

Reflections on abstinence from a controlled drinker –Wulf Livingston

Having in my only other two previous New Directions presentations explored very personal and familiar themes: a nervous and angry “Us and Them” boundaries exposition in Brighton and more assuredly my long time preoccupation with concentrating on life goals rather than drinking goals within my “Crap Model” at Salisbury, I agreed to speak in Lancaster to a title and subject (“*did we really give up on abstinence? Have we in NDSAG made abstentions second class citizens?*”) given to me by the conference planners (something I now understand as a long standing New Directions convention). This paper presents a summary of my Lancastrian considerations, in which, I sought to reconcile that challenge, with my existing beliefs. I hope what follows offers both the New Directions and wider alcohol worlds a new challenge and perspective on abstinence and how we might perhaps embrace it as a concept more than we possibly appear to currently do so.

This paper will take a look at where New Directions was in 1976 and a brief exploration of some of the early considerations, and, what for the sake of this papers argument I will refer to as the non abstentionists, actual said about abstinence and its role in the following years. I will then continue the historical perspective and reflect upon how I think the last 15 years have made it difficult for folk to mention, let alone sing from the roof tops about abstinence, before turning to perhaps suggesting where I think abstinence should or might sit and be embraced, and how we do not need to fear the emergence of a recovery movement as a return to an old polarised debate, but rather an opportunity to finally move beyond the preoccupation with consumption levels to focusing on issues of quality of life. I will conclude by looking at alternative adoptions and uses of abstinence.

Given the rich history of numerous eloquent portrayals by the eminent within previous editions of this journal and elsewhere, it feels somewhat fraudulent to be recounting some of the history so many others actual wrote. So this is therefore, very much, a different generational perspective; highly specific, personalised, selective and

potted. This is consistent with my ontological and epistemological beliefs incorporating rejections of any notions of singularity of truths or total scientific objectivity.

So stepping back some forty years to the late 1960s and early 1970s, we become immersed in a period which saw the arrival of the New Directions in Study of Alcohol group in 1976, Shaw et al's (1978) seminal "*Responding to Problem Drinking*" 1978 and Heather and Robertson's' (1981) "*Controlled Drinking*". What retrospectively Heather and Robertson (1997) in *Problem Drinking* muse about and we might arguably consider as the emergence of a Kuhnian paradigm shift. The context of this time is eloquently summarised by Cameron (2001)

"People who presented with alcohol problems were alcoholics. The job of treatment agencies was to convince them of that fact and assist them towards 'recovery' from their disease. That was never a completed task, since it was an inexorable disease that could not be arrested, nor cured. The way to arrest the disease was to stop drinking. It was as simple as that" (p7)

Thus what emerges is a challenge to the status quo and a debate about legitimacy and primacy of perspectives on drinking and effective treatment interventions. Cameron (2001) further provides us with the context of vocabulary used, and the assumed relationship between abstinence from alcohol and acceptance of a fellowship disease model. Jellinek was thus, in the ascendancy, yet also offering his "alpha alcoholism" as a window to move beyond a monopolistic perspective of drinking types and interventions. I do not propose to explore this context in any great detail, which is there for all to read in the Cameron's *Minstrels of the Dawn* or Chapter 2 of "*Problem Drinking*". It is after all, for many of this readership, in your own memories, journeys and experiences of those years. I will though in course compare this with our current climate.

Summarising this scene, what we had was, a history influenced by, the Temperance movement, teetotalism, Prohibition, the emergence of AA, the use of asylums, the rise of the psychiatrist, and what we can generally call the influence or predominance of the alcoholism movement or the disease model. Intrinsic to which

was a specific role for abstinence as the singularly acceptable treatment outcome and client (or patient) success was defined first in terms of a relationship with alcohol rather than any quality of life. This was then the environment enabling the assertion of the specific interpretations of abstinence and the conditions to which many, including the New Directions cohort, responded in a new and alternative manner and of course therefore into which the group was born in 1976.

The drink and the drinker were thus the problem, and keeping the two apart was the simple and only solution. Permanent abstaining was thus the objective. So as both Chick (1981) and Thorley (1981) in separate papers within our first members booklet (subsequently known as the journal), noted, abstinence and then subsequent non abstinence were integral definers of the diagnosis (reinstatement of alcohol following abstinence being element No7 of the Alcohol Dependency Syndrome). The Alcoholism movement thus proposed alcoholism as *the* definition of problem drinking, and were in no doubt; abstinence was *the* only treatment outcome. The introduction of this treatment outcome, folks (perceived) helplessness in achieving it, and its establishment as a primary perspective, was an important 1950's and 1960s development, as it reinforced the idea that the helpless alcoholic needed (professional and specific) help to achieve their necessary drink free state. This led to the emergence of a dominant treatment model, in which many drinkers experienced the great rambling Victorian asylums, the dominant psychiatrist and expectant request for abstinence.

