

An exploration of perspectives on faith and drinking

FaithAction report by
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ABOUT FAITHACTION

FaithAction is a national network of faith and community-based organisations involved in social action. We empower these organisations by offering support, advice and training – we help the ‘do-ers do’. We also have a key role in facilitating partnerships, sharing good practice between organisations and between sectors, and acting as a connector between government and grassroots organisations. We work to highlight the contribution that faith-based organisations are making to communities up and down the country. We believe that the extent and impact of this work, and the reach of faith-based organisations into communities that are often marginalised, mean that faith is too significant to ignore.

FaithAction is a member of the Health and Care Voluntary Sector Strategic Partnership, working with the Department of Health, NHS England and Public Health England. As the faith ‘voice’ within the Strategic Partnership, we ensure that faith is taken into account in the development of new health policies and initiatives. We believe that faith-based organisations have a role to play in raising health outcomes, particularly among communities that typically suffer from health inequalities. Our recent report, *The Impact of Faith-Based Organisations on Public Health and Social Capital*, looks at this issue in more detail. You can read more at www.faithaction.net/report or purchase a printed copy for £15 (including UK post and packaging) by emailing info@faithaction.net

THANK YOU

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SUMMARY

- **Having a faith is a 'protective factor' for many in terms of excessive consumption of alcohol**, according to existing research. People who identify themselves as 'religious' are less likely than the non-religious to engage in potentially harmful levels of drinking, and religious attendance is associated with decreased quantity and decreased frequency of alcohol use. There is evidence of a positive relationship between religious involvement or religious beliefs and positive outcomes for individuals in alcohol intervention programmes.
- Our research found that **within communities of all faiths, it is likely that there are people experiencing problems with alcohol**. These problems are likely to be hidden and the topic can be a taboo subject, especially – but not only – for those whose faith forbids alcohol consumption. In order to help people address their problems, faith groups need to encourage an atmosphere of honesty and acceptance.
- Our findings suggest that **faith is an important factor in influencing attitudes and behaviour around alcohol** – albeit leading to a wide variety of conclusions.
- While there are likely to be many people in faith communities who would not see their faith leader as a source of support for issues connected with alcohol, for others, faith leaders are already acting as such a support. **The majority of our respondents reported that they themselves would be comfortable talking to a faith leader**. That being the case, faith leaders themselves are likely to need support to help them to deal practically with the issues being brought to them. Where faith leaders are able to offer support or signposting, their congregations need to know that this option exists.
- **Faith itself is thought by some to be important or even necessary for people to recover from alcoholism**. Faith groups also have a role in providing support and signposting for those who come to them in need. Their concern for the whole person can help them to support people to deal with the issues underlying their drinking.
- Faith groups can find themselves addressing issues of alcohol addiction as they set out to meet needs in their local communities. **There are existing initiatives that provide examples from which these groups can learn**. Faith groups also have an important role in preventing problems with alcohol, particularly through their work with young people.
- Faith groups cannot be expected to be able to support people suffering with alcohol issues without training and support. However, **there is potentially a big difference that faith groups can make through showing compassion and acceptance**, providing simple practical support and signposting to other services.
- **Faith groups and health professionals can and should work more closely together – their roles are complementary**. Faith groups can offer health services a way of reaching vulnerable people, while health services have expertise that can help faith groups better meet the needs in their communities.

SETTING THE SCENE

WHY THIS REPORT?

FaithAction has over 2,000 network members who come from the nine major faiths in the UK. Through engagement with our members from different backgrounds, we are aware that some faith communities face real issues with the use of alcohol. Problems are often hidden, which can make it difficult both for individuals and for faith groups to address the health implications of excessive drinking. However, we also know that the reach into communities and the trusted status that faith groups can have

mean that they are often ideally placed to help address sensitive issues such as problems with alcohol, which in turn can help to improve health outcomes.

We therefore wanted to gain a better picture both of the issues connected with alcohol that are affecting faith communities, and of the ways that faith communities have found to deal with such issues. This document reports on our initial exploration of the area. We hope that it will spark a conversation about faith and alcohol that will continue, in turn, highlighting the role that faith can play and creating opportunities for more people to receive the support that they need.

