

# **The Salvation Army response to the consultation on a National Alcohol Harm Reduction Strategy**

## **Introduction**

1. The Salvation Army is pleased to have this opportunity to respond to the consultation on drawing up a National Alcohol Harm Reduction Strategy and welcomes the government's commitment to tackle the adverse effects of alcohol consumption. This issue is vital to the wellbeing of the nation but, in the recent past, it has not been given the priority it deserves. Alcohol Concern estimates that 28,000 hospital admissions per year are due to alcohol dependence or toxic effects. Moreover, each year 5,000 deaths in England and Wales are directly attributable to alcohol and it is implicated in a further 33,000. It is imperative, therefore, that a way is found to encourage responsible drinking.

2. This paper has been compiled by Dr Adrian Bonner, Head of Addiction Services, The Salvation Army and Director of Addictive Behaviours Group, Division of Psychiatry, University of Kent at Canterbury. Dr Bonner worked with a group of experts convened by the Methodist Church and while this paper shares some material with the submission entered by the Methodist Church the rest is unique to The Salvation Army.

3. The Salvation Army began addressing the needs of people with substance misuse problems in 1890 and now operates in 109 countries. In 1998 The Salvation Army in the United Kingdom made a commitment to revitalising this area of Salvation Army activity in the light of the growing problems of alcohol and drug misuse in society. In developing the *National Addiction Service* consideration of national policy has influenced service development with reference to: Tackling Drugs Together, UK Anti Drugs Coordination Unit (1998), Tackling Drug in Scotland: Action In Partnership (1999), Forward Together (Welsh strategy, 1999), UK Prison Needs Assessment (1999), draft documentation of Drug and Alcohol National Occupation Standards (HealthWorks) and Models of Care (Dept. of Health). A high level of professionalism is available in The Salvation Army which seeks to provide assistance to those who are most needy in their own communities. Presently there are more than 80 residential centres in the UK which provide a diversity of support for their local populations, as well as almost 800 local churches which offer support to the community. Some of these centres have well-developed services including detoxification and rehabilitation services, others are in the process of developing direct access and resettlement services to support the needs of substance misusers. These cost-effective services are substantially funded by Salvation Army resources which are being channelled to provide strategically organised services in collaboration with local statutory and non-statutory agencies.

4. The Salvation Army is the largest temperance organisation in the world and requires total abstinence of its full members. While not condemning those outside the organisation that choose to drink, The Salvation Army does think that, given the societal consequences inherent in problem drinking, it is the responsibility of government to encourage responsible drinking.

## **Principles**

5. The Government clearly has an important role to play in combating alcohol misuse and its consequences. Revenue from duties on alcohol sales are significant, but the costs of alcohol misuse are likely to be even higher. These costs are not only in terms of the impact on the NHS of ill-health, but also the wider social costs of the criminal justice system, unemployment, homelessness and family breakdown. Therefore the Government clearly has a role to play, not just at the acute end, when treatment is required, but also in prevention and education. Individuals also clearly bear responsibility for their own drinking behaviour. However, if misuse occurs through addiction, where cognitive processes are disrupted, or through a lack of information, there is a need for external interventions.

6. The drinks industry also has a role to play. The work of the Portman Group is to be welcomed, particularly in their production of resources and the Code of Practice. However the drinks industry perhaps needs to take greater responsibility for the harm that alcohol can cause to some people. For many people drinking is a pleasurable experience and the health consequences are minimal. For a significant number, however, alcohol misuse can result in ill-health, fatal diseases and the loss of livelihood and family. Perhaps a relevant parallel to draw is the proposed treatment of the gambling industry, in which the Government has accepted the principle that 'the polluter pays'. Under current proposals, the gambling industry will have to take responsibility for the harm that gambling causes to some people, by contributing to the costs of prevention and treatment of problem gambling, as well as funding research. The industry has set up a charitable trust to raise and administer this money, but the Government has stated that, if insufficient funds are forthcoming, then a statutory levy will be imposed on the industry.