This insistence on an exclusivity of abstinence was embedded in a model of psychiatry, in patient treatment units and aggressive encouragement to attend AA. It created (and still creates where anyone chooses to assert a similar primacy of perspective today) a sense that all drinkers had to then both comply and see themselves as the hopeless addicted souls in need of rescuing. This was a perspective which appeared to always imply a limited range of drinkers and drinking problems. That said, it is worth noting that even in 1965, Kessel and Walton in the wee tomb "*Alcoholism*", acknowledged excessive and social drinkers as distinct from the teetotallers and alcoholics. But the reliance upon or even insistence upon a specific and singular treatment approach and abstinence as an outcome, meant that even where someone wanted to identify themselves as experiencing difficulties in their alcohol

consumption, but would not want to see or describe themselves as an addict or an alcoholic, they were deemed as not needing or meeting a treatment criteria threshold. This then created the concept of two distinct drinking populations.

The (initial) critique of this abstinence only perspective is succinctly summarised by Heather and Robertson (1981) in *Controlled Drinking*, and I do not intend to offer a summary of this where it is all for those to read. Suffice to say, following Davies 1962, equally as seminal text, *Normal drinking in recovered alcohol addicts* and the work of the Sobell's had laid the foundation stones, *Controlled Drinking* offers us a catalogue of both the evidence for normal drinking as achievable and reasons why in some circumstances it might be advantageous. It did as Davies (1997) highlights strike

” at the heart certain customary ways of viewing alcohol addiction ” (p66)

From this critique arose the possibility that the experience of maintaining abstinence (at all costs) creates psychological and social pressures that increase the likelihood of a relapse (the abstinence violation effect). For me, early in my counselling career, this resonated with my experiences, faced as I so frequently was with so many people opposite me who were struggling with external pressures to be abstinent and yet feeling helpless and useless, not in the five days a week of non drinking that they were achieving, but rather for the more infrequent episodes of alcohol consumption. I frequently heard people tell me that once they had a single drink, they were in trouble and therefore they went onto get drunk. The pressure of trying to achieve what they neither wanted nor what seemed consistent with addressing their problem (which was normally relationship or confidence related, and was thus resolved by changes in familial communication and improved self esteem rather than solely a change in alcohol consumption) meant that they would capitulate to be hung for the sheep rather than the lamb.

These were at times perceived and presented as polarised dialogues (more “Us and Thems”). This was not only in the lofty academe circles and bookish debates of above, but by the likes of me close to the ground. My good friend, John, with whom I did some serious drinking, (to give you a flavour, I remember that following one of

our lunch time bottle of gin sessions, he had to be retrieved unconscious from a burning flat by the fire brigade) would continually harangue me for my commitment to a belief in and support of others controlled drinking, where he felt that abstinence was the only way and once a drunk always a drunk. He certainly believed in one drink one drunk. He was and is, when sober, an AA man. He would often be very profuse with me, almost angry about the errors of my thinking and how I was misleading individuals, offering them false hope. Ironically, and unfortunately for him, he has successfully refrained from drink for long periods of time only to return to it via heroin, the pressure to drink successfully avoided only until the emotional anguish had sort him to seek pain relief elsewhere and then drink under the intoxication of other drugs. He used to consistently and for long periods, some times years, of time achieve the successful treatment outcome of abstinence, but was not able to sustain it for sufficiently long enough to make bigger lifestyle changes. He does though always remain vociferous in his call to arms for abstinence.

I now want to turn my attention to the role that the non abstentionists, us controlled drinking folk, actually placed on abstinence and what was said about it. The evidence suggests those in New Directions did not seek to make people seeking abstinence second class citizens. So, Heather and Robertson (1997) were clear that

“There are many serious problem drinkers whom we would strongly advise to opt for total abstinence and not to attempt controlled drinking” (p75)

Thus we espoused, of course and most obviously, that some drinkers were too far into a destructive relationship with alcohol, such that we would not encourage them to continue to support a consuming relationship with drink. For some drinkers it seemed absolute that abstinence should be the most likely choice of any treatment outcome. No one ever suggested that abstinence was not a desirable outcome, just not as it was perceived then, the only outcome. Indeed controlled drinking, and as it was subsequently offered to me in my training, was clear in suggesting that we could also identify some predictors for whom controlled drinking was a likely (preferred) outcome and therefore and equally as importantly those for whom abstinence was the preferred outcome. Abstinence as treatment outcome was and never has been rejected, by the non abstentionists.

