

Survey to identify the needs
and obstacles faced by
female recovering addicts
and Identifying the factors
influencing female addicts
maintaining a healthy
recovery.

**FEMALE RECOVERING
ADDICTS NEED
ASSESSMENT SURVEY**

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FEMALE RECOVERING ADDICTS NEED ASSESSMENT SURVEY

OBJECTIVES

- To identify the needs and obstacles faced by female recovering addicts.
- Identify the factors influencing female addicts maintaining a healthy recovery.

FOREWORD

Drug abuse was not a problem before the mid 1970s. Though there were stories of opium abuse in the early part of last century,

Drug abuse started becoming a major concern to Maldives in 1993 when the first case of heroin abuse was identified. With the introduction of heroin, drug abuse among young people escalated dramatically.

The rapid increase in drug abuse is of great concern to health and law enforcement authorities. Prior to 1993, the majority of drug offenders were between the age of 25 and 40 years.

The Rapid Situation Assessment of Drug Abuse in the Maldives 2003 (RSA) showed that most drug addicts recorded in the Maldives were male and in the age range of 15 – 30 years and women accounted for 9 percent of drug related arrests while children as young as 11 had been known to start abusing drugs. The most common reason for initiation was peer pressure (38%), followed by desire to experiment (26%). By 2006, cases were being reported about those as young as 7 years old abusing drugs. According to police statistics, arrests of juveniles for drug offences have increased from 16 in 2001 to 79 in 2006 and to 164 (29 percent of total juvenile arrests) in 2007.

Drug addiction touches nearly every family in Maldives now. Another dire need is the drug treatment options in prisons, as concerned authorities of prison estimates that 80 per cent of the inmates are convicted of drugs and drug related crimes.

As there are a number of female recovering addicts in Maldives, DDPRS deemed it is necessary that the needs of these female recovering addicts should be identified so that DDPRS could get a clear picture of the current situation of the female recovering addicts and attend to their vital needs.

INTRODUCTION:

During the last two decades there has been a rapid increase in the usage of drugs in Maldives, which resulted in social disorder in families, women and children of the addicts.

As envisaged it was very important that appropriate measures to this crucial issue were taken. As it was deemed necessary to find the needs of the female recovering addicts, DDPRS assigned JOURNEY NGO under an agreement, to conduct a survey to find the needs of female recovering addicts.

The main objectives of the Survey are as bulleted below.

Conduct a need assessment for recovering female addicts.

OBJECTIVES:

a) General objectives:

- To identify the needs and obstacles faced by female recovering addicts.
- Identify the factors influencing female addicts maintaining a healthy recovery.

b) Specific objectives:

- To find out the needs of female recovering addicts.
- To identify the kinds of obstacles the addicts face during recovery.
- To find out the number of people who have relapsed.
- To learn the reasons for relapse.
- To assess community perception about female drug addicts.
- To understand the influence of codependents.

EXECUTIVE SUMMARY

A large number of staff and volunteers of JOURNEY cooperated in conducting the need assessment survey of female recovering addicts.

This survey was done after interviewing 44 female recovering addicts who are from different aspect of recovery. There were recovering addicts who are currently in community rehab program, clients from DRC (Drug rehabilitation Centre), recovering addicts who are currently in the community as productive members of society and female recovering addicts who are in community serving their sentence of Jail.

The questionnaire for this survey was specially formulated and exceptional attention was given to achieve the objectives defined by DDPRS (Department of Drug Prevention and Rehabilitation Service). Furthermore the questions of the questionnaire for the survey were finalized by JOURNEY, after having 3 meetings of exchanging ideas and discussions with management of DDPRS and after with the approval from DDPRS

The questions asked in the survey are attached in Annex 01.

Following questions were asked for the survey:

This Need assessment survey of Female recovering addicts provides an epic window of opportunity to assess and identify the needs, obstacles, and factors influencing in maintaining their recovery and problems faced by female recovering addicts. The icon it paints is shocking. It tells us that female recovering addicts face a lot of problems in maintaining their recovery and the importance of supportive friends and family support in maintaining their recovery. Furthermore it tells us that negative peers and if there is another user in the family or house the chance of getting relapse is very high and maintaining recovery is close to impossible.

Preparation

Questionnaires were prepared in Dhivehi to the local context. Necessary modifications were made after field-testing. In addition previous surveys conducted by Journey were studied and appropriate questions were prepared so that the objectives can be accomplished.

Questionnaires were finalized after having 3 meetings with DDPRS and with the approval from DDPRS. All the interviews were conducted in Dhivehi.

Choice of sites

Initial plan was to conduct the surveys in Male, Villingili, Hulhumale', DRC and in Jail, but after consultations with DDPRS, jail was cancelled as most of the female convicts of drug related crimes were serving their jail sentence in Male'.

Identifying respondents

Potential respondent were identified primarily through Journeys' experience and help from other female drug users and recovering addicts. Most of the interviews were conducted at homes, ensuring as much privacy and confidentiality. Interview sessions of DRC clients were conducted in Rehabilitation centre, Himmafushi.

A total of 44 interviews were carried out.

PERCEPTIONS OF FEMALE RECOVERING ADDICTS

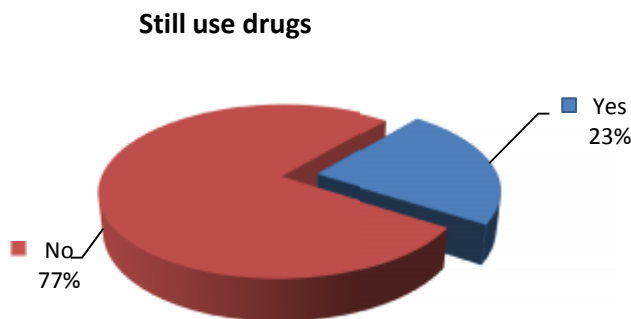
Perceptions.

Most of the respondents were not using drugs at the current time.

