

# Caritas – social action

## **SU/DoH Consultation**

Room 4.6  
Admiralty Arch  
The Mall  
London SW1A 2WH

17 January 2003

Dear Jane,

Please accept with thanks the consultation response of Caritas – social action.

This consultation response has been compiled from the work of the working party on substance misuse, commissioned by the Social Welfare Committee of the Catholic Bishops' Conference of England and Wales. Caritas – social action is a new agency of the Catholic Bishops' Conference and has taken the work of the Social Welfare Committee into its remit.

We warmly welcome the ambition of the Government in addressing the problems caused by alcohol in our society. We strongly urge the Government to recognise that the problems resulting from alcohol misuse often stem from problems which exist prior to drinking due to unfavourable circumstances affecting the user. We are pleased that the scope of this consultation reflects the complex and multifaceted nature of the problem. Our primary recommendation is that a strategy to reduce alcohol harm be based within the wider context of tackling drugs misuse, with specific context given to addressing issues of poverty and pressures of life which contribute to inappropriate drinking and alcohol harm.

Yours sincerely,

Stephen Matthews

# **National Alcohol Harm Reduction Strategy**

**Response of  
Caritas – social action**

2003

39 Eccleston Square  
London SW1V 1BX  
Tel 020 7901 4875  
Fax 020 7901 4874  
Email [caritas@cbcew.org.uk](mailto:caritas@cbcew.org.uk)

## Consultation Response

### **Subject**

The Strategy Unit working together with the Department of Health have requested the contribution of knowledge and experience required in the formulating the shape of the future direction of alcohol policy in a coherent and effective way.

### **Recommendation**

This consultation response gives indication of the interest with which Caritas Social Action regards the Government's ambitions to develop an alcohol harm reduction strategy, with specific relevance for the work of the organisation, its members and the wider society.

We welcome the breadth of this consultation and the cross-cutting perspective adopted by the Government in examining this legitimate area for concern. The development of an effective national alcohol harm reduction strategy has the potential to provide significant assistance to the work of Catholic charities and welfare services.

Much of the content of this consultation response is taken from papers previously published in the report '*Substance Misuse Today: A Catholic Reflection*' (2000, Catholic Bishops' Conference of England and Wales Social Welfare Committee). This approach emphasises our belief that the most appropriate context with in which to address issues of alcohol harm and misuse is within the broader framework of substance misuse and in recognition of other mitigating factors including poverty, unemployment, lack of housing, illiteracy, lack of self-esteem, family breakdown, physical and sexual abuse and violence.

Many of those who come into contact with Catholic charities and organisations either suffer problems connected with alcohol misuse or are in some need which has been caused or exacerbated through the harmful impact of alcohol in their past. Alcohol has formed some part of the lives of many of those we work with, both directly through their own drinking, and/or indirectly through the behaviour of others affected by alcohol.

### **Note**

In responding to this consultation, the numbered the paragraphs here to correspond to the questions asked in the consultation document.

## The principles that should underpin the strategy

### 1. **Why should the Government get involved in managing the harmful effects of alcohol misuse? At what point does Government intervention become justified?**

One of the principle reasons for the Government's involvement in managing the harmful effects of alcohol misuse is reflected in the UK government's drugs strategy, *Tackling Drugs to Build a Better Britain* (1998) which alerts us to the danger of treating drug use in isolation from other social and environmental factors.

The Government's strategy should focus on helping people to resist alcohol misuse and resultant harmful behaviour so they can achieve their full potential in society. In any programme of prevention we must focus on tackling the causes. Although harm resulting from the use of alcohol can affect people from all social backgrounds, poverty can provide a fertile soil for the growth of alcohol harm. The Government's commitment to eradicating child poverty in a generation suggests the government would not be adverse to intervention which addresses causes and conditions of alcohol harm which are often rooted in poverty. In wider terms alcohol misuse often goes with lower socio-economic status. The Government's ten year drug strategy, *Tackling Drugs to Build a Better Britain* (1998), correctly argues that prevention should start early, focusing on children and young people, this is as relevant for reducing alcohol harm as it is in tackling the wider problems of drug misuse.

