employment and housing, community support, etc.**
- 3. The importance of personal development; rebuilding one's identity, develop self-esteem, focus on assets, learn healthy interactions and relationships.**
- 4. The power of peers; they act as role models, inspiration and aspiration.**
- 5. The impact of the Recovery Community; that it's not necessarily focussed on addiction, develops creativity, sense of community, enjoyment and fun.**

## ABOUT

Fulfilling Lives South East (FLSE) Partnership works across Brighton & Hove and East Sussex and is one of 12 projects across England where National Lottery Community Fund investment is supporting people with complex needs. The purpose of this initiative is to bring about lasting change in how services work with people with multiple and complex needs and we collaborate with partners to work towards this objective. We do this following trauma informed approaches and co-production practices.

At FLSE the Service User Engagement team represents those who have experienced multiple disadvantage via voluntary and paid staff roles. We do this within our system change projects and also at national level, via the National Experts Citizens Group (NECG)

The NECG is a partnership of people connected to all of the Fulfilling Lives projects across the country, who also have direct experience of multiple disadvantage. Their aim is to raise the bar on co-production and to demonstrate how lived experience leadership and insight can change systems and services. They meet every three months and feedback directly to national decision makers in multiple sectors (e.g. Public Health England, Ministry of Justice, etc.) advocating for services and systems to truly meet the needs of people with multiple complex needs.

## CONTEXT

In February 2019, the Home Secretary appointed Professor Dame Carol Black to undertake an independent review of drugs to inform the government's thinking on what more can be done to tackle the harm that drugs cause.

The study was to be done in two phases; the first phase was published in February 2020 and included a rigorous and ground breaking analysis to understand the complex and overlapping markets for illegal drugs.

<https://www.gov.uk/government/publications/review-of-drugs-phase-one-report/review-of-drugs-summary>

In July 2020 the second part of the review was launched, and the National Expert Citizens Group was approached to gather the views of people with experience of substance misuse as well as mental health and homelessness. A report was created, and the group met with Dame Carol Black on 10th September 2020 to feedback their findings.

The second part of this report focussed on understanding the challenges involved in drug treatment, prevention and recovery and opportunities for improvement.

## METHODOLOGY

Throughout August and September 2020 Aditi Bhonagiri and Nelida Senoran Martin, members of the Service User Engagement Team at FLSE, conducted a series of focus groups and 1-1 interviews with people who were experiencing or had experienced drug/alcohol problems. FLSE Specialist Workers also contributed sharing their learning and experiences with clients with multiple complex needs.

### The consultation focussed on the unique perspectives of two groups:

- Females in treatment and/or in recovery in East Sussex.

- Mixed gendered peer-led groups involved in creative recovery projects such as the New Note Orchestra, Cascade Creative Café and We're Not Saints in Brighton.

### The conversations centred around four questions:

1. How can we make it easier for people to access drug treatment and recovery services, and stay in contact with those services?
2. How can we ensure the mental health needs of people in treatment are met?
3. What is the best way to meet the employment and housing needs of those in treatment and recovery?
4. What else stops people recovering and why might they relapse? What would help?

The transcribed conversations were then analysed using a thematic analysis and grouped into themes.

## LIVED EXPERIENCE PERSPECTIVES

### Accessing Substance Misuse Services

Participants highlighted a number of barriers that they experienced accessing substance misuse and treatment services

#### SUBSTANCE MISUSE SERVICES ARE QUITE MALE-ORIENTED

Many women who have substance misuse problems have also experienced domestic abuse and unhealthy relationships. Therefore, mixed environments can feel threatening and unsafe.

“The nature of men who are addicted for a long time is often rough and hard.”

“The language they use is often quite misogynistic, homophobic and xenophobic.”

“The environment can get ‘a bit matey’ quite quickly.”

“Men group together, share common substances, gather outside the service and this is the first thing a woman might see when accessing the services.”

“Male addicts often rally together whereas there is less solidarity among women suffering from addiction as they are not trusting of other women who they tend to see as threatening especially in the context of ‘taking away your boyfriend or be the one who has done it’ – addiction tends to unite men and separate women in many ways.”

#### LACK OF CHILDCARE SERVICES

Based on the experience of using specialist women’s services in Brighton with creche provision, one respondent spoke about the essential need for childcare services for young mothers in treatment.

