Addictions

Church of Scotland

Church and Society Council

Church and Society Council
Church of Scotland
121 George Street, Edinburgh, EH2 4YN
Phone: 0131 225 5722
www.churchofscotland.org.uk
Charity Number: SC011353

May 2009

ADDICTIONS

1 Introduction

1.1 The General Assembly has received a number of reports on Drugs and Alcohol over the years. Many of the reports on alcohol have considered it in conjunction with another subject; most of these were produced by the Board of Social Responsibility. See Appendix 1.

1.2 Other Churches have produced reports on these matters over the years. Many other denominations, notably The Salvation Army and Methodist Church, have been instrumental in initiating projects, similar to Crossreach projects, to tackle addiction. It should be noted that different Churches hold differing views on these subjects.[1]

1.3 There are other forms of addiction that affect people within society including smoking, gambling, food, physical exercise, perhaps even sex[2]. This report will focus on drugs and alcohol as examples of the wider issue of addiction. However, the questions that the report raises should be seen as pointers to the wider questions around addiction.

1.4 The approach of this report is to explore the Church's attitude to these issues.[3] While it may be appropriate to make judgements on addictions, including the abuse of alcohol

---

[1] Eg Methodist Church
http://www.methodist.org.uk/index.cfm?fuseaction=opentogod.content&cmid=1541
http://www.methodist.org.uk/index.cfm?fuseaction=opentogod.content&cmid=1554
Church of England
http://www.cofe.anglican.org/info/socialpublic/homeaffairs/alcohol/
Salvation Army
http://www2.salvationarmy.org.uk/uki/www_uki.nsf/vw-dynamic-arrays/35B4681D66E5CE6580256F960049B9A5?openDocument
These differing views include the classification of various drugs and whether abstinence is the best approach.

[2] There is disagreement as to whether sex addiction is genuine. The American Psychiatric Association does not recognise the condition as a mental illness in its official diagnostic handbook. Dr Marty Klein comments "Feeling out of control isn't the same as being out of control, and an unwillingness to exert self-discipline isn't the same thing as being addicted. People who masturbate too much, look at too much porn, or cheat on their partners are not 'addicts'. They just don't like the consequences of their decisions. They may be impulsive, or angry or lonely, but we [psychotherapists] know how to help them." However, some see sex addiction as very real. Sex Addicts Anonymous (www.saa-recovery .org) offers a diagnostic screening test and a 12 step programme for recovery. Over 16M in the US label themselves as sex addicts.
See *The Times* 20 December 2008 Body and Soul 18
http://women.timesonline.co.uk/tol/life_and_style/women/relationships/article5369623.ece

[3] This approach has been seen in earlier reports (e.g 1997 2.2, 6.1.1, 7) but has not been fully integrated into the life of congregations and thus merits repetition.

and drugs, is it right to be judgemental in our approach to those involved? A culture of blame is not a Christian response; rather the Church needs to look at solutions so that it can offer a better place of support for those whose lives are blighted by the effects of addiction. This is not to suggest that those who take drugs and alcohol to the detriment of themselves and others are innocent victims; such actions are the result of their own decisions. However, our response should be one of compassion and support rather than condemnation.

1.5 Drugs and alcohol are part of our society, for large numbers of people the controlled use of alcohol is a non damaging, often pleasurable and positive, reality of life.
The abuse of drugs and alcohol can, however, have huge effects on those who abuse them, their friends, families and wider society. The case of Leah Betts and others who have died or been damaged by often minimal yet catastrophic exposure highlight the dangers of illegal drugs. Innumerable people, particularly in Scotland have suffered lasting damage and death from the over consumption of alcohol.[4]

2 What is addiction?
2.1 This report seeks to look behind the problems that drug and alcohol abuse cause in our society, to their root causes, and then suggest positive ways in which individual Christians, as well as the church both locally and nationally can respond. In order to do this it is necessary to understand what addiction is.

