

# Recovery Rising

**FREE**  
**Issue 4**  
Spring '10

Raising awareness of recovery from addiction

**RECOVERING  
COMMUNITIES**  
Coming out the  
other side

**'FREE HEROIN FOR ADDICTS'**

Kathy Gyngell Speaks Out

**BLACK MUSIC**

Then and Now

**MARK GILMAN**

4th and final ROIS interview

Produced by Genie In The Gutter Film, Theatre & Media  
Developed with and for service users

**Views Reviews**  
**News Interviews**

# — GENIE —



## IN THE GUTTER

**Genie In The Gutter Film, Theatre & Media Productions offers creative opportunities and training to substance mis-users.**

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In addition to our partnerships with other drug and alcohol agencies in Liverpool we also have excellent links with well established film & theatre companies across the North West.

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*"We're all in the gutter but some of us are looking at the stars" ~ Oscar Wilde*

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# The Park View Project

**A 12 step residential treatment centre in Liverpool.**

**Our programme is run by people in long term recovery from addiction.**

If you want help and are committed to change please contact Project Manager - Tom McCully for further information and/ or a referral.

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**Email: [tommccully@parkviewproject.co.uk](mailto:tommccully@parkviewproject.co.uk)**

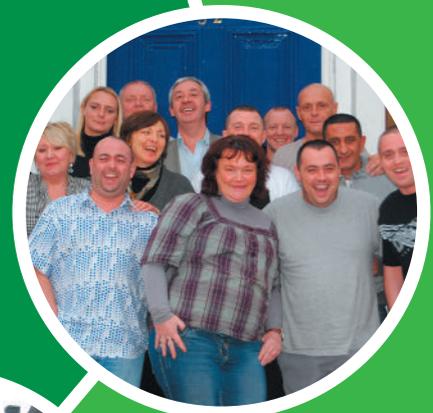
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# Editorial

When there is so much to do and so many exciting things going on its hard not to spread yourself too thin, but spread thin I was, and as a result I have stepped down from Genie In The Gutter. My focus now needs to be on Park View Project which, after all, is what the local authority pays me to do! This, and a combination of other spontaneously combusting fires that needed dousing is the reason why this edition of Recovery Rising is late. We apologise, to the tens of thousands of you whose lives have been so blighted without our trusty magazine. Seriously, I know there were at least a million of you sitting wildered and forlorn like love sick youths awaiting your sweetheart's letter that never came, so please accept our sincere apologies.

There is no longer any formal affiliation between Genie In The Gutter and Park View Project, but the former is now left in the capable hands of Carolyn Edwards, Managing Director and the incoming board of directors: Damien Prescott, Recovery Worker at CWP, Ester Ragonese, Senior Lecturer in Criminology at JMU and Anne Marie Ward, Co-ordinator for Wired In, Scotland and the primary organiser of the 2nd national recovery walk due to take place in Glasgow in September. These are a passionate and capable bunch of people and they're going to need to be because as much as the work at Genie is interesting and rewarding it is also difficult; taking a person with a long history of substitute medication and working with them and their key workers in the CDT's towards detox, rehab, recovery.

It is around the issue of prescribed medication and the previous editorials I've written, that I would like to make my final comments on behalf of Genie In The Gutter. My intention was to contribute to the efforts being made around greater partnership working between Tier 3 and Recovery services, but it appears that I might have set some of the workers in Tier 3 on the back foot. I would appeal to you now, if you are somebody unhappy with what I've previously written, to contact me, visit Park View, or have us visit you. Really, I apologise if I have caused any offence. Come to Park View, armed with your admonishments, which I will accept. Come with a list of the issues you face on a day to day basis and discuss the complexities you face which we in Recovery services need to be more aware of. Maybe you could come with a willingness to formulate a workforce development forum which Tier 3 and Recovery services share? We need to look after ourselves, the workers, if we're going to look after other people properly and for the same reason we need to rid the local system of division.

Carl Edwards

Recovery Rising is produced by not for profit organisation Genie In The Gutter. We provide creative opportunities to substance misusers.

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Kathy Gyngell has a first class honours degree in social anthropology from Cambridge and an Oxford M.Phil. in sociology. She has worked for the former ITV companies, LWT and TV-am as a producer and senior programme executive and has recently jointly authored the paper 'The Phoney War on Drugs' (2009) for the Centre for Policy Studies. Kathy was also instrumental in preparing Shaun Bailey's pamphlet for the CPS, No Man's Land: how Britain's inner city youth are being failed and is chair of the newly formed Addictions Policy Forum at the CPS.

Everyone in and out of the field of addiction has had something to say on the newly publicised HEROIN CLINIC TRIALS - a scheme in which heroin is given to addicts in supervision clinics. Here Kathy has her say.

# 'Heroin Clinic Trials'

By Cambridge and Oxford anthropologist **Kathy Gyngell**

*"I ask myself this question: if there had been legal shooting galleries with free heroin in the UK years ago would I have ever got clean and sober. The answer to that is a categorical no."*  
Steve Spiegel, CEO, The Providence Project, 16/9/09

'Clamour grows for heroin on the NHS' shouted the Independent last week. This was news to me, as I imagine it was to the rest of that morning's readers. A group of nameless government appointed drug experts were, I read, calling for a nationwide network of prescribing centres. A pioneering heroin prescribing programme trial had shown "major benefits in cutting crime and reducing street sales of drugs" it was claimed.<sup>[1]</sup> The article, an exclusive from health editor, Jeremy Lawrence, quoted the trial's 'study leader' Professor Strang, as saying: 'the findings have sent a ripple of excitement through the addiction treatment community, which is unused to seeing progress with hard core addicts.' By Sunday the ripple had reached Jack Straw, reported in the Sunday Times as calling for heroin prescribing on the NHS.

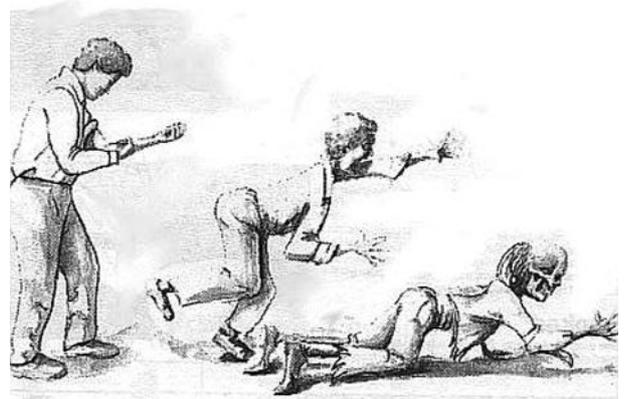
The ripple that reached me however was of disbelief and frustration. Steve Spiegel, a former 'hard core' addict now long term director of the Providence Project - the hugely successful abstinence based, low cost rehabilitation centre for those the system has failed, emailed me: "Next they'll be prescribing alcohol to alcoholics and crack to crack addicts! Who are these so-called experts? I'm not sure where they get their facts from regarding heroin users being the hardest to treat. This is certainly not our experience." For Theodore Dalrymple this was "the latest expensive scheme to avoid admission of the obvious, that we have been barking up the wrong tree for years."

**“ We have been barking up the wrong tree for years ”**

Sadly the main body of the media had not shared his scepticism. On Tuesday morning, embargo raised, this 'success' story led the news. On BBC Online, Home Affairs Correspondent Danny Shaw wrote ingenuously, 'Heroin Supply Clinic Cuts Crime'. Radio 4's Today programme ran his sympathetic news features through the morning and gave a platform to Professor Strang to assert: "The

reductions in heroin use were spectacular, and those are validated". Would people get this detail later in the day, he was asked. "Yes" came the reply, "later in the day and later, in proper scientific publications."

Hmm. My suspicion that this was a case of the media cart before the academic horse was confirmed: "The next stage is for us to make our results publicly available and it's a great privilege to be doing it on the programme today," the Prof added.



Heroin

More a case of spin and announce than of publish and be damned and never mind the principle of independent peer group review and only then to be followed by publication. And so it proved.

Kings College Institute of Psychiatry, the umbrella institution for the trials, had also lost its academic inhibitions - its website displayed the banner: 'RIOTT a success for chronic heroin addicts' but gave no link to a publication or a report, only to details of the aim and method of the project. 'Headline results' it said, had been presented that day to a conference organised by the charity, Action on Addiction. To their website I duly proceeded, to find ..... no report, not even any headline results.

Yet Kings College does not have to be told that it is a long established tradition in scientific research to release research findings to the media only after the process of anonymous and independent peer review. A principle of fundamental importance, not least because hot house

reporting of dramatic research findings in the media is not the forum to objectively consider the accuracy of the results or indeed the robustness of the methodology. In fact it is a principle that provides just the corrective for any temptation researchers have to use the media to influence professional and political opinion, confident that they are right but unwilling to subject their research to independent assessment. Professor Strang knows this as does any researcher worth their salt.

**“ Next they'll be prescribing alcohol to alcoholics ”**

Yet in this instance he has clearly chosen to sacrifice it in favour of securing widespread media coverage. He has indicated that he will seek independent peer review and publication of the results of the heroin prescribing trial later. But he can save himself the postage of sending his research papers to the British Medical Journal or the Lancet - both of these internationally recognized medical journals exhort researchers not to release findings for public discussion before they have been assessed independently and published within the journals concerned. As a member of the editorial staff of another academic journal, *Addiction*, Professor Strang has shown a remarkable disregard for this principle of due process. Judging by the media response to whatever 'results' press release or briefings he selectively gave, he has indeed achieved the aim he may have set himself - of influencing public, professional, and political opinion in the direction of supporting heroin prescribing.

For this reason alone his research findings should be regarded not with uncritical enthusiasm but with considerable caution. It is notable too that the last substantive Cochrane Review of four such randomised trials to test the efficacy of heroin maintenance versus methadone or other substitution treatments published in 2005 for patient treatment retention, reducing illicit use and for improved health and social functioning concluded: 'No definitive conclusions about the overall effectiveness of heroin is possible'.

Until that due process is completed we have to accept as an act of faith that Professor Strang's small sample will tell us something quite different. We may have to wait. In response to my request for a publication, report or research evidence to the Institute of Psychiatry I received this from Nicola Metrebian, PhD, a Senior Research Fellow, RIOTT trial coordinator at the National Addiction Centre, Institute of Psychiatry, Kings College London: "Thank you for your interest in RIOTT. The findings have not been published and are not yet in the public domain".

Her reply begs the question of when is research in the public domain. Not evidently for the Institute of Psychiatry when it appears on their website, as front page newspaper headlines and is flagged up on the BBC with the full cooperation and appearance of the research 'study leader'.

Jack Straw should be aware of this and of the as yet very flimsy basis of his dramatic and potentially dangerous policy development. The facts gleaned from 'the public domain' are overwhelmed by those that remain unknown:-

- 127 subjects across 3 sites were randomly assigned to oral methadone, to injected methadone and to injected heroin - subjects described as 'having failed' all other

treatments. (Unknowns: Assessment according to the internationally accepted 'severity of dependence' criteria; Prior treatment experience or psycho social or follow up support. Data on age, life histories, co-morbidity. Data about programme retention and drop out, etc).

- The 'heroin group' subjects with up to three diamorphine injections a day were still in the main street heroin dependent, 75% had reduced their use of street heroin as a result, but only 20 % per cent of these now 'abstinent' from illicit street heroin (Strang on Today). 'The rest' still 'scoring' 4 to 5 times a month (The Independent) despite the high levels of heroin provided. (Unknowns: Continuing dependence on other substances including alcohol; prescribing patterns, continuing street dependence patterns for the two other groups etc.)
- Subjects self report drops in their criminal offences from 40 to 6 per month. (Unknowns: Which? Variation across the three groups? Reliability? One magistrate commented, in the absence of objective evidence this would be thrown out of court.)

The crime reductions and the speculated cost savings led the headlines. Journalists betrayed a disturbing credulity. None asked about the 'Hawthorne effect'. Yet had any asked to visit the trials, as I did at the start of the project or how much it was costing (I was told some £500,000 to set up and administer the Darlington site for their thirty subjects alone) they might have noted the stark contrast between this gleaming new clinical setting, the attractive and sympathetic fully trained nurses devoted exclusively to them, with the dilapidated drug services centre on offer to every other addict down the road.

**“ The next stage is for us to make our results publicly available ”**

With short policy memories too none remembered that similar self report claims for crime costs savings - estimates that have continued to be effectively spun - for methadone prescribing were made ten years ago, by some of the people involved in this latest project .... If Jack Straw thinks this amounts to sufficient evidence for heroin prescribing - the inevitable abuse of which was the start of the country's drug problem in the 1960s - then we have to assume that whatever powers of analysis and critical thought he ever had, have now totally deserted him.

[1] RIOTT Randomised Opiate Injecting Trials - ongoing at three sites, Darlington, Brighton and London with a total of 127 subjects.

# Journeys

This section in our magazine called "Journeys" consists solely of the stories of people in recovery. Listening to the stories of those who have recovered has proven to be a highly effective manner in which people contemplating change are thus encouraged. Stories spark hope, ignite belief and demonstrate the truth that living without mind altering substances is not only possible, but positively rich and meaningful. Please send us your stories of recovery to help pass the message of recovery on to those who need it. Stories can be sent by post to Genie In The Gutter, 88 Rodney Street, Liverpool L1 9AR or email them to: [carolynedwards@genieinthegutter.co.uk](mailto:carolynedwards@genieinthegutter.co.uk)

## JOURNEY STORY by Charlie

When I was using drugs I was living in hostels. My first thought when I woke up in the morning was all about drugs: how I would get them and having the means to get the money. I used to sell the Big Issue so I would be out at nine in the morning. I wouldn't eat breakfast and sometimes I wouldn't even get a wash or brush my teeth or put clean clothes on. I'd basically get out of bed, get dressed, often back into dirty clothes and go out and sell the Big Issue in town. Whether it was snowing or raining; or boiling hot I'd still have the same clothes on: a big thick coat and a bag over my shoulder. I'd soon hit the pitch in town and start selling the Issue. After about an hour to an hour-and-a-half, depending on how many I'd sold, I'd then go and score, that would go on all day. Sometimes, especially at weekends, it would go on till 10 or 11 pm. Sometimes I would think it was nice! Well at least I didn't have to ask anyone for money, or burgle houses, rob from shops or take money off someone deceitfully. I was resigned to that lifestyle; I thought there was no way out.

At night, back at the hostel, I would sit staring into space wondering how the hell I had got myself into all this. I felt so sorry for myself and would ask myself how I could get out of this mess. They were not good times; I couldn't cope with my feelings, sat in a room in a hostel on my own and even though there were certain people I would associate with I was still very much alone. There were agencies I could use, like the Whitechapel and the Basement but I very rarely bothered.

The hardest part of it all was seeing people who I knew or who I grew up with: the guilt and shame was overwhelming. But what made me feel ten-times worse was when I used to see a member of my family; that was too much to cope with. I would walk away or walk around the corner to avoid them, with tears streaming down my face. It just felt like there was no way out.