7. We note that the strategy will only be for England. We are certain that the Strategy Unit will be liaising with the relevant bodies in the Scottish Parliament and the Welsh Assembly.

## **Cultural and Behavioural Issues**

8. There is not one British drinking culture, but several; the most anti-social of which involves drinking the maximum amount in as short a time as possible. This is exacerbated by the proliferation of 'happy hours' and special offers in places such as universities. The Salvation Army is interested in local experiments where a minimum price is set for a drink, thus effectively neutering

'happy hours'. If this helps stem the tide of binge drinking we would be happy to see the policy encouraged nationally. As with other consumables, there is likely to be a link between the cost and availability of alcohol and its consumption. Higher prices may help to change drinking behaviour. The Salvation Army is concerned that soft drinks are disproportionately expensive in many pubs and clubs and would like to see the industry address this issue seriously and urgently. We would like to see the drinks industry set maximum prices for soft drinks at a level designed to encourage people to drink less alcohol over the course of an evening. This would show a real commitment on the part of the industry to address problem drinking.

## **Health**

9. We are very concerned about the mixed messages concerning the health impact of alcohol. There is minimal evidence for the health benefits of alcohol, whilst the evidence for the health costs is well established. Media articles lauding the health benefits of alcohol cloud what is a very complicated medical issue. Instead public education campaigns need to promote health education messages around alcohol consumption. One way of doing this would be to require all adverts, licensed premises and pre-packaged drinks to carry health warnings or messages, similar to those on cigarette packets. At a very simple level, these could include information about the number of units contained in drinks and the recommended maximum intake for men and women.

10. Conversations with professionals suggest that there is a lack of primary treatment or detoxification services. This leads to the unacceptable and potentially dangerous situation where people are forced to detoxify at home before being accepted for second stage treatment. We recognise that this is the result not only of a lack of funded beds, but also of a shortage of qualified staff. The last few years have seen a shift of alcohol workers towards the better-resourced drugs field. If alcohol treatment is to be truly effective then those who provide the treatment need to be adequately rewarded in order to retain and motivate staff.

## **Crime and Anti-social Behaviour**

11. The perception is often that the only crimes associated with alcohol concern public disorder. However people who develop addictive behaviours often steal to fund their addiction, and this is true of alcohol as of other addictive substances.

12. The encouragement of different drinking patterns may help to reduce anti-social behaviour associated with hazardous drinking, but it will only work as part of a package of measures. Moving away from the race towards last orders and a single pub closing time *may* help to spread the impact of the explosion of people spilling out onto the streets, but without wider awareness about the impact of heavy drinking problems will not be reduced, simply redistributed. The

Salvation Army has stated in its response to the current Licensing Bill that it is aware of no evidence which shows that longer opening hours lead to more responsible drinking. In fact, the opposite is often the case and people simply drink for longer. Moreover, licensing authorities will need to be sensitive to the fears of local communities concerning longer opening hours, particularly regarding premises situated near residential areas. The Government should continue to monitor the consequences of these changes for public order and anti-social behaviour.

### **Vulnerable Groups**

13. The Salvation Army provides a range of specialist services for children and operates hundreds of children's clubs across the country. Presently, a series of regional conferences is being organised to raise awareness of the impact of alcohol abuse, directly and indirectly, on children and young people, across the wide-ranging Salvation Army activities in the UK.

14. Evidence also suggests that students, living away from home for the first time, are vulnerable to alcohol misuse. Bars and pubs near universities offer very cheap alcohol, especially during 'Freshers' Week', and the dominant culture places a great expectation on high levels of alcohol consumption. Awareness campaigns, such as the NUS's "Don't Do Drunk", should be strengthened and supported. We would also encourage the Government to examine the whole issue of the impact of the sale of alcohol as a 'loss leader'. The Salvation Army report *The Burden of Youth*, which looked at issues facing young people, highlighted Department of Health figures from 2001 which showed that 24% of under-16s had drunk alcohol in the week before they were surveyed. The Salvation Army believes that specific, well-designed, innovative campaigns should be targeted at young people of school age to outline the dangers of alcohol.

