



Let's get physical

Support for heroin users should include their basic physical needs. Moreover, say **Joanne Neale, Sarah Nettleton and Lucy Pickering**, caring for one's body and good progress in recovery appear to be mutually reinforcing.

We have progressed a long way in terms of the support we offer to heroin users. Not so long ago, addiction services might have focused almost exclusively on preventing, reducing or minimising the harms of drug consumption. Now, we routinely adopt a more holistic approach to service delivery, providing help with drug taking alongside assistance with housing, education, training, and employment. Additionally, we regularly offer psychosocial interventions that focus on practical and emotional life skills, including building relationships, managing emotions and structuring time.

Today, addiction professionals also sometimes talk about Maslow's 'hierarchy of needs'. In his 1943 book, *A Theory of Human Motivation*, Maslow argued that human needs are arranged in ascending order of priority, generally depicted in the form of a pyramid. At the base of the pyramid are basic biological needs and above this are needs relating to safety. The next tier up comprises requirements for love and belonging and above that needs for self-esteem. At the top of the pyramid, is self-actualisation – that is, the need to fulfil one's personal potential.

According to Maslow, individuals must satisfy their more basic, lower order needs before they can address their higher needs. In other words, basic physiological requirements must generally be met before an individual thinks about safety; and physiological and safety needs must be met before needs for love and belonging become salient. Today, most addiction service providers seek to ensure that their clients have access to secure and stable environments and meaningful relationships. They also habitually bolster clients' self-esteem and encourage them to develop in ways that are consistent with self-actualisation. Yet, how often do we stop and think about their basic bodily needs?

As part of a recent study of recovery from heroin use, we conducted in-depth interviews with 40 individuals recruited from a diverse range of treatment and non-treatment settings in Southern England. Thirty-seven of these individuals were then re-interviewed three months after their first interview. At both interviews, all study participants were asked about their basic physiological needs and body functioning. We wanted to know

what physical changes they experienced during different stages of recovery but also how they took care (or not) of their recovering bodies. The experiences of these 40 individuals (22 males and 18 females, ages 24-50 years) are briefly reported here.

Overall, our 40 study participants reported limited awareness of, or interest in, their bodies during periods of chaotic drug consumption, but significant physical changes during withdrawal and detoxification. Their interest in routine body care also tended to increase rapidly as their drug use decreased.

During periods of high drug consumption, most participants described poor appetite and irregular eating with a heavy reliance on quick and sweet foods, as well as caffeinated and sugary drinks. Those with reducing opiate use reported more regular eating, greater inclination to cook, less consumption of sweet and convenience foods and also increased awareness of healthy eating:

"Before it was a few packets of crisps and bars of chocolate where you don't have to cook it... now I'd rather buy something to cook and eat." (Male, 38 years)