***“ They were not good times; I couldn't cope with my feelings ”***

On one of my 'normal' days I got talking to a guy who worked in one of the hostels I was staying in. He made some phone calls and managed to get me into a treatment centre in Bristol. I stayed the course: seven-and-a-half months. Then I moved into a dry house. It was based on the 12-step programme. When I was there I did whatever they asked me to do but I didn't understand it. Once I'd left within seven weeks I was back in Liverpool and using again. I used again for the next seven months. That was the worst seven months that I have ever experienced. It's what happens once you have had some clean time because you know there is a way out. You can't resign yourself anymore to there being no way out, ignorance is replaced by knowledge.

So although I had relapsed something had stuck with me: I

knew I could recover. I moved to Wales, was still using, but knew I wanted to stop. I walked into the local Police Station one morning and said: 'I've had enough'. I had no fines, so they couldn't arrest me but I did have a bag of heroin on me. I put it on the desk. They asked me what I wanted. I told them that I wanted to go to prison. But they said that I would only get a month for that [possession]. So I admitted to a charge of selling class A drugs. As soon as they put me in the cell I was aware that I was going cold turkey but I didn't care. I was given three years in prison. I spent fourteen-and-a-half months in locked up.

***“ I walked into the local Police Station one morning & said: 'I've had enough' ”***

In January 2005 I finished a Treatment Substance Offenders Programme that looked at my behaviour and my drug use around that behaviour alongside my criminal activity. I was referred to the Park View Project straight from prison.

At Park View I was introduced to the 12 step programme again and was attending Fellowship meetings. I started to question of myself, my behaviour, my thinking; and with the help of the staff at Park View I found what I think is the biggest tool I have ever got - my voice. I was finally able to speak up and share how I was feeling. I completed the programme at Park View and found a flat with the help of their resettlement worker. When I moved in there I had nothing and I was scared of being in the flat on my own without using drugs. Many people helped me, giving me bits and pieces for the flat etc. Family, friends, Park View and other agencies all gave me so much help and I got used to staying in the flat on my own. I kept going to meetings, I was doing voluntary work and I had so much support. This was the first time that I felt that I wasn't alone. I had people to help me; I had people to talk to.

Since then I haven't looked back! I got a job on the fixers programme and as part of the programme I got a placement at Park View and when a job came up there I applied for it and got it. I still work there now as a key worker, passing on a message of hope and recovery to people who still feel alone. Those horrible feelings, the loneliness, the despair, that I felt, they all went. There was one day since then that I had that empty feeling of being completely alone, but I had my phone; the one that I used to phone my drug dealer from. This time I used it to phone my sponsor, and then a friend and another friend after that. Once I explained what I was going through to them that dreadful lonely feeling in the pit of my stomach went. I went to bed that night and slept like a baby.

It was nice!

# Reviews



## The Kick Inside

The Actors Studio  
The Spider Project

One of the least recognised communities in Liverpool is the recovery community: people whose addiction and alcoholism had taken them to the very nadir; where hope, even in oneself, had been annihilated. Yet in a matter of a few years a handful of people laid the ground for those people to be given the opportunity to turn their lives around and regain their humanity and a belief in life. The recovery community in this city is a vibrant and growing one. It does not so much celebrate itself as unique but seems to celebrate the ability to turn our lives around that is inside all of us when needed.

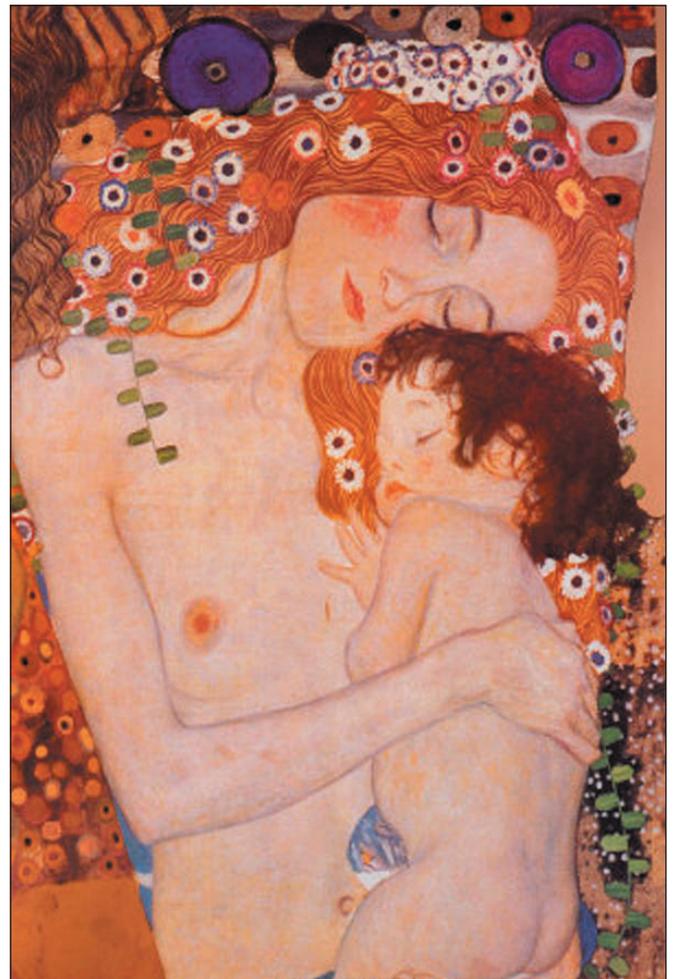
One of the major players in the community is the Spider Project and an event took place recently at the Actors Studio in Seel Street that featured members of the Spider Project's creative writing group and drama group. As well as acting the script, 6 monologues on the theme of motherhood, was written by members of the Spider Project.

Right from the opening the audience is confronted by each actress in turn who introduce themselves not by their names but by statements that will later be expanded upon in the monologues that give the play its cohesion. The effect is that each see themselves as mothers rather than unique individuals and it would seem easy to state that this is all about labelling people. But as the play develops we see not the label of Mother, but the effect of that role. Increasingly we are confronted by a group of women who have become imprisoned by that very role. None of the women are defined by anything other than their role as mothers.

In a society which has seen massive progress in the area of women's rights over the past two decades, *The Kick Inside* raises important issues about how far the ability of women to socially engage on an equal footing with men, has come.

Amongst the many demands of the feminist movement of the 1970s was the recognition that the biological fact that women give birth should not act as a barrier to women having a social life. They understood a basic human need to be a part of the wider world. It was acknowledged that motherhood had a stultifying effect on women in that it reduced their identity to that of a mother and homemaker. That is why the demand for nursery care was seen as central within the fight for women's equality. Sadly today you would be hard pressed to find a feminist who would support those ideals. Motherhood is seen as an end in itself. In bookshops up and down the land the shelves are weighted down by tomes that celebrate motherhood as if the role had been sanctified by the Vatican and as if motherhood had never previously existed.

The sound of the heartbeat that runs throughout *The Kick Inside* reminds us that women are trapped as a result of a biological fact. The play does not propagate any solution



because the characters in it have come to accept their lot. The closing scene disturbingly reinforces that point and it is for us to ask *What Is To be Done?* I had almost lost hope in seeing anything in theatre that was truly cutting-edge. The Spider Project has produced a piece of theatre that demands our attention. *The Kick Inside* is not entertainment. It is a play that seems to shake the audience and demand that they find solutions.

Running at about thirty minutes, the play relies on a minimum of props. The use of lighting throughout the play provides extra weight. Although this is an amateur production it could easily stand alongside any of the productions you would see in The Playhouse or The Everyman for the level of acting and writing as well as the technical aspects. The Spider Project intends this play to be performed again and it is one that demands to be seen by a wide audience. Just don't expect to be comforted by it.

# The Spiritual Self

## Addiction, Spirituality, and Recovery: Part Two

It's January 2008. I'm walking out of a large Liverpool supermarket and pass the magazine and tobacco concession. Something catches my eye: amongst the arrangement of daily newspapers, magazines and periodicals there is a large, brightly coloured display stand promoting a new magazine. I am drawn to the neon orange signage, stylish font, and the promise of free gifts. My heart quickens as I pick up the shrink-wrapped glossy and survey the contents. Breathless, I read on: I will be taught how to summon angels (using the free angel power cards), balance my chakras (with the aid of the crystal chakra bracelet), decipher my dreams (using, one supposes, a combination of the enclosed dream catcher and dream dictionary), and find guidance with the (also enclosed) I-Ching coins. I will be able to learn how to meditate, 'start afresh for the new year', discover my life number and explore my psychic powers. And all of this in the first issue...

A confession: I bought the magazine. It's sitting next to me as a type this. I bought it not because I am a sucker for free gifts (although I am), or have a particular desire to discover my life number or be guided by angels, but because I believe this an exquisite and compelling example of one of the most significant phenomena of our time - the explosive growth of spirituality in 21st century culture.

The new spiritual landscape is not monolithic; it is a colourful and heterogeneous environment characterised by themes of inwardness, pluralism, subjectivity, personal experience and creative expression. Contemporary spirituality is often framed in opposition to organised, or institutional religion. As Sandra Schneiders observes this contradistinction is 'often expressed in statements such as "I am a spiritual person (or on a spiritual journey), but I am not religious (or interested in religion)." Spirituality is 'celebrated by those who are disillusioned by traditional institutional religions and seen as a force for wholeness, healing, and inner transformation... [it] provides a liberation and solace in an otherwise meaningless world'. Life in a globalised era is fragmented, lacks depth, and is dominated by the constant demand to be economically efficient and ever more productive. Spirituality is seen as counterpoise to that nihilistic, reductive trend - the universe is regarded not as a 'dead mechanism, but a living organism permeated by a spiritual force'. The spiritual self exists in a holistic relationship with

other selves and the universe as a whole - a vast, organic nexus of interconnectivity. Spirituality sings a hymn of praise to the self: no longer need the quest for meaning be mediated by the 'dead hand of the church'. We, and we alone, take on this responsibility. Where traditional religion involves subjecting ourselves to a higher, transcendent authority, the new spirituality 'invokes the sacred in the cultivation of a unique subjective-life'. The transcendent authority we defer to - our higher power - is now intensely personal. The 'God of our own understanding' is precisely that - whatsoever we choose to make divine.

This may sound like a healthy state of affairs - spirituality as a form of creative resistance to the oppressive forces of organised religion and a recuperative tonic for life in a meaningless world. However, if we scratch the surface of the contemporary spiritual self - if we go beyond the rhetoric of individualism and positivity we find the situation is a little more complex.

“ Spirituality  
sings a hymn  
of praise to self ”

First, the very concept of 'spirituality' is problematic - it is a term that is surrounded by ambiguity and confusion. Scholars have claimed it is a "fuzzy" concept that embraces obscurity with passion', and that it is simply a 'necessary pseudoconcept we don't know how to replace'. Even within the disciplines of religious studies, conceptions of spirituality are nothing if not diverse. As Burton-Christie points out, 'questions concerning the very meaning of the term spirituality, as well as what constitutes the primary subject matter of the field and the most useful methodological approaches for interpreting spiritual experience remain highly contested'. To talk of spirituality as if it were a specific category with clearly defined boundaries is disingenuous; it is a term that encompasses such a diverse collection of ideas, beliefs, and behaviours that it is arguably meaningless.

Second, whilst contemporary spirituality has surface associations with the sacred and the divine, this glorification of the spiritual is intensely

materialised. The eruption of new religious movements and spiritualities has been catalysed via the market colonisation of the religious sphere by the aggressive, unrestrained forces of free-market capitalism. Cultural elements from non-Western, non-Christian cultures and faith traditions are appropriated and transformed into consumable products and services for the lifestyle sector of the Western economy. In the early 21st century the principal pathway to pursue 'spiritual meaning and cultural identification [is] through acts of purchase'. The world has become a cultural supermarket and Western consumers can buy their way to spiritual enlightenment. The close relationship between spirituality and consumerism calls into question some of spirituality's ideological claims.

Third, whilst life-long spiritual practices of traditional religion are orientated towards some transcendent object and dissolution of the boundaries of the self, many forms of contemporary spirituality appear simply to develop a more effective, a more defined self. It appears that the telos - or goal - of modern spiritual life is simply to become a better producer, better consumer, or better citizen. The machinery of government has subsumed spirituality, aided by humanistic psychology's regimes of empowerment, self-actualisation, and human potential. As Carrette and King suggest, Maslow's famous 'hierarchy of

needs' can be read as a 'hierarchy of capitalist wants' for the privileged Western elite. This subsumption explicitly separates spirituality from its roots in faith and tradition and recasts it as a function of the psychological self. 'After Maslow, spirituality became the new addiction for the educated, white middle classes ... this was a spiritual message for a

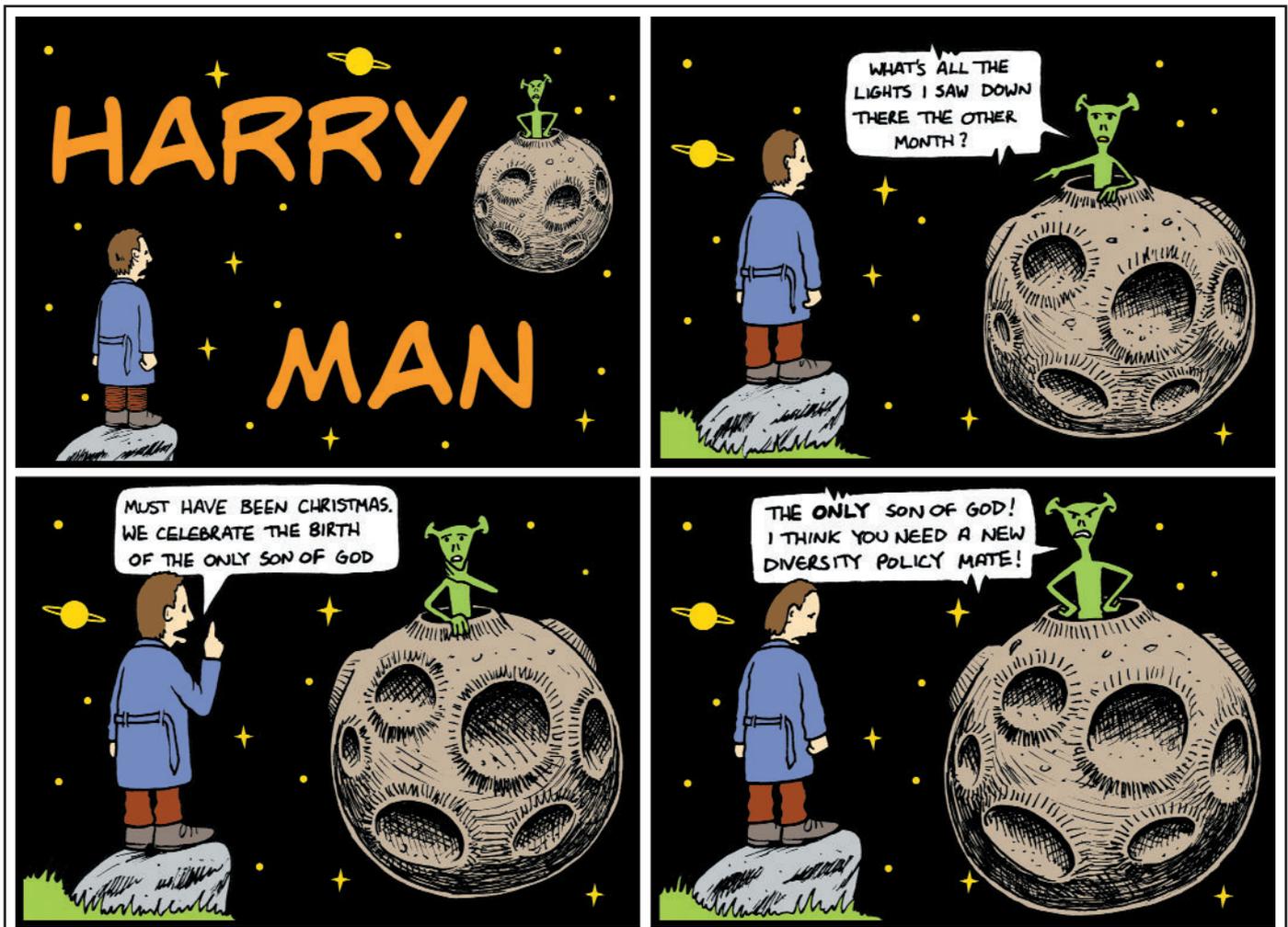
“ *The universe is regarded not as a dead mechanism, but as a living organism* ”

culture of excess and one that rejected the shared expression of communal religious faith'. Spirituality is put into service of the very forces it is commonly assumed to oppose. Disguised by a seemingly innocuous language of emotional health, self-efficacy, and wellbeing, spirituality becomes a means to discipline and normalise the modern workforce and yield increasingly optimal modes of efficiency and productivity.