15. Alcohol also takes a particular toll on people who experience poverty. This must not be forgotten when the Government is framing a strategy or determining the targeting of treatment. The Salvation Army has extensive experience of working with the socially excluded and is developing alcohol support services through the National Addiction Service (see Appendix I). It is important to distinguish between early intervention to prevent alcohol abuse and dependency and interventions in heavy drinking individuals who are at serious risk of brain damage. Here increased training in assessments is needed in a wide range of health and social care staff. The Salvation Army has an extensive research programme to increase understanding and promote best practice in these areas.

16. In addition to the vulnerability of particular sociological groups, research suggests that there is a familial tendency to develop problems with alcohol. People within such families should be given particular support and help.

## **Education and Communication**

17. The existing ITC and ASA regulations on the advertisement of alcoholic products are comprehensive and fair. They should be kept under review, particularly in the light of the marketing of new products aimed at young people. The Portman Group's own Code is also important.

18. One of the key tasks has to remain that of increasing awareness of the impact of alcohol. We would therefore ask the Government to consider requiring health information, including unit content, to be printed on every advertisement and product and displayed in licensed premises.

## **Treatment**

19. It is important that the government takes a holistic approach, which would include looking into the deeper issues driving the alcohol problem, rather than become too dependent on individual targets, as happened with drug policies.

20. During the last five years there has been a decline in alcohol service provision due to the high profile of drugs policy, which has attracted the limited number of addiction specialists into the drug services. This needs to be reversed with more money from the government both for implementing effective addiction strategies and training for NHS and voluntary sector staff.

21. While many drug users also have (or had) alcohol problems there is a major cultural difference between these individuals and those who have only an alcohol problem. Resources should therefore be ring-fenced for alcohol specific services.

22. Bearing in mind that alcohol detox is more dangerous than drug detox, and can be fatal, it is important to carefully review the policy of "home-based" detoxification and consider the importance of residential rehabilitation centres for some clients. Indeed, some residential services are closing, in part due to new Community Care regulations. This is a concern and needs to be monitored.

23. Considering the complex bio-psycho-social nature of drinking behaviour and its problems, the importance of community-based services, which employ support staff with a good understanding of this holistic approach, should be maintained. If done properly this is a very cost effective option and more likely to lead to increased community development.

## **Summary of Recommendations**

24. The drinks industry must take greater responsibility for the harm that alcohol can cause.

25. The high cost of soft drinks in pubs and clubs should be addressed urgently. The industry should consider setting a maximum price for soft drinks at a level

designed to make them more appealing. If the industry does not do this voluntarily the government should consider legislation on the issue. The government should also monitor local schemes where a minimum price is charged for a 'pint', thus neutering 'happy hour' binge drinking. If this leads to a verifiable reduction in binge drinking this policy should be rolled out nationally.

26. All adverts for alcohol, licensed premises and pre-packaged drinks should carry health warnings similar to those on cigarette packets. These should at the very least state how many units of alcohol are contained in the drink and what the recommended weekly intake is for both men and women.

27. The drift of qualified alcohol workers to the better-resourced drugs field must be stopped and staff must be adequately rewarded and trained to a high standard. The danger of home detoxification makes it an absolute necessity that primary treatment and detoxification centres are maintained and increased in number.

28. The Salvation Army is concerned that a relaxation of licensing laws, as proposed in the Licensing Bill, could lead to an increase in problem drinking. The government must monitor this and report its findings.

29. Young people should be targeted with well-designed, innovative campaigns outlining the dangers of alcohol. Illegal drugs are a real problem, and a great concern to The Salvation Army, but alcohol misuse causes far more deaths and injuries each year. Young people must be made aware of this danger.

30. Those in vulnerable socio-economic groups should be specifically targeted by government initiatives.

31. There is a danger that the more high-profile drugs debate will drain resources from alcohol addiction treatment. Consequently, resources should be ring-fenced for alcohol services.

