

NS to reply

January 15, 2003

Paul Greening  
Cabinet Office  
Head of Consultation Policy Team  
Strategy Unit  
Room 1.30  
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The Mall  
London SW1A 2WH

Dear Mr. Greening,

I am an alcoholic, and have been in recovery through Alcoholics Anonymous for over 12 years. I write to give you my reaction to your document National Alcohol Harm Reduction Strategy. Of course you understand that I do not speak for AA, but I do have some thoughts about recovery from alcoholism, based on my experience in AA, which may be useful to you.

There are many methods of recovery from alcoholism other than AA: treatment, counselling, and the like. The advantage of AA is that it really works if it is vigorously followed ("Rarely have we seen a person fail who has thoroughly followed our path..."), and that it is free.

While I have tried to be as helpful as possible in answering your questions, I have not commented on questions involving drugs, or any other areas beyond my personal experience. I feel that the misuse of alcohol presents a huge and growing problem in our society, and I am extremely happy that at last the government seems to be taking an interest in addressing the problem.

You may be particularly interested in my suggestion about "mentoring" (Paragraph 9), which is based on AA experience. I hope you will find these comments useful.

Yours sincerely,



Henry Thomas

CC: Darian Mitchell, Service Delivery, London Probation Service.

COMMENTS ON "NATIONAL ALCOHOL HARM REDUCTION STRATEGY"  
CONSULTATION DOCUMENT

1) I don't believe that the government should try to "manage" anything. That should be left to the local authorities and the voluntary sector. What the government can do is to provide support and funding to these entities as they try to address the problem of alcohol abuse. Alcohol abuse is a huge and growing problem, and needs all the help, advice and support it can get.

2) Fundamentally, this is an individual problem, which can only be "solved" on an individual basis. The legislative regime is, in my opinion, quite satisfactory, although modest tinkering with the licensing laws could be possible.

3) Unless one is going to "ban" alcohol (which I do not for a moment suggest), the current regulatory regime is satisfactory. It is difficult to answer this question on such a broad basis; problems should be addressed on an individual "case by case" basis; it can then be decided if the balance is wrong, and that particular action or intervention is needed,

4) I believe that the core issue is freedom of choice. But for an alcoholic, there is no such freedom: he is trapped in a vicious circle where he, every evening shortly before he passes out, swears that he will not drink tomorrow, only to find that it is impossible to go without drink the next day. The voluntary sector has the right approach: work with the alcoholic until he sees the merits of sobriety, and genuinely wants to stay sober.

5) Running through this paper, as a contrapuntal theme, is the call for early intervention, before the client begins drinking excessively or becomes an alcoholic. This means that children must be alerted to the disease of alcoholism, and what the warning signs are, at the earliest possible age. This calls for a massive, although not particularly expensive, campaign by government, largely through the schools, to heighten alcohol awareness. Once a person becomes a full-fledged alcoholic, the chances of reforming him are, statistically, very small, and the effort to do so very disheartening.

6) AA defines alcoholism as being powerless over alcohol (unable to resist drinking), and an unmanageable life (lost jobs, broken homes, huge debts, and the like). It is a disease coupled with an obsession. It may be important at this juncture to note that I am only talking about alcoholism. Alcohol abuse covers a larger field: the heavy drinker, and the person who occasionally uses alcohol for escape, and the person who gets into difficulties with the law because of excessive drinking. But I am only knowledgeable about the disease of alcoholism, and only prepared to comment about what I know. In the balance of this paper, I am only talking about alcoholism, as I have defined it, and not about other forms of excessive drinking.

7) The only useful comment I can make at this stage is that alcoholism seems to be "a family disease" in the sense that there seems to be a predisposition towards

alcoholism based on other members of the family drinking alcoholically. Certainly early teaching and early identification of problems will help and I believe that much can be done to help teachers identify students who may be developing potential problems. Certainly alcohol should be treated as at least as important as drugs in terms of talks by police officers and others in schools and colleges. We say in AA that alcohol is no respecter of education, class, race, sex, sexuality, or the like: it can happen to anyone, anywhere.

8) No comment.

9) I think that now is the time to discuss the AA approach, and how it can be adapted for your use. This may be particularly useful in dealing with young people, because the earliest moment to bring the perils of excessive drinking to the attention of a potential sufferer, the better. The essential elements of the AA approach, it seems to me, are the following: (a) emphasis on "one day at a time;" (b) sponsorship; (c) the steps; and (d) meetings.