This brief critical look at the modern

spiritual self should elicit some healthy scepticism and cause us to question some of the assumptions that surround spirituality contemporarily. In fact, a reflective, critical approach to the spiritual journey is a common characteristic of traditional religious life. On one hand, spirituality appears to 'be an escape route from the demands of committed faith, a throwback to self-indulgent pietism, and religious experience tailored to the consumer. It turns the life of faith into a shopping excursion in the Great Mall of the Spirit, where everyone gets to pick up whatever gives them some religious feeling and the assurance they are "spiritual". On the other hand, rejecting the formality and dogma of traditional religion, spirituality helps engender a sense of divinity and wholeness in a globalised world stripped of all meaning bar neoliberal ordinations of free enterprise. The problem here, as I hoped have illustrated, is that spirituality has become locked in a symbiotic relationship with apparatuses of production and consumption that religious life has traditionally (though not always) tended to subvert. In this dynamic cultural and economic milieu it is difficult to distinguish between authentic expressions of spiritual practice and empty, eviscerated religious products of the spiritual marketplace. We should exercise our right to purchase with care.

Stephen Bamber



# Recovery Oriented Integrated Systems

In the final part of his interview, Mark Gilman concludes his introduction to ROIS, ties up some loose ends and professes his hopes for the future of UK drug treatment.



**A:** You've stated previously that the UK drug treatment system does not need more money. How does a ROIS fair economically? What does it take to kick start a ROIS?

**M:** Once you've decided to establish a Recovery Oriented Integrated System in any given DAAT area, you'd probably save money rather than it costing more. The first thing to say about organizing a ROIS is that it requires genuine commissioning and by that I mean you need somebody who's got the vision to create the ROIS, somebody in the commissioning world - either in the Drug Action Team, the Primary Care Trust, somebody in public health, the council, the local authority, community safety. It could be the chief exec him or herself of a local authority. Once somebody can see it and we get a few up and running - we're nearly there with a few now - then it'll be much more tangible. A ROIS is not something you can buy off the peg, you can't just say 'we'll go and get a ROIS, you can get them from down there'. It needs someone with the vision, leadership and courage to actually set the vision out, to say 'this is where we're going, this is where we are and we need to move from here to there'. And, in doing that, I think you'll actually save money.

**A:** It's a competitive industry with distinct and often disparate beliefs about recovery, do you anticipate problems with integration?

**M:** I'd like to think that integration within a ROIS would happen voluntarily. In other words, everybody would see the intrinsic benefit to everybody by coming together in a ROIS. However, I'm also a realist and I've been around long enough to know that there are people who are threatened by recovery. Whilst we would always try and have people come in voluntarily and encourage them to come in and see the intrinsic worth of being a member of a ROIS, ultimately, if after a given period of time any agency that was receiving public money and didn't become a full member of a ROIS, well they'd be exposed first and foremost because we'll know whether or not they've referred people. And, if they haven't referred enough people in a period of time and they haven't got a good reason why not then the bottom line is that they should be de-commissioned quite frankly.

**A:** One of the many controversies in the field is the idea of drug addiction as a chronic relapsing condition, what are your thoughts about this?

**M:** Is drug addiction a chronic relapsing condition? Well...probably, it's certainly chronic in as much as it lasts for a long time, or can last for a long time. It's certainly characterised by relapse; relapse is the norm not the exception. It takes people quite a while to get into addiction and for most people it takes quite a while to get out. Not many people in my experience - and I've been 25 years working in this game - not many people have woke up one morning and said 'I'm packing it in, I'm never doing

it again' and from that day on they haven't. Most people make the decision and then, through a series of trial and error, lapse and relapse, they finally get there. The problem with the chronic relapsing condition idea is that it does have a tendency to breed pessimism because it gives the idea that you'll never be cured; because it's chronic, because it's relapsing it's with you for life and therefore it can only ever be managed. So then we start to move into a situation where we start to manage addiction as opposed to actually introducing recovery. So is it chronic?...Yes. Is it relapsing?...Yes. Does it mean you've got it for ever?...absolutely not! There are millions of people that have been in this position and are no longer.

*I understand why people want to turn the Methadone taps off*

**A:** Is there a conflict between the needs of society and the needs of a recovering addict in terms of drug treatment?

**M:** One of the biggest challenges in the politics of recovery is the wholesale prescription of opioid maintenance treatment in 21st century large urban conurbations i.e. Manchester, Liverpool and London, pretty much anywhere. Methadone maintenance treatment - for example - has an evidence base that shows that one of the things you get from it is a crime reduction dividend. Now, you get that crime reduction dividend in large part irrespective. Its better if it's a quality standard opioid maintenance treatment, but you do get a significant crime reduction dividend from standard opioid maintenance treatment. One of the biggest difficulties we've got, is that if you're on the receiving end of that - or your son, daughter, brother, father or mother is in receipt of that - and you hope for them to be recovered or recovering and go back to work, it sometimes doesn't look that pretty quite frankly. Therefore, we have a fundamental issue in that what we would regard as successful i.e. they're in treatment and we've kept them in treatment 12 weeks or longer; if its someone you love and care for, sometimes sadly they don't look that well. We also know from the evidence that has come out of the National Treatment Outcomes Research Study, that all to often people who manage to deal with a primary Heroin addiction go into treatment stabilised on a drug like Methadone for a while but then sadly start to drink alcohol problematically on top of it and that's well evidenced now and that's something we need to address. That said, its

almost unthinkable that you would ever take the risk of stopping standard opioid maintenance treatment because of the crime reduction dividend. I mean, the prisons are full already, if we stopped prescribing Methadone and Buprenorphine there'd be more and more crime. So my idea is that we do what we do in terms of standard opioid maintenance treatment, but, we hope that individuals' hopes and aspirations - for themselves, for their families and their friends - are for more than that. There may well be a period when it is better to be stabilised then maintained on a substitute drug that's clean so that you can have a break, a little rest and recreation from the hurly burly of going in and out of prison, committing crime, getting abscesses and Hepatitis etc etc. Stop that, but then the Recovery Oriented Integrated System says 'that's not the end of it, that's the start of it, the end of it is recovery and going back to work and looking after your kids and coming back into society'.

are addicted to Heroin and other drugs and who finance that addiction through acquisitive crime. If you know that by getting those people into Methadone treatment - even if that's all you do, even if it's very very basic Methadone treatment - you will reduce that crime; the evidence shows you will reduce that crime.... Why would you stop it.....?

**A:** If you had one message for the UK treatment field to promote recovery, what would it be?

**M:** It would be to establish a Single Point of Assessment and Access to a Recovery Oriented Integrated System. This should be non-medical but be staffed by the most experienced drug workers we have. I would also like to see the intake interviews give the client/patient the option of meeting and spending half an hour with someone from that area who are themselves in recovery or recovered, someone who could offer an insight and introduction to the local recovery community.

I would also like to see the UK treatment industry and everyone in it embark on a collective Step 4 and Step 5: we need to do a fearless and searching moral inventory about what we have done in the name of drug treatment and share this as an industry by asking ourselves 'are these treatment systems good enough for us and our families?' If they aren't, then WE need to improve it. This is our legacy issue. We have never had as much resource - financial, human and political - and we owe it to the British taxpayer and to the future generations of people who will develop substance use disorders, to establish Recovery Oriented Integrated Systems. History will judge us on this. For those of us who have spent a professional lifetime in and around drug treatment, it could be our finest hour. We must rise to the recovery challenge.

Genie In the Gutter would like to thank Mark Gilman for his time in giving these interviews for Recovery Rising.

**“ We have never had as much resource - financial, human and political ”**

It's not going to go away and I think I understand why people want to turn the Methadone taps off so to speak, but I'd say this: put yourself in the position of say the chief executive of any of biggest cities in England - like Manchester, Liverpool, Glasgow, Sheffield, Leeds, Nottingham, Bristol, Newcastle - where there are thousands of active addicts who

It benefits substance users, ex-users, family members, friends and those who work with substance misusers. The community gives hope that recovery is possible. In brief, this online community provides:

1. Information that helps people understand and use the options they have to overcome their problems.
2. An environment in which people can learn from each other and provide mutually beneficial support.
3. Role models who show that recovery is possible.
4. A powerful voice that helps improve treatment and other forms of support, and increases understanding of addiction and recovery in society.

Visit: [WWW.WIREDIN.ORG.UK](http://WWW.WIREDIN.ORG.UK)

**Wired In is an online recovery community that empowers people to tackle substance use problems.**

**We urge you to make use of the Wired In website and in particular to share your experiences, thoughts, ideas, and opinions.**

**You never know your words of wisdom may play a pivotal role in somebody's journey to recovery**

wired in  
to recovery

# ICONS AND DREAMS

Genie In The Gutter presented "Icons and Dreams" an interactive art and film installation that took place at St Luke's (bombed out) church.

Outreach initiatives were facilitated through Genies 'Reach Out' scheme with partner organisations including Merseyscare, Probation, the DDU and Trust The Process. Over 60 multi agency clients exhibited their art and film work and the music group performed ensembles, duets and solos. 20 volunteers gained valuable work experience leading up to and at the event and a staggering 827 people attended including the general public, helping to raise awareness of addiction and recovery throughout our local communities

We would like to thank all who were involved in and also everyone who visited Icons and Dreams and our fantastic team of volunteers without whom the day would not have been the success that it was.

## Bed of Sweet Dreams

The Empty Plinth and Bed of Sweet Dreams were given initial inspiration from Anthony Gormley's 'One and Other' and Tracey Emin's 'My Bed'. Visitors could have their 15 minutes of fame on the plinth where poetry was read and songs sang whilst people relaxed to therapeutic music on the bed of sweet dreams and whilst receiving Indian Head, hand and arm massage.



## Some quotes from the people who attended Icons and Dreams

THE WAR IS OVER, RECOVERY HAS STARTED IN HERE TODAY

TODAY I FEEL LIKE I'M HIGH AS A KITE WITHOUT A DRUG IN SIGHT!

IT'S ABSOLUTELY AMAZING. IT'S GREAT FOR THE PEOPLE TO GATHER AND EXPRESS THEMSELVES

I CAME HERE WHEN I WAS SIX SO IT'S ONLY THE SECOND TIME I'VE BEEN HERE, I'M REALLY SURPRISED BY IT!

THIS IS REALLY INSPIRATIONAL, I'VE ENJOYED THE SINGING BECAUSE WE ALL HAVE A SONG IN US

LOOKING AT THE TURNOUT, IT'S REALLY REALLY POSITIVE

I'M SO USED TO SEEING IT FROM THE OUTSIDE BUT COMING IN HERE IS GREAT!

MY ICON IS SUPERMAN BECAUSE HE REPRESENTS EVERYONE HERE TODAY

FROM CHILDREN TO OLDER PEOPLE THE DIVERSITY IS REALLY GOOD

IT'S A REAL SUCCESS STORY LOOKING AROUND



## Urban Strawberry Lunch

Genie had walked past the bombed out church and thought that it was the perfect venue for an event such as this. When they discovered that Urban Strawberry Lunch (USL) had the lease everything was set. Strong ideals and two organisations that enjoyed working with people were clearly meant to do an event like this. USL are musicians with a real difference. When a fire destroyed all their instruments in 1987 they could have gone under, instead they chose to build something unique and incredible. Making their own instruments from the most unlikely of objects they have gone on to become legends in the city. We at Genie in the Gutter would like to extend a massive thank you to Ambrose and Liz of USL for helping to make this event happen and to all the excellent volunteers from the day who were far too many to mention.

When we asked Liz from USL who her icon was, she said *"I'm going to say Ella Fitzgerald. I saw her at the Royal Albert Hall for three quid and she blew the venue away. She revolutionised vocal jazz, was a black woman in a white man's world and she kicked ass!"*

# Black Music

Then  
&  
Now

As been documented in many quarters, Liverpool's rich musical history has put the city on the Global musical map.

In 2001 The Guinness Book of Records declared Liverpool City Of Pop due to the many number One records to have emerged from the city. So from humble beginnings to Frankie Vaughan and Billy Fury through to the Mersey Beat sound of the 60's, The new wave and black music club explosion of the late seventies and early to mid eighties and then onto the influential Indie and Dance scene of the nineties and noughties.

Clifton from Recovery Rising asked our very own Robbie Ellis who has been involved in the music scene for many years and is one of Liverpool's unsung heroes for his take on the music scene and of his personal journey.

**What made you decide to do music and how did you first start out?**

I didn't know I could sing until one day a teacher at school asked me to sing in front of the assembly – I loved it, and I've been doing it ever since. When I left school I was working as labourer and a group called The Gems asked me to do a sound test - I got the job. We done loads of gigs including Radio 1 club live and we performed in Europe, Marrakesh, the States, all sorts of places – they were great times and even today people remember The Gems as a pretty cool soul band from the Liverpool Mersey Beat scene.

**What's your earliest memory of the music scene in Liverpool?**

I lived in North Hill St in Toxteth; Ringo Starr lived round the corner in Admiral St. One day they were shooting the Beatles film and the crew asked all the kids from the area to run to the bottom of the street and back. I was first back, I climbed up a drainpipe and turned to see Paul McCartney and John Lennon in a pink Cadillac – I got closer, bent down and touched John Lennon's head, he was laughing and smiled at me but in no time at all the crew were shouting get the kid off the car, get him off...