	(Age 15 -20) N=4		(Age 21 -25) N=8		(Age 26 -30) N=20		(Age 31 -35) N=8		(Age 36 & more)N=4		TOTAL N=44	
	No	%	No	%	No	%	No	%	No	%	No	%
STILL USES DRUGS	0	0	0	0	10	50	0	0	0	0	10	23

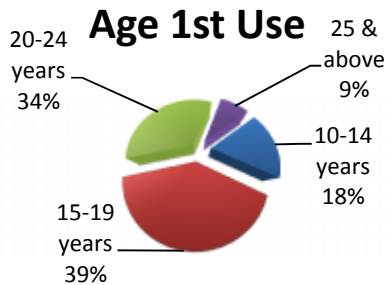
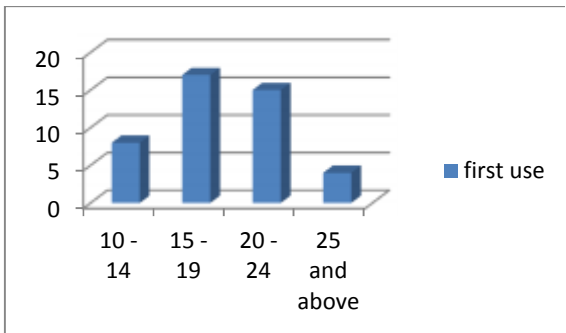
Still used drugs

23 percent of the respondents were using drugs on and off.
From this 23 % only 1% was using hash oil , others were using heroine.



Age of the first drug use

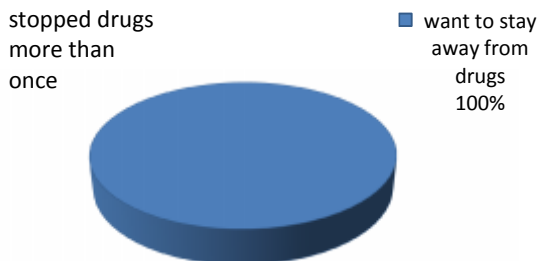
10 to 14 years ----- 8..... 18%
 15 to 19 years-----17..... 39%
 20 to 24 years ----- 15..... 34%
 25 and above-----4..... 9 %



Want to stay away from drugs/ stopped at least once

All 44 of them 100% wanted to stay away from drugs.
 All 44 of them 100% stopped drugs more than 1 time.

Want to stay away from drugs.

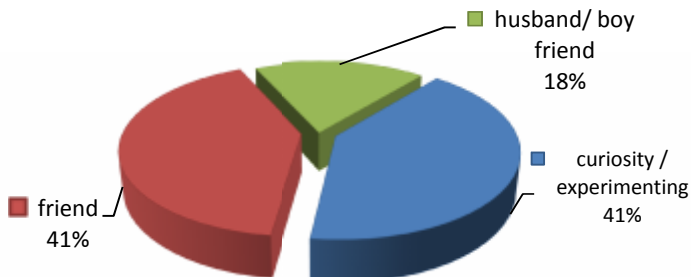


How drug use was introduced/started the first time.

18 of the respondents reported to have started drug use just to test or curiosity another 18 stated that they started because introduced by friends and 8 stated that their husband/boyfriend introduced drugs for them.

18 started drugs ---because of curiosity/ to test..... 41%
 18 started drugs--- introduced by friends 41%
 8 started drugs---- introduced by husband / boyfriend..... 18%

How drugs was started / introduced

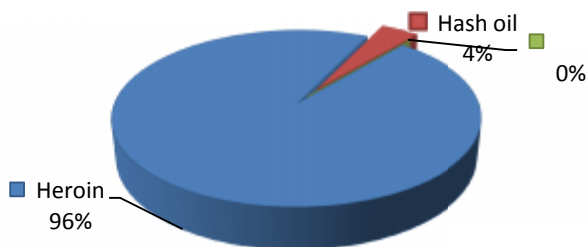


Addicted to which drug.

42 of the respondents stated their drug of choice and addiction was heroin addiction, 2 responded they were addicted to hash oil.

42 of respondents' drug of choice ---heroin.....96%
 2 of respondents' drug of choice ---hash oil..... 4%

Addicted to which drug

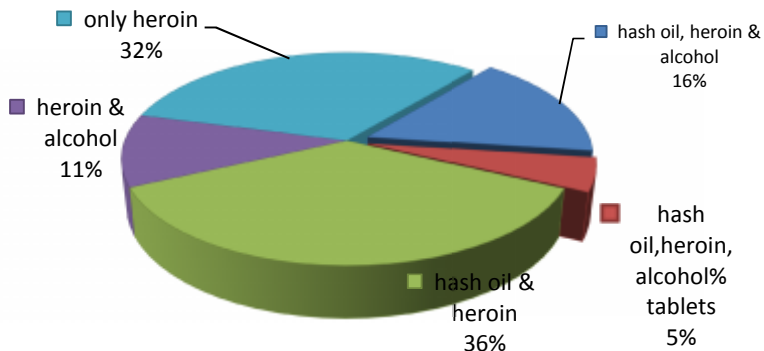


Types of drugs used.

7 of the respondents reported to have used heroin, hash oil and alcohol , 2 stated to have used heroin, hash oil, alcohol and tablets, 16 stated to have used heroin and hash oil , 5 stated that they used heroin and alcohol and 14 stated to have only used heroin.

7 used drugs ---hash oil, heroin, & alcohol.....16%
 2 used drugs--- hash oil, heroin, alcohol & tablets5%
 16 used drugs---hash oil & heroin..... 36%
 5 used drugs----- heroin & alcohol.....11%
 14 used drugs----- only heroin.....32%

Types of drugs used

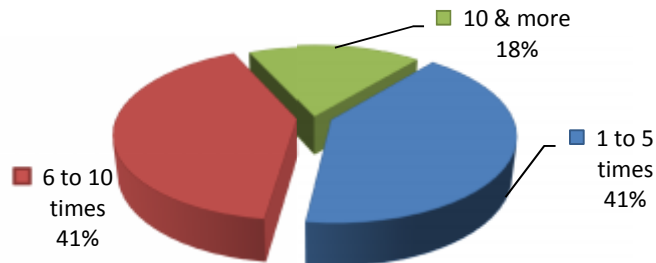


Number of Times Stopped drugs/detoxified.

18 of the respondents reported to have stopped 1 to 5 times, 8 stated that they have stopped more than 10 times and another 18 stated that they stopped 6 to 10 times.

