



Recovery Communities

Opinion by [Denis Joe](#) April 2012

For most of my life I have had a *problem* with booze, and if I was generous about anything, it was about sharing that problem with friends and relatives. My employability was questionable and I lost many jobs through my desire for alcohol. I failed in all my personal relationships and spent time on the street. My last months of drinking were a routine of downing three bottles of vodka a day without any food, aside from the occasional bag of crisps.

I am not saying this as a *share* at an Alcoholics Anonymous (AA) meeting, but because I was eventually made to do something about my drinking and went into *rehab*

in Liverpool. This brought me into a very strange world, that few are familiar with, but which is ever encroaching into public life:

The Recovery Community

The **Recovery Community** is nothing new. In many parts of the USA, groups of alcoholics and/or addicts have formed and meet in their hundreds in what are known as **the rooms**

. 'The Rooms' are where

Alcoholics Anonymous

, and its various offshoots, hold their meetings, and people who see themselves as having a problem with a substance get together to tell their stories (sharing) and read from the 'Big Book' which is the textbook of

Narcotics Anonymous

(NA)

and

Alcoholics Anonymous

(these being the two largest groupings). Central to the groups are

[12 Steps and Traditions](#)

. Although the founders of AA, 'Doctor Bob' and 'Bill W' held that anyone, regardless of religious belief was welcome, though it will be obvious to anyone with a passing understanding of Christian (particularly Catholic) tenets that it is this specific faith that informs the philosophy of the 12 Step movement.

Alcoholics Anonymous

The irrationality of addiction has been well documented, and one of the greatest accounts is a Billy Wilder film from 1945 called *Lost Weekend*, which, like many of the studies, gives no answer to the whys and wherefores of addiction, but certainly illustrates the irrationality (what AAers call *The Insanity*) of the alcoholic.

That the organisation began on the understanding of anonymity ("What you hear in the rooms stays in the rooms") is understandable. That individuals should publicly announce their addiction would be foolish as it would jeopardise relationships and social life as well as employability. In contrast to today, the founders of AA understood that social prejudice was understandable, and

whilst they understood alcoholism and addiction as a disease (carrying a stigma), the emphasis was on a spiritual, rather than a physical, malady.

But like any creed that relies on faith, the original ideas became reinterpreted and changing social trends brought about new directions for the organisation. In the USA, courts began to use the AA as one of the terms for sentencing those convicted of alcohol or drug-related petty crimes (anyone who has seen the Sandra Bullock Film *28 Days* has my sympathy, but it does illustrate a common practice). This meant that some people were forced to attend meetings, running counter to the voluntary assumptions that underpin the original movement.



There have been occasions when membership of AA or NA has financially benefitted individuals, with a deluge of literature written by people who have passed through the AA rooms. Also there are many 'rehab's that are set up by AAers and work on the 12 Step philosophy. The 12th Step of the AA states:

Having had a spiritual awakening as the result of these steps, we tried to carry this message to other addicts, and to practice these principles in all our affairs.

It is not uncommon to attend a conference and find speakers who have been flown in from the USA, at great expense, to deliver a lecture that could have been delivered just as well by someone from the UK. And those members of AA who have written books or opened rehabs might justify doing so by quoting the 12th Steps, and suggest the fact that they make a living out of it is incidental.

The Failure of The Medical Approach

Whilst this approach to alcoholism and addiction 'recovery' has been going on for a while in the USA, the phenomenon is relatively recent in the UK. Treatment for alcoholism and drug addiction tended towards crisis management such as detox and methadone treatment. Rehabs were generally for the rich.

The major failing of crisis management is that alcoholics and addicts were rarely 'cured' of their malady. An alcoholic might have checked in to a detox unit for the weekend, where he would be treated with Librium and given a course of vitamin B tablets, but more often than not, the detox unit simply helped alcoholics to get over a severe hangover. Generally the alcoholic would leave the detox unit and head for the nearest off-licence. Methadone treatment simply exchanges one drug use for another and is sometimes used as a complement to the drug of choice. Moreover, Methadone can have more [destructive effects on the individual](#) than heroin or crack, and seeing someone withdraw from methadone is a very upsetting sight.

Harm reduction policy was at the centre of the 1997 New Labour government's health agenda, or the War on Drugs as it became known. Until recently, drug policy was seen as a law and order issue, particularly when it became clear that it was a factor in the rise of property theft figures [see Kathy Gyngell, [The Centre For Policy Studies](#)]. More recently, government has turned its attention to alcohol, treating it as a lifestyle issue and an issue of public disorder.

