



Does Britain have a drink problem? The statistics suggest so. Ahead of a major BASW conference on the issue **Shahid Naqvi** takes a look at the changing landscape and the challenges facing professionals

It's a warm summer's evening and the Bootleg Beatles are headlining a festival in central England.

"All you need is love," sing the mop-topped tribute band. "All you need is drugs," chants back the audience.

It might not be the most scientific assessment of Britain's attitude to drugs and alcohol, but it's a succinct snapshot.

The festival, in the first weekend of June, was sandwiched between two news events featuring public figures who have battled with addiction. One was the death of Charles Kennedy, the other a new film about Paul Gascoigne.

Meanwhile, we're told our city centres are turning into binge-drinking battlegrounds at the weekend and home consumption of alcohol is spiralling.

But does all this signify that Britain has a drink problem?

Government figures suggest so. They show alcohol-related harm costs the UK £21 billion a year. Of this, £11 billion is the result of crime,

£7.3 billion due to lost productivity and £3.5 billion health costs.

The NHS estimates one in ten UK men and four per cent of women show signs of alcohol dependence. For every 100,000 people in a community, it's estimated 2,000 will be admitted to hospital with alcohol-related conditions yearly; 1,000 will be victims of violent crime committed under the influence of alcohol; more than 13,000 will binge-drink, over a fifth will regularly drink beyond lower-risk levels and more than 3,000 will show signs of alcohol dependence. At least 400 children aged 11 to 15 will consume alcohol every week.

A similar burden to society is estimated from illicit drugs, with the misuse of Class A drugs in England and Wales costing £15.4 billion a year.

To tackle this, the previous coalition government launched a drugs strategy in 2010 and an alcohol strategy in 2012. These focused on reducing demand and restricting supply; clamping down on irresponsible promotion of alcohol and binge-drinking while building recovery within communities and emphasising

early intervention and education.

But how achievable are such interventions, described in terms such as a "whole life approach" and "family-focused interventions", in a climate of continuing austerity?

Sarah Galvani, Professor of Adult Social Care at Manchester Metropolitan University and Chair of BASW's Alcohol and Other Drugs Special Interest Group, says: "There is concern about who will be providing specialist drugs and alcohol care amid all the cuts to local authority services and service providers.

"There has always been a range of services and income streams. But in the voluntary sector they are being slashed.

"Local authority alcohol and drug services have been cut and statutory services funding to the voluntary sector is being cut. There isn't the range of service or the capacity there was. But someone has to pick up the pieces and that is likely to fall on front line services."

Which, in effect, means professionals like doctors, police officers and social workers.

"Social workers have the kind of relationship

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skills needed to work with people with drink and drugs problems,” says Prof Galvani. “But they need more in-depth understanding of the issues – something that is not happening on many university courses because the topic is not mandatory.

“One of the things we know is that problematic substance use cuts across all service user groups. We know of the impact it has on children and families. A high number of people with mental distress have drug and alcohol problems. Increasingly, we are hearing from social workers working with older people and people with learning difficulties. It is a growing issue across the spectrum of people receiving social care.”

Speaking to *PSW* last year, one mother whose problems with alcohol contributed to her child being taken into care, described feeling misunderstood by her social worker.

“She compared the way I was drinking to her morning coffee,” said the mother. “I felt she washed her hands of me and didn’t want to know... There is a lack of education about addiction among social workers. When they are training they need to go to rehabilitation centres and work with an alcohol worker to see what is going on.”

A better understanding of how to support service users involves recognising that those in recovery are coping with losing a way of life, says Prof Galvani.

“If you speak to anyone who has tried to change problematic drinking or other drug use they say the giving up is much easier than the staying sober because before you change and while you are using a lot of effort goes into that.

“You have to find the money. Then it’s the time spent using drugs. It’s similar with alcohol. When you take all that away there is a real void in people’s lives. People report the maintenance side of staying off, or reducing, alcohol or other drug use is far harder.”

The emphasis on a holistic approach in recent years places increasing focus on what goes on around the person to support recovery, something many believe is essential.