18 stopped --- 1 to 5 times..... 41%
18 stopped --- 6 to 10 times..... 41%
8 stopped more than 10 times..... 18%

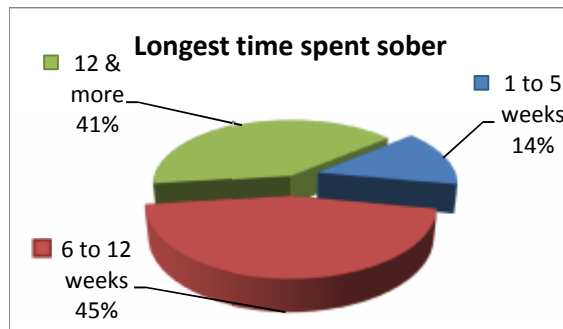
Number of times stopped using drugs



Longest time spent sober.

6 of the respondents stayed for 1 to 5 weeks, 20 stayed for 6 to 12 months and 18 stayed for more than a year.

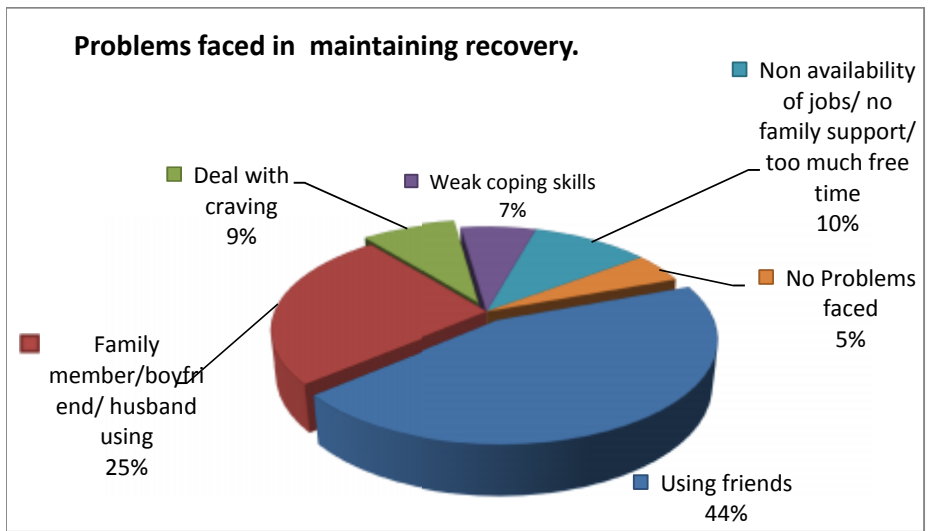
6 stayed sober ---- 1 to 5 weeks..... 14%
20 stayed sober --- 6 to 12 weeks.....45%
18 stayed sober --- more than 12 months.41%



Problems faced in maintaining recovery.

Most of the problems faced by female recovering addicts in maintaining recovery are from their using friends and using of drugs in their family. 47 % agreed to this. This is the highest reason too that they get relapsed.

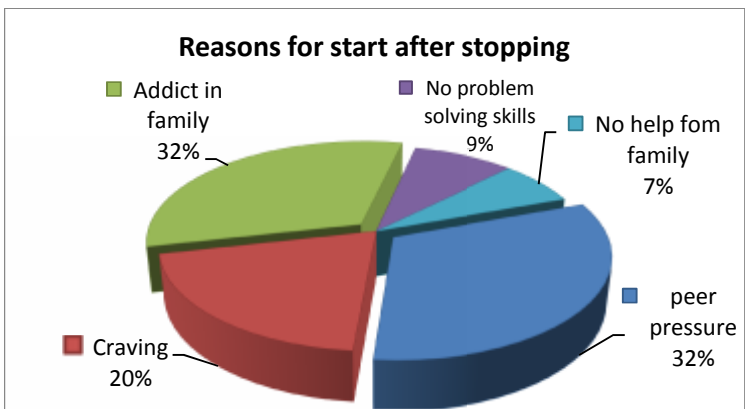
Using friends----- 18.....	47%
Family member/boyfriend/ husband using--- 12.....	27%
Deal with craving--- 4.....	9%
Weak coping skills--- 3.....	7%
Non availability of jobs/ no family support/ too much free time---5.....	11%
No problems faced ----- 2.....	5%



Reason for start after stopping

Most of the female recovering addicts started using because of peer pressure and because of a drug user in family. Some reported that they started using because their husbands and brothers use in their family so they cannot cope with their cravings.

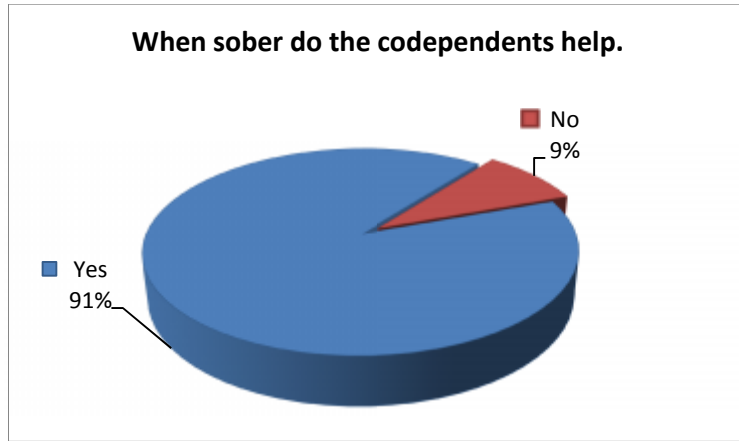
Peer pressure -----14	32%
Can't control craving -----9	20 %
An addict in family -----14	32 %
Don't know how to solve problems ----4	9%
No help from family-----3	7 %



When sober do the codependents help?

91% of the female recovering addicts started that they get help from codependents when they are sober in maintaining their recovery.