### 2. **How far is alcohol misuse a matter of individual responsibility and when does Government have a responsibility to intervene, whether through services, legislation or persuasion?**

Alcohol misuse is the responsibility of the individual drinker, but not in isolation. The problems of alcohol harm affect not just the individual drinker, but also those who are in the immediately vicinity of the drinker and the wider society. Responsibility for reducing the harm associated with alcohol should be shared by the individual in conjunction with the church, the family, the school, the workplace, the parish, the media, and the industry and Government. Responsibility to intervene is particularly acute when there are few other opportunities for those most closely affected by harmful use of alcohol to reduce either the causes or affects of misuse, for instance when alcohol is used as an escape from the pressures of life.

**3. How can we strike a balance between individual and community rights and choices?**

The problems begin when alcohol 'takes over' – when control is lost. Friends, relatives and neighbours may be the first to experience the effects, rather than the drinker. Drawing a line between use and misuse may depend on the harm entailed. Alcohol can be seriously harmful to the user and to others – physically, socially, economically and morally. It is within the context of the drinker's motivation and behaviour that a balance may be determined between the individual, and community's rights and choices. So long as alcohol offers an 'acceptable' escape from the pressures of life, which for some are overwhelming, then the choices for the drinker are limited.

An integrated social justice response to alcohol harm must be rooted in a 'deep ecology', recognising that our thoughts, beliefs, social, cultural, economic and political systems are as much part of the web as issues of mental health or patterns of psychological dependency. If we wish to find lasting solutions, then we have to face fundamental changes in human organisation, philosophy and behaviour. This will include a more finely tuned approach to the dynamic of human rights and responsibilities, not simply at the personal level, but just as importantly in national and global terms.

**4. What are the respective roles and responsibilities of consumers, voluntary groups, commercial interests and others?**

Education plays an important role in ensuring that young people know the risks of alcohol, and have therefore the knowledge and skills to resist them. The Church supports an effective programme of education but cannot alone solve the problem. Within its schools, the Church places a great emphasis on the role of the family. It sees the parents as the paramount educators of their children. It is important that parents should be helped to understand the dilemmas and difficulties faced by young people as they develop.

Every human being is an individual with a psychological dimension. Groups of individuals beyond the conventional family will influence the person as he or she grows into adolescence and adulthood. The Church will always seek to promote the quality of relationships where people exhibit dignity and respect for each other. The media, especially television, also plays an important role in forming a person's mind.

Parishes have an important role to play, not least by being an example of a community which radiates joy and a wholesome life. The ethical vacuum in the lives of some of those who struggle with what is right and wrong needs to be filled, and those who cannot take charge of their lives, which have no meaning, order or purpose, need to be helped. When someone does not feel fulfilled it can be for a variety of reasons. We need to understand the confusion that many people can go through on their pilgrimage of life. A solid youth group in the parish can help in the formation of a young person's intellectual, emotional and spiritual growth. The local Church can become a sanctuary for old and young, to share their fears and problems, a builder of life and a healer of memories.

**5. What principles should underpin a national alcohol harm reduction strategy?**

Alcohol misuse affects every level of society. The situation will not be effectively managed or controlled by aggressive or repressive measures, such as imprisonment, by hiding the problem under the carpet or by washing our hands of it. An integrated, socially just response, together with the promotion of both self-respect and the enhancement of the dignity of each individual human being are essential. These are all matters where the church has an important role to play. Two important principles emerged from our papers. The first is the need to have proper regard for other people and respect for their dignity, whatever their current state of life. The second is the importance of self-respect, the attainment of which may entail the need for employment, education and some aim or goal of life.

**The cultural and behavioural issues around alcohol use and misuse**

**6. How do you define alcohol misuse? What factors do you take into account?**

Alcohol misuse is a danger to health in the drinker (at least in prolonged use). Alcohol can also have harmful effects on social functioning. Alcohol is implicated in a high proportion of accidental injuries – road accidents and attempted suicides – and the number of alcohol-related deaths reflects this. This is apart from the serious problems of marital and family disharmony and breakdown. The cost to society of this drug alone is enormous, estimated at £2.5 billion a year. Serious moral damage may occur. The habit of hard drinking may cut the user

off from ordinary life, making it harder to find a job or somewhere to live, and then lead to crime, such as theft, prostitution, drug dealing or violence. Others than the drinker suffer too. There may be break up of relationships, estrangement from families and friends. Society is left to pay the cost of medical care, loss of employment and alcohol-related crime.

