

Recovery around the World—South Africa

Introduction

Authentic voices of recovery advocacy are rising around the globe. James Siddall is one such new voice—a gifted South African writer who is using his craft to educate the public and policy makers about addiction and recovery. I have corresponded with James the past few years and have been touched by his insights and his passion for recovery advocacy. The article below by James was published in *The Witness*, a South African newspaper, on September 26, 2012. In 2013, James Siddall's new book, *Dystopia*, will be published by MFBooks Joburg.

William White
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THROUGH A GLASS DARKLY

James Siddall

It's a little blurry, the exact day I crossed the line from being an alcohol abuser to being substance dependent. Then again a lot of the past 15 years is a bit blurry – bar the nearly three that I've now been clean and sober.

I suppose the precise moment doesn't matter. Alcohol and prescription pills, an addiction that many non-addicts – or “civilians” as I term them – seem to think lacks the sordidness of a crystal meth, heroin or crack addiction, will take you down just as far. Just perhaps not quite as fast.

All the same, it might have been the day around early 1996 when I was deputy editor of *Playboy SA* and accepted morning shakes – I hadn't yet discovered the morning drink – as quite normal.

All addicts – and I use the term to include alcoholics too – have that moment or time when they crossed over from abusing their drug of choice to being an addict, and suffering from what's not only the most democratic of all diseases, but arguably the most painful too.

My own story isn't remarkably different from that of other addicts, except in details.

Like many of my addict-peers I've been thrown into cells and psychiatric wards – a score or more times when it comes to the latter - and grudgingly gone to rehab on at least handful of occasions. Normally for all the wrong reasons. Notably to please or placate someone else.

It was only a court order sentencing me to two years at Careline Crisis and Trauma Centre in my old hometown of Hillcrest, KZN, that broke the cycle.

But I'm not here to share war stories. And like all addicts I have a treasure chest of them, ranging from the slightly amusing to the sad and the seedy.

What I do want share are just a few of the home truths about addiction, garnered from my own experience as well as anecdotal and empirical evidence.

* Addiction can be arrested, not cured – How I laugh (darkly and sardonically) when the innocent and ill-informed ask when I can drink again. Start drinking again after, say, a decade and you'll find yourself guzzling alcohol as if you've never stopped. For the addict, weekly meetings – be they 12-step or other – are the equivalent of a diabetic's insulin.

* If you're addicted to one drug, you're addicted to them all – Welcome to the world of cross-addiction. This is essentially where you start using another drug other than the one you're addicted to, in the process often leading back to your primary substance.

If you're a cocaine addict, for instance, drinking might seem innocuous enough. But it increases your chances of relapsing on cocaine by an estimated 800 percent, according to some figures.

Closer to home, as a full-blown alcoholic – 11 out of 10 on the alcoholism scale, according to one psychiatrist, and coming from a long line of Yorkshire dipsomaniacs – I was prescribed vast quantities of benzodiazepines. But the medical profession neglected to mention that they act on the same brain receptors as alcohol, a fact that I only learnt at Careline.

Guess what? I relapsed on alcohol. With catastrophic consequences.

A handy rule of thumb, reinforced by virtually every known recovery programme, is that if you're addicted to one psychoactive substance, you're addicted to all – even those you've never tried.

* Addiction has a strong genetic footprint – It has been long been suspected that addiction runs in families. But now new neurobiological research conducted by US institutes among others, suggest that the predisposition to addiction carries a 40 to 60 percent genetic weighting. This doesn't preclude the addict – and notably the alcoholic – from responsibility for their disease. But it does provide a useful insight into the likelihood of who'll be affected.

* Overcoming addiction is not a question of will-power - Once you're trapped in active addiction, trying to break out of the cesspit of destruction and desolation using nothing more than will-power is like trying to will tumours away.

“Willpower,” says Carlton K. Erickson, PhD, in *The Neurobiology of Addiction*, “cannot change the dependence on drugs any more than it can control the tremors of Parkinson's.”

Any recovering addict or alcoholic – and that includes me – will tell you that when they were using they weren't being willful, spiteful or just plain bad. They simply couldn't stop.

* Addiction really is a disease – If I wasn't an addict, I'd probably also think that calling addiction a disease was the ultimate abrogation of responsibility.

Some say that addicts can stop any time. They represent the choice model, and I tend to think of them as flat-Earthers.

In the other corner, you have the disease model, subscribed to by a vast armada of addiction experts, neurobiologists, addicts and, increasingly, laymen.

American addiction expert Dr Kevin McCauley, who is just one of many proponents of this argument – along with Careline, incidentally – explains in great and eloquent detail just how addiction fits the model. It is, in short, a brain disease, and his DVD, *Pleasure Unwoven*, is eminently worth seeking out.

As McCauley says: “If addiction is proven to meet the criteria of other treatable medical conditions like diabetes or a broken leg, then instead of putting alcoholics and addicts in jail, we should put them in treatment...”

Carlton Erickson puts it even more unambiguously: “Chemical dependence – like diabetes, cancer, and Parkinson’s – fully meets the requirements imposed by any reasonable definition of the term *disease*. And like other diseases, dependence occurs in mild, moderate, and severe forms (the last being the hardest to treat).

“Why is calling dependence (and even `addiction’) a disease so controversial? It appears that labelling a person with chemical dependence as `being diseased’ is the same (in some people’s minds) as releasing the person from the responsibility for his or her behavior,” adds Erickson. “We seem to have a human desire to punish people whose behavior makes us angry or fearful.”