

# Finding True Pathway

(A Journey Through Addiction, Breakdown, and the Fight for Recovery)

Olafusi Omotiba

## Finding True Pathway

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## DEDICATION

This book was born from a deep desire to tell a practical story that often remains untold, the story of struggle, vulnerability, and ultimately, hope in the face of addiction and recovery. I wrote this book not just to share one person's journey, but to shed light on the difficult path that many walk quietly, often alone.

This story is for anyone who has ever felt lost or overwhelmed by the weight of their pain, whether that pain arises from addiction, mental health struggles, or simply the pressure to be perfect in a world that does not always accommodate human fragility. It is for those who have reached a realization that change is necessary but feel uncertain about how to begin. It is for the fighters, the dreamers, the people who keep trying even when the climb appears too steep.

My hope for you, the reader, is that within these pages you find not just a narrative but a companion. Daniel's practical story inspires you when hope seems far away, offers courage when fear tries to hold you back, and reminds you that recovery in any form is possible. Most of all, I hope this book helps you recognize your strength, resilience, and humanity, even on the days when it's hard to see it yourself.

You are not alone. The journey is hard, but every step forward matters. This is your invitation to keep climbing.

*Olafusi Omotiba*

## Preface

Stories of recovery often begin where everything seems lost, yet the truth they carry is simple: change is possible, even when life feels too heavy to hold. This book was written to bring that truth closer to those who need it.

The journey you'll read here follows a young man who appeared to have Pathway, discipline, and a bright future. Behind his certainty was a private struggle he didn't know how to name, let alone confront. His descent was quiet and frighteningly familiar, pressure avoided, emotions buried, and comfort sought in the wrong places. His climb back was slow, painful, and deeply human.

Recovery is not just about removing the substance. It's about understanding yourself in ways you never had to before. It requires honesty, patience, and the courage to stand in your own truth without running from it.

I wrote this book for anyone feeling lost inside their own life. For those wrestling with addiction, emotional exhaustion, or the heavy silence that follows mistakes. If you find yourself somewhere in these pages, I hope you feel less alone, and I hope you're reminded that every step forward matters, especially the small ones.

This is not a story about perfection. It is a story about possibility.

**Olafusi Omotiba**

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I am also deeply grateful to my mentors and colleagues around the globe who shared their insights and wisdom, helping me to refine my ideas and stay true to the purpose of this book.

To my readers, thank you for opening your hearts and minds to the message of *Finding True Pathway*. May the words within these pages inspire you to discover your own path and walk it with confidence and faith.

Finally, to everyone who in any way contributed to the realisation of this book, please accept my sincerest gratitude. Your support has been a guiding light on this journey.

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## 1 BEFORE THE FALL

He always had the calm hands of a healer.

Even as a child, Daniel was the one who would sit beside his grandmother's hospital bed and ask the nurses questions like, "Why does morphine make her sleepy?" He didn't squirm at the sight of blood. He didn't shy away from people's pain. In fact, he leaned into it and was always listening. Everyone said he had "a gift."

By the time he was accepted into medical school, no one was surprised. His mother cried quietly when the admission letter arrived, and his father, a man of few words, simply patted his shoulder and said, "You'll do well in the world." Daniel believed it too.

He gravitated quickly toward psychiatry, not because it was "easier" as some of his peers joked, but because it felt like the most human part of medicine. He wasn't interested in just symptoms and scans; he wanted to understand the root of suffering and the silent battles, the unspoken thoughts. He wanted to help people who, like his older cousin Michael, had struggled for years with depression and ended their life before Daniel's first year of medical school.

On the day Daniel commenced his placement in the psychiatry ward, he noted in his journal: *"Perhaps this is my intended role—assisting others as they navigate their way toward recovery."*

He was sharp, kind, and endlessly curious. That was what the school Professors noticed. Patients opened up to him. He volunteered for shifts others avoided. He talked about one day becoming a consultant psychiatrist, running his own practice, maybe even opening a community clinic. His life had sharpened. Pathway.

And yet, even the best-laid plans can unravel.

What no one saw, what even Daniel didn't recognise in himself, was how deeply he was internalising the pain of others. Slowly, silently, the weight of what he witnessed began pressing down on him. The sleepless nights, the trauma cases, the suicidal teens. The pressure to always be composed, professional, unshakable. He wore his white coat like armour. But inside, cracks were forming.

He told himself it was just stress. That all med students felt this way.

So, when he had his first drink alone after a shift, it didn't seem like a big deal. It was just something to take the edge off to slow the thoughts that wouldn't stop spinning. He didn't know it then, but that moment would quietly mark the beginning of a long descent.

At that point, the world still saw Daniel: the future doctor. The success story. The young man destined to heal minds.

No one yet saw what he was beginning to lose, not even him.

“Healing is possible, keep trying”

“You are stronger than addiction”

“Hope, strength, courage, persistence, freedom”



## 2 FIRST TASTE

The first drink never raises alarms.

It was after a particularly long shift on acute psych. Daniel had spent the evening with a 19-year-old girl who'd been brought in by police after trying to jump from a bridge. She hadn't spoken a word, just stared blankly at the ceiling, refusing food, refusing help. He sat with her anyway, for almost an hour, saying nothing, just being there. It shook him more than he wanted to admit.

That night, when he got back to his flat, the silence hit differently. The flatmate was out. His phone buzzed with a group message: *"Pub later? Celebrate finishing week 4!"*

He didn't reply.

Instead, he walked to the small kitchen, opened the cabinet above the fridge, and found the bottle of whiskey he'd been gifted months earlier still sealed. A graduation gift from an uncle who believed in tradition. Daniel had no history with alcohol. A few drinks at social events, nothing serious. But that night, it wasn't about fun. It was about release.

He poured a little into a glass, sat on the couch, and stared at the liquid like it might offer answers.

It burned going down. But it quieted something inside. The noise. The questions. The guilt. For the first time in weeks, he felt his body relax. Muscles loosened. Breathing slowed.

*"No big deal,"* he told himself. *"It's just to unwind."*

But once that line had been crossed, it became easier to return to it. A few times a week becomes nightly. Just a glass, then two. He told himself it was normal; lots of doctors drank. No one teaches you how to process trauma in med school. No one tells you what to do with the heaviness of it all.

In the hospital, he remained focused, professional, and warm. But in the shadows of his life, he was becoming someone else, someone just trying to survive.