Both New Labour and the Coalition governments have had an easy ride, effortlessly using the war on alcohol to introduce the most draconian measures, limiting the rights of free speech and even movement, as 21-year-old Laura Hall discovered back in January 2011, when Kidderminster Magistrates' Court banned her from buying or drinking alcohol anywhere in England and Wales for two years. But whatever the government approach, the flaw at the centre of policy implementation was to lump all people deemed to have a problem into one category.

In 2001 the government created The National Treatment Agency for Substance Misuse (NTA). Initially the focus was centred on [Problem Drug Users \(PDUs\)](#). PDUs have largely shifted from addiction management towards abstinence-based residential and non-residential programmes. Over the past six years the NTA has also focused on those with alcohol issues. A large percentage of the NTA's focus is directed at the under-25 age group.

Labelling of Young People



The campaign around alcohol largely focuses on a certain type of drinker, namely working class youth who go out on weekend 'alcohol fuelled binges'. Disdain for the 'lower orders' can also be found even among those who oppose the minimum pricing, as the case of fashion designer Alice Temperley, whose parents own a cider farm in Somerset, recently illustrated in

[The Telegraph](#)

The labelling of young people as having a drink problem akin to alcoholism is a very disturbing view. Whilst there has been an undeniable rise in young people's consumption of alcohol, the reasons for this do not arise from some existential crisis that can be attributed to older people with drug and alcohol problems.

It is for this reason that I think the lumping together of young and old, and labelling them all as **addicts**

or

alcoholics

, is not just misguided and lazy, but is a very dangerous assumption. As Neil Davenport noted in an article in

[spiked magazine](#)

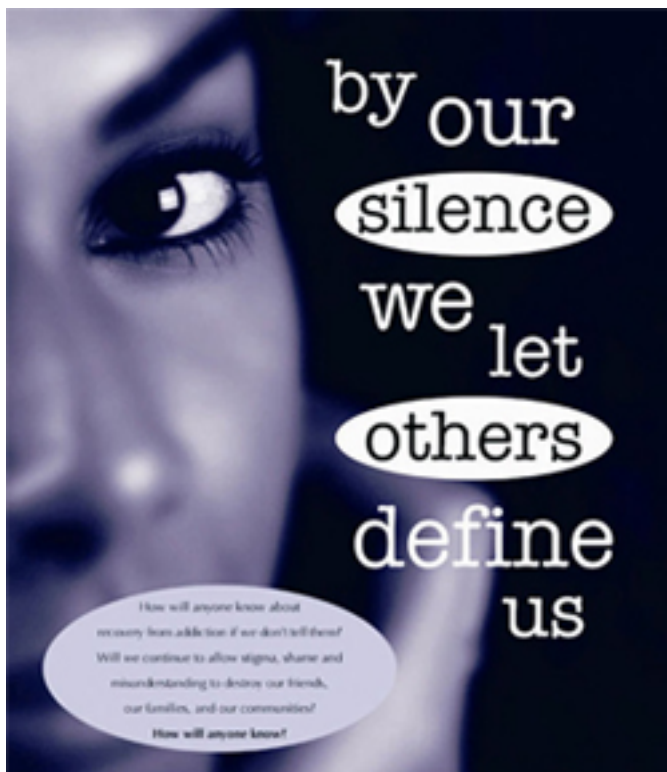
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[How] the current generation of young people reacts to the effects of alcohol is notably different from previous ones ... In fact, nothing reveals society's inadequate understanding of the human condition more than how we discuss young people and drink. Socialising the next generation into a widely agreed-upon set of values and norms was once an elementary part of adult life.

It would seem that the problem of young people and alcohol stems not from any existential crisis but from the very warped social relations that they find themselves growing up in.

The Rise of the Recovery Movement

The policy shift away from harm-reduction initiatives towards rehabilitation has overlooked the question of what a rehabilitation unit should be. Many rehabs have either been set up by members of AA or NA or provide some variation on the 12 Step philosophy to guide their therapeutic approach. AAers have been at the forefront of advising [government policy](#) at national and local level. I don't make this point to give the impression that there is something conspiratorial going on, it is simply that alcoholism and drug addiction were viewed as medical issues and the 12 Step approach tended to be the only therapeutic approach that showed any degree of success in ensuring abstinence.