In fact most went further, as illustrated here by Velleman (1992), and we would recognise that controlled drinking was not the easy choice.

“Controlled drinking is more difficult than abstaining” (p66)

Controlled drinking was only established, usually (*and importantly*) after a period of abstinence and following complex and difficult: negotiation, interpretation, management of the dis-inhibitor effect and monitoring. We required folks to keep drinking diaries and learn from their unsuccessful episodes of drinking. In this sense total and permanent abstinence was simple; just do not drink. Controlled drinking was most definitely not an anti abstinence message

The more forgotten element for me, as the debates polarised, and I will reference this again when I explore the influence of the more recent and dominant harm reduction paradigm, is the extent to which abstinence and abstaining from alcohol was and is an integral element within controlled drinking. This may be saying the obvious, but no one was suggesting 24/7 drinking and was therefore by default suggesting that all drinkers achieved abstinence, albeit, just in differing degrees and differing volumes of it. Once we consider this notion that abstinence is the periods of controlled non consumption, this then begins to open up questions of definitions and vocabulary, to which I will return. But nonetheless controlled drinking programmes required folk to demonstrate the active abstaining from alcohol. Most controlled drinking programmes would (will) require individuals to; have an abstinence breather as a precursory bridge to the re-instigation of any controlled alcoholic consumption, promote the use of non alcoholic drinks, learn to refuse alcohol drinks, have plenty of non drinking (abstinent) days, avoid participating in round buying and encourage the postponement of any first alcoholic drink. Clients thus make choices, about how much they do or do not drink, and when to consume and when to abstain.

So at the heart of this is an alternative, and this means choice. We know at times that people both choose to do what is potentially damaging and what is rewarding. We also know that, treatment trials have shown that successful increased adherence to goals is when they are those of the drinkers rather than the agencies choice. So if New

Directions world has talked of choice, why then did I contribute to a conference programme and agree to undertake this paper with a title that implied the concept of abstinence and those talking of it had a second class status? Well because I do genuinely think it has become the forgotten perspective, washed away in a tide of brief interventions and harm reduction, or maybe that should be a misunderstood tide and also more recently through (*mis*) association of a potential feared or revered term, as recovery becomes this decade's apparent flavour of choice.

I do not want to suggest it is us or those proponents of controlled drinking that have made those seeking abstinence, as second class citizens, rather that we have encouraged and supported many drinkers to be totally abstinent where appropriate and all folk to practice periods of abstinence. I do however, to some degree agree with the sentiments of the title in that abstinence has not during the last 15-20 years been very fashionable (even in the conference rooms or journal pages of *New Directions*) and that further the more recent emergence of a recovery movement has intimated at possibilities of returns to old divides. We are now the ones being challenged rather than the possible challengers. If all Muslims are not terrorists, then all those in and espousing recovery are not all zealous protagonists of a single narrow minded perspective of abstinence.

I do though, think that I have over many years experienced the voice of the drinker as the least and last to be heard in the various worlds of commissioning, research and service provision. Service user involvement, and even more importantly genuine involvement, is still very much in its infancy. I am yet to see the current explosion of a service user movement, represent a truly seismic shift of power and control over resources and knowledge, the expert through experience has yet to have an equal seat and voice. I think that this has meant that a degree of marginalisation has taken place and in particular that abstinent sobriety has become unfashionable and non sexy (if it ever were) and has been overshadowed by other louder perspectives.