BACKGROUND: WHAT WE KNOW ABOUT ALCOHOL AND FAITH GROUPS

Most of the main faiths in the UK have something to say about the use of alcohol, either in sacred texts themselves or through the traditions of the faith communities – but naturally the picture is complex. Even when a faith expressly forbids the consumption of alcohol, this of course does not mean that every member of the faith community abides by the teaching; for some this will be a matter of free choice, while for others it is accompanied by secrecy and shame. Furthermore, gender seems to play an important role in drinking habits, with females from all backgrounds more likely to abstain than males.¹ Some beliefs around alcohol are much more a product of ethnicity or culture than of the faith itself, as one Catholic respondent to our consultation told us:

“Filipino Catholics, Irish Catholics, Indian Catholics, Polish Catholics, Croatian Catholics probably react/interact with alcohol/faith differently than Anglo-Saxon Catholics.”

In very brief summary, however, we can say that the consumption of alcohol is strictly forbidden for Muslims, and also within Jainism. Abstention from alcohol is a precept of Buddhism although not all Buddhists choose to abstain completely. For Hindus, the picture is complex: drinking alcohol has been common throughout India’s history and wine is used in Ayurvedic medicine, but drinking is condemned for members of higher castes in many religious books.²

1 Hurcombe, R., Bayley, M. and Goodman, A. (2010). *Ethnicity and alcohol: a review of the UK literature*. York: Joseph Rowntree Foundation.

2 Alcohol Concern (1995) in Hurcombe et al. (2010), *ibid*.

While the Sikh religion also forbids alcohol use, there is a culture among men from the Punjab of drinking recreationally, and some believe that alcohol helps a man to work harder and longer.³ Within Judaism and Christianity, as a rule, alcohol is not forbidden, although drunkenness is discouraged; while most traditions in Christianity accept the drinking of alcohol in moderation, some avoid it completely.

Relatively little is known from published literature about issues connected with alcohol within UK faith communities. However, there is quite good evidence that people in the UK who identify themselves as 'religious' are less likely than the non-religious, or those describing themselves as 'spiritual', to engage in potentially harmful levels of drinking.⁴

There is also evidence regarding the drinking tendencies of different groups according to religion. In particular, a 2010 review by the Joseph Rowntree Foundation (JRF)⁵ of drinking habits among ethnic minority groups in the UK includes detailed findings on frequency and intensity of drinking, as well as abstinence, by different religious groups. This finds that:

- Most minority ethnic groups have higher rates of abstinence, and lower levels of frequent and heavy drinking, compared with the British population as a whole.
- UK-based followers of South Asian religions tend to have higher rates of abstention from alcohol compared with Christians and those with no religion.

- Sikh men show high rates of heavy drinking, and are over-represented for liver cirrhosis (alcohol-related deaths are higher among Indian men compared with the general population). Interestingly, second-generation Sikh men are less likely to drink or drink heavily than their first-generation counterparts; however, there are reports that drinking among young Sikh women has increased.
- Among Hindus, second-generation men drink slightly more regularly than first-generation men. Hindus are less likely to drink if they report that religion is important to them.
- Muslims are likely to abstain but, among those who do drink, rates tend to be high compared with other religious groups.

The finding that drinking is relatively prevalent among Sikhs is echoed by the *British Sikh Report 2015*,⁶ which finds that while 38% of British Sikhs it surveyed were teetotal, 26% drank alcohol at least once a week and 7% drank three or more times a week.

The JRF review also reports that young people from minority ethnic groups with strong religious ties that forbid drinking, or that are less tolerant of drinking among women, may hide their drinking for fear of repercussions and bringing shame on their families. This builds on earlier findings from the JRF⁷ of significant levels of alcohol consumption within the Muslim community, largely among young men. This appeared to be a temporary phase, which ended once the young men married. Emotions of guilt and shame were frequently described in relation to married men drinking compared with young, single men.

3 Hurcombe et al. (2010), *ibid*.

4 King, M., Marston, L., McManus, S., Brugha, T., Meltzer, H. and Bebbington, P. (2013) Religion, spirituality and mental health: results from a national study of English households. *The British Journal of Psychiatry*, 202, 68-73.

5 Hurcombe et al. (2010), *ibid*.

6 BSR Team (2015) *British Sikh Report 2015: An Insight Into the British Sikh Community*. Online: www.britishsikhreport.org/british-sikh-report-download-2015.

7 Valentine, G., Holloway, S., Jayne, M. and Knell, C. (2007) *Drinking Places: Where People Drink and Why*. York: Joseph Rowntree Foundation.

The 2010 review concludes that perceptions that one's religion forbids alcohol are not necessarily associated with higher levels of abstinence; in addition, how the religion is practised and the meaning ascribed to it, as well as other factors such as ethnicity, gender and age, all have impacts on a person's drinking habits. In fact, perceiving religion as important, and having strong religious beliefs, is associated with lower levels of reported drinking for Christians and Hindus, but not always for Muslims. The study also concludes that it is important to take a 'bottom-up' approach to designing intervention and prevention programmes, encouraging involvement from participants themselves.⁸

A separate 2009 review,⁹ also for the JRF and focusing on children and young people, concludes that identifying with a faith is a significant indicator of whether people drink or not, and can be more important than other cultural or social factors. However, care should be taken in interpreting research on the relationship between ethnicity and religion, since many researchers do not distinguish carefully enough between different religions and ethnic statuses.