The thing with addiction is, it rarely shows up like a monster. It comes disguised as relief. As a reward. As control.

The lines began to blur slowly:

- A shot before an early shift, “just to feel even.”
- Turning down friends so he could drink alone.
- Losing time, waking up unsure of how much he’d had the night before.

He still performed well enough to stay unnoticed. Psychiatry placements became more intense. Suicide assessments. Sectioning patients. Watching families fall apart. He internalised it all. Smiled on the outside. It drowned quietly at night.

Sometimes he’d stand in front of the bathroom mirror and barely recognise his own eyes. He still wore the same clean lab coat. He still knew his textbook answers. But something in him was shifting — cracking under pressure.

He began avoiding calls from his mum. Stopped journaling. His room became cluttered. His face is duller.

By the end of that year, Daniel wasn’t drinking to cope anymore; he was drinking to feel normal. And though no one had said a word, deep down, he knew something was wrong.

But admitting it? That would mean failure.

And Daniel wasn’t supposed to fail.

He was supposed to save people.

“Believe, fight, heal, grow, overcome”

### 3 THE SLIDE DOWN

The irony wasn't lost on him; he was training to be a psychiatrist while quietly unravelling himself.

By his fourth year of med school, Daniel had developed a routine. He kept miniatures of vodka in his backpack, neatly hidden in an old glasses case. In the hospital bathroom between rotations, he would tip a little into his coffee flask, just enough to take the edge off. His hands didn't shake as much when he did. His thoughts slowed down just enough to make eye contact feel possible.

He was still passing exams. Still praised in feedback forms. Still seen as "a rising star." But inside, he knew he was slipping.

He stopped going to the gym. Stopped replying to friends. His apartment was dim most days curtains were drawn, bottles tucked behind bookshelves. The mornings began with headaches and shame. The nights ended in blurs.

Somewhere deep inside, the voice of reason, the one that once whispered *you are going to be someone who helps people*, had grown quieter. He was being drowned out:

*Just one more drink. Then you will sleep. Then you will focus tomorrow.*

But tomorrow never brought clarity. Just deeper exhaustion.

Things began to fall apart slowly and then all at once.

#### **The First Warning Sign**

It was a Monday morning ward round. He was meant to present a new patient's case to the consultant, but he stumbled over details. He had prepared the night before, or thought he had. But the notes were patchy, and the consultant's eyes narrowed as Daniel flipped through the file, mumbling. "Daniel," she said sharply. "Did you even read this?"

He flushed. "Yes, I just, I think I mixed the names."

The consultant did not press. She moved on. But the look stayed.

That night, Daniel drank heavily. Not out of celebration. Out of shame.

## **The Missed Call**

Weeks later, his mother called three times in a row. He let them ring out. She texted: *"I miss your voice. Please call me when you can."*

He stared at the message for hours and then blocked the number.

Not because he did not love her, but because he couldn't face her hearing what he'd become.

He was no longer the son she knew, the bright-eyed boy who used to talk excitedly about neurology, or the young man who shadowed psychiatrists at age 17 just to learn. That version of Daniel was slipping further away each day.

He started skipping morning lectures. Faking migraines. Sending in sick notes. When a friend asked if he was okay, he snapped: *"I'm just tired. Mind your business."*

Truth was, he could not even remember the last time he'd gone a day without alcohol.

He sat in bed at night, staring at the ceiling, wondering *how I end up here?* The answer always eluded him. Only the cravings did.

## **The Day It Got Real**

Then came the day he showed up to a rotation late, visibly hungover. A nurse noticed. Quietly reported it.

Two days later, he was summoned to the student support office. They asked him if he was okay. He lied. Smiled. Said he was "just overwhelmed" and "adjusting."

They believed him. For now.

But he could feel it: the life he had built, the future he had dreamed of, was hanging by a thread. And he did not know how to stop the fall.

He was losing control. Losing himself.

But he could not admit it.

Admitting it meant saying what he dreaded most: *"I need help."*

## 4 ROCK BOTTOM

It wasn't one moment that broke him. It was all the small ones, stacked silently on top of each other, until the weight became unbearable.

Daniel had lost track of how many lectures he had missed. He avoided friends so well that they stopped asking. His flat smelled of stale alcohol and unwashed clothes. The fridge was nearly empty, with only a half-eaten takeaway and a bottle of cheap wine.

He still checked the university portal now and then. Deadlines passed. Feedback unread. Assignments marked as "incomplete." He barely reacted anymore. **The Collapse**

It was a Friday when it finally came crashing down.

He had been drinking since the night before, barely sleeping, convinced he could "sober up" in time for a presentation. But his hands shook as he tried to button his shirt. His face looked grey in the mirror. His eyes were glassy.

Still, he went.

Halfway through the presentation, he froze. The words vanished from his mind, and a loud ringing filled his ears. The room swam. A fellow student whispered, "Mate, are you okay?"

He mumbled something incoherent and walked out straight into the corridor, then out the door, then into the nearest pub at 11:00 a.m.

Three hours later, he was found slumped in a booth, semi-conscious, by two of his peers who had come looking for him. The bartender had nearly called an ambulance. His breath reeked of spirits. He couldn't remember how he got there.

The university was contacted. An urgent meeting was arranged with student support.

This time, he didn't lie. He did not have the strength.

He cried in the office. Long, silent tears that would not stop. The counsellor didn't say much at first. Just sat with him. And finally asked:

"Do you want help?"

He did not answer right away. But he nodded.

And that broken, humiliating, exhausted nod was the first honest thing he had done for himself in a very long time.

### **The Aftermath**

His university record was paused. He was granted a leave of absence on medical grounds. There was talk of termination, but the counsellor advocated for him on the condition that he sought treatment immediately.

Daniel had never felt so ashamed.

He called his mother from the clinic waiting room. She answered on the first ring.

“Mum,” he said, his voice trembling, “I’m not okay.”

There was silence. Then she whispered, “I know. Come home.”

That night, for the first time in months, he did not drink. He cried instead in his childhood bedroom, with the door shut and the curtains drawn. He did not know what would come next. He only knew he could not go back.

Not to who he was. Not to who he had become.

And somewhere in the quiet of that night, buried under the guilt, a new thought emerged:

*Maybe... this could be the beginning.*

“You can overcome this challenge”

## 5 THE WAKE-UP CALL

The rehab centre did not look like what he had expected.