In making this claim, I want to suggest a number of things have contributed to this state. Firstly, the influence of drug policy (obsessed with criminal justice reductions and measures rather than the individual) and harm reduction preoccupations (see Drummonds' (2004) the "Good, Bad and Ugly" commentary, or Stonards (2003) "pox

on units - no wonder they call it the ARHSE”). Secondly a wider society awash with an acceptance of excessive drinking and inappropriate drunkenness (this continues to go unabated, as Tesco sells alcohol cheaper than water at Christmas). This acceptance is also to be found in and amongst many of the health and social professionals who are supporting those for whom their drinking has gone especially awry, as this quote from, Eleri, a child protection social worker illustrates

“Quite a few times actually, just – this is going to sound really bad now, it’s just, like I say, when we drink, I say, “we” collectively, as in me and my friends, someone always tends to fall over or something happens or you know the usual, and then the next morning, I don’t know how many times we’ve been – but you know, to casualty ‘cause someone’s wrist has swollen up or they can’t walk the next day or something like that. So things like that I mean, injury ‘cause of intoxication rather than me actually hurting them or them actually hurting, you know, I haven’t actually got into fights or anything like that when I’ve been drinking, I’ve been lucky like that really. I know some people have. But it’s more to do with injuries the next day and not quite knowing that you’ve hurt yourself until the next day really, so that’s where that comes in.” (taken from data set of my current PhD research, unpublished)

Abstinence has also struggled against, narrow interpretations of relapse and cycle of change, with a focus on behaviour not thinking. We almost have an addiction in some quarters to Cognitive Behaviour Therapy programmes, some of which are only ticking commissioners or researchers boxes, rather than supporting life style change. In this context the wider performance monitoring issues placed on those supporting drinkers have had a disproportionate emphasis placed on measures of crime and consumption, not happiness and well being. Finally, and, undoubtedly, there are a small minority of confrontational zealous protagonists of a particular view of abstinence, within expositions of teetotalism, who do not help its image.

This then is what I have experienced since I joined the New Directions party. I have heard New Directions, acknowledge and contribute to the understanding of this situation. Occasionally some have affirmed or contribute to the polarisation. But most importantly, more often and not, we have rallied against the polarised perspective and looked for change (the new direction). Indeed Cameron (2001) suggests we as a group and that which I joined, had already changed and moved away from the dichotomous starting point to that of a more embracing one, seeking to explore and makes sense of complexities and minutiae within.

“During those years (93-95) we also invited people from the 12 steps movements. Not as we had done in Cambridge to paper over cracks of our own divisions by lampooning a common “enemy”, but with real humility that these folk might be offering something that we so called hard headed scientists might not be taking sufficient cognisance of.” (p22)

What I struggle with is whilst the evidence of this listening is abundant; the demonstrations of this translating itself into any wider theoretical re-conceptualisation and genuine new directions is less clear to see. Some of you might and will disagree, and we as New Directions are all the more healthy for that. But, I still hear the following two things said too often by drinking folk out in the community; “*It is easy to get off and much harder to stay off*” and “*drink is not the problem*”. Thus our listening appears to have understood these two very important messages, firstly that being a non drinker is often an incredibly difficult thing to maintain in a society that appears to have drink every where, and that secondly there is more to life than drink and not drinking. I am just not sure, how we have translated this into new stuff (I am now longer in the tooth and am less surprised about the extent to which health and social policy struggles with supporting some of this bleeding obvious stuff).

Heather and Robertson (1997) go as far as to suggest that

“the position of the abstinent individual in our society is increasingly that of the social outcast” (p104).

But as I walk down the high street pass the “Bargain Booze” shop, the bloke with his Carlsberg sponsored football shirt and a television showing the Rovers Return, I do wonder amongst the predominance of treatment interventions, with a focus on consumption orientated perspectives, where are the models encouraging a concentration on the drinking folks lifestyle changes irrespective of what they choose as their alcohol consumption goal. I have suggested elsewhere, Livingston (2009), that this preoccupation with supporting change in consumption patterns without ensuring a more meaningful and rewarding alternative does at best only reduce the some of the overt crap folk are experiencing rather than truly result in significant and sustainable change.

I now want to begin to finish this journey by trying to make sense of my interpretation of abstinence and any relationship with recovery, where the second half of these forty years, leaves me wanting to redefine mine and encourage us to redefine our understanding and use of the terms abstinence and recovery. I think in order to be able to do this; we must first increasingly use the terms teetotal and teetotalism as ways of discussing those whom elect never to drink or never to drink again. This is important, because it would then enable us to not tie up abstinence into this older and narrowest of interpretations. We could possibly adopt more simply the expressions of non drinker or drink free. I think this would allow us to reclaim and re use abstinence within the context of talking about intended periods without drink and abstaining as the act of active non consumption or active non damage. Allied to this for me is then an understanding of sobriety, not as acute abstinence, but as a period of clear headiness, in relationship to not only intended alcohol consumption but other aspects of living.