**Has your music took you on a personal journey and if so what kind?**

The biggest journey it has taken me on is one of growth – I've been taught hard lessons. The Gems eventually broke up amicably. *[The brutality of the industry didn't hit me till later on in my career]*. Roger and Denny in The Gems went on to form 'The Christians' and I formed 'Koreeba', the 1<sup>st</sup> all black band in Liverpool with a black female keyboard player. We got a contract with West Side Records in London where I recorded 'Mama Don't Like It'. They had loads of names on their books: Dinah Carroll, Apache Indian and Jamiroquai. I ended up taking them to court – and won – as did many others – but it didn't end there. I was living in London in the 90's and met a lady whom you will have heard of; *(for legal reasons I can't name her)*; she's a multi million pound recording artist. It felt like a great experience hanging out with her, sharing music and jamming. I wrote a number of songs when I was with her and to my sheer disbelief she went on to record them putting



Robbie Ellis (right) with Roger Christian who did the album together, 'Better Friends'

herself down as singer/ songwriter. The album sold millions of copies worldwide. It has gone to the High Court in London and the case is still ongoing.

I then started working with youths to give them a chance. I got a studio in Lewisham and had a label called 1 records. We signed a number of kid's helping them to start a career in music, but not without warning them of the pitfalls! I went on to work with Jazz FM and all kinds of music moguls but eventually returned to my roots in Liverpool.

**Black Music has its own rich history within Liverpool.... What's your take on this....? And do you think the contribution from the Black music community in Liverpool has been appropriately recognised?**

The black community in Liverpool has contributed so much musically, especially in the early days of the Mersey Beat scene. The Beatles, Gerry & the Pacemakers etc... they were all influenced by black music. The Beatles used to rehearse in the basement of a well known black family's home and they would hang out with the community, In my opinion though black music in Liverpool has not been suitably recognised at all. If you go to the museums in town they have pictures of The



Derrie Wilkie (far right) with Little Richard (centre) and the Liverpool 8 band The Chance who were once backed by The Beatles!!

Gems and a few other black artists but that's about it, there's no comments or no real history been written about. Derry Wilkie; a Liverpool 8 lad and one of the best live performers I've ever seen; used to tour and headline with The Beatles. I remember him jumping on stage and jamming with me, what an absolutely amazing talent, he received nowhere near the recognition he deserved.

**The face of Black music has changed since the early days... What's your view... past, present and future....**

In my City Liverpool no black artist has come through in the last 20 years; all other major cities have had black artists make it. There have been various studios set up here, either the majors aren't interested in anybody or there is no talent. Being from the area I know it's the former because I see the talent around me. My home used to be an open house; there would be all kinds of youths there singing or playing an instrument being given a chance to show what they can do and build their confidence; a few have been given a break and gone on to bigger and better things.

**I was reading an article by renowned Merseyside DJ Greg Wilson talking about the effects of the riots in Liverpool... Do you think this as had a profound effect.....?**

Definitely, prior to 1981 there was about 40 clubs in and around Liverpool 8: The Gladray on Parliament St, The Nigerian Club, The Ghana Club, The Pun and The Timepiece. They were great arenas of expression and a creative hub where people could go and listen to different flavours of black music. After the riots all these clubs were closed down.

**In a lot of the cities in the UK the riots changed things for the better....**

Not in Liverpool... Like I said all the Black clubs got closed down, the only one still open is The Caribbean Centre. Most musicians from here moved to London, the riots pretty much killed the music scene locally. Around this time things got really political in Toxteth. 2 groups in particular had something to say... one was called MAGS... it was invaded by militants from London so the group disbanded. Some really positive things came out of this period too though... The political movement was involved in the council taking on its first black employers... it really started the ball rolling.

**Do you think drug and alcohol related issues have affected the Black music community in Liverpool**

Definitely, some of my good friends from the community who

hit the top scale of the music industry became fully fledged alcoholics or drug addicts. The artists who are the main energy of any band are always encouraged to stay within the same environment. A lot of managers in the industry make all kinds of vices available to their artists, pretty much to keep them tied to them and their label. It's a tough game but I wouldn't do anything else.

**Do you think music can play an important role in someone's recovery?**

I used to work with deaf people and I was asked the question... what can you do with deaf people and music.... Well.... I could give them vibrations. One day I used balloons and got them to put their hand over the balloon to create vibrations.... Sound vibrations.... Music is therapeutic.... In music you can't always do everything but you can still be a part of the whole thing. I try to give everybody a part in my recovery music sessions.

**We're privileged to have you as a music teacher at Genie in the Gutter. How have you found the client group?**

They are all really different. I've never had any trouble or anything negative at all, most people are so enthusiastic just to contribute, there's something there for everyone, if someone doesn't want to sing they can play an instrument or write.

**Have you noticed/discovered any talent within the group?**

Absolutely, my eyes have been opened, so many of the clients are talented. There are some fantastic guitarist, singers and writers. Music is a part of life and not everyone comes just for the music. The group really collaborates in terms of lyrics, music and expressing melodies, but they also come together as a group who are trying to improve their lives and support each other.

**What advice would you give a musician starting out in the Industry?**

Know the business as much as your music. If you don't you won't have any music, there's a lot of characters out there especially in today's commercial market, so my advice would be to become business savvy before entering into any contracts or sharing any music otherwise you will be exploited. People do music because they love it but all too often they are exploited by the PR people and managers involved in the industry.

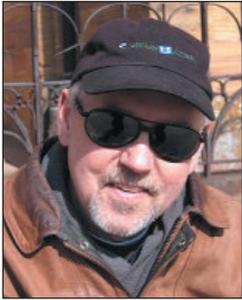
My other piece of advice would be to learn an instrument; you need something to talk back to you it's a call and response thing which gives you the whole freedom of music.

**And finally can you see where the new Christians and The Real Thing are coming from within the Black Music Community in Liverpool today...**

They're not... The music industry will have to change for that to happen. There are no A&R people within the area which is a real shame. The failure of the music Industry in the local community is phenomenal; a lot of kids from local communities don't have the finances to be given the right opportunity Years ago..... If someone had passed away the old Africans would play music outside your door and collect to help pay for the funeral. Everyone contributed no matter how small, it was about supporting the community; they brought music to the people.

When the seamen came from the African continent and the Caribbean they would all head for Liverpool 8 the thing that pulled all those nationalities together was one thing. MUSIC.....

# Journeys



## John's Story

John Kay is an American Poet and Photographic Artist. Over the years he has honed his work in both fields and can truly be called unique. He has exhibited his work in many European cities and has had three volumes of his poetry published, with a new volume of his 12 liners, due to be published later this year. John is also in recovery from addiction and has kindly shared his journey story with us below.

After twenty years without a sip of Merlot or any other spirit, I've earned the right to say a few things about the Journey. I had had enough for all the usual reasons, so what brought me to the crossroads where I decided to divorce myself from my lover of many years, and what kept me from returning to her door?

For me, and I must qualify whatever I say, limiting my words to my own experience, breaking it off with alcohol was my only choice. I was fortunate to be unable to incorporate it into my life; my employer once asked me if I was Irish because of my quick temper, and at first, I was shocked, until I found the connection between my anger and drink. Again, I was fortunate in not being able to deny the connection. When I drank, I got angry, and when I got angry, I drank. I was an angry young man. I turned the anger on my family, and that was the beginning of the end of my relationship with booze.

I went through treatment, did my best to follow the 12 Steps of the program, studied psychology and counseling, became an "alcoholologist" and worked on the detox ward of a major, metropolitan hospital. I bought into the recovery model fully and saw myself in a perpetual state of "recovery," as we're taught to see ourselves. I was just inches away from the fall at any moment. I was a

good soldier, working my way up the ranks, reading my Big Book.

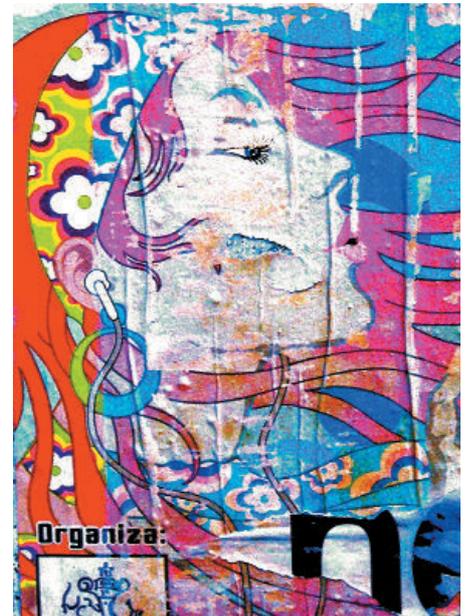
Then, somewhere in the twelve to fifteen year period, I began to mellow out. It occurred to me that though I had not lost the desire to get high, alcohol no longer presented itself as an option-it was no longer on the table, so to speak-no matter how difficult the life circumstances, and I

*“When I drank, I got angry, and when I got angry, I drank”*

can tell you, I have felt the pain of being human in every way possible.

Now this is verging on the spiritual. It is a mystery to me that I have not reached for the bottle in all these years. When there seems to be no answer, I must suspect that just maybe it has been a higher power looking out for me. Unanswered questions and mysteries lead me in that direction. Though God fits into my vocabulary, I have certainly had a long, difficult struggle with him. At best, he seems to be a "silent witness," but then again, maybe he is responsible for my 20 years of sobriety. It would be easy to give him credit, but in my heart-I'm still not sure.

The anger has abated, and in addition to 20 years without Merlot, I'm still married to the same woman for 33 years, and haven't been in jail or lost any jobs because of alcohol. I don't feel special, really-just lucky. Damn lucky and grateful.



*“I don't feel special, really - just lucky. Damn lucky and grateful”*

Please send us your stories of recovery to help pass the message of recovery on to those who need it. Stories can be sent by post to Genie In The Gutter, 88 Rodney Street, Liverpool L1 9AR or email them to: [carolynedwards@genieinthegutter.co.uk](mailto:carolynedwards@genieinthegutter.co.uk)

# Summergrove for families in recovery

## Helping you live your best life

Somebody once said to me 'We are all in recovery'. They explained that it's not just the recovering alcoholic or addict, or their children, parents, siblings and spouses but that pretty much everyone in life is in recovery from one thing or another, we are all on a journey of self discovery. At Recovery Rising we believe its key to address the whole family when it comes to a person recovering from addiction. Summergrove is one such place that offers this support:

"Summergrove is a supported housing project, offering families emotional and practical support, providing two bedroom flats and their own tenancy, ensuring security and reassurance. We aim to inspire families to achieve their ambitions. Our families can offer people hope and inspiration as recovery can happen for all families. From all at Summergrove we hope you enjoy this page, we will be working with Recovery Rising in future editions to raise awareness of what is out there for families in recovery. It can work for you. Below are some case studies of recovering families!" Lee Houghton - Senior Project Worker (All names have been changed).



### Miracles do happen

My name is Sharon, I'm 37 and I've got three children. I am in recovery from drug and alcohol misuse and I've been clean and sober for 18 months.

When I stopped drinking I was an emotional wreck, I went to the Windsor Clinic to detox and from there to the Park View Project residential treatment centre. The guilt was unbearable but I faced it head on. Just thinking about getting my little girl Frankee back from care kept me going. I attended AA seven days a week and did group therapy. Others helped me through and I soon knew I wasn't alone, and wasn't the bad person I thought I was.

Seeing my daughter taken back to foster carers was heart wrenching, seeing her driven away screaming was devastating. Social Services recognised that I was trying to help myself and increased my visits with her, and then stronger I became.

Park View referred me to Summergrove and when a flat

became available things started to fall into place. On Mother's Day last year my dreams came true and Frankee moved into Summergrove with me. We're free to be together now and I'm enjoying being the mum I should have been all along.

### Cold and alone no more!

It all began for me in January last year. My name is Helen and a year ago I was in a detox and my children were in care. Social Services told me we could be together again if I carried on the good work, but a house move fell through and I had to go back to my abusive ex husband. He kicked me out and I became homeless, even spending the night in my sister's shed. I started drinking again, staying on friends' couches. It wasn't until a call came from Summergrove that I cleaned up my act, not just for myself but for my children.

I've not looked back since getting my Summergrove tenancy. And thanks to support from staff and hard work from me, my children moved in with me within a matter of weeks and I've now been clean for 11 months.

### I was very successful

My name is Emma and I come from a professional legal background. I was very successful but found myself in active addiction-alcohol misuse. I was accessing help from a Wirral support service and from there went into Sharp day treatment centre. I was referred to Summergrove and after assessment was thankfully offered a place. Summergrove are committed to providing me with all of the support necessary for me to remain alcohol free. It's allowed me and family to get our lives back.

I was inspired by everyone who was helping me - the reward and pay off at the end is rebuilding yourself, your family and your relationships. If you want recovery and are willing to put the hard work in you can have it. Summergrove allows families to reconnect and for the addict to rebuild a more positive successful future in sobriety - I have had an enormous amount of support.

### Contact Summergrove

If anyone is interested in accessing Summergrove please call the office for further information, 0151 734 4465.

We receive self or agency referrals.

Website: [www.thebiglifegroup.com](http://www.thebiglifegroup.com)



# Tackling Drugs Changing Lives - Wirral Award finalists

The Wirral Drug and Alcohol Action Team (DAAT) & Merseyside Police were announced finalists by Home Office Minister, Alan Campbell at an awards ceremony held in London recently.

The awards, now in their fourth year, recognise and celebrate the unsung drug workers who go over and above the call of duty to tackle drug use and drug related crime in communities across the country. The joint nomination showcased the work of the partnership during Wirral's Tackling Drugs Changing Lives week, which was held in June last year.

Jon Ward, Wirral Area Commander, who was present at the event, commented:

"The week of activities, co-ordinated by DAAT, gave the partnership an opportunity to show what is being done to tackle drugs and change lives on the Wirral. Crime has fallen dramatically in recent years and such impressive results could not have been achieved without the dedication of the many professionals and volunteers involved in tackling drug related crime, together with the support from our local communities. I am absolutely delighted that all this hard work has been recognised with this prestigious award."

More than 230 nominations for drug workers and drug teams were entered for the award from across the country. Their work helps reduce drug-relating crime in communities; increases the number of drug misusers entering and finishing treatment and ensuring that there is tough enforcement of the law.

Gary Rickwood, Strategy Manager for DAAT, said:

"This work during National Tackling Drugs Week was very important since part of our task is to raise the profile of the wide range of work being done and the services being provided to address the problems arising from drug use. Considerable progress has been made in both prevention and treatment. I would like to thank the partnership, particularly Merseyside Police, who work very hard throughout the year to sustain the many achievements that have been made. It is good to be recognised on the national stage but what we want to achieve is a Wirral free of all the problems caused by drugs and alcohol and we will continue to work hard to find ways to achieve that."

Home Office Minister, Alan Campbell said:

"I want to congratulate all the finalists for their hard work and dedication. These awards show just how many hard working volunteers and professionals work side by side within our communities to help individuals overcome drug addiction, support those affected by it and reduce the harm it can cause to our society.