2.2 Defining addiction is not a simple task though we all have a sense of what it is. The clinical definition, commonly used, is based on the International Classification of Disease (ICD-10) (World Health Organisation, 1992). This pertains to alcohol, but is also appropriate for other substances that induce physical or psychological dependence. A diagnosis of dependence (ie addiction) requires the presence of three or more of the following:

1. a strong desire or sense of compulsion to take alcohol
2. impaired capacity to control alcohol taking behaviour
3. a physiological withdrawal state (eg tremor, nausea, rapid pulse rate when alcohol intake is abruptly stopped)
4. evidence of tolerance to the effects of alcohol (ie the need to increase the amount consumed to gain the same effects)
5. preoccupation with alcohol use (to the detriment of alternative pleasures or interests)
6. persistent alcohol use despite clear evidence of harmful consequences

[4] "The rate of alcohol-related deaths in Scotland is rising – and is more than double the rate for the UK as a whole, figures out yesterday showed.
Figures from the Office for National Statistics (ONS) revealed that in 2006, there were 13.4 deaths per 100,000 people linked to alcohol in the UK – up from 12.9 the previous year.
The General Register Office for Scotland revealed that the equivalent rate north of the border was 27.3 deaths, up from 26.7 the previous year." The Scotsman 26 January 2008
http://thescotsman.scotsman.com/health/Scots-alcohol-death-rate-twice.3714009.jp

2.3 Those who are addicted often speak of it being hell, like a prison but paradoxically also like a love affair. Addicts are sufferers but only seek treatment when they realise the nightmare that they have been in. When asked why they took drugs addicts often spoke of the enjoyment frequently describing heroin as "magic". For some in a life where there appears to be no hope, no future; the offer of something that will bring great pleasure has a predictable, though not inevitable, outcome. The same applies to the question of relapse. For addicts it will only be tolerable to come off if one retains the idea that one can go back. Addicts will always love it, and feel that if they want they can go back to it.[5]

2.4 The reasons that addicts get into the positions that they do are complex but it is clear that often the substance that leads to addiction provides a relief from pain or deep seated need of one sort or another. To use a parallel example: research with those who survive serious attempts at suicide has shown that they do not wish to die but they do want the pain to go away. They know that their death will be hurtful to those around but see that pain as less than the pain or distress with which they are faced. Addiction often provides a route out of pain or satisfies a deep seated need.

2.5 How should we respond to drug and alcohol addiction? There are three accepted general models: legal, medical and social.

2.6 The legal model is based on trying to prevent addiction and the damage it can cause by a combination of legislation, education, control, deterrence and the use of the criminal justice system. Some substances such as alcohol and prescription drugs are controlled; others are illegal. While this model disrupts the production and supply of drugs to addicts it has proved ineffective in preventing access to drugs or their continued misuse. Criminalising the use of these drugs has natural consequences which may, or may not, help in dealing with those who are addicted.

2.7 The medical model assumes that the addict has a clinical problem that can be addressed by the application of appropriate treatment and medication. This assumes that addicts first recognise their problem and want to be cured. While this can be effective, in most cases what results is seldom a cure but more often a regime that allows the addict to cope with their addiction through alternative medication or other coping mechanisms such as avoidance (eg avoidance "once an alcoholic always an alcoholic.").

2.8 The social model treats the addiction in the contextual environment of the addict. Here the addiction is treated alongside addressing those wider circumstances eg housing, mental illness, criminality and family relationships rather than simply the addictive behaviour. The various problems in an addict's life often have multiple causes and effects and can only be properly addressed holistically. Addicts often need considerable support if they are to be helped to change their environment to one where the temptation to turn back to their addiction is minimised.

[5] This paragraph is based on the evidence that we received from a number of witnesses and contains direct, though unattributable, quotations.

2.9 All three models have their part to play in overcoming addiction. For many the move to seek help comes first from the individual addict recognising their problem; others require the intervention of another agency, most often, the justice system.
All people are individuals and thus require different approaches. Thus whatever strategies, policies, initiatives and interventions are used must be person centred and provide holistic care for the individual. We recognise that poverty makes a considerable contribution to the difficulties in overcoming addiction. In the end, however, we remain in no doubt that positive and supportive relationships are what carry people through and enable the most effective recovery.

3 Alcohol

3.1 What is the reality?

3.1.1 The Scottish Government consultation *Changing Scotland's relationship with alcohol: a discussion paper on our strategic approach* (2008)[6] has a good compendium of headline figures on the problems that alcohol causes in Scotland.[7] It notes that alcohol consumption in Scotland has grown dramatically in recent years and that the health effects of that have been dramatic.[8] One statistic is particularly striking: "alcohol industry sales data shows that enough alcohol was sold in Scotland in 2007 to enable every man and woman over the age of 16 to exceed the sensible drinking limits for men (the recommended limit is 21 units per week) every week of the year."[9] The causes for this increase in consumption are varied but can be identified in at least three contributory factors: availability, price and social acceptability. Alcohol is now, in relative terms, cheaper and more available in Scotland than ever before.[10]