Abstinence has a multiplicity of definitions. (Indeed a word probably means what a collection of folk agrees it means at any particular context in history and changes over time. And thus surely we are free to redefine our adoption and use of it and shape its future consensual definition). Thus where abstinence might once have had temperance or religious origins, I think it increasingly and more appropriately seems to encapsulate the notion of refraining from, rather than any sense of not now or never. It most certainly has a historical association with alcohol, indeed some dictionary definitions will highlight this, but it also frequently refers to other indulgences and not just alcohol. If anything the modern parlance is increasingly preoccupied with abstinence from, or the postponement from (excessive and premature) sex. I feel therefore a need to not use it in association with one permanent non consuming relationship with alcohol – but rather to simply in the first instance think about it as the period without drink and more widely the refraining from unwanted thoughts and behaviours, or as one folk, in a recent meeting I attended shared with me “*abstain from what makes you unhappy*”, which may or may not be drink.

I also and importantly here want to reclaim it from narrowly being associated with a certain perspective of recovery. Abstinence, whether total or supporting controlled drinking, can be seen as contributing to the creation of the “sobriety windows”, the breathing space that allows clients not to struggle with drink and think about life. It is in itself nothing more than a relationship of non drinking, and at is worse, as I have argued is just another unsatisfactory state (Livingston 2009). This is most eloquently supported by Amy Lee Coy

“I was determined to find out if there was something better than drinking and, more importantly, something much better than the mundane robotic sobriety that I had known in my previous short-lived attempts at it. I did not want to give up alcohol for just another version of misery” (p34)

Yet, if we look further into the quote, Amy is clear, for her the preferred state whilst needing to move away from a preoccupation with being teetotal and onto life, does include abstinence. She talks of “*something better than drinking*” and of giving up alcohol, but importantly of course something *much better* than just non drinking. This for me is at the heart of the matter, some abstaining from drinking is desirable for most folk and even more so for most drinkers who have previously had an entrenched problem with their drinking. Not an abstinence that involves a continual conscious non consumption of a bottle or metaphorical bottle (demon) in the room, rather the living of a life. Thus a quality of existence, where for periods of time people are doing stuff, such that actually they neither want to nor possibly have the opportunity to think about drink or drink at those moments in time.

It is this sense of the meaningful life, rather than any post illness non drinking state, that is the new adoption of recovery. Or at least the one I want us to consider. Not one that is synonymous with a recovery from illness through achieving abstinence. I believe that these new and wider elements of recovery, those of recovery movements and recovery communities, not those personalised recovery from illness, are the ones offering view of abstinence consistent with controlled drinking. Whilst definitions of recovery and its relationship with abstinence abound, perhaps the following exploration by White (2007) most usefully encapsulates these themes of a movement with a teetotal past trying to adopt outcomes beyond consumption only (*my comments in italics*):

“..... the experience (a process and a sustained status) through which individuals, families, and communities impacted by severe alcohol and other drug (AOD) problems (*note not alcoholism or addiction*) utilise internal and external resources to voluntarily resolve these problems, heal the wounds (*some disease hangover*) inflicted by AOD related problems, actively manage their continued vulnerability (*more disease hangover*) to such problems, and develop a healthy, productive, and meaningful life (*Outcome is life not relationship to consuming*)” (p.236).

This more rounded perspective has in recent years been increasingly fore-shortened to something like:

“...voluntary recovery maintained lifestyle characterised by sobriety, personal health and citizenship...” (frequently cited, paraphrased, with this version often attributed to Tom McLellan in 2010 and his lead role in developing US Drug Policy).

Note the adoption of sobriety and lifestyle rather than an explicit reference to abstinence. So this is not the recovery from illness, the words are careful; they are problems and not illness and look for more than non consumption. So not the recovery that is the traditional focus of abstinence, but recovery of all things that contributes to a return to a valued sense of being.

For me this then becomes a straightforward existentialist conversation, where previous early 1970s preoccupations with abstinence were of existence and sanctuary from the damage of the drink, and post 2000 recovery orientated conversations are about abstinence as a step, a path or a bridge (but most definitely not the end itself) towards a quality or essence of life, whether one subsequently choose to drink or not. Yes, there are debates about whether recovery includes abstinence or not, these are particularly acute in the drug field, and what is referred to as medically assisted recovery. There are some zealots who absolutely want to insist time spent on methadone is not recovery or abstinence. I for one am no big fan of the teeth rotting government pushed green liquid, but would not want to deny the essence of a quality of life by someone taking such who had returned to work or was doing their first degree. I would certainly not want to suggest they were not abstinent from Heroin. So similarly a previously bottle of whisky a day man, who no longer beats folk up, but has the occasional pint, is being abstinent in respect of violence and spirits.