- a) There is no more important contribution that AA has made to treatment of alcoholism than the concept that it is just one day at a time – you only have to stay away from a drink today, and tomorrow you can drink as much as you want. It is so much easier just to worry only about what you have to do today. The past is gone, you can do nothing to change it, and the future hasn't happened yet. In fact, this concept is useful for all – alcoholic and non-alcoholic alike.
- b) Sponsorship is vital to the AA programme of recovery. We all need someone to help us in learning how to cope with life – parent, teacher, priest, close friend, and the like. Couldn't you adopt a "mentor" approach, under which people either posing difficulties to law enforcement agencies, or people actually on probation, could (if they wanted to, although they should be strongly encouraged) have a "mentor". This would be someone who had been in trouble with the law, but was now working or going to school or otherwise living a useful life (and free from alcohol), and could serve as a source of help and advice, and become a "role model." AA has found this approach (which we call "sponsorship") tremendously valuable (personally, I would say that it is almost impossible to recover without it), and it does seem to me that the "mentoring" approach is worthy of exploration. In my experience, it will prove even more valuable for the "mentor" than for the other person, for he will learn so much about himself, and the importance to him of helping others.
- c) The twelve-step programme of recovery of AA, which involves use of the "Big Book" and the "12X12" as well as other literature, is, of course, essential to our recovery, but AA may not work for everyone. Is there a substitute book or programme of study, which can be used, to educate the person being helped and to serve as an outline of how he can approach life? I suspect that there are many such books or materials. Using them, and encouraging the person being helped to do something or read something every day, will gradually improve his coping mechanisms and his self-confidence.

- d) It is not too much of a jump from AA meetings, to group counselling sessions. The format may vary, but the essentials are basically the same: to learn from the experience of others how to cope with life. AA has only very general rules about the format, so that meetings vary tremendously. With your people, a great deal of experimentation may be needed, and certainly people and situations will vary. But the essentials are the same: someone more experienced guiding others in an approach to life's problems. Regular attendance is also a key. I think I should add at this point that AA has some difficulty attracting people from ethnic minority groups, so AA's experience on this point is not much help to you.
- 10) No comment.
- 11) No comment.
- 12) No comment.
- 13) No comment.
- 14) Already covered (powerless over alcohol and lives becoming unmanageable). AA believes that some drinkers go progressively from moderate drinking, to heavy drinking, to alcoholism ("it's a progressive illness"). Most people in AA believe that when it becomes an obsession – that even when one is not drinking one is thinking about it – the danger point has been reached.
- 15) No comment.
- 16) No comment.
- 17) No comment.
- 18) "Brief interventions" (and the related detox centres) are, in my opinion, worse than useless for the true alcoholic. They only postpone the day when the alcoholic realizes that he is in fact an alcoholic and seeks help – either a treatment centre or the AA programme or both - and that he can prevaricate no longer. There is an apocryphal story around the rooms about an alcoholic who was in 37 different detox centres, and never did get the programme. Brief interventions and the related detox centres should, in my view, be abolished, and the money spent on more permanent solution.
- 19) Where the hospital or treatment centres take a serious approach to the problem and realize that no "quick fix" is possible, I believe that they may be useful. Unfortunately, I have heard that just such a unit in Hazlemere is now being shut down for lack of funding. Surely this is an error. I personally believe that all successful treatment centres are based to some degree on the 12-step programme of Alcoholics Anonymous, and that this is effectively the only method of addressing alcoholism. A difficulty with these centres is that there is normally a waiting list, so more money to build more of them is needed.
- 20) No comment.

21) No comment.

22) It is my own belief that all alcoholics are somewhat disturbed individuals, and that alcoholism is form of mental disorder. But through the programme and through contact with others, they do recover and live useful lives. The key, which should work just as well with people not in the AA programme, is the early intervention of others, and the group counselling or meetings, which I recommended above. It is important not to lose hope: just as the illness of alcoholism can be attacked one day at a time through abstinence, sponsor, meetings, and the AA programme of recovery, so mental illness can be attacked by offering intensive help to the suffering, in which voluntary groups and meetings should play a part.

23) The annual report for NACRO, with which you should be familiar, makes clear the explicit connection between crime and alcohol. Almost everyone I know in AA has at some time, while drinking, committed an offence. A friend who recently celebrated 17 years in the AA programme was arrested 20 times for drunk driving or drunk and disorderly, before he sobered up through AA. Of course there is a question as to causation: is the person drinking because of the shame and remorse and unmanageable behaviour, which seem to go in tandem with alcoholism? Or is it the other way around? This kind of chicken and egg problem, whatever its intellectual merits, seems beside the point: the issue is that he is an alcoholic, and he must take certain steps to relieve his alcoholism.

24) As I have just said, the connection between alcohol abuse and crime is uncontrovertibly. There may be a certain number of criminals who are not alcoholics, but engage in crime, either frequently or on a "one-off" basis. In these cases, alcohol abuse not amounting to alcoholism may be a factor, but that is really beyond my experience – or interest.

25) While I am told that there is much alcoholic behaviour in the city centres after, say, 11:00 pm, I don't normally see much of that (as I'm not normally out that late), and I suspect that there is a certain amount of newspaper hype involved.