It was not cold or clinical. No white coats. No padded rooms. Just a quiet, low building on the outskirts of town, surrounded by trees that were beginning to turn gold in the early autumn light. It looked more like a retreat than a hospital — and maybe that's what Daniel needed.

Still, when he walked through the door, everything in him screamed to turn back.

He had not spoken much on the drive over. His mother sat beside him in silence, her eyes red from crying. When they arrived, she took his hand, the same hand that had once wrapped around her finger as a toddler, and whispered,  
*"Please, just try."*

He gave a small nod. Just try.

That was the only thing he could promise.

### **The First 72 Hours**

They called it detox. Daniel called it hell.

His body rebelled almost immediately. Sweats, tremors, nausea. Time blurred. Nights stretched into eternity. He had never realised how deeply the alcohol had rooted itself into his system until it was ripped away.

But even worse than the physical pain was the emotional flooding.

Shame came first. Then guilt. Then fear. He wrote with trembling hands: *"I'm lost without alcohol." I don't know if there's anything left.*

The staff were kind but firm. No self-pity. No denial. Every patient had their story. Every patient had their scars. Daniel was not special. That was hard to accept and oddly comforting too.

He shared a room with a man named Chris, 40s, recovering from a heroin addiction. Chris did not talk much, but one night, after Daniel confessed he felt like a fraud, a med student who couldn't even save himself, Chris looked at him and said:

"We all think we are too smart to end up here. But addiction does not care who you are."

That line stayed with him.

## **Group Therapy**

On the fifth day, he was asked to speak in a group session.

His heart pounded as he stared at the floor, words caught in his throat. Then he heard himself say, “I was training to be a psychiatrist. I thought I was supposed to help people... but somewhere along the way, I stopped helping myself.”

A pause. Then nods around the circle. One woman whispered, “Same.”

He was not alone.

He came to understand that he wasn’t alone in breaking through something.

## **The Mirror Moment**

A week later, Daniel looked at himself in the bathroom mirror.

He looked... tired. But alive. More alive than he had been in months. His skin had a little more colour. His eyes, a little less hollow.

He did not like what he saw, not yet. But for the first time, he did not flinch from his own reflection.

He said aloud, “I want to get better.”

And this time, he meant it.

Daniel was not healed. Not even close. But the fog had started to lift. The cravings had not disappeared, and the regret still hung heavy on his chest. But he had taken the first step.

And in recovery, that is everything.



## 6 WALKING INTO REHAB

For the first week, Daniel thought rehab was about not drinking.

By the second, he realised: **sobriety and recovery were not the same thing.**

Not drinking was just the surface. The real work was digging through everything underneath it: the shame, the trauma, the loneliness, the impossible expectations he had carried like a second skin.

It started in therapy.

### "Tell Me Why You're Here"

Angela, his assigned therapist, had kind eyes but no time for excuses. During their first one-on-one session, she asked simply, "Why are you here, Daniel?"

He gave the usual line: *"I couldn't manage my drinking anymore."*

Angela nodded slowly, then asked, "Why did you start?"

That question hung in the air like smoke.

He had not thought about that. Not really.

He shrugged. "Stress, I guess. Medical school is brutal."

She did not react.

He added, "I was seeing some really dark cases, psych patients, trauma, suicide attempts. I did not know how to process it. So, I... numbed it." Angela leaned in slightly. "What part of you were you trying to silence?"

Daniel blinked.

He opened his mouth to answer and nothing came out.

That was the first time he realised he had no idea how much he had buried.

### The Journals

They encouraged journaling at the centre, and at first, Daniel resisted. He had always been a thinker analytically, structured, not emotional. But eventually, late at night, he picked up the pen and wrote:

- *I feel like I failed before I even started.*
- *Sometimes I miss who I used to be.*

- *I am scared there's nothing left to recover.*

He did not read the entries back. Just wrote them and let them bleed onto the page.

That was a kind of healing.

### **Peer Accountability**

Twice a week, they held peer check-ins. Everyone was required to share something they were struggling with.

Daniel listened more than he spoke. He heard stories of childhood abuse, of losing custody of kids, of years in and out of jail. People who had lost everything and were still trying.

One night, a man stood up and said, *"This place is not where we break. It is where we find the pieces."*

Daniel did not cry, not then, but something inside shifted. It was the first time he stopped seeing rehab as punishment, and started seeing it as *mercy*.

### **Letter to His Future Self**

One assignment changed him more than he expected: Write a letter to yourself, six months from now, sober.

Daniel stared at the blank page for hours. Finally, he began:

*"I hope you have forgiven yourself. I hope you have stopped pretending you have to carry everything alone. I hope you have found a way to feel again — even when it hurts."*

He carefully folded the letter before handing it to Angela, who placed it inside an envelope and sealed it. With a warm smile, she said, "You'll read this when it's time for you to go."

For the first time, *leaving* felt possible.

Daniel was not cured. He knew there would be cravings. Triggers. Days where the shame would come knocking again.

But for the first time in a long time, he believed this: **he could live a different life.**

And maybe just maybe he could still become the kind of doctor who not only understood brokenness, but had walked through it himself

## 7 FACING DEMONS

The hardest part of recovery was not the withdrawal.

It was not the cravings, the headaches, or even the shame.

It was sitting with the pain without trying to escape it.

By his third week in rehab, Daniel had stopped counting the days. His body had begun to stabilise. His mind, however, was a battlefield. Without alcohol numbing everything, old memories surfaced like bruises after a storm: moments he had buried, conversations he'd rewritten, feelings he had pushed so far down that he'd forgotten they were there.

The deeper work had begun.

### **The Identity Mask**

In one session, Angela challenged him directly.

“You’ve spent your life performing, haven’t you?”

Daniel frowned. “Performing?”

“Being the ‘good son.’ The ‘gifted student.’ The ‘strong one.’ It sounds exhausting.”

He blinked. She was right. It *was* exhausting.

Daniel had always worn achievements like armour. Top of his class. Volunteering on weekends. Smiling when he wanted to scream. In his family, success was not celebrated, it was expected. There was no space for weakness. No room for failure.

So, when the pressure built, he did not ask for help. He poured a drink. Not because he didn’t care, but because he didn’t know how to be *seen* without the mask.

Now, in the safety of this place, he was finally learning that healing required *honesty* and honesty was terrifying.