"Latest statistics show that overall drug remains historically low demonstrating that our efforts to tackle drugs and get them off our streets are delivering results. However we are not complacent, we continue to focus our efforts on



Photo: Jon Ward, Wirral Area Commander, Merseyside Police, Mandie Campbell, Director for Drugs, Alcohol and Partnerships, Home Office, Brian Goodinson, Communications Project Manager for DAAT, Ian Shaw, Joint Commissioning Project Manager for DAAT and Inspector Cliff Barr, Merseyside Police.

reducing the harm caused by illegal drugs through enforcement, education and treatment."

A video, produced and broadcast by the Home Office, supporting the work of the DAAT partnership, featured Steve Maddox, Chief Executive of Wirral Borough Council & Chair of Crime Reduction Partnership and Kathy Doran, Chief Executive of Wirral NHS & Chair of DAAT and Chief Inspector Bob Gittins, Merseyside Police. The video will be available for local viewing later this month and broadcast on the DAAT website. [www.wirraldaat.com](http://www.wirraldaat.com)

## Notes:

Home Secretary, Rt. Hon. Alan Johnson, MP, gave a video welcome and foreword to the event. He was deputised by Home Office Minister, Alan Campbell.

Wirral DAAT is the partnership that brings together Wirral NHS, Wirral Borough Council, Merseyside Police, Merseyside Probation Service, Children and Young People's Department, Job Centre Plus, drug and alcohol service providers, community and voluntary services. It manages funding provided through the NHS, to get heroin, crack/cocaine users into treatment, and partly funded by the Home Office, to help reduce drug related crime.

The Award ceremony was held on Wednesday 9th December at the Church Conference Centre, Westminster Abbey, London

Tackling Drugs Changing Lives was supported by Wirral based organizations -ARCH Initiatives, PADA (parents Against Drug Abuse) Phoenix Futures, Wirral Borough Council (Youth Sports Department) & Merseyside Police.

# Recovering Communities

A collaboration between Genie In The Gutter, Tenantspin and Anfield and Breckfield Community Council (ABBC).

There has been a lot of talk lately about recovery, what it is, how we define it, and how we integrate it into our own communities. The theme of recovery in the communities is interspersed throughout this issue of Recovery Rising. William L. White, senior research consultant at Chestnut Health Systems USA and past board chair of Recovery Communities United spoke to us in our last edition. He highlighted that we have historically thought of addiction treatment as something for individuals only, and more recently, families, but that some communities have been so affected by the devastation of addiction the whole community needs to recover. We asked him how we could pilot this in the UK and he advised us to start small, to facilitate a listening process within the communities, to pose questions, guide discussion and document findings with the key being to mobilise local community action.

*We are now working together to develop a facility to continue the work of the recovering communities agenda*

**Carolyn Edwards,  
Genie In The Gutter**

Genie In The Gutter took Mr White's advice - the programme of recovering communities in the US has proven a fantastic success - and working in partnership with Tenantspin; a community arts project based at FACT who engage with social housing residents;

and ABBC; an Anfield and Breckfield community council supporting local residents through innovative projects; our Recovering Communities Event held recently at the ABBC kicked off the first of tenantspin's North Liverpool Debates.

## The first of the North Liverpool Debates

Liam Fogarty, writer and broadcaster and also Chief Executive of Turning Point, chaired the debate with Sue Neely of Addiction and Offender Health kindly giving up her time to explain to the attendees the role of Addiction and Offender Health and to answer any questions the audience had. It was a thought-provoking afternoon and a great door-opener for future work with local communities and seeing over 50 people attend proved the importance placed on this type of positive and critical communication.

## Aims

- To provide a safe and respectful space for local housing residents to air their views.
- To document findings and evaluate so as to provide a focus for the discussion and look at attainable outcomes and achievements.
- To raise awareness of recovery from substance misuse in the communities most affected by it.



## Findings

- More communication needed with local residents, agencies, businesses and the faith sectors to encourage and build awareness around recovering communities.
- Collaborating with a local agency like ABBC ensured the but-in of local people from the community which brought some interesting questions to the table.
- The debate met its target of providing a secure and respectful environment for a key-note discussion within a neighbourhood.

## Audience Profile

Age range	%	Age of person/people effected by drug/alcohol misuse	%
0-16	1.2	16-24	6.8
25-44	45	25-44	42.3
45-64	51.3	45-64	25.7
65+	2.5	65+	25.2
Drug or Alcohol Peer or self-use	%	Help seeking amongst substance misusing attendees	%
Yes	87	Yes	100
No	13	No	0

## Conclusion

The audience agreed that a change in culture and a building of awareness and respect is required for communities to recover from addiction. Local people and businesses need to get on board with the key players in addiction treatment, the local council, faith organisations and community sectors in order to move forwards and build a more positive, healthy community.



Are you a service user?  
Have you been affected by drugs/alcohol?  
Are you involved in the drug/alcohol field?

If so, here's a chance for you to have your say. Your Voice, Your Say is featured in every edition of Recovery Rising and acts as a platform for service users and anyone involved with drug/alcohol work to have their voices heard. LETTERS, POEMS, INFORMATION, FEEDBACK, ARTWORK, COMMENTS, REAL LIFE EXPERIENCES, YOU NAME IT, WE WANT IT!!! Please email your contributions to: [carolynedwards@genieinthegutter.co.uk](mailto:carolynedwards@genieinthegutter.co.uk)

## Information

### Liverpool Supporting People Forum (LSPF)

LSPF is a service user led group of individuals working to improve services across Liverpool. There are over 10,000 people in Liverpool receiving Supporting People Services from Liverpool City Council.

If you are receiving Supporting People services (housing based support) you can join LSPF and have your say about the services you receive.

#### Peer Assessment

There are about 500 organisations in Liverpool which provide Supporting People services. Each of those organisations needs to be inspected, or assessed every year, to make sure that they are delivering good quality services. These inspections are called Validation Visits.

Liverpool City Council wants to involve people who receive Supporting People services in Validation Visits, in the hope that a clearer and fuller picture of services will be obtained. These volunteers will be called Peer Assessors.

For the last few months a group of LSPF volunteers have been attending a training course to prepare them to become Peer Assessors. The group has attended training in the following areas:

Awareness of the different backgrounds and support needs of service users including disability, mental health, AIDS and HIV awareness etc.

- Domestic Violence
- Health and Safety / First Aid
- Confidentiality and report writing
- Interview Techniques

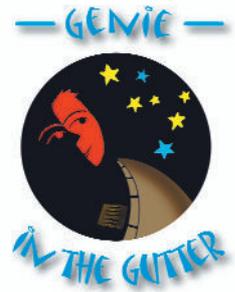
We are hoping to run the course again for a new group of volunteers over the coming months.

If you are interested in becoming a Peer Assessor and helping to improve services across Liverpool then please feel free to contact the Facilitator for LSPF, Mark McKean [mark.mckean@lcvs.org.uk](mailto:mark.mckean@lcvs.org.uk) 0151 227 5177

#### Open Meeting

LSPF also held a very well attended and successful open meeting in League of Well Doers (Kirkdale). Over 150 people attended.

### Mentoring works... Genie in the Gutter works with The Basement

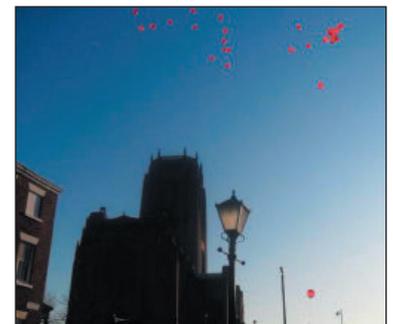


Genie In The Gutter, who work with prescribed clients and problem drinkers wishing to stabilise further and or become drug free/ abstinent, have recently held a mentoring course which was facilitated by The Basement. The course, which is accredited with a level 2 from NONC, ran for 5 days per week for two weeks and covered team building, confidentiality, empathy, effective listening, signposting, barriers and boundaries, patterns of behaviour, alcohol, drug awareness, relapse triggers, and relationships. The course also covers Basic English and other relevant topics if needed.



The course culminated in an event held by LIPA who work in partnership with Genie in the Gutter. All the course participants ascended onto Rodney Street with another couple of hundred people who had also been

working with LIPA to set free hundreds of red balloons with messages of hope attached to them. The now qualified mentors have since been integrated into the Genie programme which offers valuable work experience, ongoing training and guidance and most importantly it provides our prescribing clients with a very real and positive example that being free from addiction is not only possible but also enriching and rewarding. Genie would like to thank Carol, Donna and the team at The Basement for working in partnership with us on this valuable initiative.



# Letters and Comments

We welcome your views/comments.

Please email them to [carolynedwards@genieinthegutter.co.uk](mailto:carolynedwards@genieinthegutter.co.uk)

In each edition of Recovery Rising a prize will be given to the best letter.

Dear Recovery Rising,

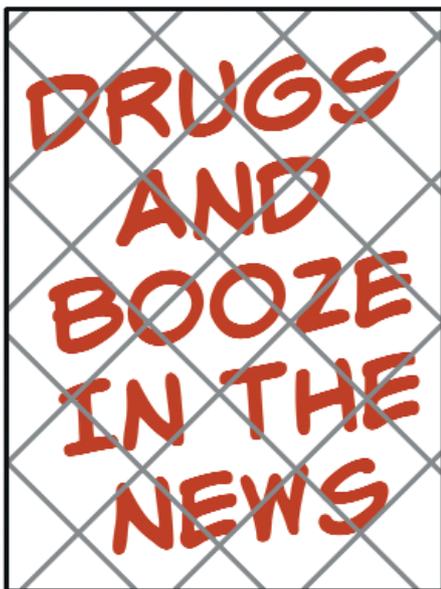
I would like to congratulate you on your last edition of the magazine. I much prefer the name Recovery Rising to that of The Word - it gives a much clearer message as to what your magazine is about, and also the situation with regards to drug treatment in the UK at the moment. I for one do not think we should be disposing of harm reduction services, but I do think it is vital that all of us, as workers, encourage our service users towards a full recovery. We should be actively encouraging and educating people about drug free lifestyles. If we don't believe they can do it, how can they? Unfortunately, at least in my lifetime, I am pretty sure there will always be a place for needle exchange schemes etc but if we should all try our best to inspire our service users and help them believe that they can live a life free from active addiction. From somebody who was once a service user - to someone who is now a worker in the

field - I would like to thank you for putting together a magazine that addresses such important issues yet still manages to be a good and entertaining read.

J Powell, Manchester

Dear Recovery Rising,

Just wanted to say that I attended the Recovery March organised by SHARP in Liverpool last September and what a fantastic event it was. The atmosphere was unbelievable with people coming from all over the UK and beyond. What an experience! I was having a bit of a rough time last year and the march really lifted my spirits. I can't wait for the next one which I have heard is in Glasgow this year. Do you have any more details so I can organise my trip up there?



## 'Legal Highs' made illegal

Just a few clicks of the mouse and you can have a large number of what have become known as legal highs delivered to your door. With no studies being done into the side effects people are taking them blindfolded to the damage they can cause. If somebody offered you paint stripper, plant food or even something like cattle de-worming tablets you would think they were crazy right? These are just some of the ingredients contained in the formally legal highs GBL and BZP Benzylpiperazine. A teaspoon of GBL can be all it takes to throw you into a real life coma and mixed with alcohol it can and has been fatal.

The government has included additional substances under the Misuse Drugs Act 1971 that came into place on the 23 December 2009. New classification includes GBL (gamma-butyrolactone) and BZP (benzylpiperazine) and related piperazines, which have an effect comparable to amphetamine and are now controlled as Class C drugs. Additionally, synthetic cannabinoids, chemicals often sprayed on herbal smoking products such as 'Spice' and with an effect similar but far more potent to cannabis, are now under the Class B drugs. Finally, 15 new steroids have been added to Class C drugs. The maximum penalty for supply, production and trafficking of these Class B and C drugs is 14 years imprisonment and for possession of a Class B drug is five years imprisonment. The maximum penalty for possession of a Class C drug is two years imprisonment.

## Meow Meow Kills

Two friends have died after taking the legal drug mephedrone known as Meow Meow. The two teenage friends had been drinking together until the early hours of Monday March 15th but were later that day found dead at different addresses.

The boys, age 18 and 19 had been on a night out with friends and are described as normal, caring and hard working lads.

Another so-called legal high that should be made illegal?

**HAVE YOUR SAY...  
WHAT DO YOU  
THINK????**

We would love to hear what you have to say about the above issues.

Agree? Disagree?

Let us know by emailing [enquiries@genieinthegutter.co.uk](mailto:enquiries@genieinthegutter.co.uk) or write to us @ GITG, 88 Rodney Street, Liverpool, L1 9AR

YOUR SAY  
YOUR VOICE

# Literature/Short Stories/Poems

## Poem from The Canon

### Beggar

By Murano Shiro

His rags glint in the sun:  
Yet his poverty is so clear,  
Tangled in his tatters,  
That it shines through everything  
Like a kernel, like a core,  
With everything else dissolved.

After a while he moves  
From one thin shaft of sun  
To a new one, taking his time.

One piece of existence moves,  
Trailing its soul behind  
Like an unhappy child.

*(Translated by Geoffrey Bonas and Anthony Twaite)*

### The Face

By John Kay

That knew the grass was dying  
That kissed and kept kissing.

That swallowed the golden hook  
But spit it back.

That saw God,  
But forgot Mortality.

The facing the window,  
But not its ghost.

The face squinting into the abyss.  
The face approaching with a blade, but passing.

The face with cigarette but not Marlone Dietrion.  
The face of pain reflected in water everywhere,

-- the face of Charles Bukowski.

We welcome poems from service users or anyone else working or linked up to drug and alcohol services. Please email your poetry to [carolynedwards@genieinthegutter.co.uk](mailto:carolynedwards@genieinthegutter.co.uk)

### Open Eyes

From an anonymous worker, Manchester

I came in here with my eyes open wide  
Thought I knew everything with nothing to hide  
But time unfolded and I wondered otherwise...  
As people opened up and told their life stories  
In all their gory  
I watched on them with pride  
Then went home and wondered  
Am I still trying to hide?  
Y'see I've got m y own life story and it's tainted in pain  
Of fearful days when I was out of control  
And my heart was a hole with no name  
But through all the pain,  
That's too hard to describe,  
Or is it my pride?  
I did gain  
A perspective on life  
And with a spiritual guide  
My heart became whole  
And now I don't want to die.  
Instead I see beauty in simplicity.  
It's in the flowers and the trees  
And the eyes of tiny babies,  
And I feel the sun and so much warmth  
For even in thunderstorms  
My waters lay still  
As my mind starts to follow  
Not wallow, in self-piteous rage  
It's not easy to do but it unlocks your cage.  
You have to keep going day in and day out  
And work really hard on yourself  
But have no doubt  
That in God's love  
You can sing, dance and shout, from the rooftops, (quietly though!)  
And you share what you've learnt  
Help people to grow  
And to those that have hurt you  
And them with no feeling  
Don't react, send them healing  
Then you're in control, a smile on your face  
Full of grace, not hate  
So if you're struggling through life, please be patient and strong  
And I promise you faithfully it will be so worth the wait.