Facilities for children such as on-site creches/play areas at treatment and recovery centres, meant that as a mother, one is able to calm their anxiety and trust that her children were safe and in professional care.

#### LACK OF KNOWLEDGE OF SERVICES

Many GPs, who are often the first point of contact for people with a substance misuse problem, lack knowledge or expertise to signpost their patients to relevant community services. As a result, most people looking to access treatment may only have knowledge about the Alcoholics Anonymous (AA) 12 Step programme, which does not always work for everyone so then they entirely disengage and do not access any services.

“I wouldn’t even know where to start looking for services; the majority of the public knows only about AA, but this doesn’t suit everybody, so you wouldn’t even know where to go’.

“I was able to access support only because my nurse recognised the problem, as her husband also had alcohol problems”.

#### LACK OF RESOURCES

People with the most complex needs require assertive outreach from substance misuse workers, however lack of resources can lead to significant disengagement from services. In the current climate of lockdown and Covid-related restrictions, participants feedback that there were none or very little face-to-face interactions and that there had been a significant reduction in service provision.

“Services are losing a huge amount of funding and relying more and more on volunteers while phasing out staff.”

“I don’t have any clients who find online meetings accessible at the moment and feel that this is a barrier that services, commissioners and the whole system does not appear to be acknowledging[...] the systematic underfunding of services caused by austerity has led to services being less accessible to my clients and that Covid has created more barriers in addition to this.

My clients will, if left to their own devices, engage minimally or not at all and engage better with assertive engagement which has to be face to face. [...]”.

“...you can register online right now (28 August) if you like but the waiting list for referrals is not until end of September. Pre-lockdown you would get seen by someone in less than a week.”

“...community detox has gone down to 5 days to a week. That’s shortening the time period and quality of the detox. The usual two-week course is basically an outpatient rehab service, you do exactly the same things in a residential rehab...reducing it down to a week is a massive drop and that means people are not getting the skills to stay sober, which is terrible.”

“Mentorship programs are entirely volunteer run. Mentors don’t stick around for long; they need to earn a living too”

## OPPORTUNITIES AND RECOMMENDATIONS

In relation to good practice, participants referred to more tailored as well as holistic services; they most valued peers' perspectives as well as more humane attitudes from staff in services.

## WOMEN-SPECIFIC TREATMENT AND RECOVERY SPACES

The conversations highlighted the need for more women-only recovery and refuge spaces since many women we spoke to experienced coercive and abusive relationships, removal of children by social services, sexual exploitation etc. Women need to feel safe while sharing a number of needs and issues that are specific to women, which highlights the need for women-only spaces. Such spaces were particularly valuable for women in early recovery or early intervention, although they also valued ongoing participation in women groups.

"We share and see emotions in a different way to men, so it is essential to be in a safe space where women have similar ways to understand and to communicate emotions."

## ATTITUDES AND APPROACH OF SUPPORT WORKERS

The role of keyworkers, their personalities, attitudes and manner is essential for people to engage. They need to be able to offer hope and aspirations, have a non-judgemental approach and create trust and self-belief. Support workers also need to provide guidance around personal boundaries in order to foster healthy relationships with services and among peers.

"When someone believes in you they make you believe in yourself."

"Staff that understand dynamics between women who are experiencing substance misuse."

"In the 12 Step programme, people refer to the 13th Step- which is sleeping together, sexualised interactions. There is no training around this. No appropriate boundaries."

## PEER SUPPORT AND MENTORING

An overwhelming majority of women strongly felt that peer support had been essential to their recovery, however one respondent also expressed their concerns of relapse in peer supporters themselves. Peer support especially by empathetic peers in recovery – who can be a positive role-model and are able to reflect with them about their journey of change from a place of "deep knowing" – should be assigned to anyone, especially those who are finding it difficult to engage with services.

"Role models, peer mentors- they show you that it's possible, that your goals are realistic, inspire you, you can take bits from them, aspirations, who knows what I could do.... Very important to meet people who have gone through the same. You normally think that your experiences are unique and only you have experienced that.... Peers show you that you can survive that."

"You've got to live it.... We need more people with lived experience working in the front line."

"Scientific stuff is not the same as living it... you need to live it"

## HOLISTIC AND TRAUMA-INFORMED SUPPORT

Substance misuse problems always exist in a wider context so it can't be addressed in isolation. Most of the women we spoke to had also experienced domestic abuse, traumatic interactions with the criminal justice system or with social services with regards to removal of their children etc. Hence, these overlapping complex issues need to be considered when providing support in a trauma-informed manner.