This review finds that among those who do drink, having a faith is associated with less risky drinking. Research from the US – which represents much of the literature in this area – points to religious attendance as predictive of decreased quantity and frequency of alcohol use. Young people who have stronger religious values also seem to have a lower risk of alcohol use than their peers.

The authors also point to studies that have considered the role of religion in intervention programmes, suggesting that there is evidence of a positive relationship between religious involvement, or strong religious beliefs, and positive outcomes including improved health and mental health, reduced substance use, and increased competence and educational attainment. In the light of the evidence that religious beliefs and involvement can work as a protective factor against harmful drinking, the authors conclude, it may be that prevention programmes and interventions should be developed that encourage greater religious involvement.¹⁰

Despite the existence of very well-known interventions with a faith or spiritual element, such as Alcoholics Anonymous (AA), there is surprisingly little published on the topic of how faith communities might be involved in such prevention and intervention programmes. An exception is a recent study focused on Sikhism,¹¹ which discusses general models for the alcohol addiction recovery process within Sikh spirituality and identity. The authors point out that these models centre on the individual experiencing an intensification of their existing faith and identity (rather than undergoing a 'conversion' process as in some faith-based programmes). They also allow for the individual to claim that they have been 'cured' of alcoholism, in contrast to the insistence of programmes such as AA that individuals remain alcoholics for life. The authors argue for the important role of spirituality and identity as part of addiction recovery that is embedded in a community.

8 Hurcombe et al. (2010), *ibid*.

9 Velleman, R. (2009) *Influences on how children and young people learn about and behave towards alcohol: A review of the literature for the Joseph Rowntree Foundation (part one)*. York: Joseph Rowntree Foundation.

10 Velleman, R. (2009) *Alcohol prevention programmes: A review of the literature for the Joseph Rowntree Foundation (part two)*. York: Joseph Rowntree Foundation.

11 Morjaria-Keval, A. and Keval, H. (2015) Reconstructing Sikh Spirituality in Recovery from Alcohol Addiction, *Religions*, 6(1), 122-138.

A further example of an intervention that uses faith is spiritually-modified cognitive behavioural therapy (CBT), an approach that integrates clients' spiritual

beliefs and/or religious practices into treatment. For some clients this is thought to increase compliance with treatment and prevent relapse.¹²

SUMMARY

Having a faith is a 'protective factor' for many in terms of excessive consumption of alcohol, according to existing research. People who identify themselves as 'religious' are less likely than the non-religious to engage in potentially harmful levels of drinking, and religious attendance is associated with decreased quantity and frequency of alcohol use. There is evidence of a positive relationship between religious involvement or religious beliefs and positive outcomes for individuals in alcohol intervention programmes.

Policy context: Churches and Minimum Unit Pricing

In response to concerns about public health and violence fuelled by excessive alcohol consumption, the Coalition Government announced in March 2012 that it would introduce a minimum unit price for alcohol.¹³ As part of an alcohol strategy, this would reduce crime, hospital admissions and deaths over ten years.

The strategy was overturned in July 2013 on the basis that there was not enough evidence to suggest it would be effective without penalising

responsible drinkers. Rather, in May 2014, the Government reverted to an earlier commitment to ban the below-cost sale of alcohol, defined as duty + VAT.

The 2015 Conservative party manifesto made no mention of the issue and, at the time of writing, the policy remains unchanged by the Conservative Government.

The decision not to introduce minimum pricing was condemned in a statement by the Church of England, the Methodist Church, the United Reformed Church, the Salvation Army and Quaker Action

on Alcohol and Drugs, which maintained that a minimum unit price of 50p could save around 3,000 lives a year. It said,

*"As Churches we are deeply concerned at the effect of alcohol misuse on problem drinkers, families and communities. With nearly 9000 deaths directly related to alcohol in 2011, this is no time for inaction. We look forward to the Government rectifying this decision and putting public health back at the top of its agenda."*¹⁴

¹² Hodge, D. (2011) Alcohol Treatment and Cognitive-Behavioral Therapy: Enhancing Effectiveness by Incorporating Spirituality and Religion. *Social Work*, 56(1), 21-31.