---

[6] *Changing Scotland's relationship with alcohol: a discussion paper on our strategic approach*, Scottish Government, 2008
http://www.scotland.gov.uk/Topics/Health/health/Alcohol/strategy

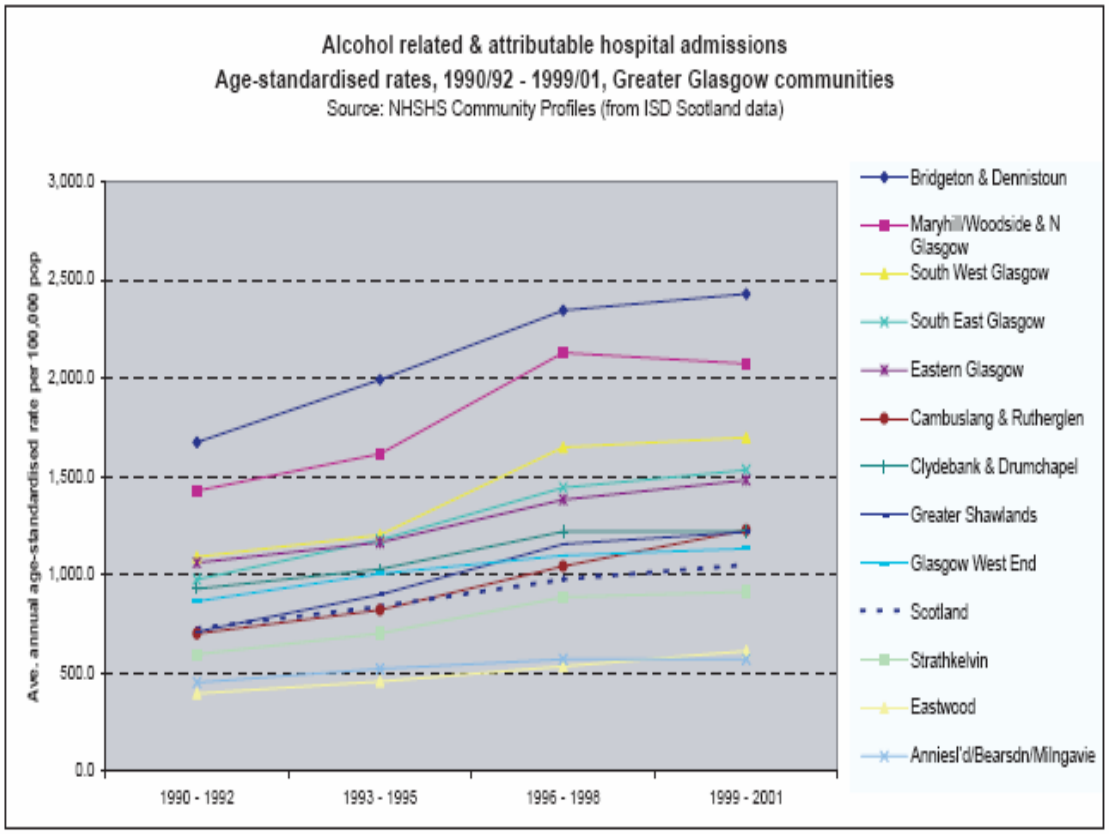
[7] Op cit 6-7.

[8] The Annual Report of the Chief Medical Officer shows that liver disease is rising rapidly in Scotland at a time when it is falling in Western Europe. Alcohol consumption is a major feature in this as 85% of chronic liver disease deaths are alcohol related.
http://www.scotland.gov.uk/Publications/2008/11/26155748/4

[9] Op cit 8. The Nielsen data of sales shows that that average consumption of pure alcohol per person over 16 in Scotland is 11.9 litres per year, of this 3.4 litres is spirits. (http://www.scotland.gov.uk/Topics/Health/health/Alcohol/resources/nielson-data).
This is significant because "The amount of alcohol consumed by a population is an important indicator because we know it is directly related to the burden of harm a population experiences. A major European study suggested that a one litre increase in average consumption was associated with up to a 30% increase in alcohol-related liver cirrhosis mortality. [Norstrom, T.(ed) (2002) *Alcohol in postwar Europe: Consumption, drinking patterns, consequences and policy responses in 15 European countries.*] The fact that Scots are drinking more than adults in England and Wales – almost 8 million litres more in 2007 – may help explain why the country's health record is so much worse than its neighbours'. In Scotland, rates of chronic liver disease are double those of England and Wales. Men in Scotland are twice as likely to die and alcohol-related death than men in England. And although harmful alcohol users are predominantly men, women in Scotland have a higher alcohol-related death rate than men in England. [Trends and geographical variations in alcohol-related deaths in the UK, 1991-2004, ONS, Spring 2007]" Scottish Health Action on Alcohol Problems press release (http://www.work-interactive-test.co.uk/UserFiles/File/Sept%2008%20-%20Scots%20drinking%20more.doc)