Each edition of Recovery Rising will feature this Move On section that gives you an insight into the progress of our clients, readers and friends. If you have any news you would like to share with us please email: [carolynedwards@genieinthegutter.co.uk](mailto:carolynedwards@genieinthegutter.co.uk)

JM was a resident at Park View for almost 5 months. During that time he was referred to Independence Initiatives and also enrolled on a Basic Counselling course at Newsham ACL. He was referred by Resettlement at Park View to the D.I.P Bond Scheme at Nugent Care. He was also referred to NOVAS and has support from both. He is currently a resident at Bridge Total Abstinence Project awaiting a fully self supporting accommodation. He has also successfully built up a new relationship with his family and now lives a drug and alcohol free life.

JC referred himself to Park View whilst living with family. After successfully completing his treatment he is now living in supported accommodation with New Start. He was referred to Working Links and JET in order to gain employment. He is considering a course in Sports Massage Therapy, has already started an ECDL Computer course and now lives an abstinent lifestyle.

PG was a resident at the Salvation Army prior to referring himself to Park View. During his 7 months at Park View PG has been on a welding course at Alternatives which has now finished. He is also on a catering course and attends Independence Initiatives for computers, English and Maths. He has been referred by the Resettlement at Park View to Nugent Care and is now on top of their list for re-housing. He is currently in the supported housing stage at Park View.

TB has engaged extensively with Genie In The Gutter in classes and voluntary work and he has successfully completed his treatment at Park View where he was referred to Nugent Care for re-housing and now lives independently. TB spent time at Independence Initiatives where he took classes in Fine Art and Calligraphy. He then went on to do a Counselling Course at Newsham ACL. He completed English and Math's Level 2 at Learn Direct and also courses in Local History and Computers at Transit. TB was referred to Progress to Work where he joined the Fixers program. He now is in full-time employment at TSP and works at their Alcohol Project in Rock Ferry Birkenhead.

GL spent 5 months at Park View where he engaged with his treatment. He was referred and successfully engaged with a Day Care Centre whilst at Park View and was referred by Resettlement to Ullet Lodge and New Start. GL is now living in supported accommodation at Ullet Lodge.

MS successfully completed treatment at Park View who referred him to Alternatives where he completed a welding course. He is also involved with Genie in the Gutter and Transit and has enrolled in September on a Basic Counselling Course and a Confidence Building Course. He has been registered with Property Pool and is currently living in one of Park Views supported accommodations.

RD was living with family before making a self referral to Park View. After successfully completing 6 months of treatment has now started a college course with Hugh Baird doing Level 2 English and Maths. He is also currently doing Psychology and Drug Awareness Courses and is at Transit for Computers. Park View referred him for Resettlement and he is currently living at Orrell Lane Abstinent Supported Housing enjoying an abstinent lifestyle.

After making a self referral from Mildmay House to Park View PM spent 4 months in treatment. He was referred to Orrell Lane Total Abstinent Project and is now living with his son and is back in full-time employment in a restaurant in the Liverpool city centre. Well done!

After spending 5 months in Treatment at the Park View Project AK has regained close contact with all family members. AK was referred to Transit for Art and Computers 3 times a week and also attended Independence Initiatives for Psychology and Aromatherapy and applied to the Basement for Voluntary work. Resettlement at Park View made referrals to Nugent Care D.I.P team and New Start. AK is now currently residing at Halken House which is a New Start Supported Abstinent Accommodation.

JD made a self referral to Park View and has since built up a strong support network and registered on a Beauty Course with Liverpool Community College. JD was registered with the Property Pool by Park Views Resettlement and is now back in contact with family members.

GS successfully completed 6 months treatment at Park View and is now involved with Progress 2 Work to gain a C.S.C.S Card to get back into work. A referral was made by Park View's Resettlement to Nugent Care DIP team who re-housed GS successfully in their housing scheme with floating support.

After a period of time with No Fixed Abode DB made a self referral to Park View and after completing 5 months of treatment has now been successfully re-housed. DB is now living in an Abstinent supported accommodation at Orrell Lane and has built up connections with all family members.

PR was referred to Park View from hospital. After successfully completing treatment 10 months later PR has completed a Basic Counselling Course and has recently started a Certificate in Counselling Skills at Liverpool Community College. He has recently completed a Community Sports Leader Award and has been accepted to go on to the Higher Sports Leader Award in Jan 2010. PR is currently doing a Web Design Course at Inspire and has helped design Genie in the Gutters new web site. He was a main contributor to Genie's Icon and Dreams event at St Lukes Church and designed the magazine fanzine on the day. PR is now living in Abstinent Supported accommodation with New Start.

After a self referral to Park View and 7 successful months of treatment DMc is involved with Computers and Music at Independence Initiatives. He is also an amazing artist and since coming to Park View has been referred to Genie in the Gutter and has produced pieces for the Art exhibition at St Luke. He painted the fantastic John Lennon portrait that had tourists asking to buy the piece at the event! DMc is currently awaiting recruitment for Young Addaction where he intends on working with youths on future Art Projects.

RM successfully completed treatment at Park View and has now enrolled at Ellergreen College for a Basic Counselling Course. RM is also doing a Confidence Building Course at Newsham ALC and has been referred to Independence Initiatives for Computers and The Spider Project for Outward Bounds. RM is currently living at one of Park Views Abstinent Supported Houses.

# History of the AA:

## Part 4 - Its impact On Popular Culture

**1** *We admitted we were powerless over alcohol — that our lives had become unmanageable.*



In forthcoming issues we will be looking at the various recovery models available. These will include the actual steps of the 12 step programme, Intuitive and SMART recovery systems as well as detoxification.

From its humble beginnings in the 1930s the AA became the largest and most successful organisation to deal with alcoholism. Around the world there are millions who have escaped the insanity of alcoholism and have years of sobriety behind them. The reasons for the success of AA are many but an explanation for the growth of AA as a worldwide phenomenon must owe something to the notion of mutual aid and the character of the 12 Step programme [see Petrunik] which is rigid in its determinism to get the alcoholic on the road to sobriety and maintain a sober lifestyle, but flexible enough to avoid dogma and allow the individual to find their own path.

Perhaps the most important aspect of remaining sober can be found in the 12th Step. Passing on the message must be the major explanation for the success of AA.

In 1994 a young novelist; an alcoholic in recovery and AA member, Charles Reginald Jackson published his first novel. The book was picked up by Paramount Pictures and in 1946 *The Lost Weekend*, starring Ray Milland was released to critical acclaim. The film picked up four academy awards. Initially there were doubts about the film after a preview audience, unused to the portrayal of naked realism, rejected it. It was the first time that the madness of alcoholism was presented to the public and no film, as yet, has equaled it for its direct approach and honesty in the portrayal of an alcoholic.

Since then there have been many portrayals of alcoholism that passed into popular culture; for instance films such as *Days of Wine and Roses*; *A Long Day's Journey Into the Night* and the outstanding *Le Fou Follet* by the French film director Louise Malle, the winner of the special jury prize at the Venice Festival in 1968. *Le Fou Follet (The Fire Within)* is a startling journey of an alcoholic who has left detox because all around him believe him to be cured. Maurice Ronet gives an outstanding performance of emotional intensity that many who have been through rehabilitation will recognise. There have been many powerful films made on the subject of alcoholism and also on drug addiction, but none have managed to capture the brutal honesty of *The Lost Weekend* or the raw emotion of *Le Fou Follet*.

TV also has had its fair share of alcoholic characters but it was the programme *Hill Street Blues* that set the standard. Two characters, in particular Capt. Frank Furillo and Norman Buntz, were portrayed in a sympathetic but everyday manner. The programme set the standard for cop shows in the US and each seemed to have their own recovering alcoholic character.

In the past decade many of the smash hit TV shows, from the USA, notably *The Sopranos* and *The Wire* have featured central characters that were in either alcohol or drug recovery and attended the respective fellowships. The recent smash TV show, *Fast Forward* (which is a bit of a misleading title as most of the series deals with people recalling what they saw) takes this one step further and has the main character as a recovering alcoholic and an AA member. Amongst other existential angst suffered by Mark Benford, in the series, is that he sees himself relapsing.



Loyal AA'er Lionel Hurtz

The everydayness of AA in the US led to one of the most memorable episodes of *The Simpsons*. *Marge in Chains* has a scene where her lawyer, Lionel Hutz, on presenting a bottle of Bourbon as evidence in Marge's trial, dashes from the court to ring his sponsor, singer/songwriter, David Crosby. The call ends with Crosby and Hutz affirming their love for each other. It would be hard to imagine a British programme pulling off something similar with as much confidence.

On this side of the Atlantic, especially in Britain, the portrayal of alcoholism in popular culture was mostly in comedy such as Patsy Stone in *Absolutely Fabulous* or Father Jack Hackett in *Father Ted*. Alcoholics in drama seemed to be used as a means to heighten tension for dramatic purposes. Such as Inspector Morse or Eddie Fitzgerald in *Cracker*; to give the central character an edge and some sort of explanation as to why they do what they do. In one sense this seems to be just a variation on the clichéd romanticising of mental illness rather than anything deeper.

The films of Ken Loach that dealt with substance abuse; *My Name Is Joe* and *Sweet Sixteen* attempted to put the problem in a strictly social context. But it becomes difficult to divorce the condition of alcoholism or drug addiction from the wider social conditions. Thus the central characters were never fully examined in the way that existential approach of other, non-British, film makers. The other impact that AA's approach has made on our culture is that of the 12 Step programme which seems to be seen as a panacea for much of what is diagnosed as 'compulsive behaviour'.

Charles Reginald Jackson is regarded as being the first person to speak about drug dependency as part of his journey story at an AA meeting. Many drug addicts shared a sense of empathy with alcoholics and AA was the only organisation they could turn to for support. In 1947, a group of drug addicts began to meet as part of a treatment center in Lexington Federal Prison. It was founded by a man named Houston Sewell, and was based on the 12 steps of A.A. The group called itself NARCO. The group found great difficulty in organising itself. This was compounded by New York City law which prohibited the gathering of drug addicts for any reason. Eventually the early attempts at founding a group led to the establishment of Narcotic Anonymous (NA) in California in 1953. Having sought, and been given permission from the AA authority to use the 12 Steps, NA went on to become the largest and most effective worldwide organisation for drug addicts.

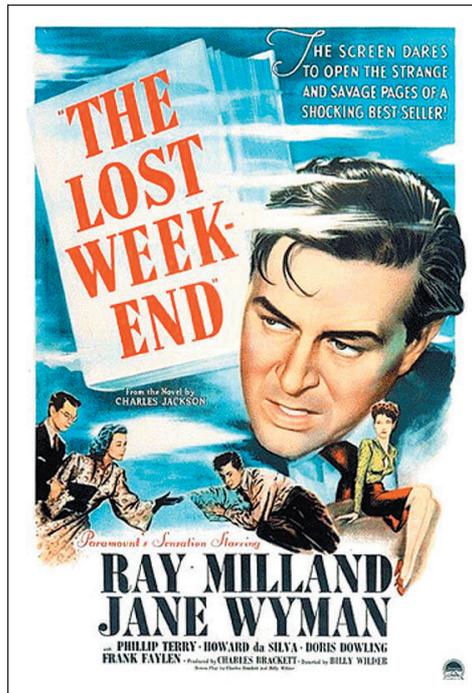
Today there are 12 step programmes for nearly every type of 'compulsive behavior'. Cocaine Anonymous and Marijuana Anonymous both sprang from NA. Family members and friends of alcoholics can find support in Al-Anon, which was set up nearly 60 years ago.

Other forms of human behaviour that was deemed to be a problem were catered for. Gamblers Anonymous was set up in 1957. From the 1960s to the 1980 the growth of Mutual Aid groups took off, as established psychiatric methodology came

under greater scrutiny from a critical academia, and was found to be lacking. Many of these groups adopted the 12 Step approach.

In the late 1990s up until today more and more behaviours have been medicalised and traits such as shyness are now seen as problems in need of professional help. But with professionalism itself under scrutiny, more and more Mutual Support groups are springing up and adopting a 12 step program. These include 'sexual compulsives', smokers, people with emotional problems and many more. Whilst this may seem to suggest the success of the 12 step approach it also seems to suggest that established methods are unsuccessful. The establishment even seems to feel this themselves; seeing the 12 Step approach as, not only more successful in terms of outcomes, but less expensive than the established approach [e.g.: *Alcoholism: Clinical and Experimental Research*, Volume 31].

It is hard to see what similarities there are between and alcoholic or addict and someone who has chronic debts. Addiction is more than just a compulsion. Whilst much behaviour could be tackled through other routes, addiction is the result of a spiritual wanting and the 12 Step approach understands and addresses that point.



With the omnipresence of 12 Step approaches the programme faces the possibility of becoming a joke. Only last year Rich Karlgaard of Forbes magazine was seriously promoting a 12 Step approach to economic recovery, the first step being an admission of "one's mistakes" [*Forbes* November 25, 2008]. Whatever becomes of the many different groups, the one fact that will remain for AA and NA is their proven track record and the belief that only as a collective and through a spiritual awakening can we overcome our addictions.

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**Rowdy Yates** is Senior Research Fellow and facilitator of the Scottish Addiction Studies group in the Department of Applied Social Science, University of Stirling. He has worked in the drugs field for over 35 yrs and he was Director and co-founder of the Lifeline Project; one of the longest established drug specialist services in the UK. He has published widely on addiction issues; including an edited book (with Barbara Rawlings) on drug-free therapeutic communities, a handbook on the purchasing and management of drug and alcohol services and a chronicle of drugs, music, and popular culture since the 60's. He is currently editing a book recalling the lives and legacy of a group of European pioneers of the therapeutic community movement. He is the current Executive Director of EWODOR (the European Working Group on Drugs Oriented Research), Vice-President (Teaching & Research) of the EFTC (European Federation of Therapeutic Communities) and Chair, Addictions Advisory Group, Royal College of Psychiatrists (Community of Communities). In 1994 was awarded the Order of Member of the British Empire (MBE) for services to the prevention of drug misuse. With all the recent talk, and for some working in the field of addiction, confusion, around recovering communities, we asked Rowdy if we could use his expertise to review a book that covers the subject.

## Creating Communities for Addiction Recovery: The Oxford House Model

Jason, L. A., Ferrari, J. R., Davis, M. I. and Olson, B. D. (eds.) (2006)  
Binghampton NY: Haworth Press Inc.

For those of us who have, over the years, complained about the limited time-window utilised in the vast majority of addiction treatment outcome studies, this book will come as a breath of fresh air. Jason and associates at DePaul University have spent around thirteen years observing the workings of the Oxford House movement in all its aspects and in following up cadres of its residents.