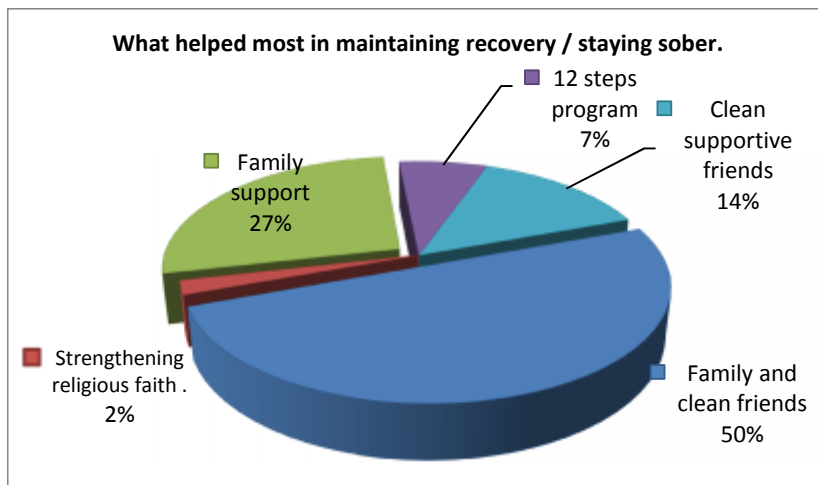
Yes—40 91%
 No-- 4..... 9 %



What helped most in maintaining recovery / staying sober?

For around 91% of the female recovering addicts, Family and clean supportive friends helped them most in maintaining recovery.

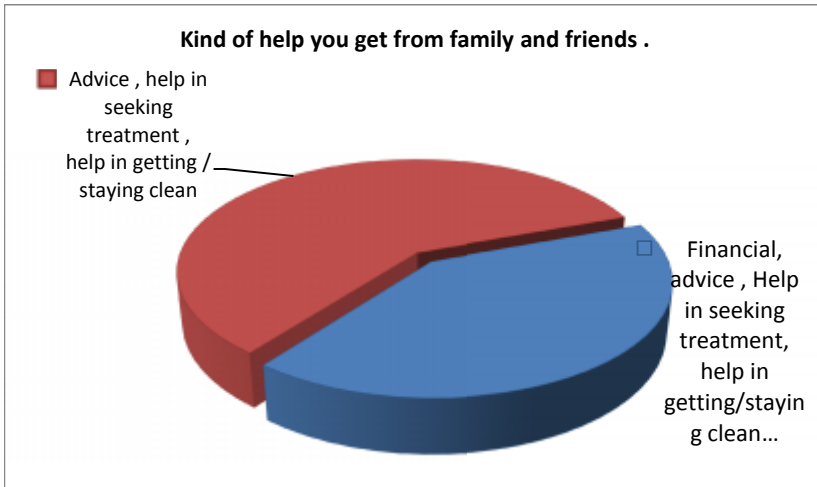
Family and clean friends ----- 22 50%
 Family support -----12 27%
 12 steps program ----- 37 %
 Strengthening religious faith ----- 1 2%
 Clean supportive friends----- 614 %



Kind of help you get from family and friends.

All the respondents got Advice, help in seeking treatment and help in staying clean from family and friends. However only 41% got financial help.

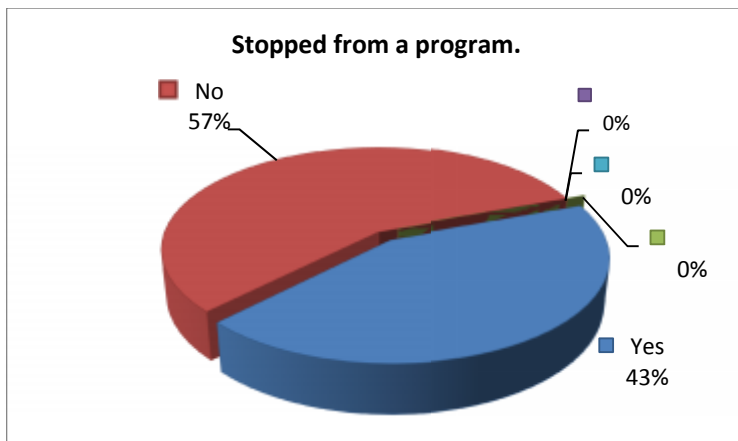
Financial, advice, Help in seeking treatment, help in getting/staying clean..... 18.... 41%
Advice, Help in seeking treatment, Help in getting / staying clean ----- 26 59%



Stopped from a program.

57% stopped using drugs without the help of any program.

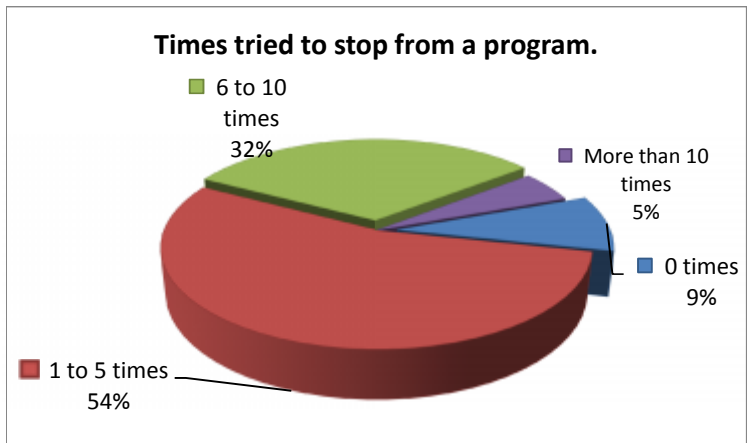
No ----- 25 57%
Yes----- 19 43 %



Times tried to stop from a program.

More than half of the female recovering addicts started that they have tried to stop using drugs between 1 to 5 times till they could finally maintain their recovery.

