

# Sobering



A sample chapter from  
September Publishing



Melissa Rice

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# Sobering

Lessons Learnt  
the Hard Way on  
Drinking, Thinking  
and Quitting

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*For The Rices*

And, because having one of anything has always been a problem,  
including book dedications ...

*For everyone feeling frightened, alone and hopeless about their drinking, I  
get it, I really do. I hope you find the happiness and freedom you so deserve.*



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## Author's note

I didn't intend on being an alcoholic – who does? On the list of things I wanted to experience and achieve by the time I was thirty-two, I had never thought alcohol dependency, losing my marbles and my career as a teacher, getting locked in the family home for months on end, going to rehab, falling in love with recovery, sharing it all on a BBC podcast *Hooked: The Unexpected Addicts* and now writing a book would make the cut, but there we have it.

Please believe me when I say that I have no intention of convincing you that you are an alcoholic, and I am certainly not going to profess to have the answers on how best to get sober. I'm just a regular girl who swan dived from grace and hit every shameful branch along the way. I am *not* a professional in this stuff. I am a professional fuck-up at times, yes, but I am far from qualified to give you the answers. To be honest, I couldn't think of a more ill-suited person if I tried. I *just* about have the capacity to deal with my own problems, and there are still days when getting a wash and changing my knickers is seen as a huge success. So please, if you are struggling with either your mental health or your drinking, do make an appointment with your GP or seek professional help (resources can be found at the back of the book). I wish I had taken those courageous steps sooner.

Your head may tell you you're the first (and worst): you're not. You won't be the first or the worst and you certainly won't be the last. Addiction and mental health problems do not discriminate.

Finding yourself reliant on alcohol (or any substance) can be frightening and really bloody isolating. The personal shame, fear of being judged and anxieties around life without it brings just as much heartache as alcohol does. If these worries ring true for you, I get it, I really do. If this book helps just one person feel less alone, then – you know what? – it was worth reliving my darkest days and painfully cringing each time. There may be parts of this book that are a bit too close for home or trigger intense emotion and, if that is the case, I hope you have the safe space to process it and someone you trust to talk to.

I have learnt lessons the painful and shameful way, and I am sharing them with you for you to take what you can and leave the rest. My recovery is about connection and accepting that I can't do this alone, and to capture this you will also hear of experiences and insights of others: counsellors, professors, my family, my friends and, of course, people in recovery.

Early in my sobriety a fellow recovering alcoholic suggested that I should 'look for the similarities' and not the differences. It never dawned on me that I had been going through life only looking for reasons that made me and my circumstances different to everyone else's. So, I would ask (if I'm allowed to) that throughout these pages you look for those similarities and forget about our differences.

Sure, addiction dragged me to dark and dangerous places but recovery has brought out the best in life – and, dare I say it, it has brought out the best in me and the friends in recovery who feature in this book. I hope you are able to see that quitting the booze isn't the end, it's just the beginning. People do recover and there is a way out.

# Introduction

Straight to it, no messing about and no pussyfooting around, we have to talk about mental health and alcohol. (I can hear my mum's thoughts already: 'Oh god, why is she starting this book with her mental health? She'll never find a husband now.') I was trying to think of a lighter subject to begin with, but when I think about my story, the fact is that the one constant that has stuck with me through thick and thin is my (poor) mental health; whether that be good old anxiety, bouts of depression, intrusive thoughts, self-destructive behaviours or self-defeating coping strategies – they all matter, and contributed to my reliance, and then dependence, on booze.

I don't separate my mental health issues from my addiction, and I don't favour or prioritise one over the other, because I can't. They are two co-existing, nightmarish bedfellows: when one kicks off, the other rears its ugly head; they are a loyal tag-team who, if left to their own devices, would have me locked in the family home like Bertha Mason in *Jane Eyre*, pickled and batshit. To manage my mental health is to manage my addiction and, let me tell you, when there is the infrequent moment that I feel like I have a good grasp of both it is pure bliss.