"I was being supported to recover from drugs and all the focus was on this, no one cared if I had trauma, or how difficult things would be if I stopped taking drugs..."

"When people stop taking substances they will have to deal with trauma and emotions that have been suppressed."

## LIVED EXPERIENCE PERSPECTIVES

### Meeting Mental Health needs of people in treatment

The need for mental and emotional support was highlighted by all participants; the relationship between past trauma and their substance use and the need for rebuilding one's identity and believing in themselves seemed a key element that should go hand in hand with all drug and alcohol treatment

#### TRAUMA-RESPONSIVE SUPPORT

The connection between trauma and the increased risk of substance misuse is well documented. All the women who we talked to insisted on the need to receive support around trauma as a necessary step to recover.

**"The first few months of recovery are about finding your emotional baseline... getting in contact with yourself when you have gone through trauma is scary."**

**"Being clean is very scary- it forces you to face lots of emotions that you have been avoiding with the substances. Support and education around managing emotions, how to keep safe.... The best ones to help are those who have done the journey (either**

**because they have lived experience, or they are a professional with lived experience)."**

#### PSYCHOEDUCATION

From the conversations we had, we gathered that people in recovery will benefit from education around understanding how their mental health interacts with their substance misuse, for example, understand how some withdrawal symptoms mimic some symptoms of mental illness. This is particularly relevant when people are still using substances. It is essential to learn to understand and manage emotions, boundaries and relationships.

**"...women-only recovery spaces should also be staffed by people with lived experience and who are well-trained in issues around**

**boundaries and rights before they move on to integrated support in a mixed gendered environment."**

#### STRENGTHS-BASED APPROACHES

All women we talked to expressed strong feelings around doing activities that are not just focussed on the addiction. Activities such as art groups, crafts, writing, singing, playing music, etc. These focus on people's strengths, widen the vision of themselves and help create new identities for themselves. All women felt that these creative activities were powerful elements in their recovery; they were more relaxed, helped them develop confidence, they focussed on strengths rather than needs, they felt overall more positive, enjoyable, and helped with building their self-esteem and identity.

**"Creative and community groups focus on the person's strengths, implicit learning, the focus is not all about me and my addiction, the spotlight is not always on my bloody recovery, I can also be a music player, and an artist. Treatment needs to enlarge the vision of ourselves."**

**"Creative writing is what has helped me express myself and understand my emotions."**

**"At X project, we're not abstinence-based, we accept people who are currently using but we're a peer-led asset-based community project working on people's strengths."**

#### HELP TO REBUILD ONE'S OWN IDENTITY

Most of the women we spoke to referred to the need for rebuilding their own identity, one within the context of recovery. Their basic emotional needs are around developing self-awareness, understanding their needs, how to stablish healthy interactions, getting to know themselves and who they are at a new stage in their lives.

**"We need help to recognise what our needs are- they can be distorted whilst in addiction- who I am, what I want, what I like, what my boundaries are, what healthy interactions are like..."**

**"Addiction is a unique distortion of a person... so women need adequate guidance in redefining their identity and rebuilding their sense of self."**

#### RESOURCES AND ACCESS TO MENTAL HEALTH SUPPORT:

Some people will need access to specialist mental health support as part of their recovery from substances and this needs to be offered promptly and alongside drugs and alcohol treatment. In this case, people need consistency and support workers with a good understanding of substance misuse; it is essential that they are non-judgemental, are empathetic to the specific needs of people with substance misuse problems.

**"I have seen a different worker every time in the past few months; some of them have been patronising and I have felt judged by them."**

**"In an ideal world, meditation and counselling/therapy should be offered at an early stage in recovery."**

## LIVED EXPERIENCE PERSPECTIVES

### Employment and Housing Needs

It was made clear by all participants that addiction and recovery does not happen in isolation, recovery is not complete when one stops using substances.

Along with emotional needs, there are also key basic needs that need to be met in order to either encourage or maintain recovery, such as financial independence and appropriate housing.

#### ACCESSING EMPLOYMENT WITH THE RIGHT SUPPORT AND AT THE RIGHT TIME

All women agreed that when people are pushed to return to work without considering their recovery this is a clear risk that often leads to relapse.

Work coaches at Job Centres need to have a good understanding of recovery and how addiction may have impacted in the person's confidence and self-esteem. Work coaches should be trained to understand substance misuse, mental health and the impact of trauma.