### **The Father Wound**

It happened unexpectedly during group therapy.

Another resident spoke about never feeling good enough for their father, and Daniel broke. He did not cry often, but that day, something cracked open. Words tumbled out before he could stop them:

“My dad never said he was proud of me. Not once. Not when I got into medical school. Not when I won awards. Nothing. Just silence. And now... I think I have spent my whole life trying to earn words that might never come.

The room was quiet.

One of the older residents placed a hand on his shoulder and said, *“That kind of silence is its own kind of violence.”*

Daniel nodded through tears. He had always told himself he was “fine,” that it did not matter. But it did. It mattered more than he had ever admitted.

That night, he wrote: *“I needed validation to breathe.” And it nearly killed me.”*

## **Letters That Were Not Sent**

Another therapy task: write a letter to someone who hurt you and don’t send it.

Daniel wrote to his father. Then to himself.

The letter to his dad was angry, years of resentment released in ink. But the letter to himself... that one was harder.

It began:

*“I am sorry I abandoned you. I should have protected you. I should have let you rest. I should have told you it’s okay to not be perfect.”*

By the time he finished, he was sobbing. Not out of weakness but relief. Like exhaling after holding his breath for years.

## **The Confession**

In his final one-on-one before discharge planning, Angela asked: “What scares you most about leaving?”

Daniel didn’t hesitate. “That I’ll forget who I am when I go back. That I will slip into pretending again.”

Angela smiled gently. “Then do not pretend. Live as the person who came out of this place, not the one who walked in.”

He nodded slowly.

He wasn't healed. But he was waking up.

Daniel was beginning to understand that addiction was not just about alcohol.

It was about pain. Pressure. Perfectionism. And the silent belief that he was not allowed to be human.

Recovery was not fixing all of that overnight. It was facing it. One demon at a time.

“Recovery is possible. Stay strong”

“You deserve a better life”

“Keep going; change is possible”

## 8 THE SLOW CLIMB

The drive home from the rehab centre felt longer than the drive there.

Daniel sat in the passenger seat, staring out the window, hands resting in his lap like they did not know where to belong. The trees outside blurred into one another. His mother glanced at him from time to time but said nothing. She did not need to. The silence between them now felt warmer, safer, not loaded with fear, but with space.

He was going home.

But everything had changed.

### Back in the Real World

The first morning back, Daniel woke up before sunrise. No hangover. No cravings. Just stillness and a sharp, unfamiliar awareness of everything: the creak of floorboards, the smell of old books in his childhood room, the sound of his mother boiling water downstairs.

For a moment, he felt like a guest in his own life.

He found the AA meeting schedule online that afternoon and marked the nearest one in red on his calendar. Part of him hated how “routine” he now had to be. Schedules. Meetings. Check-ins. It felt restrictive.

But another part, the part that had nearly lost everything, understood that *discipline was now survival*.

His therapist in rehab had called this stage “The Grind.” The novelty of recovery was gone. What remained was **the long, daily choosing** of a new life. And it was not glamorous.

### Cravings and Triggers

They did not tell him in rehab how many smells and sounds would trigger him. The faint smell of antiseptic in the GP's waiting room reminded him of hospital corridors and with it, the pressure to be perfect. The pop of a bottle cap opening at a cousin's birthday made his stomach twist.

And when he passed the corner pub on his way to the pharmacy, he caught himself slowing down as if his body still remembered it as a place of comfort.

But now, instead of going inside, he walked past. Not quickly. Not defiantly. Just... steadily.

That was progress.

## **Rebuilding Trust**

His mother was gentle but guarded.

She left him space, did not hover, didn't pry. But Daniel noticed the way her eyes searched his face when he came home late from meetings. How her voice tensed slightly when he said he was "fine."

She wasn't trying to accuse him — she was learning how to trust him again.

And Daniel? He was learning how to be trustworthy.

He called his university's support team. Asked about re-enrollment. They told him it would take an evaluation, another report, and a formal case review.

He expected resistance.

Instead, the student advisor said, "You are not the first. And you will not be the last. Take the time you need. Your life is bigger than this one chapter."

He hung up the phone and cried.

Not because of sadness. But because someone still saw potential in him even now.

## **Living With Himself**

Late at night, he would sit with a cup of tea and read his own journal entries from rehab. He saw in them a version of himself he didn't want to forget, not the brokenness, but the honesty. The rawness. Humanity.

He had not had a drink in 41 days.

It did not feel like a victory parade. It felt like a quiet, necessary act of rebellion — *against his former self, against silence, against shame.*

Some days were light. Others were heavier.

However, each day he maintained his sobriety, he marked his calendar with one line: **"Still here."**

Recovery was not loud. It was not glorious.

It was **ordinary**. Quiet. Daily.

And for Daniel, that was enough. For now.

“Strength grows with each step”

“Courage will guide your recovery”

“Every day brings new hope”

“Freedom is within your reach”



## 9 NEW IDENTITY

He never thought he'd return.

Not to medical school. Not to the hospital. Not to the world where he once wore his ambition like a badge and his burnout like a secret.

But six months after stepping through the doors of rehab, Daniel stepped into a quiet university office with a folded letter in his hand, a personal statement requesting re-entry. Not full-time, not with bravado, but with honesty.

He was accepted on academic probation. No one guaranteed success. No one offered shortcuts.

But they gave him a chance.

And this time, Daniel walked in as a different man.

### **A New Beginning**

His first week back on placement, he shadowed a psychiatrist at a small outpatient clinic. The setting was familiar whiteboards, clipboards, and early morning coffee. But this time, Daniel was paying attention to more than case notes.

He was listening to *people*.

One patient, a middle-aged man with severe anxiety, sat trembling as he spoke about how ashamed he felt for not being able to work. Daniel sat in that room and understood. Not from a textbook, but from his own skin.

After the session, the consultant turned to him and said, "You had a calming effect on him. That's not something you can teach."

Daniel nodded, quietly.

### **Not Who He Was, Not Yet Who He Will Be**

Rebuilding trust with his lecturers took time. He did not expect their sympathy. He did not want it. But when one of his former tutors pulled him aside after a seminar and said, "It's good to see you back," it meant more than he could express.

He was still cautious. Still vigilant. He carried recovery like a compass, always checking his bearings.

- Morning meditation.
- Weekly support group.
- Limited socialising.
- Journaling every night.

He was not “normal.” He did not want to be. He wanted to be *aware*.