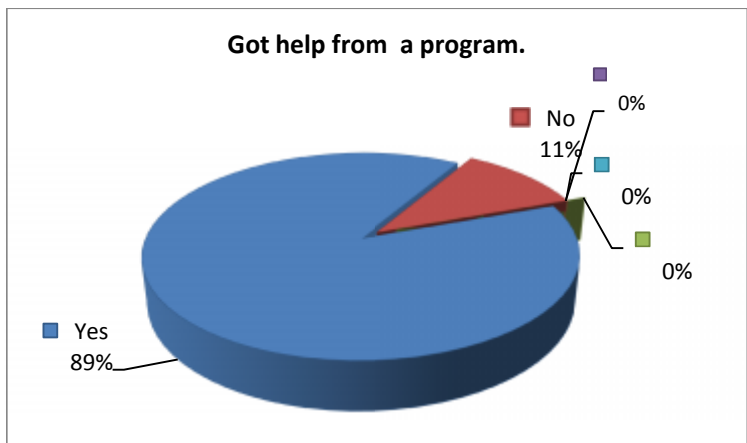
0 times-----4.....	9%
1 to 5 times -----24	55 %
6 to 10 times -----14	32 %
More than 10 times -----2	5 %



Do you think that you got helped from a program?

Almost all 89% agreed that they got enough help/information from the rehab program, in various aspects like anger managing , stress managing, drug education , coping skills etc.... but they find it difficult to apply which was learned in practical life situation.

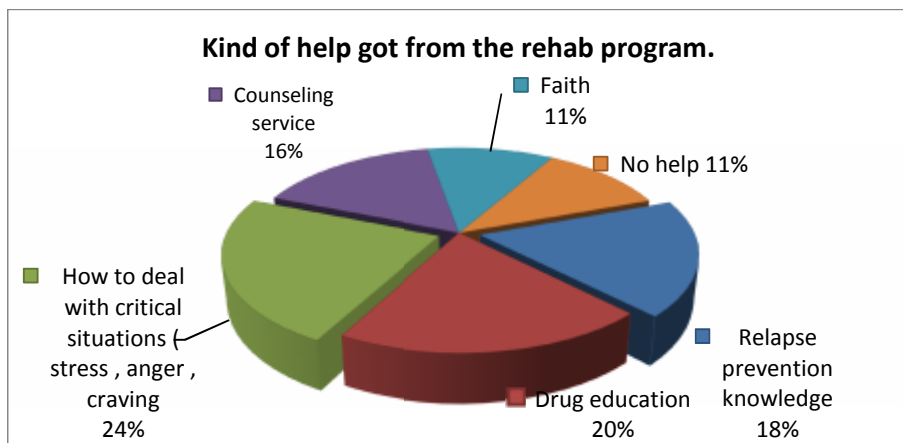
No ----- 5	11%
Yes-----39	89 %



Kind of help got from the rehab program.

Around 90% of the female recovering addicts who got service from rehab center agreed that they got help from the rehab center. They got knowledge of Relapse prevention, Drug information, dealing with stress, anger, counseling service and built their faith.

Relapse prevention knowledge.....8-----	18%
Drug education9-----	20%
How to deal with critical situations (stress, anger, craving)10-----	23%
Counseling service.....7-----	16%
Faith.....5-----	11%
No help..... 5-----	11%



Activities that should be in a program.

Almost all the clients who were interviewed elaborated on all these points and highlighted on the importance of educated counselors who have immense knowledge of drug counseling.

- How to deal with problems.
- Awareness to clients' family
- Role modeling
- Vocational programs
- Relapse prevention
- Drug education
- More understanding counselors.
- Future planning for clients
- Sharing problems, support groups
- Self-development programs
- Good counseling
- Helping in finding family support
- Help in getting sponsors for jobs

What kind of extra help can treatment providers provide?

Almost all the clients who were interviewed elaborated on all these points and the importance of providing legal help.

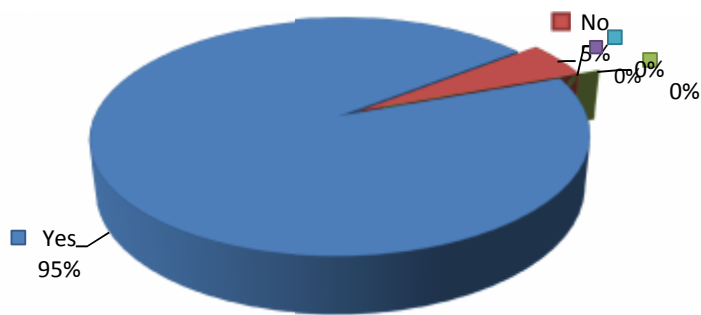
- Career skill improving.
- Rehabs for women.
- Detox for women.
- Job opportunities and education.
- Good after care programs
- More relapse prevention classes
- More drug education
- Provide counseling to families more often.
- Legal help.

Faced any problems while clean and sober.

Almost all faced problems while maintaining their recovery.

No ----- 2 5%
Yes-----22 95 %

faced any problem while clean / sober

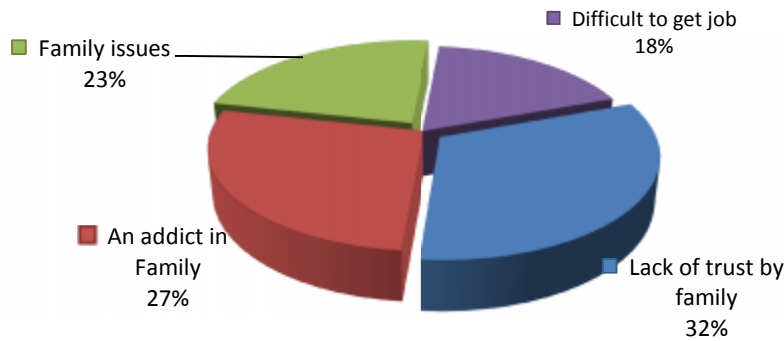


Problems/Difficulties faced while sober/ clean.

Most of the problems faced by female recovering addicts are issues concerning family.

Lack of trust by family.....	14	-----	32%
An addict in Family	12	-----	27%
Family issues	10	-----	23%
Difficult to get job.....	8	-----	18%

Problems/Difficulties faced while sober/ clean

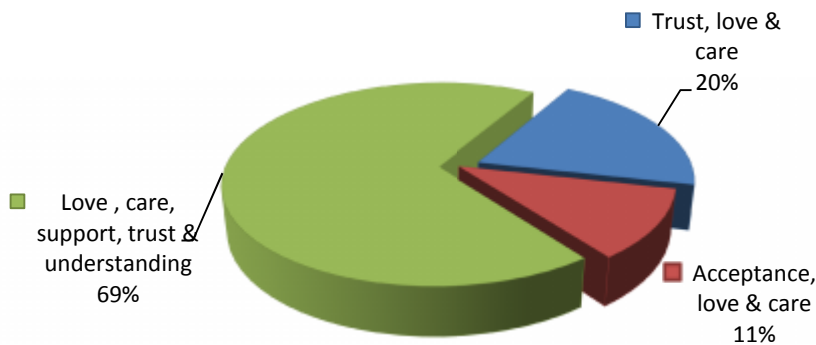


Kind of help need from friends and family.