Support is often better in spaces where people feel safe and comfortable, the Job Centre was often seen as a triggering and hostile environment.

**"For those accessing the Job Centre, workers need to have the right attitude and manner: show empathy, understanding of the problems that people may be facing, treat you like an individual. There needs to be privacy in Job Centres for people to share their situations freely."**

**"Self believe is essential for work; volunteering opportunities being surrounded by people who believe in us is the starting point. Opportunities in the community. Support to persevere. People will have a lot of self-doubt and they'll need help with this."**

#### CLEAR PATHWAYS TO EMPLOYMENT

One of the participants had accessed employment via the Individual Placement and Support project (IPS) this is a Public Health England project that involves intensive, personalised support, a rapid job search followed, for those who secure employment, by in-work support made available to both the employee and the employer.

*(source: <https://publichealthmatters.blog.gov.uk/2019/03/27/supporting-people-from-substance-misuse-treatment-into-employment/>).*

**"My work coach helped me address feeling that I wasn't good enough, helped me change my mindset, develop confidence and self-awareness, communicate better, etc."**

A clear pathway within services is also perceived as very important in order to be able to access employment. The pathway needs to include volunteering opportunities with training and support, help to explore what employment people can access and what they need to do to access it and whenever possible, employment opportunities available after volunteering.

**"I am volunteering with CAB, which offers good training and I would like to work in this sector. It was good that I could disclose everything about myself because of their non-discrimination policy. Volunteering is a path into employment- with free training and that can lead to paid employment".**

#### THE SUPPORT SECTOR IS THE PREFERRED OPTION

Most participants felt that their preferred employment option was in the support (social care) sector. Some were already volunteering in peer support roles and some were working in the sector.

Being able to disclose your history without being stigmatised is important, as well as being able to talk openly about your support needs to maintain recovery. People are drawn to specific organisations that understand and accept recovery and addiction.

Creating a work environment where people can share their specific needs and talk openly about aspects of themselves that are often hidden in work environments is important if we want people to access work outside the support sector. Organisations and management that are empathetic and trauma informed will enable people to move on and realise their potential.

**"I am lucky to work in an organisation that understands lived experience of substance misuse; I can speak to my boss, share my problems and voice how I feel, this is key for me."**

## ROLE MODELS

Peer mentors are a source of inspiration and can demonstrate how one can turn their life around. They also act as role models; they understand the journey and can guide people to understand their motivations and identify what one is capable of.

**“Peer mentors are role models: it shows you that it’s possible, shows that your goals are realistic, they inspire you, you can take bits from them, aspirations, who knows what I could do.... Very important to meet people who have gone through the same. You normally think that your experiences are unique, and you only have experienced that.... Peers show you that you can survive.”**

## RELAPSE SHOULD NOT BE PUNISHED

Participants shared their experiences in supported accommodation recovery projects which are abstinence based. They felt that relapse was harshly punished with eviction.

**“There should be another option, like a different part of the project where you can stay if you relapse; with support from senior peers.”**

## APPROPRIATE ACCOMMODATION FOR WOMEN

All participants felt that mixed settings in hostels and temporary accommodation can pose a risk to women who are vulnerable and may have experienced domestic abuse and other trauma.

**“I was housed with 7 other people, all male who at first were quite enamoured by me but as soon as I began firmly refusing their advances, I was then ostracized in the house, which reinforced my loneliness. The men began putting on violent sexual films which contained violent scenes against women and purposely created an unsafe environment out of spite. I had to leave as I did not feel safe.”**

## TRAUMA-INFORMED INDIVIDUALISED SUPPORT - THE RIGHT ONE AT EACH STAGE

From the moment an individual accesses housing support, their interactions with front line workers are key. All of an individual’s needs should be considered; when various needs and vulnerabilities coexist, these need to be addressed in order to provide appropriate housing support.

Being empathetic and understanding a person’s vulnerability when explaining their housing options are essential.

Women also valued structured and constructive housing support; an individual plan that supports women as they guide them to independence; support to manage finances was referred as important.