He did not talk about his addiction to anyone. But he didn’t hide from it either. When another student mentioned struggling with stress and “feeling like a fraud,” Daniel did not give advice.

He said, “I get that.”

That alone was enough.

### **A New Mission**

It was during a lecture on trauma-informed care that the spark reignited.

The professor said, *“Some of the best clinicians are the ones who’ve lived through the very pain they treat, not because they’re experts in suffering, but because they know how to listen without fear.”*

Daniel did not take his eyes off the board.

That was it.

That’s who he wanted to become.

Not just a psychiatrist.

But one who *understood*.

Not one who fixed people. But one who **sat with them until they could start fixing themselves.**

### **Opening the Letter**

One evening, after a long day on placement, Daniel found the sealed envelope Angela had given him at the end of rehab, the letter he’d written to his future self.

Hands slightly trembling, he opened it.

Finding True Pathway

*"I hope you've forgiven yourself. I hope you have stopped pretending you have to carry everything alone. I hope you have found a way to feel again, even when it hurts."*

He folded it gently and placed it in his notebook.

He smiled, not because it was easy.

But because *it was true*.

Daniel was no longer the golden boy of medical school.

He was something else now. Something real.

A survivor. A student. A healer in progress.

His past had not disqualified him.

It had shaped him.

"Strength comes from facing challenges"

"Every step forward matters greatly"

"Hope and courage will guide"

## 10 STILL CLIMBING

Recovery did not end when Daniel left rehab. It did not end when he returned to university. It did not even end when he passed his board exams.

Recovery is an ongoing choice made each day quietly.

### **The Temptation Never Vanishes**

The cravings were not gone.

They did not roar like they used to, but they still whispered.

At a friend's graduation dinner, someone passed him a glass of champagne. For a second, Daniel reached for it automatically, the way he used to reach for a stethoscope, like it was second nature.

Then he stopped.

He smiled politely and said, "No thanks." It was not dramatic. No one asked questions. The moment passed. But for Daniel, that quiet *no* was a victory.

He learned that temptation does not always come in crisis, sometimes, it comes in the form of comfort. Nostalgia. Celebration. And he had to be ready.

### **Old Wounds, New Strength**

He still had not spoken to his father.

They exchanged polite texts, sometimes birthdays, holidays, and surface-level check-ins. But Daniel no longer hoped for an apology. He had stopped needing it to move forward. One afternoon, he wrote in his journal:

*"Some wounds stay open, but they stop bleeding."*

He had made peace with not being understood by everyone. What mattered now was understanding himself.

### **Helping the Ones Who Are Still Lost**

At a student-led mental health forum, Daniel was asked to speak. He considered saying no. He did not want attention, and he was not interested in being the poster child for recovery. But something in him said: *They need to hear it.*

He stood in front of fifty students, most of them exhausted, overwhelmed, barely holding it together just like he once had. And he said:

"I nearly drank my way out of this career. Out of my life.

I thought asking for help meant            I            was weak.

But what I have learned is that strength isn't about how much you carry, it's about knowing when to set things down."

The room was silent.

Then someone clapped. And another. And then, slowly, the whole room. Afterwards, a student approached him, tearful, and said, "Thank you. I've been hiding too." Daniel nodded and placed a hand on his shoulder. "You don't have to anymore."

## **The Climb Continues**

There were still hard days. Nights when the loneliness crept in. Mornings when he questioned his worth  
Moments when he looked in the mirror and saw the version of himself he used to be.

But now, he had tools. Community. Purpose.

He went to meetings. He journaled. He took time for silence, for walks, for real conversations. And slowly, the man he was becoming steady, sober, self-aware and began to feel like home.

Recovery did not mark the endpoint. It was a path. A slow climb. And every day Daniel chose that path, he proved one thing not to the world, but to himself:

## 11 A MESSAGE TO THE READER

**Dear You,**

If you're reading this, you've felt it too, that quiet ache.

The kind that hides behind your smile.

The kind that whispers, "*You're not enough.*"

Maybe you've woken up at 3 a.m., wondering how you got here. Maybe you've looked in the mirror and not recognised the person staring back. Maybe you've tried to numb the pain with a drink, with a pill, with silence.

I know that feeling. I lived there for a long time.

I thought I was too far gone to come back.

I thought asking for help meant failure.

I thought recovery was for *other* people, the broken ones.

What I didn't realise was this:

**You do not have to be at the bottom to start climbing. You just have to stop digging.**

And even if you *are* at the bottom, there's still a way out.

I know because I found one.

And it started with a single, terrified whisper: **"I need help."**

If you are struggling right now, I'm not here to tell you it gets easy. It doesn't. Recovery is messy. Lonely. Sometimes it's boring. Sometimes it's beautiful. But it is possible.

And more than that. It is *worth it*.

Every honest conversation.

Every temptation you walk past.

Every meeting you show up to when you'd rather stay in bed.

It matters. You matter.

Not because of what you have achieved.

Not because you're strong, successful, or put-together.

You matter because you're human.

Because you're here.

Because even after everything, you're still breathing.

Finding True Pathway

I don't know your full story. But  
I do know this:

You are not broken beyond repair.  
You are not alone.  
And you are not done. Keep  
going.

With you on the climb, **Dani**

“Recovery begins with small steps”

“You are stronger than challenges”

“Each day offers new hope”

“Courage and patience bring change”

“Believe in yourself and persevere”

## Summary

### **A powerful story of collapse, courage, and the long fight back to life.**

Daniel had everything people admire: talent, discipline, and a future in medicine. But beneath the surface, pressure he never learned to manage slowly pushed him toward alcohol and self-destruction. What began as a way to cope became the very thing that threatened his future, his identity, and his life.

When everything finally fell apart, he faced the truth he had avoided for years. What followed was not a dramatic transformation, but a slow, honest climb up from rock bottom—one choice, one step, one moment at a time.

**Finding True Pathway** is a raw, relatable journey through addiction and recovery. It explores the emotional weight people often hide behind their accomplishments, the shame of slipping under the surface, and the strength required to rebuild themselves from the inside out.

This book is for anyone who feels overwhelmed, stuck, or afraid to ask for help. It stands as a reminder that no matter how far you've fallen, healing is possible and your story isn't over.