**7. What drinking patterns should an alcohol harm reduction strategy seek to affect? How susceptible are such patterns to change? Where should Government concentrate its efforts in prevention?**

Addiction to alcohol is a pervasive and increasing problem in our society. It is a self-destructive condition causing death, suicide, physical ill health, premature death, mental disturbance and imprisonment. Addiction can be recognised by a set of behaviours that include preoccupation with taking the drug, compulsive use characterised by impairment in the ability to control intake, and a pattern of recurring relapse into alcohol use. These three behaviours describe a clinical entity which as severity increases causes the sufferer loss of personal freedom, increasing physical, mental and social harm, as well as often untold hurt and pain for the family. It is important to appreciate that those who are addicted are not pursuing a hedonistic lifestyle with wilful abandon, but are truly in the grip of a compulsion which limits their ability to exercise real choice with respect to alcohol or drugs.

It is in this context that alcoholism is seen as an illness. This illness view also contends that genetic and biological factors are important in causing the condition rather than the underlying mental illness. The illness is not self-induced nor does it result from a lack of will power or weak character, though certainly the will has become weakened. No particular type of personality has been shown to cause alcoholism, although alcoholics commonly display certain personality traits, e.g. low self-esteem and depression which research has shown to be the result of addiction.

The causes of addiction are multiple and complex while psychological and social factors contribute to its development.

**8. Is there a relationship between trends in drinking and wider social changes – e.g. the spread of higher education, changes in workplace culture, later marriage and/or family function? Where does this suggest we need to focus attention in influencing behaviour?**

The population's physical and social health will be judged in terms of how well it has adapted to its constant changing milieu, and to the interconnected systems which make up its total environment. This includes the ways in which we organise for a healthy society, building upon values, enhancing and respecting human freedom and responsibility for the common good.

Having challenged ourselves as Church, and acknowledged the part we play in making it more difficult for the person misusing alcohol to enter into recovery, we are better placed to challenge society as a whole. While we recognise that alcohol is being misused in suburbs and rural areas, alternative economies thrive where there is social deprivation. Each local church needs to be involved in the wider community in addressing these underlying problems in a co-ordinated and systematic way. At every level of society we should be challenging the politics which enables the gap between rich and poor to grow ever wider.

## **Health: prevention, treatment and the impact on the NHS**

### **14. How do you define harmful drinking? What factors do you take into account in deciding whether heavy drinking has become problematic drinking?**

How do we not cross the boundary from low risk onto the path to addiction and harmful drinking? The trouble is that we do not know. Each one of us is very different. Because alcohol has been around in society for many years, we, for the most part, have used to it. We have each discovered for ourselves the effect it has on us and most of us can recognise its limitations. However, a few find themselves hooked and unable to stop.

### **17. What, in your experience, are the most appropriate means of prevention of alcohol dependence and serious alcohol misuse? What forms of training are most appropriate for professionals in health and social care, as well as other fields, who play a role in prevention?**

The most appropriate means of prevention of alcohol dependence and serious misuse is through prevention of alienation so often linked with alcohol misuse. The Christian vocation is one which invites people, as they are, into relationship through which they will be transformed. That relationship must be based on truth. Alcoholics Anonymous

groups would witness to the fact that it is the relationships with a 'higher power' and with the group itself, along with the ability to be absolutely honest about themselves, which enables their continued recovery.

Some would suggest the importance of the sacramental life of the Church in adding recovery. Certainly the twelve-step programme of Alcoholics Anonymous would seem to fit nicely with some of that sacramental life; the Catholic alcoholic, who wants to go through an honest inventory of life, might well approach the priest as confessor. The Sunday celebration of the Eucharist should also be a milieu where recovering alcoholics find those supportive and dynamic relationships with their 'higher power' and with a worshiping community. Unfortunately however, attendance at Sunday Eucharist has, for too many, become all too closely associated with doing one's duty or being a 'respectable' member of society. Those alcoholics who put a veneer of respectability in this way while, in fact, still failing to accept themselves, risk missing the opportunity, or at least may delay the possibility, of recovery.