We are fortunate to live in an age where mental illness and

prioritising your head and well-being is commonplace – I’m pretty certain that if I had been born in the nineteenth century I would have been living the rest of my life in an asylum. (It still shocks me to the core what those suffering were subjected to in the name of ‘treatments’.) Society has progressed and evolved with respect to mental health. We are more aware, are becoming more tolerant, and people are less likely to change the subject when they hear words like ‘depression’, ‘anxiety’, ‘borderline personality disorder’, ‘bi-polar’ and ‘antidepressants’ (to name a few). Some workplaces have well-thought-out mental health and well-being policies and in-house counselling services, while Instagram is packed full of mental health accounts. There are podcasts upon podcasts on ‘how to cope’, multiple national campaigns to spread awareness, while phrases such as ‘It’s OK to not be OK’ are all the rage. I’m here for it all – the destigmatising of the mental health movement is a good thing. It is a *great* thing. I wish these resources and this level of human understanding had been around a decade ago when I was tying myself in knots, paralysed with fear, thinking I was the only person who thought and felt the way I did.

But as wonderful as this shift has been for us all, when I think about where addiction is placed in this well-being uprising, I feel somewhat dejected. Stigma around the topic, and unhealthy stereotypes, create a wall of shame, a barrier to seeking help, and form (perfectly ‘valid’) reasoning for keeping your struggle and even your success hidden until the time feels right and you feel safe enough to share your truth. During the height of my harmful drinking days, and even in my early days of sobriety, finding someone or something that really embraced addiction as part of the ‘mental health’ family was a struggle, and to a large part continues to be. The way I see

it is that addiction is considered to be that embarrassing uncle at the wedding, the one you don't want the new in-laws or guests to see. He is of course family, and by principle he should be attending the do, but he is not representative of your family and, by god, you don't want pics of him in the wedding album. This may seem a little harsh but, believe me, I'm not the type to upset the apple cart or ruffle feathers (if anything, I'm the type of person who would go to any lengths to keep all the apples perfectly placed and those feathers silky smooth), but I know I'm not a lone ranger with this feeling that addiction is not considered, perceived or received like other mental illness 'relatives'.

Living in a 'recovery house' for two years – a block of flats for women who are leaving rehab and in early recovery – meant that I had a focus group to hand. I asked the girls their opinions on addiction being detached from 'mental health', and all eight women shared their thoughts and experiences with me. What was wonderful about our impromptu chat was that we all experienced feeling shame or being shamed for suffering with addiction – that in having this affliction our other mental health issues were delegitimised. Unanimously, we agreed that putting 'addiction' and 'mental illness' in two separate boxes wasn't helpful at all – the fact that to treat our mental health means we have to treat (and manage) our addiction to maintain good mental health shows just how grey this area is.

Basically, if Mental Illness and Addiction were on Facebook, their relationship status would definitely be 'It's complicated'.

And you know what? I'm yet to meet anyone in recovery from any addiction who, at some point in their life, hasn't had difficulties with their mental health, or experienced some kind of trauma where a bit of talking therapy or psychological intervention wouldn't have

gone amiss. I'm sorry to bring *Shrek* into the mix (I've lost any hope of credibility, haven't I?) but there's a scene when the big green CGI ogre says, 'I eat because I am unhappy and I'm unhappy because I eat.' That sums up how I felt throughout my harmful drinking. There is a real need for a combined approach; in fact, a lot of psychiatrists, professors and doctors are crying out for changes in how we treat someone with existing mental health conditions and substance disorders.

When someone is diagnosed with both mental health issues and addiction it can be referred to as a 'dual diagnosis'. I had a chat with Professor Julia Sinclair, a professor of addiction psychiatry at the University of Southampton and Honorary Consultant in Alcohol Liaison in the NHS, for an episode of our BBC Radio 5 Live podcast *Hooked*. She pointed out that 'dual' suggests that there are just two issues to deal with, when in fact there are many patients who have physical health conditions, like liver disease, and also have multiple mental health disorders – anxiety, depression, PTSD, to name just a few. To this end, 'co-occurring' or 'co-existing' or 'co-morbid' seem an appropriate fit as a way to describe this situation.

Sharing her views on the challenges of getting help for both mental health and substances, she said:

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*Many addiction services no longer have competencies in-house to deal with co-morbid mental ill health, and mental health services frequently refuse to work with people who have a co-morbid alcohol use disorder, such that patients wanting help with the depression that they see as causing them to use alcohol are often told they can't be helped until they are alcohol-free. People in truly*

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*desperate states are bounced between addiction and mental health services, with many often falling through the gap.*

**Professor Julia Sinclair**

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For professionals to make these changes that are so desperately needed, funding is a huge factor. I'm not on the BBC with my podcast now, so I can be a bit more political ... cuts to funding have devastated this sector and I am appalled, disgusted and incandescent with rage about this. Really, it's a false economy: the 'savings' that are made in one area only lead to increased pressure on the NHS in another. If I think about my experience, I found myself in A&E multiple times, taking up general psychiatrists' and doctors' time. If there had been proper funding for me to access support or go to rehab when I needed it, then I wouldn't have been taking up resources elsewhere.