**Title:** *Finding True Pathway: A Journey Through Addiction, Breakdown, and the Fight for Recovery*

*Olafusi Omotiba*

“You Can Make It To The End”



## UNDERSTANDING ADDICTION

Addiction is a complex and often misunderstood condition that transcends simple habits or moral failings. At its core, addiction is a chronic, relapsing disorder characterised by the compulsive pursuit of a substance or behaviour, despite severe and mounting negative consequences for an individual's health, relationships, and life. It represents a profound loss of freedom, where the drive to engage in addictive activity overpowers the inherent desire for well-being and connection.

This condition can manifest in many forms, from dependence on substances like drugs and alcohol to behavioural compulsions involving gambling, digital media, or pornography. What unites these varied expressions is their ability to hijack the brain's natural reward and motivation systems. Through repeated exposure, addiction can rewire neural pathways, weakening self-control, distorting judgment, and creating powerful cravings that can feel all-consuming. Understanding addiction requires moving beyond stigma and recognising it as a multifaceted interplay of biology, psychology, environment, and social factors. It is not a choice, but rather a progressive condition where initial voluntary use shifts into a compulsive need. By exploring its mechanisms, manifestations, and impacts, we can foster greater compassion, develop more effective interventions, and support the difficult journey toward recovery. This understanding is the first, crucial step in addressing one of the most challenging human experiences with both clarity and empathy.

### Causes of Addiction

#### 1. Biological Factors

- Genetic vulnerability increases susceptibility.
- Brain chemistry involving dopamine and stress systems can make certain people more prone to dependence.

#### 2. Psychological Factors

- Unresolved trauma, anxiety, depression, and emotional dysregulation commonly lead individuals to self-medicate.
- Poor coping skills make addictive behaviours feel like the quickest escape.

#### 3. Social and Environmental Factors

- Peer influence, unstable family environments, and exposure to addictive substances or behaviours increase risk.
- High-stress environmental poverty, violence, or academic pressure also contributes.

#### **4. Cultural and Structural Factors**

- Normalisation of alcohol, gambling, or digital habits can blur the line between use and misuse.
- Weak social support systems allow risky behaviour to escalate unchecked

### **Effects of Addiction**

#### **1. Physical Effects**

- Withdrawal symptoms, weakened immunity, organ damage, and increased risk of accidents.
- Behavioural addictions may not damage organs directly but still disrupt sleep, nutrition, and general health.

#### **2. Psychological Effects**

- Worsening anxiety, depression, panic disorders, paranoia, and cognitive decline.
- Constant guilt and shame reinforce the cycle.

#### **3. Social Effects**

- Breakdown of relationships, isolation, financial instability, and poor academic or work performance.
- Loss of trust creates lasting emotional consequences for families and communities.

#### **4. Economic and Societal Effects**

- Reduced productivity, increased demand on healthcare systems, and higher crime rates.
- Governments bear high costs through rehabilitation and law enforcement

### **Warning Signs and Early Indicators**

Recognising the early warning signs of addiction is crucial for timely intervention. While these signs can vary depending on the individual and the substance or behaviour, they generally fall into several key categories. If you notice a consistent pattern of these signs in a loved one, it may be an indication of a developing problem.

#### **Physical Signs**

- **Changes in Appearance:** Neglected hygiene, a dishevelled look, or a sudden lack of concern for personal appearance.
- **Weight Changes:** Significant and unexplained weight loss or gain.
- **Sleep Pattern Changes:** Insomnia, sleeping at odd hours, or constant fatigue.

## Finding True Pathway

- Eyes: Bloodshot eyes, pupils that are larger or smaller than usual.
- Physical Health: Frequent illnesses, unexplained injuries, or a general decline in health.
- Withdrawal Symptoms: Tremors, nausea, sweating, or other flu-like symptoms when not using the substance.

### **Behavioral Changes**

- Secrecy and Dishonesty: Lying about substance use, hiding stashes of drugs or alcohol, or being evasive about their whereabouts.
- Loss of Interest: Abandoning hobbies, activities, or friendships that were once important.
- Financial Problems: Unexplained need for money, borrowing or stealing, or selling possessions.
- Changes in Social Circles: Suddenly spending time with a new group of friends and pulling away from old ones.
- Neglecting Responsibilities: A decline in performance at work or school, or a failure to meet family and personal obligations.
- Risky Behaviour: Engaging in dangerous activities, such as driving under the influence, having unsafe sex, or sharing needles.

### **Emotional Indicators**

- Mood Swings: Unexplained periods of irritability, anger, anxiety, or depression.
- Defensiveness: Becoming angry or defensive when confronted about their substance use.
- Apathy: A general lack of motivation, energy, or emotional response.
- Blaming Others: A tendency to blame other people or circumstances for their problems.

### **Social Withdrawal Patterns**

- Isolation: Withdrawing from family and friends to use the substance in private.
- Avoiding Events: Skipping family gatherings or social events where substance use would be difficult or impossible.
- Strained Relationships: An increase in conflict, arguments, and tension with loved ones.

## Solutions and Interventions

### A. Family Interventions

- **Early observation and honest conversation:** Families often notice warning signs first; addressing them calmly and factually is essential.
- **Setting boundaries:** Clear consequences without hostility help prevent enabling.
- **Emotional support combined with accountability:** Both are necessary; too much sympathy without structure worsens dependence.
- **Encouraging professional help:** Families should push for assessment by therapists or medical professionals when needed.

### B. School Interventions

- **Education programs:** Evidence-based content about risks of substance and behavioural addiction.
- **Early screening:** Teachers are often the first to notice behavioural shifts; timely referral matters.
- **Strengthening life skills:** Stress management, critical thinking, emotional regulation, and healthy peer interaction reduce vulnerability.
- **Counselling services:** Access to trained counsellors reduces the need for students to rely on destructive coping mechanisms.

### C. Church or Faith-Based Interventions

- **Spiritual counselling:** Can give moral grounding and a sense of community.
- **Support groups:** Accountability circles or recovery ministries offer stability and companionship.
- **Practical assistance:** Churches can help with rehabilitation referrals, mentorship, and follow-up support.
- **Boundary setting:** Effective faith communities avoid preaching without offering practical tools; both are necessary.

### D. Government Interventions

- **Public health campaigns:** Accurate information reduces stigma and encourages early help-seeking.
- **Regulation and monitoring:** Controlling access to addictive substances and enforcing age limits.
- **Accessible mental health services:** Subsidised counselling, rehabilitation centres, and community outreach programs.
- **Policies addressing root causes:** Poverty reduction, safer neighbourhoods, and support for at-risk populations.