[10] Op cit 8-12.

3.2 Increased alcohol consumption affect Scottish society at all levels, but not equally. One measure of this can be seen in hospital admissions:



(Graph taken from the Glasgow Centre for Population Health website)

3.3 Alcohol related hospital admissions occur for three main reasons – accidents, violence and long term disease (eg cirrhosis). The graph above illustrates that numbers of admissions have risen over recent years and that they vary markedly from one community to another. The figures given are detailed and are not available in such detail for more recent years. The total number of admissions in Scotland[11] has continued to grow at a similar rate since these figures. This graph is included to demonstrate that the problems caused by alcohol are serious, growing and disproportionately affect the most disadvantaged communities in Scotland.[12] One witness suggested that in the near future

[11] "In 2006/07, there were 41,651 discharges from acute general hospitals with an alcohol-related diagnosis, a rate of 762 per 100,000 population. Over the last five years, the discharge rate has increased by 7 per cent from 710 per 100,000 population in 2002/03." NHS Scotland, Information Services Division http://www.isdscotland.org/isd/5335.html

[12] The number of young offenders in Scotland blaming alcohol for their crimes has grown from 29.5% in 1979 to 56.8% in 2007; while the numbers for drugs have decreased with prescription medicines rather than heroin being cited. Incredibly 43% of young inmates had been drinking Buckfast immediately before their offence. Study cited in The Herald 6 October 2008

it will be necessary to set up residential units solely for those suffering from Korsakoff's Syndrome, and the increasingly early onset thereof.[13] One conclusion is inescapable – alcohol is causing problems within Scotland and those problems are getting worse.

4 Drugs

4.1 What is the reality?

4.1.1 The Scottish Government strategy *The Road to Recovery*[14] has a good compendium of headline figures on the problems that drug use causes in Scotland.[15] That Report notes: "Scotland has a long-standing and serious drug problem".[16] "The scale of the drug problem in Scotland today is unacceptably high. It is a significant driver of economic underperformance, crime, risk to children and health inequalities."[17]

(http://www.theherald.co.uk/news/other/display.var.2457410.0.Alcohol_is_a_major_problem_in_our_society.php)

[13] Korsakoff's syndrome is a brain disorder caused by the lack of thiamine (vitamin B_1) in the brain and is the result of prolonged alcohol use or malnutrition caused by alcohol use.

[14] *The Road to Recovery*, Scottish Government, 2008 http://www.scotland.gov.uk/Publications/2008/05/22161610/0

[15] Op cit 1-4.

[16] "An estimated 52,000 people are problem drug users. [Hay, G., Gannon, M., McKeganey, N.P., Hutchinson, S. & Goldberg, D. (2005) *Estimating the National and Local Prevalence of Problem Drug Misuse in Scotland*. Edinburgh: Scottish Executive.] Put another way, almost 1 in 50 of our population aged between 15 and 54 are experiencing or causing medical, social, psychological, physical or legal problems because of their use of opiates, such as heroin and benzodiazepines. Although this represents a decline in the number of problem users since 2000 (when the comparable figure was 56,000), it is still notably higher than that for England. Although the use of different methodologies and definitions makes exact comparisons difficult, Scotland's rate of problem drug use also seems to be much higher than other similar European countries such as Ireland, Finland or Denmark." Op cit 1

It should be noted that this is problem drug use. Total drug use is far higher:

"The most commonly used illegal drug in Scotland remains cannabis: 1 in 3 adults in Scotland have taken cannabis at some point in their lives, 1 in 10 in the past year. Cocaine is now the next most commonly used, with a significant increase in its use over the last 10 years: 4% of adults in Scotland reported having used cocaine in the past year in 2006, compared with only 1% in 1996. The third most commonly used drug is ecstasy, with 3% of adults reporting they had used it in the past year in 2006, compared with 2% in 1996."; "Encouragingly, there appears to have been a significant drop in the reported use of drugs by both 15 and 13 year olds in the last 8 years. Between 2004 and 2006 prevalence of drug use among 15 year old boys declined from 21% to 14%, and among 15 year old girls declined from 20% to 12%. Prevalence among 13 year olds also halved. However, there is no room for complacency, given that the same survey also reports that a quarter of all 15 year olds had used drugs in the last year." Op cit 2

[17] Op cit 1.