The book is an edited collection of a series of linked studies previously published in an academic journal (*Journal of Prevention & Intervention in the Community*, 31, 1/2). The work is thorough and painstaking and is unusual in its recruitment of, and reliance on, a group of peer interviewers; themselves Oxford House residents. Inevitably, this use of peer-involved research and the duration of the study itself, raises the possibility of the studies being 'contaminated' by the research encounter. However, the authors have been sensitive to the issue and explain at some length, both the justification for this approach and the various safeguards they have introduced to minimise such an effect.

For most of us in the addiction field, the Oxford House movement has tended to 'fly below the radar'. Indeed, outside the United States (and, more recently, Canada and Australia, where the movement has begun to take hold) few have even heard of it. The system is relatively simple, addicts in recovery raise the finance (or are in some cases, given state loans) to purchase a property for multiple occupation. The house is then run as a sober-living community with residents controlling who is allowed to take up a tenancy and rents set at a rate sufficient to cover costs (and, where necessary, repay loans) and to provide seed-corn funding for the purchase of other similar properties. Originating in the resident buy-out of a due-for-closure halfway house for alcoholics, the Oxford House movement has grown to some 1,200 houses in almost every state in the Union. The rules are straightforward. The resident must be of the correct gender (all Oxford Houses are single sex) sober on entry and actively committed to a treatment plan; generally (but not universally) including attendance at AA or NA meetings or similar. The houses are

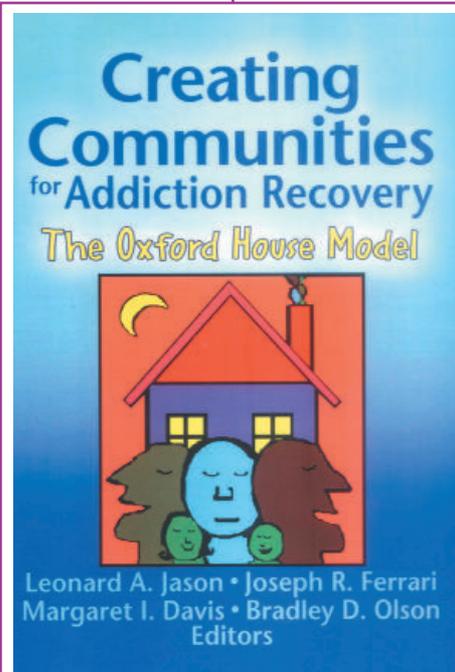
democratically run by the residents themselves and there is little or no "professional" intervention. Admissions, expulsions, the care and upkeep of communal areas etc., are all decided by the resident community at regular residents' meetings.

Oddly, the authors make little or no mention of the therapeutic community, although their day-to-day practice is strikingly similar to the communities pioneered throughout Europe and based upon the pioneering work of Maxwell Jones and others. Similarly, the use of confrontation of unacceptable behaviour and/or attitude in communal meetings is reminiscent of American-style drug-free therapeutic communities; though these challenges appear to be far less "high voltage" than in such TCs.

Successive chapters explore in detail the physical environment and its management and settings; the impact of the aborted state-loan system upon the growth of the movement; treatment costs; gender and ethnicity; residents' support networks; utilisation of health-care; and the inclusion of relevant children in such community settings. All of these issues - many of them contentious in addiction treatment - are thoroughly examined with the results set out in a clear, unfussy style which makes this volume extremely accessible.

Coming at a time when many European countries are experiencing a renewed interest in abstinence and recovery approaches and when there appears to be (at least in some countries) a groundswell of client dissatisfaction with management and medication oriented treatments, this small volume is extremely timely. There are questions of course about its transportability.

There always should be with any interesting idea from another culture. It may be, for instance, that Oxford Houses would not appear quite so attractive in European countries with their strong tradition of social housing and welfare support. But this is a volume I would recommend to anyone who dismisses the current clamour for recovery options or doubts the capacity of addicts to find their own way to sobriety. And it certainly provides a solid basis from which to discuss moving forward the notion of recovery communities.



# What is Recovery - A Workshop

## *'Recovery is about the workforce getting better'*

Over the last 18 months, as the recovery movement continues to grow, I have been facilitating Recovery Workshops across the UK. 630 people have attended including Commissioners, Front Line staff, Service Users and Carers. The workshops were held in Coventry, Bradford, London, Manchester, Halifax, Wigan, Salford and a filmed workshop held at Gene in the Gutter in Liverpool where 25 people attended including Managers, front line staff, service users and prison workers.

The objectives of the workshops were to:

- Explore and review what the elements of recovery are.
- Review and explore how as workers, service users and carers we can start recovery work.
- Review what we currently do and the recovery process.

The workshop looked at the following questions and the most consistent feedback included the following:

### 1 What currently happens in services that appear to maintain people and not allow them to recover and move on?

- No exit strategy.
- Medical model is still hugely influential but tempered by a more holistic/individual approach
- Agencies still don't communicate as well as they could where a client's issue is not relevant to a specific service
- Time constraints on how much time can be spent with individual
- For people to change they need more structured help and reflection
- Maintenance clinics give out wrong signals to clients
- Workers refusing to let go and move clients on
- Services focus on targets and not the client's needs
- Low staff expectations around clients recovering
- Staff becoming to cynical
- Too much focus on script

### 2 Can you see Recovery Communities in your area?

- Yes you can, but not many people are recovering
- People do improve their lives but very few become drug free and get jobs
- No I do not see much recovery amongst clients
- No because we have no aftercare and no abstinence services
- No because we have no abstinence based services to enable the development of recovery
- Yes people are moving on and leaving problems behind

### 3 What do you think a recovery-based service would look like?

- More time to spend with clients
- Workers who expect more from clients
- More focused on outcomes
- Inventive and not restrictive
- Workers trained in a number of therapies
- More focus on recovery planning led by the clients
- More links into community resources
- More real counselling for clients
- No clients being allowed to stay on their script indefinitely
- More emphasis on client's ability
- More involvement from clients
- A service provided in a nice environment with motivational posters
- A central place that connects clients to the resources in the community

### 4 What are the main barriers to creating a recovery based service in your area?

- Paperwork
- Lack of resources
- No real service user/carer involvement
- Rigid management structure and red tape
- Clients thinking it is impossible to come off methadone
- NTA changing the goal post all the time
- Systems not coordinating client's personal needs
- Staff having their own agenda
- Funding
- Caseloads
- Stigma of being a carer
- Not being understood
- Lack of communication between agencies
- Spending too much time on those who do not want to recover

### 5 What would you do to overcome the barriers to recovery?

- Focus on substance misuse not everything
- Start exit plans for clients straight away
- Involve clients more in the planning of services
- God
- More training for staff on working with clients in a solution focused way
- Advertise services that promote recovery
- Review the client's journey through treatment more often
- Set up a recovery forum involving workers and clients
- More workshops like this, with follow ups every year
- Encourage more feedback opportunities like this and ensure feedback is taken seriously
- Get rid of staff who do not promote recovery
- More time to work with clients and focusing on clients who want to recover

At the beginning of the workshops I asked people why they came into this line of work and overwhelmingly the majority answered by saying 'To help people become drug free and get their lives back'

A lot of the workers felt angry that they had been encouraged by the politicians and the NTA to keep people in treatment because this reduced crime and improved health. Most workers felt that methadone treatment had reduced levels of crime and improved people's health but at the expense of supporting people to become drug free and get their lives back.

If we are to achieve the aim of getting more people through and out of treatment then surely we need to start with the workforce, rediscovering why they originally came into this line of work.

John Bucknall

## Death Sentence For Alcoholics

The death of Gary Rienbach, a 22 year old lad and a heavy drinker, from liver failure. was a tragedy that threw up some disturbing factors about the society we live in. Gary died a day after his mother went public in an attempt to convince doctors and The Liver Advisory Group; (LAG - they decide who, in their opinion, is worthy of a transplant); to provide a liver for her son. One of Gary's last requests to his mother was to contact Alcoholics Anonymous. As with most alcoholics, it took an extreme situation to make Gary face up to his alcoholism. Unfortunately Gary was not given that opportunity.

One of the determining factors that provide groups like LAG with the power of life and death is the shortage of organ donors in Britain. That shortage could easily be addressed by the introduction of an opt-out donor scheme. However, several patient groups, including Patient Concern, are against a system of presumed consent, arguing that it is not up to the state to decide what becomes of people's bodies when they die. Yet there is very little opposition to the state's interference in the lifestyles of the living. Everyday we are told what we should be eating and people are routinely denied medical treatment because of their lifestyle.

It is a sad reflection that some people who were carrying donor cards threatened to tear them up if Gary had been given a liver. This smacks of the unpleasant narcissistic approach to charity, such as the multitude of ribbons for various causes: It seems as if some people view carrying a donor's card as a statement of their moral superiority, which may go some way to understanding their arrogance about who should benefit from their death. But being a donor is not an act of charity. Charity involves a level of sacrifice. Allowing someone to have your liver after your death is hardly a sacrifice.

It is a sad reflection of a society that allows such prejudice to determine whether someone can live or die.

In July of this year an NHS Information survey suggested that there has been a three-fold increase in alcohol consumption amongst 11 - 15 year olds in Britain in the past two decades. Whilst research into young people's alcohol consumption in Britain is minimal it would be pointless if this tragedy led to a greater 'education' programme. Whilst prevention is far preferable to cure, the reality is that some people reject health warnings, thinking that it can't happen to them. As Gary's mother stated: "... he was a young lad, what young lad listens to their mum?" [*Guardian* 25 July 2009].

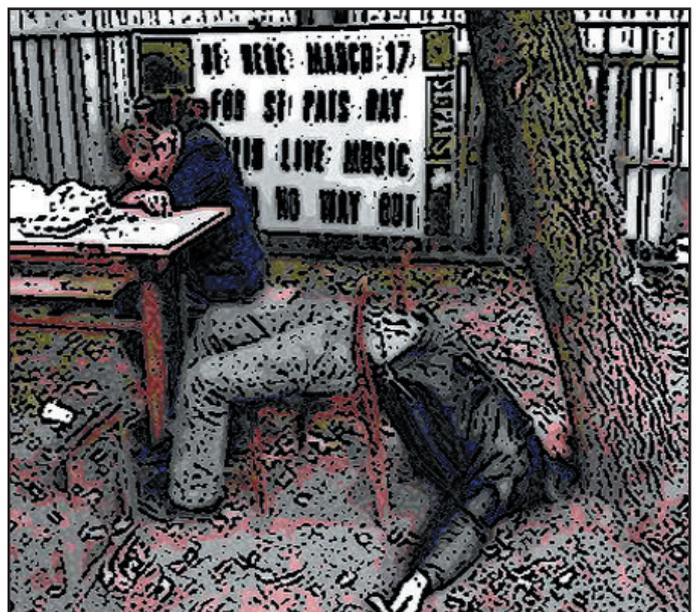
If the NHS is serious about tackling the organ shortage, in order to prevent such needless waste of life then an opt in scheme would go some way towards addressing the problem. The system of 'presumed consent' is already practiced in Spain, which has the highest proportion of donors in the world. One of the factors in Spain's increased rate of organ donation has been the introduction into hospitals of specialist teams responsible for encouraging organ donation.

In 2005 a survey showed that 61% of Britons supported an opt-out scheme and the Prime Minister is also on record as voicing his support.

However there is no clear evidence that opt-out is the sole factor. The fact that Sweden has an opt-out law does not seem to influence the donation rate per million of population, which is lower than that of Britain. Greater funding for medical technology such as stem cell research and xenotransplantation should also take place as well as looking at relaxing the conditions forced on medical researchers by bodies such as the Human Fertilisation and Embryo Authority which hinder development.

More important is an end to the culture of judgement which allows groups like the LAG, who are appointed and are answerable to no-one, to decide who to condemn to death.

Alcoholism and addictions are a fact of life. There is no one cause to explain why they happen. In the last century Britain abolished capital punishment. This enlightened step recognised the value of human life and inferred that it was possible for people to reform their lives. It is a grave tragedy that society allows people to be condemned to death because of something that has taken hold of their lives, as addiction and alcohol does. Nobody picks up a drink with the intention of becoming an alcoholic. Millions of people have turned their lives around by attending AA and NA groups or seeking other intervention. Everyone should be given the opportunity to change. No person should be given up on.



# Journeys

## My Journey..... There I was Again!

....there I was again. After 24 years of active addiction and 6 months total abstinence I found myself back in prison and faced with the only options available to me at the time - keeping my addiction active! Only after being introduced to recovery did I realize that this didn't have to be the case. You see I had never in all of my years in active addiction known that recovery existed, and even after relapse, I knew that if I didn't use what I knew to find my way back, that maybe I never would. You see when I used again I never expected things to happen so fast. Within months I was walking the streets of Liverpool again and shoplifting whenever I could then I found myself up in court and faced with bail on the condition that I attended probation and went on a methadone program for the next two years. My future was mapped out yet again by a system that was only mapped out to keep people like me medicated, apparently to get me and my life stable again. As I waited in the cell downstairs I knew deep down that I couldn't go through with the bail application.

**“ My family didn't know if I was dead or alive and I didn't bother to tell them. ”**

It would have been suicide, and I was desperate to live, I found the courage to ask the judge for a custodial sentence, God only knows where I found it, but I did. My solicitor understood my plight and agreed that I should address the courtroom myself. I did, and the Judge really understood and commended me on my courage and thanked me for my honesty. So when I arrived at Styal women's prison, I was tested for drugs. The only drugs in my system by now were the ones given to me by the police doctor, so I tested positive for opiates (dihydrocodine) and benzodines

(nitrazepan). But you see because of this, methadone maintenance was yet again my only option given to me by the prison, dihydrocodine detox was not. Ironic or what!

Against my better judgment I agreed to go on to a methadone detox, even though at the time there was no methadone in my system. Also on the closed prison wing it's almost impossible to get a reduction and if you're seen reducing without permission your prescription is automatically stopped. If I wanted an increase in methadone that system is accessed much easier. I waited almost a month to see the detox nurse, it never happened, I was moved to Low-Newton where the detox facilities are much more advanced. I successfully finished my detox and whilst at Low-Newton I got back in contact with the Park View Project. It was my second attempt at recovery at Park View and I haven't looked back since.

14 months on I have completed primary and secondary treatment and I am still under the Park View umbrella with supported housing. I have attended Independence Initiatives and been introduced to computers and drug awareness courses. I have completed a Basic Counselling course; I am coming to the end of my computer course with Transit, and now work in a voluntary capacity with Genie in the Gutter, a film, theatre and media organisation that promotes recovery, using creative arts as a vehicle, to prescribed clients. I have benefited enormously from Genie: I performed a part in a production at the Actors Studio, directed by Pauline Daniels, and a part in the Everyman Theatre presentation which was part of the Genie In The Gutter launch. I do outreach work around Liverpool and on the Wirral and recently helped organise the event 'Icons and Dreams' held at St Lukes (the bombed out church) at the

top of Bold Street. I also recently became the treasurer of an abstinent service users group here in Liverpool hopefully helping to influence services into introducing abstinence as an achievable option on first contact with clients. I have also been fortunate enough to rekindle an old love for writing my own songs and perform them here in the city at Sharps Vigil held at the Metropolitan Cathedral and I also sang at the Genie Jacobs cup Event and the Genie Event at St. Lukes. I have been in a recording studio at Creative Minds having my work professionally laid on to a C.D with an opportunity of a place on their album.