- **Research and data collection:** Evidence-driven policies are more effective than moralistic approaches.

### **E. The Victim's Own Intervention**

Recovery ultimately depends on the individual's engagement. External support cannot replace personal action.

#### **Key steps include:**

1. **Acknowledging the problem:** Denial prolongs harm; honesty is the first gate to recovery.
2. **Seeking professional help:** Therapy, medical treatment, or rehabilitation when necessary.
3. **Building new routines:** Replacing addictive behaviour with healthier habits, exercise, structured schedules, and skill-building.
4. **Avoiding triggers:** Changing social circles, deleting apps, or altering environments that reinforce the habit.
5. **Developing coping skills:** Learning to manage stress, conflict, and emotions without relying on addictive outlets.
6. **Continuing long-term support:** Recovery is not a one-time event. Support groups, check-ins, and accountability help prevent relapses

Addiction is a complex interaction of biology, psychology, environment, and society. Its effects are far-reaching, damaging individuals and entire communities. Effective solutions require a combination of personal responsibility and external support systems. Families, schools, religious institutions, and governments all play significant roles, but recovery depends heavily on the individual's willingness to seek change and maintain healthier habits.

“Stay committed; recovery is achievable”

## Glossary

### **1. Addiction**

A chronic pattern of compulsive use of a substance or behaviour despite harmful consequences.

### **2. Dependence**

A state where the body or mind adapts to a substance or behaviour, making it difficult to function without it.

### **3. Withdrawal**

Physical or psychological symptoms that occur when a person stops using an addictive substance or behaviour.

### **4. Tolerance**

A reduced response to a substance over time, leading the person to use more to achieve the same effect.

### **5. Trigger**

Anything—such as a place, person, emotion, or memory—that increases the urge to use a substance or engage in an addictive behaviour.

### **6. Relapse**

Returning to an addictive behaviour after a period of improvement or abstinence.

### **7. Intervention**

Actions taken by family, school, professionals, or the individual to stop or reduce addictive behaviour.

### **8. Rehabilitation (Rehab)**

A structured treatment program designed to help someone recover from addiction.

### **9. Counselling**

A professional, therapeutic process that helps people understand and manage their thoughts, emotions, and behaviours related to addiction.

### **10. Support System**

A group of people, family, friends, mentors, or community, who provide emotional and practical help during recovery.

### **11. Coping Skills**

Healthy techniques used to manage stress, emotions, or difficult situations without turning to addiction.

### **12. Peer Pressure**

Influence from friends or social groups encourages risky or addictive behaviours.

### **13. Self-control**

The ability to regulate one's actions, emotions, and impulses, crucial for resisting temptations linked to addiction.

### **14. Prevention**

Strategies designed to reduce the chances of developing an addiction, such as education, regulation, and life-skills training.

## **15. Recovery**

A long-term process of overcoming addiction, rebuilding health, and maintaining new habits.

“You can rebuild healthier habits”

“Recovery is possible, keep going”

“You have the strength to recover”

“You are capable of change”

## 50 MULTIPLE-CHOICE QUESTIONS (MCQ)

**1. What early behaviour showed Daniel's interest in medicine?**

- A. Reading anatomy books
- B. Asking nurses questions at his grandmother's bedside
- C. Practising injections on fruit
- D. Watching medical documentaries

**2. Why did Daniel choose psychiatry during medical school?**

- A. It required fewer hours
- B. He found it the most human part of medicine
- C. His parents encouraged it
- D. It was the easiest speciality

**3. Which family tragedy shaped Daniel's passion for mental health?**

- A. His mother fell ill
- B. His cousin Michael died after struggling with depression
- C. His father had a stroke
- D. His brother became addicted

**4. What triggered Daniel's first drink alone?**

- A. Peer pressure
- B. A painful psychiatric case involving a suicidal teen
- C. Exam failure
- D. Loneliness at home

**5. Daniel initially used alcohol to:**

- A. Have fun
- B. Unwind and calm his thoughts
- C. Impress classmates
- D. Stay awake at night

**6. What behavioural shift signalled Daniel's decline?**

- A. Going to the gym more
- B. Drinking alone frequently
- C. Eating healthier
- D. Volunteering more

**7. How did Daniel hide alcohol on campus?**

- A. In a shoe box
- B. In his jacket pocket
- C. Inside an old glasses case in his backpack
- D. Under his locker



**8. What happened during the ward-round presentation?**

- A. He fainted
- B. He mixed up details and appeared unprepared
- C. He argued with a colleague
- D. He fell asleep

**9. Why did Daniel stop answering his mother's calls?**

- A. He lost his phone
- B. He didn't want her to hear the change in him
- C. He was angry with her
- D. He was too busy

**10. What event marked Daniel's collapse?**

- A. Failing a test
- B. Dropping out of school
- C. Being found semi-conscious in a pub
- D. Missing a seminar

**11. How did the university respond to Daniel's situation?**

- A. Expelled him
- B. Ignored it
- C. Granted him medical leave
- D. Suspended him permanently

**12. What was Daniel's first honest step toward recovery?**

- A. Telling his father
- B. Telling the counsellor he needed help
- C. Writing a letter
- D. Deleting his social media

**13. What made detox extremely difficult for Daniel?**

- A. Lack of sleep
- B. Strict diet
- C. Physical and emotional withdrawal
- D. Too many group sessions

**14. What truth did Chris tell Daniel in rehab?**

- A. "You'll get over this soon."
- B. "No one here judges you."
- C. "Addiction doesn't care who you are."
- D. "Doctors don't usually end up here."

**15. What key question did Angela ask during therapy?**

- A. "Do you want to drop out?"
- B. "Why did you start drinking?"