4.2 The impact of the misuse of drugs is not merely on the user. It has a huge impact on family life, particularly on children,[18] and on the wider community of the drug user through both anti-social behaviour and criminality.[19]

4.3 Having recognised the size of the problem and the relative ineffectiveness of the various approaches to the problem tried thus far, the Scottish Government has outlined what it sees as a new approach. "Central to the strategy is a new approach to tackling drug use based on the concept of recovery. Recovery is a process through which an individual is enabled to move on from their problem drug use towards a drug-free life and become an active and contributing member of society."[20] The separation between the two conflicting approaches of abstinence and harm reduction is dismissed as a false dichotomy with the true goal being recovery. That requires the whole of people's lives to be addressed and not merely their drug use in isolation: "The strength of the recovery principle is that it can bring about a shift in thinking – a change in attitude both by service providers and by the individual with the drug problem. There is no right or wrong way to recover. Recovery is about helping an individual achieve their full potential – with the ultimate goal being what is important to the individual, rather than the means by which it is achieved."[21]

4.4 To achieve this goal, efforts are to be made to increase the effectiveness of education about drugs as well as to restrict the supply of drugs in Scotland through law enforcement. Most of all, the strategy looks to a redirection of all services towards recovery. The Report is not explicit and draws on a number of other publications to give more detail but it does set a framework and outlines an overarching philosophy.

4.5 There has been an ongoing debate about the legal position of some drugs and calls for discussion of and possible revision of the criteria used.[22] Our report does not enter into that debate as it concentrates on the social aspects of the issue.

5 How do we respond?

---

[18] E.g. http://news.bbc.co.uk/1/hi/scotland/2933365.stm This reports that 50,000 children in Scotland and living in a home where at least 1 parent uses drugs and highlights the pressure that that brings to grandparents and the wider community.

[19] *The Road to Recovery*, Scottish Government, 2008 http://www.scotland.gov.uk/Publications/2008/05/22161610/0 3

[20] Op cit vi.

[21] Op cit 23

[22] The 1997 Board of Social Responsibility *Report of the Study Group on the Decriminalisation of Drugs* led to deliverance 9 which included a call for a Royal Commission "to consider and make recommendations on the issues involved in the legalisation of cannabis." The 2007 report of the RSA Commission on Illegal Drugs, Communities and Public Policy called for a complete reclassification of substances based on the harm which they cause.

5.1 As Christians we recognise that all of us are made in God's image and are part of God's creation. Thus every individual has inherent, intrinsic value and all have equal value in the eyes of God. This must inform our approach to addiction. We are of value by dint of our existence and not through contributions that we may or not make to our wider world and society. Every individual is of worth and it should be our hope that all are able to fulfil their God given potential. Indeed we have a duty, as Christians, to be witnesses to the incredible love and grace of God towards each individual in society, an unconditional love that is the source of real hope.

5.2 The Scottish Government's policy is driven by its own aims: "we have set ourselves 15 national objectives to achieve our overarching purpose – to increase sustainable economic growth. Tackling problem drug use more effectively, with an estimated £2.6bn cost to the country every year, will make a significant contribution to achieving this. Reducing problem drug use will get more people back to work; revitalise some of our most deprived communities; and allow significant public investment to be redirected."[23] In this field our aim should be to seek to help and be alongside those with addiction problems because they have inherent value in themselves and not because they can potentially make a greater economic contribution when they have recovered from or are no longer controlled by their addiction. Economics may be the predominant driver for governments; it should not be for churches. While the recovery model chimes with both aims, the Church's focus should be on the person and their relationships. We have seen that for many, substance misuse is an escape from pain, from reality. The resulting problems have an impact on and relate to not just the user but often also their family, close friends and other relationships and any recovery model must take this into account.