26) No comment.

27) No comment.

28) No comment.

29) No comment.

30) My experience is that, while there are a certain number of young people in the rooms, most alcoholics in recovery are over 30. Reliable people – for example, in the probation field – tell me that this tracks with their experience, that the overwhelming majority of detected crimes are committed by young people. As to targeting, I repeat my feeling that your efforts should be focused on the young, if for no other reason: that a reformed/sober former young criminal has a much longer time to make a real contribution to society.

31) No comment.

32) No comment

33) No comment.

34) The reason why drunk driving policies work is that that shows the effect of real intervention, rather than, as is often the case in drunk and disorderly or similar offences, just letting the person "sleep it off" in the cells, perhaps with a "go and sin no more" talk in the morning. In my own belief, there ought to be much more *intervention – courses to take compulsorily, monitoring, periodic reports and check-ups – with anyone who has been guilty of an offence involving alcohol.*

35) No comment.

36) No comment.

37) As I work as a volunteer at the Social Care Unit of St. Martin-in-the-Fields, I am very familiar with homelessness and its connection with drink. I would estimate that certainly 70% of the homeless clients at the Unit are alcoholics. It is often asked: is this person homeless because he is an alcoholic, or is this person an alcoholic because he is homeless? It is also true that many if not most of the clients of the unit are educationally below average, so that alcohol, again, may be either a cause or an effect of poor socio-economic performance. Whatever the causes, the issue still, to me, seems very clear – some intervention is needed, so that a person, free from alcohol, can get a job or a flat or better health or whatever.

38) I want to comment here about the levels of so-called "safe drinking." It should be clear from what I have said, that for an alcoholic, no amount of drinking can ever be safe – not even a sip of wine at communion. So the "21 units for a man and 16 units for a woman" - or whatever it is - is errant nonsense to the alcoholic. At the early stages of heavy drinking, a serious drinker may take some comfort that on a particular day he hasn't exceeded this presumed limit. In fact, he may just be kidding himself: if he has a problem, it isn't going to go away because he carefully measured his drinks for a few days. He would be much better advised to seek help now, before the disease advances. One can almost say that anyone who feels he needs to count his daily consumption, may well be becoming obsessed about his drinking, and is in danger.

39) No comment.

40) No comment.

41) No comment.

42) No comment.

43) No comment.

44) No comment.

45) No comment.

46) I have often heard horror stories in the rooms about the amount of drinking in colleges and universities. This is a natural effect of being away from home, alone, free from parental guidance/interference, etc. This is natural, and many people who drink excessively at university, when they settle down with a partner, a demanding job, a house, etc, no longer have any interests in excessive drinking. But there are exceptions. I think the point here is the tremendous importance of education, beginning at a relatively early age (10? 12? 14?), so that those people who are beginning to sense that they have an interest on alcohol which is unlike that of their classmates, may be able to ask a teacher or a nurse or a visiting police officer or social worker about it. An early awareness of the problem may mean an earlier attempt at a solution. I am a strong believer in educational efforts for alcohol similar to those existing now for drugs.

47) I have noted above the possible use of "mentors" in trying to encourage children not to drink and to live productive lives. Two things are relevant from my experience: first, that alcoholism is a family illness, and that most alcoholics have other members in their family who either are in the programme or need to be, and, second, that most alcoholics really had the "ism" from their earliest memory – they felt different from their schoolmates and friends. As I often hear in the rooms, "I was born an alcoholic; I always felt different." You don't seem to directly ask a question about heredity and the importance of genetics in predicting problems with alcohol: shouldn't this be a focus of your inquiries?

48) No comment.

49) Early education – in primary schools if not nursery schools – seems valuable. Couldn't drug and alcohol abuse be wrapped up together in a substance abuse unit of instruction? Many teen-agers actually start with drugs, and only use alcohol when, after they turn 18, it becomes more easily available. After all, it is the same feelings of low self-esteem, of feeling different, and the irrepressible compulsion, which fuels both addictions.

50) No comment.

51)– 61) I have no comments on either the market or the economic issues involved in alcohol abuse. These are beyond my experience. As I have said, as a personal matter I believe that the regulatory system works as well as can be expected, although perhaps swifter, harsher, and more certain penalties for permitting or encouraging under-age drinking (particularly on pub landlords) would be a good idea.

Throughout this paper, I have constantly emphasized the importance of education, and the early attention to the "ism" which may lead to alcoholism – that feeling of being different. I see no reason why alcohol should not have equal priority with drugs for attention from the government and others – I gather that drug abusers also feel alienated from the rest of society. It is certainly the case that teachers in our society are hugely overworked, and may initially object to being loaded with yet another area

of responsibility. But if they can only see or learn of the harm that alcohol and drug addiction cause to their charges, I am sure that they will be only too happy to help attack this menace.