C. "Are you afraid of failure?"

D. "Do you want to move home?"

**16. What activity helped Daniel express feelings he suppressed?**

A. Reading

B. Journaling

C. Running

D. Drawing

**17. Which emotional wound resurfaced in group therapy?**

A. Guilt about exams

B. His father's emotional silence

C. Trouble making friends

D. A past breakup

**18. What was the purpose of the unsent letters Daniel wrote?**

A. They were going to be mailed later

B. They helped him release buried emotions

C. They became part of his student file

D. They were read to the group

**19. What was Daniel's biggest fear about leaving rehab?**

A. Losing friends

B. Relapsing on day one

C. Forgetting who he became during recovery

D. Failing academically

**20. What challenge did Daniel face immediately at home?**

A. Finding a new school

B. Feeling like a stranger in his own life

C. Conflict with neighbours

D. No access to transportation

**21. How did Daniel's mother behave during his early recovery?**

A. She ignored him

B. She hovered continuously

C. She was gentle but cautious

D. She shouted frequently

**22. How did Daniel maintain recovery at home?**

A. Sleeping more

B. Avoiding responsibilities

C. Attending meetings and sticking to routines

D. Playing video games

**23. What was Daniel's emotional reaction when the university allowed him to return?**

- A. Anger
- B. Fear
- C. Relief and tears
- D. Indifference

**24. What skill became stronger during clinical placements after rehab?**

- A. Note-taking
- B. Deep listening
- C. Physical stamina
- D. Speed in diagnosing

**25. What encouraging remark did a consultant give Daniel?**

- A. "You need to work harder."
- B. "You're behind your peers."
- C. "You have a calming effect on patients."
- D. "You should switch careers."

**26. What lecture reignited Daniel's passion for psychiatry?**

- A. Neurochemistry
- B. Trauma-informed care
- C. Medical ethics
- D. Neurology

**27. What did Daniel find inside the sealed envelope from rehab?**

- A. A discharge letter
- B. A relapse plan
- C. His letter to his future self
- D. His medical bill

**28. What did Daniel refuse at a celebration, showing strong recovery?**

- A. Cake
- B. Alcohol
- C. Coffee
- D. A ride home

**29. How did Daniel later describe emotional wounds?**

- A. "They disappear fast."
- B. "They define you forever."
- C. "Some stay open but stop bleeding."
- D. "They must be hidden."

**30. What core message did Daniel give students at the forum?**

- A. Never show weakness
- B. Addiction is uncommon

C. He almost drank his way out of his career. D. Doctors don't get addicted

**31. What is addiction?**

- A. Occasional substance use
- B. Compulsive behaviour despite harm
- C. Controlled enjoyment
- D. A mild habit

**32. What is dependence?**

- A. A desire for company
- B. A state where the body adapts to a substance
- C. A temporary craving
- D. A social habit

**33. What is withdrawal?**

- A. Feeling hungry
- B. Physical and psychological symptoms after stopping use
- C. A quiet moment alone
- D. Loss of appetite

**34. What is tolerance?**

- A. Refusing drugs
- B. Needing more of a substance to feel the same effect
- C. Accepting others' views
- D. Breaking a habit

**35. What is a trigger?**

- A. Anything that increases the urge to use
- B. A medical test
- C. A medication
- D. A recovery tool

**36. What is relapse?**

- A. Starting recovery
- B. Asking for help
- C. Returning to addictive behaviour after progress
- D. Feeling bored

**37. What is an intervention?**

- A. Ignoring someone's behaviour
- B. Actions to help someone reduce addiction
- C. A celebration
- D. A punishment

**38. What is rehabilitation (rehab)?**

- A. A punishment centre
- B. A structured program for recovery
- C. A social club

D. A counselling office **39. What is counselling?**

- A. A friendly chat
- B. Professional therapy to manage emotions and behaviour
- C. A medical test
- D. A school interview

**40. What is a support system?**

- A. People who encourage addiction
- B. A group providing emotional and practical help
- C. A phone service
- D. A school club

**41. What are coping skills?**

- A. Bad habits
- B. Techniques to manage stress in healthy ways
- C. Avoiding problems
- D. Sleeping more

**42. What is peer pressure?**

- A. Forcing yourself to change
- B. Influence from friends encouraging risky behaviour
- C. Encouragement from teachers
- D. Parental advice

**43. What is self-control?**

- A. Acting on impulse
- B. Regulating thoughts and behaviours
- C. Doing whatever feels good
- D. Avoiding responsibilities

**44. What is prevention?**

- A. Strategies that reduce the chance of addiction
- B. Encouraging unhealthy habits
- C. Waiting for problems to occur
- D. Ignoring risks

**45. What is recovery?**

- A. A one-day change
- B. A long-term process of rebuilding life after addiction
- C. A short treatment
- D. A punishment

**46. What daily practice helped Daniel stabilise recovery at home?**

- A. Drinking herbal mixtures
- B. Marking his calendar, "Still here"
- C. Taking long vacations
- D. Eating more snacks

**47. What emotion did Daniel feel when speaking at the mental health forum?** A. Pride and ego

B. Anger

C. Nervous honesty

D. Indifference

**48. What helped Daniel reconnect with purpose during training?**

A. A new textbook

B. A trauma-informed care lecture

C. A new roommate

D. A long break

**49. What did Daniel learn about asking for help?**

A. It means weakness

B. It destroys reputation

C. It is a necessary type of strength

D. It should be avoided

**50. By the end of the story, Daniel becomes:**

A. A perfect student

B. A healer shaped by experience and recovery

C. Someone who quits medicine

D. Someone who hides his past

“One step at a time”

“You can overcome this struggle”

“Healing is possible, stay persistent”

## ABOUT THE AUTHOR

Olafusi Omotiba is a public health pharmacist and mental health advocate dedicated to supporting individuals facing addiction and emotional challenges. With experience in pharmaceutical care, Project Management, Business Analysis, drug-abuse prevention, community outreach, and counselling, he focuses on telling practical stories that illuminate the realities of recovery.

His writing aims to give voice to the silent struggles many people face and to encourage those in difficult seasons to seek help, embrace growth, and reclaim their lives. *Finding True Pathway* is part of his commitment to helping people understand that recovery is not only possible, but can also lead to a stronger, clearer, and more compassionate version of themselves.

**ANSWERS (QUESTIONS 1–50)**

1. B
2. B
3. B
4. B
5. B
6. B
7. C
8. B
9. B
10. C
11. C
12. B
13. C
14. C
15. B
16. B
17. B
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19. C
20. B
21. C
22. C
23. C
24. B
25. C
26. B
27. C
28. B
29. C
30. C
31. B
32. B
33. B
34. B
35. A
36. C



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- 37. B
- 38. B
- 39. B
- 40. B
- 41. B
- 42. B
- 43. B
- 44. A
- 45. B
- 46. B
- 47. C
- 48. B
- 49. C
- 50. B