**“Secure housing is key to maintaining recovery.”**

**“At the XX project we have weekly keywork, being engaged with someone all the time is really useful. Regular keywork that is tailored and adapted to different stages. They guide you to become independent.”**

**“People are living in homeless hostels with addicts even if you have the resolve to stay clean, you’re surrounded by junkies. These places are really scary, it’s completely the wrong environment.”**

**“My client was heavily using illicit substances & sex working whilst in temporary accommodation (TA) locally, she was evicted due to these factors as they were impacting on other residents’ safety at the beginning of Covid-19. She was placed in TA locally but was evicted for alleged substance use on the premises.**

**She is now in an [out of area] TA placement where she continues to use & sex work, but it’s not impacting on any other residents as she has her own door, facilities etc. All services can only offer her phone support, but she is not answering the phone very often, so is likely to be closed to X service and they will transfer her support to a local service.**

**If she was more local, I’d be outreaching her & asking her to meet me outside, but to visit her in another area would take all day so it’s not currently viable.”**



## LIVED EXPERIENCE PERSPECTIVES

### Recovery and relapse

In all our conversations there was a common thread around recovery being a learning process; it is not a stage that someone acquires neatly. Recovery also happens in the context of a community and is affected by prejudices and stigma.

We found that there was a strong identity within a 'recovery community' linked to the arts, creativity and music and peer led in Brighton. This was felt to be a key element for people to help develop a sense of identity, purpose, self-esteem and positive connections. Participants felt that this contributed greatly to maintaining recovery.

#### LACK OF UNDERSTANDING AROUND ADDICTION AND RELAPSE

Addiction is often a response to deep trauma. Punitive and exclusionary measures by substance misuse services can hinder someone's recovery journey because they don't consider nor simultaneously address layers of complex trauma and triggers that easily pushes people back into the dark corners of relapse.

**"Around 95% of the service users who come to X service for help have got trauma and quite often extreme trauma. That statistic came as a real shock to me."**

**"Services should not give up on people if they've relapsed."**

**"Until we deal with the trauma, we cannot fully move on."**

**"Women are forced to be clean to keep their children; they can relapse harder."**

**"Relapse is followed by a punishment rather than internal motivation and learning."**

#### SHAME AND SOCIAL STIGMA

Substance misuse is often a symptom of disconnection from one's community and social

environment. There is often a lot of shame surrounding substance misuse, especially among women and diverse ethnic communities, which hampers the recovery process and creates more social isolation and instances of relapse. Some participants also talked about contradictory and differing notions of shame attached to one's problematic addictive behaviours and substance misuse based on social class. Overall, respondents agreed that having a good network of people is vital, especially those with whom you can be honest and be able to talk openly about your problems without stigma and judgement.

**"In the X Recovery project, relapse was treated like an absolute failure and a betrayal to your peers."**

**"Shame is not a good place to bring about change; and in some cases, focusing on the addiction can bring feelings of shame; but this is not your identity, doing art, writing, these are identities ..."**

**"Alcohol seems to be very accepted in our society and people feel there is more stigma associated with taking illicit drugs. This impacts on how people and different addictions are seen. It also feels that there is a great imbalance of power held by politicians and people in recovery."**

**"Building a system which is inclusive, where there is room for acceptance in the face of setbacks creates possibilities for people with addiction who are able to feel like they can be trusted once again and worthy of being helped."**

#### PREJUDICE AGAINST WOMEN

Our conversations with some of the women revealed that the medical system and medical assessments can often be prejudiced against women with substance misuse problems and their concerns are not taken seriously.

**"There is a culture that blames women and believes women make problems up."**

**"We deserve to receive a medically-appropriate answer to a medically-appropriate problem."**

**"I was sight-impaired and denied medication for pain. At the residential rehab, I was also not getting proper treatment for my hormone imbalance problems, my moods were changing, and this made me quite unpopular and misunderstood."**

#### SENSE OF PURPOSE AND ACHIEVEMENT

Being of service to people can have a significant impact on people's self-esteem, confidence and general well-being. Individuals in recovery do not want to dwell on their weaknesses but want to be able to help and feel useful. Having regular commitments help provide structure to the day and helps people learn to maintain a routine. Contributing to one's community and feeling like you've achieved something at the end of the day is an essential part of maintaining recovery.

**"We should have access to prove our ability to serve without being questioned just like "normal" people."**

“If you think you’re valuable to the community, you’re worth saving.”

“We’re at our best when we’re contributing to a community that’s struggling for survival.”