5.3 This report seeks to concentrate the mind of the Church on what we can do individually, locally and nationally. The research evidence for the benefits of consuming low levels of alcohol is divided[24] but all agree that significant levels of alcohol consumption have serious health effects and that these increase dramatically as consumption increases.[25] We may not stand against all drinking; those who drink alcohol must seek to be role models of moderate and sensible consumption. Witness is always the most powerful advocacy. What is required if Scotland is to bring the damaging impacts of alcohol under control is not solely legislation but behavioural and attitudinal change so that drunkenness is seen as culturally unacceptable, rather than the desirable outcome of an evening. This is not a simple or short term process but it is one that we must not shirk. Individuals are responsible for their own health and thus we would call

---

[23] *The Road to Recovery* iv.
The approach to alcohol is similar: "We want to create a more successful country, with opportunities for all Scotland to flourish, through increasing sustainable economic growth…..- the reality is that Scotland's current relationship with alcohol is undermining our potential as individuals, families, communities and as a country. If we are to fulfil our ambitions, we must rebalance our relationship with alcohol." *Changing Scotland's relationship with alcohol: a discussion paper on our strategic approach* 1

[24] The balance appears to be that some alcohol is beneficial.

[25] See f9.

on all to take a realistic look at their own lifestyle. Attitudinal change must start from the individual if it is to be credible.

5.4 There is scope for individuals to involve themselves in Community Councils, Area Planning Committees etc. There is a particular opportunity for individuals to involve themselves on local licensing forums.[26] These forums look particularly at over provision of licenses in an area and may offer a significant opportunity for individuals to affect what goes on in their neighbourhood.

5.5 As local church communities Christians should consider what messages they are giving out on addictions. Are they showing a realistic and responsible approach to alcohol? Whilst a universal ban on the serving of alcohol may not be in touch with the realities of the modern world, particularly when it is probable that consuming some alcohol has health benefits, the provision of alcohol should be done with both care and respect. It is vital that alternatives are offered. It is important to remember those within their area who are troubled with addictions? This should be on a variety of levels. Church buildings are vital community spaces that can host groups for those with addictions and those affected.[27] Churches should consider making these available at an appropriate fee and time and ensuring that the facilities are sufficient for the task. As a worshipping community Churches could consider whether they truly welcome all. Churches should consider the welcome that people received when they appear under the influence of drugs or alcohol.

5.6 As a national church we need to consider what our contribution can be. This is not a blank sheet. Crossreach has been involved in the provision of quality services in these fields for many years. As part of our research members of the group met with a number of people in Crossreach and saw a number of projects. The practical response to those in need should remain our principal concern. The Church and Society Council also responded to the Scottish Government Consultation on Alcohol and that response is attached to this report. While the Council questioned some of the specific measures proposed, it fully supported the broad objectives of this consultation:

- "Reduced alcohol consumption
- Supporting families and communities
- Positive public attitudes towards public health and individuals better placed to make positive choices about the role of alcohol in their lives; and
- Improved support and treatment for those who require it"

5.7 This report would endorse such an approach to any addiction, not just addiction to alcohol. It has to be recognised that alcohol is a major problem within Scotland, far bigger than drugs, and that it is only through a dramatic change in the way that it is viewed that the problem can be addressed. What is needed is personal and societal change. The example of the attitudinal and behavioural changes around smoking in

[26] Licensing Scotland Act (2005) § 10 – 12 and Schedule 2.
[27] These include Alcoholics Anonymous, Narcotics Anonymous, Gamblers' Anonymous and a large number of family and other groups.

Scotland in the last few years are grounds for optimism that other damaging addictive behaviour can be tackled. Much has been achieved in a relatively short timescale but work remains to be done. This report concludes that such change is only achievable if the hope in and benefits of other lifestyles are greater than and address the pain that many seek to avoid through their current addictive behaviour. The Church, if it is to be true to God's desire, must be part of a society that offers hope to all, a healthy society where everyone is reminded that they are valued and accepted for who they are in an unconditional manner.

We would like to thank the following who helped us in our research:
Alan Staff, Director, Crossreach
Gerry Robson, Head of Substance Misuse Services, Crossreach
Glen Liddell, Manager, Simpson House, Crossreach
Vic Walker, Manager, Rainbow House, Crossreach
Margot Ferguson, West Lothian Drugs and Alcohol Service
Dr Jonathan Chick, Consultant Psychiatrist, Royal Edinburgh Hospital, NHS Lothian
Dr Malcolm Bruce, Consultant Psychiatrist in Addictions, NHS Lothian