Almost all wanted care, love, support and trust from their families and friends.

Trust, love & care.....	9	-----	20%
Acceptance, love & care	5	-----	11%
Love , care, support, trust, & understanding	30	-----	68%

Kind of help need from friends and family.

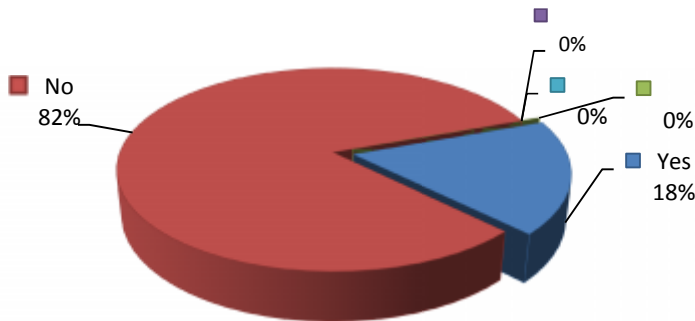


Does the community accept female drug addicts?

82% of the respondents stated that community does not accept female addicts.

No ----- 36 82%
 Yes----- 08 18 %

Does the community accept female drug addicts?

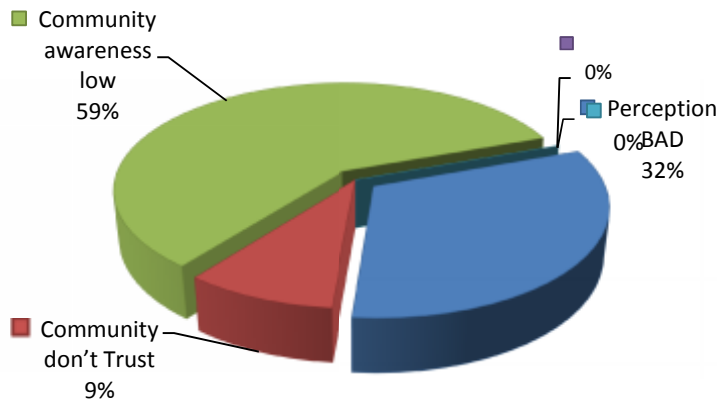


Why community does not accept female addicts.

32 % stated that perception towards addicts is very bad and most of the people in community don't know what addiction really is.

Perception of community towards female addicts is very bad ----- 14 32%
 Community does not trust them ----- 49 %
 Community awareness is low on what addiction are ----- 26 59%

Why community does not accept female addicts.

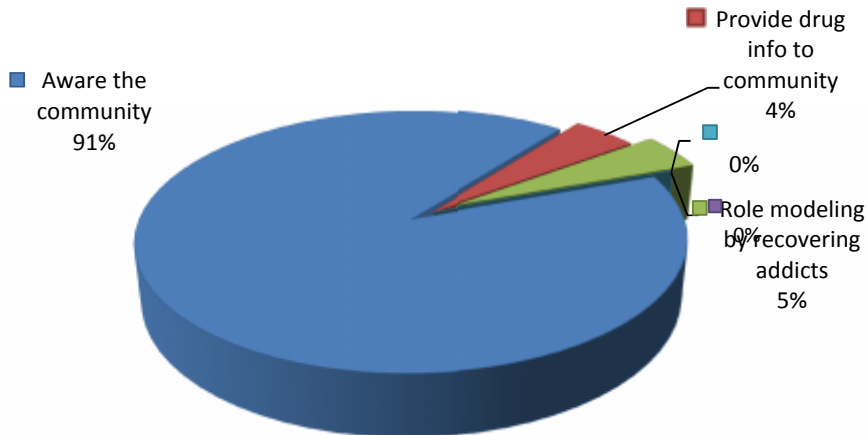


What can be done to change the perception of community towards female addicts?

Almost all said that community should be made more aware about the real addiction disease and should make the community aware why people get addicted and should not see it as a moral weakness.

Make the community aware on what addiction really are----- 40 91 %
 Provide drug information to community----- 2 4.5%
 Role modeling by recovering addicts----- 24.5 %

What can be done to change the perception of community



LITERATURE REVIEW.

There is no special survey done in Maldives for female recovering addicts, the only information available is from "Rapid Situation Assessment of Drug Abuse in Maldives, Narcotics Control Board, Republic of Maldives, 2003; UNESCAP" which states that

"Most offenders are male and they initiated drug use mostly in their teenage years and initiated mainly due to peer pressure and a desire to experiment.

Age of initiation of first drug use was 15.6 years. (for female)

Reasons for initiation were mainly peer pressure and family problems."

But from this need assessment survey we found out that almost all female users started because of peer pressure and experimentation.

18 started drugs ---because of curiosity/ to test.....	41%
18 started drugs--- introduced by friends	41%
8 started drugs---- introduced by husband / boyfriend.....	18%

Age of initiation of first drug use in female; according to RAS UNESCAP RSA 2003 is 15.6 years, and it agrees with this survey in which we found out that the median value for initial use of drugs is between 15 to 19 years.

10 to 14 years -----	8.....	18%
15 to 19 years-----	17.....	39%
20 to 24 years -----	19.....	34%
25 and above-----	4.....	9 %

As there haven't been any survey or study conducted for female addicts, no other information is available.

ASSESSMENT:

39% Female drug users starts using drugs between the age of 15 to 19 years and 34% starts at the age between of 20 to 24 years. The % age that starts later than 25 years is very low, it is only 9%. 18% starts using at the age between of 10 to 14 years.

59% of the female drug users started using because of peer pressure directly and indirectly. (For 41% of the female users drugs were introduced by friends, and for another 18 % drugs were introduced by their husbands and boyfriends). 41% started using drugs because of curiosity and experimentation.