Liverpool has one of the largest recovery communities in the country. The two dominant 12 Step organisations in the city are [The Park View Project](#) and [SHARP](#). Over the past five or six years both of these organisations have built up sizeable support networks of existing clients and previous clients, putting them in very strong positions. What is also impressive about these organisations is that both ensure a degree of connection with clients through a semi-formal after-care programme which involves events such as the regional five-a-side football cup, sponsored by Park View. Through the quango

Action on Addiction

SHARP

maintains a profile through such activities as street choirs and candle-lit vigils on the Metropolitan Cathedral steps.

Not all who have been through the programme are comfortable with this after-care. Whilst the five-a-side trophy and other events organised by *The Park View Project*, are accepted as social gatherings, there is some disquiet about the candle-lit vigils and street choirs, which smack of cult behaviour. Other activities, such as graduation ceremonies for getting through the 12 Step programme, are also considered suspect. Some also expressed unease when it emerged that the address of the SHARP office was being used as a contact point for a Canadian organisation, [Clearmind](#), which differs in its approach to the 12 Steps, and has no apparent connection to SHARP.

A common response among alcoholics and addicts who have ended their addiction is a sense of gratitude; this is something that was picked up in a report, by Angela Daly of Edge Hill University, for Nugent Care, called [Negotiating New Realities](#). Having ended a life in which nothing mattered except where the next hit or bottle was coming from, former addicts need to replace that with something meaningful. There is a real and understandable feeling that having spent so long sponging off others, the 'recovered' addict or alcoholic needs to pay something back (this is also another tenet of AA philosophy) and so many take up voluntary positions in charities or train as drug/alcohol support workers.

The Voice of Recovery

In itself this is a good thing. But there is an expectation in organisations (especially 12 Step) that the 'recovered' have an obligation to show their gratitude. A number of young people who

have been through SHARP have told me that they felt pressurised into attending workshops run by the Clearmind organisation and to paying up, from their own meagre benefits, for the privilege. For me this is one of the most disheartening aspects about the **recovery community**: along with the sense of achievement is the idea that being in recovery is an end in itself, and that to succeed, the person will be in constant need of therapy.

For many young people the experience of rehab is not unlike that portrayed in the comedy film *But I'm A Cheerleader*

, in that they are not aware that they have a problem, but are made to confront problems that others deem them to have. This contradicts another tenet of AA, that attendance at meetings (and so by extension, entry into rehab and treatment) must be voluntary.

What I have seen develop over the past six years in Liverpool is a community that centres around certain organisations, kitted out in merchandise proclaiming positive messages about being a recovering addict or alcoholic. There is much bluster about ending discrimination against alcoholics and addicts and calls to stop judging people and, of course, the view of such people as victims (which is normally a term used to describe people that have had something done to them rather than something they bring upon themselves).

The high profile of the *recovery community* is maintained by public stunts like the opening of Liverpool's first *dry bar*, [The Brink](#). The idea there is to create a **safe place**

for people in recovery, as featured in [Drink and Drug News](#)

, and built into the remit for social enterprise support is the need for inclusivity. However, whilst The Brink welcomes members of the public (as long as they have not been drinking or using drugs – and they are checked) it is actually the very opposite of inclusive, in that certain

standards are imposed on customers. As if the idea of a dry bar wasn't ridiculous enough, it should be pointed out that the city of Liverpool has plenty of cafes that do not sell alcohol (and that are a lot cheaper, as it happens). The fanfare surrounding The Brink duly caught the attention of the Royals, with the Duke and Duchess of Cambridge dutifully visiting the city in order to sign up as patrons.

Conclusion

Thankfully those people with real drug and alcohol problems are in a minority. The government has shelved its plans for abstinence-based treatment, but that will not impede the rise of the recovery movement. The government recognises that harm reduction is not the way to deal with addiction, but at a local level the 'recovery' industry is the only avenue open for local authorities looking to deal with the issue. This can only fuel the rise of the recovery community (DDN July 2011). The move towards normalising addiction, which is central to maintaining the abstinence industry, brings with it demands for banning advertising near rehabs (which could be anywhere), and calls for authorities to toughen up discrimination rules.

But maybe society should stop all this pandering to people who have made lousy choices, stop fretting over harm-reduction or abstinence, and just do away with these services. When addicts and alcoholics end up breaking the law, they should not be given a softer option. Maybe we should think through how best to get people to take responsibility for their own choices, rather than being so quick to save them from themselves.

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