**19. Do current treatments for alcohol dependence and hazardous drinking work? Are they sufficiently tailored to meet differing needs? Are there other forms of treatment we should be aware of? Is there a need for guidance for the commissioners of local treatments services? How should individuals best access treatment services?**

There is need for a range of services with differing intensities of treatment. This would include brief interventions by the patient's general practitioner. Here the patient is provided with direct feedback on the effects of alcohol on health, providing education, emphasising responsibility to take action on the problem, and suggesting various causes of action. A full range of services would include local voluntary or statutory alcohol or drugs services and special inpatient treatment. We endorse the recommendations of the *Task Force Report* from the Department of Health (1996) emphasising the need for:

- Access to residential care for those likely to benefit
- Access to in-patient treatment and the three main types of treatment for addicts, which include the twelve-step 'Minnesota Model' treatment, therapeutic communities and Christian communities.

Recognising that there is an overlap between alcohol and drug misuse, some treatment services are integrated to identify and respond to both alcohol and drug problems.

## **Crime, disorder and anti-social behaviour: the effects on our surroundings and community**

### **23. What evidence is there about the links between alcohol and crime and the links between alcohol and anti-social behaviour? Are there key studies or pieces of evidence you think we should be aware of? Where are the gaps in the evidence?**

The relation between crime and alcohol misuse is one of the biggest areas of concern. With regard to Young Offenders Institutions (YOIs), HM Chief Inspector of Prisons' report on Young Prisoners (1997) recognised in a 'Profile of a Male Prisoner' that almost a quarter had been under the influence of alcohol/drugs at the time of their offence. Indeed the main reason for the young people's criminal behaviour was involvement in drink and/or drugs, and almost three quarters of the young people reported they had never received any help in prison for their alcohol/drug problem. One in ten recognised that help with their problem would go some way to eradicating their offending behaviour. The Chief Inspector went on to stress the importance of 'the need to take harm reduction precautions and provide services for those who recognise that they have a problem with substance misuse and who wish to do something about it'. At the same time, 'young people invariably need motivating to address their alcohol/drug problems'. He was complimentary about the work done in some establishments, which must be extended to all of them, and considered it essential that resources should be identified, adequately funded and developed, and we would endorse this view.

Alcohol is far from being the only factor in crime and disorder. We support the nine key factors that the Social Exclusion Unit identified in relation to re-offending and suggest that these key factors also bear relevance contributing to the causes of crime and disorder. The nine key factors are:

- Education;
- Employment;
- Drug and alcohol misuses;
- Mental and physical health;
- Attitudes and self-control;
- Institutionalisation and life skills;
- Housing;
- Financial support and debt;
- Family networks.

- 35. Domestic violence is often associated with alcohol misuse – either by the perpetrator, or, on occasion, by the victim. What in your experience, is the nature of this link and what would you see as good practice in tackling the interrelationship between domestic violence and alcohol misuse?**

One way comes through equating taking a substance with reducing pain; a father pours alcohol down his daughter's throat when she is two years old so that she does not feel too much pain when he sexually abuses her, and as she grows up she finds that alcohol continues to help the pain of her shattered existence.

The British Crime Survey (Mirrlees-Black, 1999) found that people living in poor households and financially insecure households were more likely to suffer from domestic violence. However, the correlation between poverty and domestic violence does not mean that domestic violence is not found in better off households as well.

### **The implications of vulnerable groups**

- 37. What other groups would you identify as particularly at risk and vulnerable to the harmful effects of alcohol?**

Those who are particularly at risk and vulnerable to the harmful effects of alcohol include those who may be seeking to escape the pressures of life: of poverty, unemployment, illiteracy, family breakdown, physical and sexual abuse. The complexities of these situations are recognised in the subsequent question in the consultation document. Key to the Government's preventative interventions is an integrated approach involving the eradication of poverty, creation of decent job opportunities, education (basic skills), and family focused policies.