“Places like New Note Orchestra, Cascade and We’re Not Saints, it gives you a routine, you wake up and there’s something to do that day. As an addict you wake up with noise in your head, proper noise, it’s a battle and a slippery slope. The routine of my recovery and routine of my commitments – this is what keeps me straight, my body feels it when I miss any session.”

### FOSTERING A SENSE OF CONNECTION THROUGH A SUPPORTIVE COMMUNITY

Groups or communities that foster a sense of connection and collaboration are a vital source of ongoing peer-led support and challenge the risks posed by social isolation.

“Being part of a community means that I’m not isolated.”

“Constructive support - you need a chance to rewrite your life.”

“From my experience, there are 3 predictors of relapse: self-esteem, loneliness and well-being.”

### OFFERING A RANGE OF RECOVERY ACTIVITIES

Many of our respondents discussed how there was not a single route that offered a one-size

fits all option to recovery. People often tap into a variety of community services and participated in a diverse range of activities to keep well.

“AA and 12 step programmes are not for everyone. People should be able to choose their recovery from a menu of options like mindfulness meditation, writing, story-telling, poetry, drama, joining the choir or open mic nights.”

“Activities in the community- to maintain recovery without focusing on it; access to things we could not normally access- e.g. counselling, physical activities like quad bike, archery, develop confidence. Doing things that I would not normally do. This helps develop confidence and push you out of your comfort zone.”

### REFRAMING RECOVERY AS A LEARNING PROCESS

Recovery needs to be understood as recovery not solely from addiction but from a wider context of relearning new and healthier ways of being, it provides an opportunity to reinvent oneself.

“When we come out of addiction, in some ways, we are like babies - it’ll take years until we can function well...”

“Relapses need to be used as an opportunity for growth and reflection, people are often punished for it.”

“In AA and other substance misuse programs we’re solely focusing on ourselves and our own processes, but at New Note and Cascade coffee shop, we learn these

skills whilst being focused on something else. You might’ve relapsed but you can still wash the dishes, make a sandwich or play a simple rhythm on an instrument.”

### HIGHLIGHTING THE ROLE OF CREATIVE RECOVERY PROJECTS

“Being a Brighton-based member of the creative recovery community, I feel really strongly about highlighting the uniqueness of the city’s recovery opportunities, which can be hard to find in other parts of the country. Creativity brings back the sense of play and enjoyment in one’s life, it allows you to express yourself freely in the format or avenue that you have complete freedom to choose.

Unlike mainstream treatments that largely focus on being introspective and talking about one’s negative experiences in life – which not everyone is comfortable with – creative arts-based recovery groups offer a chance to reimagine who you can be or just have simple fun.

Peer-led creative recovery groups also provide an opportunity to rebalance power dynamics, where no one person has power over your recovery and life outcomes, but it is through connection, mutual support, encouragement and collaboration that we empower each other.”

“I would cast the New Note orchestra as a bridge to normal, healthy life and for 35 years that’s all I’ve wanted. In my earlier life, I would literally join bands because they had lots of coke on them.”

“It’s a safe place for people to come find themselves on equal terms with their peers.”

“It’s brought me community, family and sense of worth”

“Creativity and nature is a lifeline for me, it keeps me well, it keeps me connected.”

“We celebrate sobriety and a drug-free life and public facing unlike other recovery groups – this is where you can be this is where you can get to.”

“Now I don’t feel comfortable going to an AA meeting and declaring that I’m an addict, that I’m powerless because apparently that’s where the healing is. I don’t feel like that anymore. New Note has given me a new identity, we don’t have to define ourselves as addicts, we leave those labels behind. I don’t feel like I need drugs or drinks or men or to act in destructive behaviour to feel alive anymore.”

“New Note for me is a relapse prevention, life-affirming and wellbeing project”

“A lot of us are not afraid of failure because we’ve failed so many times but we’re afraid of success especially if we don’t have a strong foundation – in New Note we’re succeeding together and we can be a voice within and amongst.”

“Recovery gives me the permission to have a good life, that I’m worthy of it.”



# Fulfilling Lives

South East Partnership

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**For more information on peer led groups:**

[www.facebook.com/CascadeCreativeRecovery](https://www.facebook.com/CascadeCreativeRecovery)

[www.newnote.co.uk](http://www.newnote.co.uk)

[www.wearenotsaints.co.uk](http://www.wearenotsaints.co.uk)

[www.bht.org.uk/services/homelessness/choir-with-no-name](http://www.bht.org.uk/services/homelessness/choir-with-no-name)