**“ I am becoming a person I really like being ”**

I am currently working on an outreach art project for Genie at the Park View Project called the Wall of Hope and as you can see by everything else I am involved with my life is a work in progress.

Before I came into recovery my life consisted of drugs and crime. The only things I felt was crazy, withdrawals and cravings, even the drugs didn't change the way I felt anymore.

My family didn't know if I was dead or alive and I didn't bother to tell them.

Today my life consists of all the things that matter the most to me, family, friends, support and freedom from active addiction...I am becoming a person I really like being.

**Ellen Roach**

**“ My future was mapped out yet again by a system ”**

# Useful Directory of Services in Liverpool

This is currently being expanded into a larger and more extensive directory that will be an informative double page pull out in our forthcoming issues, and featured on an ongoing basis on the Genie In The Gutter and the Recovery Rising websites.

For a nominal fee you can advertise your service and reach thousands of people. We are a not for profit organisation and all monies will be used in the expansion and further distribution of this magazine. For information please contact [carolynedwards@genieinthegutter.co.uk](mailto:carolynedwards@genieinthegutter.co.uk) or call 0151 703 9053.

Service	Telephone	Description
Adulham	0151 220 4400	Supported housing and floating support service for ex offenders.
Anne Conway House	0151 733 4746	Supported housing for young people.
Ann Fowler House	0151 207 3815	Direct access short term accommodation for single homeless women aged 18-65 years.
Arch Initiatives	0845 6011 500	Open Access co-ordinates all referrals for drug and alcohol related services in Halton.
Armistead Project	0151 222 1893	Sexual health and social care support service for gay, bisexual, transgender and sex workers, direct access service.
Basement	0151 707 1515	Night drop in for homeless and rough sleepers aged 16+ offering general and specialist support.
Big Issue in the North	0151 702 6931	Homeless service that produces a magazine for homeless to sell to earn an income. Also provides advice and signposting service.
Centre 56	0151 727 1355	Domestic violence service providing refuge to families fleeing domestic violence. Direct access and referral service.
C.A.B.	0151 287 8027	Citizen advice service helps people resolve their legal, money and other problems by providing free independent advice.
CIC	0151 707 8303	Liverpool addiction service provides assessments, advice, information and drug/alcohol abstinence program. Access by referral.
Drug Dependency Unit	0151 709 0516	Perscribing, counselling, support and advice service in Liverpool. Access by self referral or other agency.
CARATS HMP Altcourse	0151 522 2045	Prison service that offers advice about drug misuse and referrals to appropriate services.
CARATS HMP Foston Hall	1283584300	Prison service that offers advice about drug misuse and referrals to appropriate services.
CARATS HMP Styal	01625 553 000	Prison service that offers advice about drug misuse and referrals to appropriate services.
CARATS HMP Lancaster	01524 565 295	Prison service that offers advice about drug misuse and referrals to appropriate services.
CARATS HMP Liverpool	0151 530 4193	Prison service that offers advice about drug misuse and referrals to appropriate services.
CAB HMP Liverpool	0151 524 3043	Citizen advice service offering advice and based in HMP Liverpool.
Careline	0151 233 3039	Direct access presentation points for homeless families.
Genie In The Gutter	0151 228 9167	Provides film, theatre & media opportunities to substance misusers.
Homeground Hostel	151 286 6010/6016	29 Units of hostel accommodation providing support for single homeless people between 16-35. Access by referral only.
HOT	0151 794 8183	A statutory mental health service to single homeless people within Liverpool (Direct Access).
Irish Community Care	0101 707 4302/3	Provides support to Irish people or decent including support with drugs, benefits, floating support etc (Direct access and referral).
Independence Initiative	0151 284 1100	Sefton based relapse prevention service that deals with clients who are recovering from substance misuse. Access by referral.
Kevin White Unit	0151 330 8074	Offers residential detoxification programmes to clients from Liverpool and surrounding area's. Access by referral.
Lifestyles Clinic	0151 706 3283	Specialist support for individuals with alcohol issues. Access by referrals from GP, A&E, Probation etc.
Loango Estates	0151 727 2461	Supported accomodation and hostel accomodation in Liverpool area. Access by self referral or other agencies.
Manor Lodge	0151 281 1776	24 hrs supported accomodation for men between 25 -70. Direct access.
MAS	0151 228 1327	Temporary accommodation, advice, support and counselling 25+. Access by referral only.
Men's Direct Access	0151 233 2545	24hr homelessness assessment with 21 units of temporary accomodation. Direct access.
Mildmay House	0151 709 1417	24hr supported hostel accomodation in Liverpool area. No direct access.
Move On and Move In	0151 207 8656	Resettlement service for single homeless, young people, ex-offenders and mental health service users. Access by referral.
Nacro Housing (The Elms)	0151 708 7064	Supported self-contained accomodation for young single homeless people in Liverpool (16-25) Referral needed.
Nacro Housing	0151 708 7064	Liverpool resettlement service providing temporary accomodation in the community for ex offenders (25-64) Referral needed.
New Bridge	0151 254 2558	Works with offenders who have local connection with Liverpool supporting access to accomodation (21+) Access by referral.
New Start	0151 280 2860	Shared housing and independent accomodation for those with history of homelessness. Access by referral only.
Nugent Care	0151 261 2047/57	Provides secure accomodation for single homeless through recruitment of private landlords. Access through referral to the DIP scheme.
NWPC Ltd	0151 289 9119	Temporary accommodation for people from probation background with substance misuse issues (18+) Access by referral only.
Oak Supported Scheme	0151 284 0202	Provides hostel accommodation for people aged 18+, offers support and advice. Access by referral only.
Paragon (Rodney Housing)	0151 236 0010	Provides resettlement service into permanent accomodation for female ex offenders. Direct access and via referral.
Park View Project Ltd	0151 228 9167	12 Step residential treatment centre for persons suffering from drug and or alcohol abuse. Access via self referral or other services.
Progress 2 Work/ Link Up	0151 258 1199	Support program delivered through The Social Partnership to enable socially excluded clients to access training and employment.
Sharp	0151 703 0679	Structured day treatment programme for men and women with drug and alcohol problems, (18+). Direct access and by referral.
The Spider Project	0151 709 4841	Offers a range of creative, cultural, physical and holistic activities to people who have become drug-free. Open access.
Single Mens Centre	0151 225 8702	Provides longer term accomodation and meals for single homeless men. Access via referral.
Summergrove (The Big Life)	0151 734 4465	Provides 24hr supported self contained accomodation for familes that are affected by parental substance misues. Multi access.
The Social Partnership Wirral	0151 649 9147	Offering education, training and employment opportunities to the socially excluded. Access by referral.
The Social Partnership St.Helens	01744 740 486	Offering education, training and employment opportunities to the socially excluded. Access by referral.
The Social Partnership L'pool	0151 285 1199	Offering education, training and employment opportunities to the socially excluded. Access by referral.
Whitechapel Centre	0151 207 7617	Homeless drop in centre offering general and specialised help and support around housing and homelessness. Direct access.
Womes Direct Access Centre	0101 233 1914	24hr homelessness assessment with 21 unit sof direct access temporary accomodation.
YMCA	0151 600 3530	Provides temporary homes as well as a staff team who can help with issues around substance misuse, mental health, welfare rights.
Young Addaction	08000 196 197	Community based service for young people in Liverpool, service provided in centre and in the community. Access by referral.
YPAS	0151 707 1025	Provides education, harm reduction and treatment needs for 10-25 yrs olds who have or at risk of substance mis-use issues.



## Liverpool Alcoholics Anonymous Meetings

Area	Address	Day	Time
L1	<b>The Methodist Centre,</b> 96 Bold Street, L1 4HY	Sunday	14.30
L1	<b>St Nicholas Church,</b> Old Church Yard, Chapel Street	Monday & Tuesday	19.30
L3	<b>The Crypt,</b> RC Cathedral, Brownlow Hill	Wednesday	19.30
L3	<b>The Basement,</b> 36 Bolton Street, L3 5LX	Monday	10.00
L3	<b>Old Road Methodist Church Hall,</b> Altway	Friday	19.30
L3	<b>All Souls Springwood Hall,</b> Mather Avenue	Sunday	19.30
L3	<b>St Luke's Centre,</b> Princess Drive, Yew Tree Lane	Sunday	19.30
L3	<b>Mazenod Court,</b> Addison way, Liverpool	Thursday	12.00
L4	<b>Church of Praise,</b> Oakfield Road, Anfield, L4 0UF	Tuesday	13.00
L4	<b>All Saint's RC Church Meeting Room,</b> Oakfield Road	Tuesday	19.30
L5	<b>St Paul's Church,</b> Celia Street, Kirkdale	Tuesday	19.30
L6	<b>All Saints Church,</b> Anfield	Sunday	19.30
L7	<b>St Anne's Church,</b> Overbury Street, Wavertree, L7 3HJ	Saturday	12.30, 18.00, 19.30
L8	<b>Our Lady &amp; St Bernard's,</b> Kingsley Road, Toxteth	Monday Friday	09.30 19.30
L8	<b>Mildmay House,</b> Blackburn Place, Liverpool City Centre	Wednesday	12.00
L9	<b>Emmanuel Church,</b> Longmoor Lane / Higher Lane, Fazakerley	Saturday	19.30
L10	<b>Spike Resettlement Centre,</b> Field Lane, Fazakerley	Sunday	19.30
L13	<b>Salvation Army Hostel,</b> Prescot Road, Old Swan	Sunday Thursday	19.30 19.30
L13	<b>St Andrew's Church Hall,</b> 176 Queens Drive	Friday	19.30
L14	<b>All Saints Church Hall,</b> Cunningham Road, Broadgreen Road	Saturday	19.30
L14	<b>Holy Spirit Church Hall,</b> East Prescot Road, Dovecot	Wednesday Friday	13.00 13.00
L15	<b>Cross &amp; Passion Convent,</b> 33 North Road	Wednesday	19.30
L17	<b>St Agnes Church Hall,</b> Buckingham Avenue	Thursday	19.30
L17	<b>St Charles of Borromeo Church,</b> Aigburth Road	Saturday	19.30
L18	<b>Methodist Church Hall,</b> Elm Hall Drive / Penny Lane	Monday	19.45
L18	<b>St Judes Church Hall,</b> Round Hey, Cantril Farm	Tuesday	19.30
L25	<b>St Andrews Presbytery,</b> Portway, Hunts Cross	Monday	19.30
L25	<b>St Marks Church Hall,</b> Hartsbourne Avenue, Childwall Valley	Tuesday	19.30
L36	<b>St Michaels Church Hall,</b> Bluebell Lane, Huyton	Friday	19.30



## Liverpool and the Wirral Narcotics Anonymous Meetings

Open meetings can also be attended with you by a friend or family member without a drug problem.

Area	Address	Day	Time
L1	<b>1st Floor, St. Nicholas Chapel,</b> Chapel Street	Friday (Open)	7.30pm
L1	<b>SHARP,</b> 17 Rodney Street	Tuesday (Women's Meeting) Thursday (Men's Meeting) Friday (Open) Sunday	7.45pm 7.30pm 6.00pm 3.00pm
L1	<b>St Steven's Church,</b> Crown Street	Saturday	7.30pm
L5	<b>St Antony's Church Crypt,</b> Scotland Road	Saturday	11.00am
L5	<b>Community Justice Centre,</b> Boundary Street	Monday	7.30pm
L6	<b>All Saints Church,</b> Walton Breck Road	Wednesday	7.30pm
L8	<b>Mildmay Hostel,</b> 6 Blackbourne Place	Sunday (Open Newcomer's Meeting)	1pm
L11	<b>Good Shepherd,</b> Lower Lane	Wednesday	7.30pm
L13	<b>Stoneycroft Church,</b> Lister Drive (off Green Lane)	Tuesday Thursday	7.30pm 7.30pm
L17	<b>St. Annes Church,</b> Aigburth Road	Sunday	7.30pm
L19	<b>Reading Rooms,</b> Wellington Road, Garston	Monday	7.30pm
CH42	<b>The Clocktower,</b> St. Caths Hospital, Tranmere	Saturday	7.30pm
CH43	<b>The Power House,</b> Beechwood Estate	Monday	7.30pm
CH49	<b>Holy Cross Church,</b> Woodchurch Estate	Friday	7.30pm
CH61	<b>The Social Partnership,</b> 12 St. Anne Street	Tuesday (Open) Saturday (Open)	7.30pm 7.30pm
St. Helens	<b>Holy Trinity Church,</b> Traverse Street	Saturday	6.00pm

## Merseyside Cocaine Anonymous Meetings

Area	Address	Day	Time
L1	<b>SHARP,</b> 17 Rodney Street, Liverpool	Monday (open) Saturday (Women's) Saturday (open)	7.30pm 10.30am 7.30pm
L7	<b>St Anne's Church,</b> Overbury Street,	Thursday (open)	7.30pm
L11	<b>The Lighthouse Project,</b> 83-93 Stonebridge Lane, Croxteth	Tuesday (open)	7.30pm
WA8	<b>Birchgreen Community Centre,</b> Skemersdale	Wednesday	7.30pm

Recovery Rising is the UK's leading magazine that raises awareness of recovery from addiction developed with and for service users.



Place an advert in Recovery Rising

If you are reading this so are the people trying to access your service.

Competitive rates, excellent value for money. Contact: [carolynedwards@genieinthegutter.co.uk](mailto:carolynedwards@genieinthegutter.co.uk)

Placing an advert in Recovery Rising will help to support our service users and the development of this publication. Recovery Rising makes no profit and all proceeds from advertising will be put back into the publication.

# Studio Space Available

## Prestigious City Centre Location

**G**enie in the Gutter is located on the corner of Rodney St, opposite the Anglican Cathedral.

**B**oth our studio and our Therapy room are available to hire, together or separately.

**W**e offer great value for money. Discounts are available for small charities and grassroots community groups.

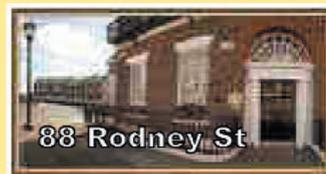
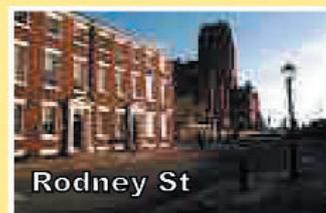
### Great Value for Money

**STUDIO HIRE**

**STUDIO 1**  
Ideal for training & Meetings  
Fully equipped, projector etc.

**THERAPY ROOM**  
Quiet comfortable therapy Room. Ideal for counselling, complimentary holistic therapy. Bed, towels etc.

**Available daily or hourly**



Contact Carolyn Edwards - Managing Director  
Tel: 0151 7039053 Email: [carolynedwards@genieinthegutter.co.uk](mailto:carolynedwards@genieinthegutter.co.uk)