It has always made no difference to me, whether an individual long term chooses to drink or not. It does matter to me that they choose some degree of abstinence, as I have defined it. I believe in controlled drinking and AA. I believe they both work. I believe in good drunks. I love booze and think it is one of the most wonderful substances the human race has discovered. If I was not an atheist then gods' existence would be proven in Stafford Street opposite North Pier, Oban (home of my favourite whisky).

What is not up for debate though for me, is that for many drinkers who have experienced really long term depths of despair on the pop, then they are almost certainly facing permanent abstinence from alcohol as a long term goal and further that for most folks changes in lifestyles will be more readily achieved and sustained with windows of alcohol sobriety that then give way to more general mental sobriety or clarity of thought. Abstinence has a greater role to play than the more recent harm reduction narrative suggests and has always been in and amongst this group rather than any narrow ill considered view of controlled drinking being an anti-abstinence perspective would conclude. This is not then a dichotomous discourse rather a more balanced inclusion and unison of two totally compatible considerations, abstinence and controlled drinking. Some of you I am sure will be thinking well we have been saying this for years, and maybe so, but if that is the case, it has always been within a shadow of abstinence being associated with the other folk and those who have sought to vociferously defame the controlled drinking evidence and arguments.

So, to conclude, where once New Directions began, as an antidote to the predominance of the concept of alcoholism, the disease model and an insistence on abstinence as the only drink related outcome, it is perhaps time, as we begin to approach our 40th birthday to find another new direction and a new radical paradigm shift. We already have the thunderous call of Jim Orford ringing in our ears to not be preoccupied with the minutiae of demonstrating the effectiveness of what we do but rather to gain a better understanding of how we do it. A call to put people processes first and at the heart of things. To this I think we need to genuinely need to embrace the emerging new recovery movement. Not though as recovery seen as belonging exclusively with the language of 12 step disease model views, although there is nothing wrong as Doug said in embracing these folk and showing the humility to

learn from their sobriety. But the recovery movement as a much broader movement encompassing a peer led preoccupation with supporting community orientated rewarding and non damaging lifestyles. I think if we do not we will in danger of being the very same dinosaurs that we were so keen to castigate all those years ago. It is time we actively embraced a broader population of drinkers and non drinkers (especially if we are to both survive and have a fresh meaning).

This, I see as, a new world, in which abstinence is seen as an essential element of controlled drinking. Indeed is not abstinence –controlled drinking, if we conclude it is just the choice not to drink today. It is a world where the drinker chooses whether to control by total abstinence or periods of abstinence and where we do not become obsessed with individuals levels of consumptions. Abstinence, in drink terms, is after all, only a period of non consumption, and most days I have had such between breakfast and dinner, as I go about my days (rewarding) work.

But more importantly, we encourage a broader use and parlance with abstinence, let us embrace and take up the word, to support and encourage folk to abstain from the damaging thoughts, feelings, activities, associations, cultures, behaviours and other such things of their own struggles. Because whilst abstinence from alcohol is undoubtedly helpful in restoring equilibriums it will in itself do no more than leave a void and the periods we all spend without consuming alcohol need filling with some other meaningful purpose. I for one would (and did) drink alcohol everyday if I thought my choice was a social security sofa watching Jeremy Kyle.

So as the 2011 conference sought and this edition of the journal seeks to celebrate Ron McKechnie, perhaps we can consider one of his phrases

“not all alcohol problems are dose related”

and as a consequence ensure that our purpose is to move away from a preoccupation with consumption and treatments of such or how to most effectively support changes in consumption, to a place which includes a debate about non consumption, and the role that quality abstinence experiences have for all of us, as the necessary periods of rest between the risk taking and indulgent activities that foster and encourage our

growth or social interactions that are our reward and escape from the labour and toils of our existence.

And very finally to the conference title, that was proffered my way. No I do not believe we have ever given up on abstinence, it has always been there to be found within alternatives to the disease model, from controlled drinking to social behaviour network therapy. We have perhaps forgotten at times to remind ourselves of its primacy in the change process for most if not all and then in our more defensive moments forgetting to claim an understanding of it beyond the bottle and a preoccupation with demonstrating its opposite.

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