If you're a bit of a details person, like I am, you will want to know why cuts to addiction services have happened. Well ...

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*The Health and Social Care Act changes of 2012 resulted in addiction services [being] taken out of NHS commissioning, and subject[ed] to frequent re-tendering and budget cuts. This has disproportionately affected people with co-occurring alcohol dependence and a mental health disorder. We need mental health services to reclaim alcohol use disorders as primarily a disease of the mind, and genuinely embrace person-centred care.*

**Professor Julia Sinclair**

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The Alcohol Health Alliance UK is a coalition of more than fifty organisations working together to reduce the harm caused by alcohol. Members include medical royal colleges, charities, patient representatives and alcohol health campaigners. I have had the pleasure of working with these guys as they fight for change to a problem that is so prevalent in the UK, yet so neglected. The AHA is chaired by Professor Sir Ian Gilmore, a leading professor of hepatology and special advisor on alcohol to the Royal College of Physicians. Speaking to me about the scale of alcohol harm, he shared:

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*As a liver specialist, I witness first-hand the devastating consequences of alcohol harm every day in my work. The damage that alcohol inflicts on the health of an individual ripples out into all areas of their own lives, the people around them and their communities. Despite this, alcohol remains a celebrated part of British culture and those who either try to give up or cut down on drinking are often stigmatised by their peers. We are very happy to talk about alcohol in this country until it comes to alcohol harm and what measures are needed to end it. Sadly, for all of us that is a necessary and urgent conversation that has to be had.*

*Deaths linked to liver disease have risen a staggering 400 per cent in fourteen years; alcohol harm costs our society at least £27 billion every year and 308,000 children currently live with at least one high-risk drinker over the age of eighteen. We are in the middle of a mounting health crisis which we cannot ignore.*

**Professor Sir Ian Gilmore**

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## Introduction

The latest AHA report, *It's everywhere* – alcohol's public face and private harm, highlights a number of areas of alcohol harm that need a serious overhaul, including funding. Within the report was the startling reality of cuts: 'There is insufficient treatment available to those who need it. Treatment provider Change, Grow, Live told us that services in England experienced real-term funding cuts of over £100 million, an average of 30% per service, since 2012.'

The next big issue I'd like to address: is alcoholism a disease? Addiction is no longer under the NHS remit. For a lot of folk, 'the NHS shouldn't be dealing with addiction as it's not a disease' is a relevant point. I know it's divisive – it's complex, and it's a conversation that can lead to hurt, anger and maybe a 'No bloody way'. Generally, those who have witnessed or been to the depths are on one side of the argument, and those who believe addiction/substance misuse is about choice are on the other.

The fact is, I understand the main thrust on both sides because I have been on both. I'll never forget my mum's words of: 'Hold on, you were sober when you bought it, you knew what you were doing.' She's right: technically, I was chemically sober when I bought my half-litre of vodka and stuffed it down my baggy mom jeans (which, by the way, are rather snug these days) – but was I sober in the mind? Absolutely not. When I look back at my worst days, the peak of my alcohol insanity, I think: 'My god, Melissa, you poor poppet.' (It's taken quite a lot of therapy to think that of myself.) Because I know that frightened girl was me, even if now I don't really recognise her that much – such a lost and frightened soul. No 'well' person would have done the things I did, thought the way I felt, have made the choices I made ... so do I think it is a disease or disorder? I do.

I wanted to chat with someone who works in the field, so who better than Michael Rawlinson, an addictions counsellor from Clouds House. He has known me from my time in rehab and we reconnected when I needed an expert for *Hooked*. He's been a fixture and a friend ever since. For the purpose of this chapter, he told me about a book called *DSM-5* (bear with me). For mere mortals like me, it is a sort of encyclopaedia for the diagnosis of mental health conditions. As the blurb says, 'determining an accurate diagnosis is the first step toward being able to appropriately treat any medical condition, and mental disorders are no exception'. Within this manual there is a definition for alcohol use disorder: 'AUD is a chronic relapsing brain disorder characterised by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences.'

Now, there is a list of symptoms that I was going to include, but I don't think it's responsible for me, a non-professional, to 'encourage' you to self-diagnose and potentially end up panicked. But I wanted to include this definition to help you see that excessive drinking, disordered drinking, problematical drinking, alcoholism, alcohol dependency, etc., is recognised as a disorder. It is a real thing, and you are not a bad person for suffering from it.