The Salvation Army

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## APPENDIX I

# Salvation Army UK Social Work Department

## Development of Addiction Support Services

### The UK Addiction Service

The Salvation Army began addressing the needs of people with substance misuse problems in 1890 and now operates in 109 countries and presently participates as a Non-Governmental Organisation (NGO) at the United Nations in Geneva. In 1998 The Salvation Army in the United Kingdom made a commitment to revitalising this area of Salvation Army activity in the light of the growing problems of alcohol and drug misuse in society. To this end *The National Addiction Service* was initiated, the aims of which are:

- to develop high quality specialist addiction recovery programmes delivered by appropriately trained staff
- to provide support for people with substance misuse problems in both community and residential settings
- to raise awareness of substance-misuse problems affecting children and their parents
- to research the nature of addictive behaviours in order to enhance therapeutic efficacy.

A high level of professionalism is available in The Salvation Army which seeks to provide assistance to those who are most needy in their own communities. Presently there are 70 residential centres in the UK which provide a diversity of support for their local populations. Some of these centres have well-developed services including detoxification and rehabilitation services, others are in the process of developing direct access and resettlement services to support the needs of substance misusers. These cost-effective services are substantially funded by Salvation Army resources which are being channelled to provide strategically organised services in collaboration with local statutory and non-statutory agencies.

The key elements in developing the National Addiction Service are:

- To provide high quality on-going professional development of staff
- To provide a centrally resourced monitoring and evaluation service
- To develop service provision within an evidence-based framework, linked to a university-based researched strategy.

- To maintain and develop quality standards in line with national guidance (eg QuADS, National Care Standards for Care Homes for people with drug and alcohol problems)
- To deliver non-discriminatory services accessible by all regardless of sex, creed, culture or ethnicity.
- To provide Chaplaincy support to all Salvation Army addiction services.

## Education and Training

A partnership between the SA and the University of Kent, Canterbury, provided a catalyst for the development of work-based academic programmes of study grounded in a needs assessment of Salvation Army staff. More than 80 Salvation Army personnel have graduated with a *Certificate in Addictive Behaviour*. Forty Salvation Army students have graduated or are studying on the *Diploma in Addiction Management*, six of whom commenced the BSc in Addiction Studies last October. This increased professionalism enhances 'role security' by the provision of a supported network which is supervised. This professional development is particularly focused on the workforce needs of The Salvation Army, with competencies required for working in Salvation Army centres including working with marginalised clients together with counselling, assessment and evaluation skills.

## Outcome Monitoring

An extensive effort has been put into a consultative process by which assessments and outcome measures have been developed and owned by centre staff throughout the UK. The assessment process involves identifying characteristics and problems of the client via standardised questionnaires focusing on health and behaviour and then developing individually tailored programmes which are directed at bringing about a change within the client. Changes in health (physical and psychological), behaviour (including misuse of substances), and social circumstances are measured. Outcome monitoring involves the measurement of change between two or more points in time and should employ objective assessment such as physiological data, in addition to mental and spiritual states. It is important to understand the quality of life of the individual and how this may be enhanced.

In developing 'Quality of Life' approaches a number of factors should be considered. These can be grouped into *biological factors*, including nutritional status, liver function, sleep quality, inherited factors, *psychological factors*, including personality and mood, *social factors*, including family background, exclusion/inclusion, poverty, employment, and *spiritual factors*, including awareness and links with faith communities. 'Quality of Life' measurements are concerned with functional ability and positive aspects of health, focusing on completeness and the full functioning of mind, body, spirit and social adjustment.

## **National Monitoring And Evaluation Centre (NMEC)**

In East London, a quarter of a mile from the birthplace of the Salvation Army, a well equipped laboratory has been set up to provide a *biomedical and data processing services* available to The Salvation Army and other centres around the UK. This service, operated by PhD and MD qualified staff, provides automated clinical analysis of urine for drugs of abuse and blood samples for nutritional markers and liver function tests. In these early stages of development NMEC is providing a 24-hour response time in reporting drug and nutritional information back to centres around the UK. Reusable UN approved containers are purchased by the centres and allow the overnight transport of up to fifteen samples to be despatched to NMEC for analysis.