### **Education and communication**

- 41. What should be the objectives in this area? Is the aim to raise levels of awareness? Is it to inform more specifically? Is it to change behaviour? Are there any particularly successful or unsuccessful examples we should be aware of?**

All Catholic schools provide an important context for drugs education. Governors, staff, parents and clergy can all work together to make the most of this opportunity. Work on alcohol education and associated policies should be in line with the

mission statement of the school. This work may focus on three main areas:

- There should be an agreed and clearly communicated policy on alcohol education. The management of alcohol related incidents should be part of this policy.
- Curriculum statements and associated curriculum planning should include alcohol education in a clear and systematic way.
- Schools and colleges build the self-esteem, confidence and sense of responsibility of individuals - whether pupils, students or staff – and often they seek to be health-promoting institutions in the fullest sense.

The broad aims of alcohol education in a Catholic school or college may be expressed as:

- To provide pupils and students with the knowledge and expertise to be able to make informed moral judgements in relation to the use of drugs;
- To encourage pupils and students to recognise that as individuals we are made in the image and likeness of God and loved by God, they are responsible for preserving their own dignity and ensuring the dignity of others.

**42. Given clear objectives, what is the evidence on the effectiveness of these approaches? What do they actually achieve? How can their effectiveness be measured?**

It is important not to lose sight of the fact that successful alcohol education is about far more than imparting knowledge. It has to be about of a much broader concept of education that focuses on the development of the whole person and his or her sense of identity. It is in this way that the individual is far more likely to have a sense of self-worth and associated behaviour to avoid alcohol misuse. It also helps peers to support each other in rejecting alcohol misuse.

**46. What is the role of schools, colleges, universities and other educational institutions in providing alcohol education as well as support for alcohol-related problems? How can we best establish and preserve a healthy living environment?**

Education is not only for children and young people, it is lifelong – a factor recognised nationally in government policy. In the case of alcohol misuse if we assume that we know all there is to know, or that it does not concern us, we reduce our horizons and turn our backs on those who need our support.

**47. What role is there for families/parents as role models or in educating their children on sensible levels of alcohol drinking and the risks of alcohol misuse? How can they best be informed and engaged in this effort?**

The co-operation and support of parents and carers in alcohol education is vital. If they are fully informed about school or college alcohol policies and programmes, they will be in a better situation to support and perhaps offer practical help and expertise. The role of governors similarly requires that they be briefed on the school or college drugs education policy and its implementation. Parents and carers may themselves appreciate advice, for example on how to talk to their children about drugs. Parish clergy and school and college chaplains or counsellors who are trusted friends may receive confidences from pupils. Informing these adults about the programme and involving them where possible will make their work more effective and alcohol education successful. It will also assist the integration of school and college provision with programmes which may be offered at parish or diocesan level, and with any opportunities arising in informal and social contexts to increase young people's understanding of the issues involved.

The family should be the best school of life. When parents have positive and unconditional regard for their children, a solid foundation is built and trust is born. When the family is a place for growth and hope it is better placed to withstand the trials of life which can threaten the whole fabric of existence. Alcohol use in particular can challenge the family unit. When this happens it should be met with honesty and openness. It is important that parents try to listen to the young persons' story to form a rounded view. Young people may be using alcohol in an attempt to blot out other problems. The church must be prepared to provide extra support and understanding, in parallel with other statutory and voluntary agencies, to the families involved.

## **The economic costs and benefits to alcohol**

**60. Alcohol misuse can increase absenteeism and decrease productivity, whilst moderate consumption of alcohol may be beneficial in terms of reducing stress and tension and facilitating networking in the workplace. What in your view are the links between alcohol use and educational and occupational attainment?**

It is a courageous school or college that can face up to the question of whether to keep or accept a pupil or student who is a known drinker. Such decisions test the mission of school or college in the most acute way, and there can be no right or wrong answer to such a dilemma. Nevertheless it is important to bear in mind gospel values and the immense good that can be done in helping such individuals when they are allowed to remain in the constructive care of their school or college.

### **Caritas - social action**

Caritas - social action seeks to promote Catholic social action within the Church and in society as a whole. As an agency of the Bishops' Conference we have responsibility for the carrying out of social mission of the Church in England and Wales. We are a federation of organisations and individuals within England and Wales who are involved in the relief of poverty; the promotion of social justice; the care of children, young people and adults in need; and community development, for the benefit of people of all faiths and none.