“If professionals from whichever discipline aren’t looking at the wider social and environmental issues that impact on a person’s substance use, or think it is someone else’s job to do so, we are setting people up to fail because we are viewing them as one problem rather than seeing their drinking or drug taking in a wider social context,” adds Prof Galvani.

“Do they have mental health problems? Are they suffering trauma from child abuse or sexual exploitation? What else is going on for people? It shouldn’t matter where you enter the system, whether it is for housing, or drug or alcohol issues, there needs to be a much more holistic view about how people can be supported.”

Not everyone, however, agrees with this

IT SHOULDN’T MATTER WHERE YOU ENTER THE SYSTEM, WHETHER FOR HOUSING, OR DRUG OR ALCOHOL ISSUES, THERE NEEDS TO BE A MUCH MORE HOLISTIC VIEW ABOUT HOW PEOPLE CAN BE SUPPORTED

approach. For others, the focus must remain on the drug. Christopher Robin has 24 years’ experience in counselling people with addiction issues and is a director at Janus Solutions, an organisation that specialises in substance misuse.

“We need to go back to where we were 15 years ago,” he says. “Let the drug workers be drug workers and let mental health deal with mental health, housing deal with housing.

“The drug use is the problem but everyone seems to be focusing on everything else around that. A lot of clients are leaving services saying I am still using but I was offered a lot of other services that aren’t related to my drug use.

“At Janus we believe what happens when a client discovers drugs is they go on a journey and form a relationship with their drug of choice and as a professional it is about educating your client around that.”

Postcode lottery

Yasmin Batliwala, Chair of WDP, a charity which provides support and treatment for people with drug and alcohol problems in London and the South East, supports the holistic intervention model, but adds: “We need an evidence-based approach, not just a knee-jerk reaction to what the *Daily Mail* says.

“There is evidence to show that, for example, getting people into employment is a good thing. Recovery is not just about people’s health but also providing opportunities with employers to gain skills that make a difference turning people’s lives around.

“If we are looking for a drug and alcohol strategy fit for purpose for the 21st century there needs to be a recognition of what works.”

Ms Batliwala believes there is a need for a new strategy following the General Election: “This government doesn’t have a drugs strategy. We need to have a new one because we don’t know what their position is.”

At grassroot level, a major problem experienced by social workers is the postcode lottery of support across the country.

Cern Miles, a substance misuse worker with families in Wales, says: “It varies from local authority to local authority. In Bridgend, we have a good level of intervention, but Neath Port Talbot up the road don’t have that.”

Greater consistency might come through the

trend towards local authorities joining forces to deliver services to save money. But the same drive towards economy of scale can impact on the range of providers available.

Birmingham charity Aquarius says local authorities are increasingly favouring bigger players able to provide a one-stop shop.

“The landscape has changed significantly,” says Helen Garratt, a senior manager at Aquarius. “It is now a lot of large providers providing one service. That is a squeeze and it becomes the NHS by default.”

The problem with such a one-size-fits-all approach, of course, is that it might not fit everyone, risking disengagement.

Another area of concern is the unbroken link between crime and substance use. A thematic review in 2010 by HM Inspectorate of Prisons found 19 per cent of prisoners reported having alcohol problems when they entered prison, rising to 30 per cent among young adults and 29 per cent for women. Few prisons, however, were found to have an alcohol strategy.

WDP believes locking people up is not the solution. “It is not appropriate for people using drugs and alcohol to be within the criminal justice system,” said Ms Batliwala. “They should be in the health system. Criminalising drugs and alcohol is costly.”

Whether or not it’s true to say that Britain has a drink and drug problem, it’s clear the cost to society of not providing the right kind of support to individuals is immense.

And whatever the best way this is delivered, one thing is clear: social workers, due to their ability to get close to people and their lives, will always have a vital role to play. Which means ensuring practitioners are suitably trained and knowledgeable in the field is key.

“They are in an ideal position to pick up the early warning signs,” says Ms Garratt. “If you have a good relationship with your client you are much better equipped to pick up the issues. It’s important to know about local services and have good relationships with them.

“It’s about knowing when and how to deliver brief interventions and when to refer on to more specialist help.”

PSW

BASW’s special interest group in alcohol and other drugs will be hosting a day conference on 16 September. See page 16 for advert