Further 'proof' that alcoholism is an illness comes from a funny old place – my bowels. Apart from a troublesome head, I also have a very troublesome bowel, as I have Crohn's disease. I never questioned if Crohn's was a real illness/disease: I have seen my ulcerated innards on a screen, while the blood tests, lubricated fingers up the bum, multiple operations, stoma bag and immunosuppressant injections are hard to refute. The evidence is clear and tangible that my guts are diseased, but my reliance on paint-stripper-style vodka? That *was*

harder to accept as a real illness. My Crohn's is a chronic condition; I have it for life, I have to make changes to my diet, understand my triggers (those things that could set my condition off, e.g. stress), have thorough plans in place and take daily action to keep it at bay. If I were to replace the word 'Crohn's' with 'alcoholism', there isn't much difference: to me, my alcoholism and my Crohn's are both life-long chronic conditions.

These days, I tend not to go through the whole, 'I've got this shit (literally and metaphorically) for the rest of my life ... what's the fucking point?' thought process. One day at a time, folks. If I thought I would have to do anything for ever and live my days as if I had a life sentence, I'd be a miserable, self-pitying bugger. But, if I take both of them a day at a time, I have found that twenty-four hours is far more manageable than trying to live your entire life out in your head.

And then there's the next big question: 'Are you born an alcoholic?' Although I think it is an important question to raise, my simple answer is – I have no bloody clue. I don't know if I was born with it, caught it or bought it; I just know that, at some point in my life, a line was crossed: I needed a drink to get through life, to calm the nerves and quiet the head, and I became reliant on alcohol to change how I felt.

There are times when I read online articles and see discussions that make me wonder if every mental health symptom I have is just part of alcoholism, or if my alcoholism is a product of my poor mental health. Professor Julia again:

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*The same symptom may be either a cause or a consequence. For instance, symptoms of depression or anxiety may increase our alcohol use, which then is likely to worsen our mental state, worsening anxiety and depression symptoms, and fuelling further alcohol use, which people may regard as treating their anxiety or depression.*

**Professor Julia Sinclair**

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For my own sanity, I just accept what I am and what I suffer with and keep my focus on the solution: the things I do to stay well. (Dare I make reference to *Love Island's* most-used quote? Sod it, why not: 'It just is what it is.')

Now, the final tricky subject to address before I get into my story: problematic language and the use of the words 'alcoholic' and 'alcoholism'. For a lot of people, whether that be academics, workers in the field or those who have a difficult relationship with drink, it is felt that both these words reinforce negative stereotypes and stigma. I get it, I really do. I only have to look at my own perceptions prior to recovery to understand it. But you will be reading that word a lot in this book, so I thought it best acknowledge it. It took me a long time to accept or consider I was an alcoholic. But through the podcast, and especially with this book, I want people to feel that being an alcoholic is nothing to be ashamed of. To be honest, it's just easier if I call myself an alcoholic – after all, if it walks like a duck, sounds like a duck ... you get the point. I really hope the word doesn't isolate you or scare you, as that's not my intention in the slightest

and, please, feel free to replace the word ‘alcoholic’ with whatever you are most comfortable with. There is more that connects than divides us, and I really hope a label doesn’t get in the way of that.

I suppose now is a good time to get off my soapbox, away from the politics and the bigger picture, and to start sharing about my pre-drinking days – well, years. Those years of unhelpful and harmful thought processes, believing that I was a piece of shit and hobbling through life forever needing a crutch to get through it.

Before I delve into the nitty and gritty ... I’m very aware that my struggle with mental health isn’t of an *extreme* nature. In the grand scheme of things, my experience isn’t uncommon, and my diagnoses are the timeless classics: generalised anxiety disorder (GAD), depression and a bit of PTSD for good measure – oh my GAD, what a threesome.

I suppose I want to make clear that while my own struggles are not out of the ordinary, I’m not minimising them in the slightest, either. There’s nothing worse than a dick-measuring competition. We all have our ‘stuff’ and we all have different scales of mental health. Not all of us have ‘issues’, mental illness, mental health diagnoses or whatever the correct phrase is to use, but me, Melissa, I’m not unique, my experiences aren’t special or different. That commonality is where I hope to offer some identification, for you to go: ‘Fucking hell, yeah, I have felt like that ... I’ve done that ... OK, I didn’t think or do that, but I have done *that* ...’

We’ve established I swear – I apologise if I put foul words in your mouth.