Note: Previously it was thought that most users starts using drugs because of family problems , stress or such related issues , but from this survey we found that there is no connection between starting of drug use and family problems , definitely not with these 44 females; but it should be noted that after starting drug use family problems, financial problems and other drug related issues are inevitable.

All the female drug addicts wanted to stop using after they got addicted, and 96% were addicted to heroin and 4% were hash oil abusers. All have tried to come out of their addiction more than once.

Out of all the female assessed only 32% of them used only heroin, but the rest used hash oil, alcohol, and tablets (benzodiazepines) with heroin. 11% alcohol and heroin, while 16% used hash oil, alcohol, and heroin. 36% used only hash oil and heroin. 5% used all four types, heroin, hash oil, alcohol and tablets.

All the females who were interviewed have tried to stop using for more than one time. 41% tried to stop between 1 to 5 times, and another 41% tried to stop between 6 to 10 times and 18% have tried to stop more than 10 times, to get detoxified and to work for their recovery.

During their periods of stopping the drug use, the duration they spent sober is very much related to the situation inside the family and kind of friends which she hangs around with and the help, care, trust and love they get from their families.

Longest period stayed sober is between 1 to 5 weeks for 14% of the females. 6 to 12 weeks for 45% of the females and more than 12 months for 41 % of the females.

These 41% who stayed for more than 12 months sober stated that, they were clean because their clean friends helped them a lot and their families provided lot of support, care and trust

Main problems faced in maintaining their recovery are, weak coping skills, handling craving, a drug user in family, using friends and non-availability of jobs which tend to equate a lot of free time to users which they did not know how to manage that leads to passing time with old using friends.

9% of the females have problems dealing with craving, 7% has weak coping skills, 25% has a family member or husband using in the house. 10% had problem because no job was available, no support from family and too much of free time which they didn't know how to manage. And for the remaining 44% the main problem was drug using friends, which they do not know how to control and handle.

Reason of start using after stopping is directly linked to the problems they face in their recovery, like 32% started because of an addict in family, 9% started because they did not have the skills necessary to handle different problems. 32% started because of peers (peer pressure).20 %

started because they couldn't control their craving for drugs and 7% started because they were not helped by their families.

91% agreed that they get help from their codependents in their recovery and it was a great asset in maintaining a sober recovery.

What helped them most in their recovery was support from family and clean friends which 77% of them agrees. While another 14% come to agreement that clean supportive friends was their secret to maintaining a sober recovery. Another 7% stated that 12 step program helped them the most. 2% stated that faith is what helped them most.

It can be said that 91% of the females who are maintaining recovery agrees that, the most important help in maintaining recovery is, clean supportive friends and caring supportive family.

The kind of help they get from family and friends are; 59% states that it is help in seeking treatment and help in staying clean, other 41% states that it is like said before , help in seeking treatment and help in staying clean with financial help included.

Altogether 100% agrees that they get help in seeking treatment and to maintain recovery from their families and friends.

It is strange that 57% stopped without the help of any program but with the help of family and friends.

More than half of the female recovering addicts, 55% stated that they have tried to stop using drugs between 1 to 5 times till they could finally maintain their recovery. 32% tried 6 to 10 times as 5% tried more than 10 times to stop using with the help of a program. And 9% never tried to stop using with the help of a program.

From the females who are maintaining their recovery 89% agreed that they got enough help/information from the rehab program, in various aspects like anger managing , stress managing, drug education , coping skills etc.... but they find it difficult to apply which was learned in practical life situation.

11% think that they were not helped by the rehab program.

Around 90% of the female recovering addicts who got service from rehab center agreed that they got help from the rehab center. They got knowledge of Relapse prevention, Drug information, dealing with stress, anger, counseling service and building their faith.

Almost all the clients who were interviewed elaborated on all these points below and highlighted on the importance of educated counselors who have immense knowledge of drug counseling to give service in rehab.

They all agreed that the bulleted activities and programs below should be in a program.

- How to deal with problems.
- Awareness to clients' family
- Role modeling
- Vocational programs
- Relapse prevention
- Drug education
- More understanding counselors.
- Future planning for clients
- Sharing problems, support groups
- Self-development programs
- Good counseling
- Helping in finding family support
- Help in getting sponsors for jobs

Furthermore these points were elaborated by them as extra help which could be provided.

- Career skill improving.
- Rehabs for women.
- Detox for women.
- Job opportunities and education.
- Good after care programs
- More relapse prevention classes
- More drug education
- Provide counseling to families more often.
- Legal help.

When they were sober and clean 95% agreed to have faced problems. The problems they identified were lack of trust in family 32%, An addict in Family 27%, family issues 23%, Non availability of jobs 18%.

They all agreed that the kind of help they need were from families and friends which are to trust, love, care , understand and accept them.

82% stated that the community does not accept female recovering addicts , and 32% said it is because community perception towards them is very bad, 59% stated that it's because community awareness is low on addiction science and 9% stated that the community does not trust them.

Almost all 92% stated that community should be made more aware to address this issue and 4% said to provide drug information to community and 5% stated role modeling by recovering addicts might change the perception.

SUMMARY AND RECOMMENDATIONS

Drug abuse is a serious problem with a high tendency to affect the very young. This therefore means that the nations' future has been left with an almost crippled young generation whose grim future as leaders is uncertain.

Furthermore number of female drug users is on the rise; this poses a great danger to not only our future social structure but the entire development efforts. It is very clear that a more involving tactics is required if this matter is to be resolved in a quicker way.

Lack of a formal assessment on the needs of female recovering addicts has prevented a logical response to the situation, although many steps have already been taken to address this complex problem. This assessment attempted to obtain information from female recovering addicts who are on different aspects in maintaining their recovery.

The specific areas that need immediate action include the following:

- Create a parent support system.
 - Create awareness about the science of addiction.
 - Teach parenting skills.
 - Create responsible jobs for clients rehabilitated.
 - Introduce detoxification to women.
 - Increase awareness among the parents.
 - Starting a half-way house for women. (Very essential need, as women who stays with family members who are using is very prone to relapse quickly)
 - Develop a family support program.
 - Form more self-help support groups.
 - Education and active community participation to reduce stigma associated with drug abuse and provision of information on drug use and its consequences.
 - Adequate recreational activities for female recovering drug addicts.
 - Building social and life skills of Female Recovering Addicts.
 - Building skills of Female recovering drug addicts to HIV.
-
- Our experience and research in the area of Drug abuse has taught us how problematic the stigma attached to addiction is for everyone-from the individual addict to the members of the society at large. It is our position that such stigma intensifies social

problems, rather than alleviating them. All of the problems related to stigma, such as general societal ignorance and intolerance, social isolation and reduced opportunities for addicts; increased stress and disrupted social interactions are more likely to promote group segregation and resource deprivation than to deter the activity which leads to addiction. We would support instead the humane social campaign to destigmatize addiction. Through various educational strategies and changes in the allocation of resources, positive identity construction and group affiliation and acceptance, and opportunity for all can be promoted.

- *To be reasonably effective with women, drug abuse treatment programs must offer a basic roster of services, including child care, parenting classes, transportation, housing, and medical care. While such services are very useful for male patients, they are critical for women, who are more likely to be caregivers for small children, to be isolated and lack mobility, and to be poor.-RSA 2003 UNESCAP-*

Acknowledgements

DDPRS assisted in the making of the questionnaire for the need assessment survey of female recovering addicts. In particular, management of DDPRS provided invaluable guidance and support in selecting the questions.

ANNEX 01

Questions asked from female recovering drug addicts:

1. Age.
2. Do you use drugs now?
3. What type of drugs do you use now?
4. Did you want to stay away from drugs?
5. Did you stop using any time?
6. What was the reason that you started drugs?
7. What drugs are/were you addicted to?
8. What is the age you started drugs?
9. What are the drugs that you have used?
10. How many times have you detoxified or stopped?
11. What is the longest duration that you stayed sober?
12. What are the difficulties you faced in maintaining recovery in the sober period?
13. Do you get help from codependents in maintaining recovery?
14. What kind of help do you get from codependents?
15. Did you get any help from a program in stopping drug addiction?
16. How many times did you try to stop by the help of a program?
17. Did you get any help from the program?
18. What kind of help did you get from the program?
19. What kind of activities, sessions etc...do you prefer to be in a program?
20. In the period of sobriety, do you face any difficulties / problems from codependents?
21. While maintaining recovery what are the problems/ difficulties you face from the codependents?
22. What kind of help do you want from family, friends, and codependents?
23. Does the community/society (accepts) get along with female drug users?
24. Why do you think the community/society does not (accept) get along with female recovering addicts?
25. If the community does not (accepts) get along with female recovering addicts what do you think can be done to deal with the matter?
26. What kind of difficulties do you face in maintaining recovery?
27. What helped you most in staying sober?
28. What kind of extra help can be provided by the service providers in maintaining recovery?
29. What was/is the reason for your relapse/s?

ANNEX 02



Clippings from news:

The Addiction.....11 July 2006..... by Aminath Fayaz

Drugs became a part of my life when I was 19 years old. I was instantly hooked, I tried to convince myself it would be "only on the weekends," or "I'll only stay up for two days." I tried to do that for some time but control was impossible, eventually I was caught in the addiction. I was powerless over the drugs I took; I just didn't realize it or wouldn't admit it at the time. I couldn't quit.

I used almost every day for a year and then I hit bottom. One whole year! That's all it took for me to lose everything. When I started using drugs, the only thing I knew about it was that it was addictive. At the time, I had the mentality that "it" wasn't going to happen to me. We've all seen the commercials where the person smoking a cigarette changes to a skeleton. We all know what could happen to our health years later, but we light up that cigarette anyway. We all think "it's not going to happen to me." In the end, "it" did. Over the next year. The drug I took became the most important thing in my life. Studies, socializing, relationships became of little importance to me. Everything I did, I did to get more doses, to stay high. I didn't know what else to do. I stopped talking to my family because I didn't want them to know I was using.

The days I had enough to use I went to school. I would use it in the toilet. When I had no stuff I would get ready for school and go over to a friend who would share with me. I quit all the extra activities I was involved in school.

Most days I would go to school high and fought to keep my eyes open. The teachers and students started getting suspicious. Some of my friends would ask me but I denied furiously. I would feel very tired after sleepless nights. I would ask my mom for money. I would give any excuse for it.

If I couldn't get it from her I would beg, borrow or steal. I wasn't able to pay my tuition fees or pay back any of the borrowed money because I spent all my money on drugs. I lost twenty kilos because I didn't eat when I was high. Showering and brushing my teeth regularly was a chore and something I skipped most of the time.

I showered only when I had taken enough and if I had my next dose with me. Maintaining myself twenty-four hours a day for a week was next to impossible, so I just quit doing 69 it. I used people and manipulated people for more drugs. I began to consider playing music so I could have more money to buy drugs.

I changed my values so they matched my behavior; it was "right" if it got me high. I tried to race a car at over seventy miles per hour, and yet I did not grasp the danger my life was in doing drugs. I blacked out and hallucinated, and yet I kept getting high. Some would say I had a choice: drugs or a life -- and I chose drugs. Before I used that first time, I did have a choice. After that, I was in the grip of a disease more powerful than myself. I lived to use and used to live. There was no choice, I had to get high. I couldn't stand the pain. The stealing started at home. When there was nothing left at home that I could sell, I started stealing from outside. My parents tried to stop me. They begged me to join a rehabilitation program. I refused and became more open about it. I did anything to get more drugs I even went to jail for it.

This is where I got my first dose of humility. I was forced to face the reality of my life. Everyone I used with had been to jail because of it; whether it was possession or for something stupid they had done while on drugs. I told people I didn't have a drug problem because I'd never gone to jail. I had never thought I would join them here one day. Most people I used with didn't have a place to live, no one to feed them or care about them. I compared myself to others to prove I wasn't an addict. I was wrong. And as I sat in jail, reality came crashing down on me. I finally admitted I was an addict. The feeling was overwhelming. It was terrible. The way I was living was hopeless; I was barely surviving. It wasn't a life. I knew that if I didn't do something, the drug was going to kill me. I was living in a prison created by myself, for myself.