¹³ HM Government (2012) *The Government's Alcohol Strategy*. London: The Stationery Office.

¹⁴ 'Churches condemn u-turn on alcohol pricing'. The Methodist Church in Britain website, 18 July 2013, www.methodist.org.uk/news-and-events/news-archive-2013/churches-condemn-u-turn-on-alcohol-pricing.

FAITHACTION FINDINGS

OUR RESEARCH

In order to collect the views and experiences of members of faith groups, we ran an online consultation that could be answered anonymously, which was publicised to our members. We offered an opportunity for faith-based organisations to discuss the issues with us in person at a roundtable

Because we wanted to give people the opportunity to offer their personal views, but also wanted to explore issues affecting communities, we included questions that asked about personal experience and also questions that asked for the respondent's perceptions of the attitudes and behaviour of their faith community.

It should be stated at the outset that the vast majority of responses that we received online, and all those who attended the roundtable discussion, were from Christians and Christian-based groups. This in itself is interesting. We know anecdotally from our members, and from the published research outlined above, that there are people who belong to other faith groups who drink problematically. The fact that we were able to collect only limited information seems to bear out the suggestion that this is largely a hidden problem.

event, and invited comments from those who wanted to attend but were unable to. We also carried out internet searches to find examples of faith-inspired work around alcohol. In total we engaged with 56 individuals.

Of the respondents from faiths other than Christianity, three were Muslim, two were Sikh, and there was one respondent each from the Hindu, Jain and Jewish faiths.

It is therefore not possible statistically to break down the findings according to different faith groups (although we do provide some of this detail below to highlight views other than those of the Christian majority). Taken overall, however, the responses nonetheless provide useful insights into the attitudes towards alcohol found within faith communities and the issues that groups are facing.



PROBLEMS WITH ALCOHOL IN FAITH COMMUNITIES

Most of the respondents knew someone in their faith community who drank too much. Online respondents were asked whether they knew of individuals within the community who had problems with alcohol (respondents could pick more than one answer; n=41).

- **22 knew of someone in their faith community who drank too much.**

This included one Hindu, one Jain, one Jewish and one Muslim respondent.

- **13 knew of someone in the community who drank in secret.**

This included two Muslim and one Jewish respondent.

- **15 knew of someone in the community who had some other issue with alcohol.**

This included one Jewish respondent.

The free text responses expand on the issue of alcohol being something of a hidden problem within faith communities.

"There is still quite a strong stigma attaching to people who abuse alcohol. There is counselling available within the community but there are still a number of secret drinkers."

(Online respondent, Jewish)

The secrecy and shame surrounding alcoholism in faith communities were discussed at the roundtable. There were instances of faith groups being unwilling to include people who were suffering with alcohol issues: a worker at a Christian-based alcohol recovery project reported being approached by a Muslim man who had been told by his mosque to deal with his problem first and then come back. It was also mentioned that addiction is often hidden among middle-class, professional people, and that this can affect faith groups as it can any group of people.

The issue of shame was thought to be particularly acute for people who have publicly testified to their progress in recovery from addiction, but who relapse into drinking. This can lead to self-exclusion and isolation, exacerbating the person's problems. Shame was also mentioned in conjunction with faith leaders, or the children of faith leaders, who experience problems with alcohol. The leader might fear that they will lose their position if they admit to their or their family's problems, and/or might fail to address problems in the wider congregation for fear of being hypocritical.

"I drank lightly from 18-23 and then gave up. I have known of other Muslims who have had problems with alcohol. Most do not seek help as far as I am aware."

(Online respondent, Muslim)

If faith groups are able to find a way of publicly countering common misperceptions and beliefs, they might be able to help individuals admit to and seek help with their struggles. These could be beliefs such as:

- The group is full of “happy, sorted people” (roundtable respondent)
- A true believer would not need to drink
- A person who has had a ‘conversion’ or religious experience will be fine from then on
- Faith leaders do not experience problems such as alcoholism

While participants at the roundtable expressed their belief that God can and does change people, they stressed the necessity of a culture in which people can be honest about their difficulties. It can be very valuable for people to know that, even if they relapse, they will still be accepted and supported.

At the same time, this raises a tension for faith leaders, who have a pastoral responsibility for the group as well as for individuals within it. This issue was summed up by one respondent:

“Problems only really arise if [people] consistently carry on abusing alcohol and bring it to the faith community. Binge drinking often leads to deceit and that damages relationships and also that individual’s walk with God which can be quite destructive. Boundaries do therefore need to be set up to prevent damage to the group while extending grace and forgiveness to the individual.”

(Online respondent, Christian)

SUMMARY

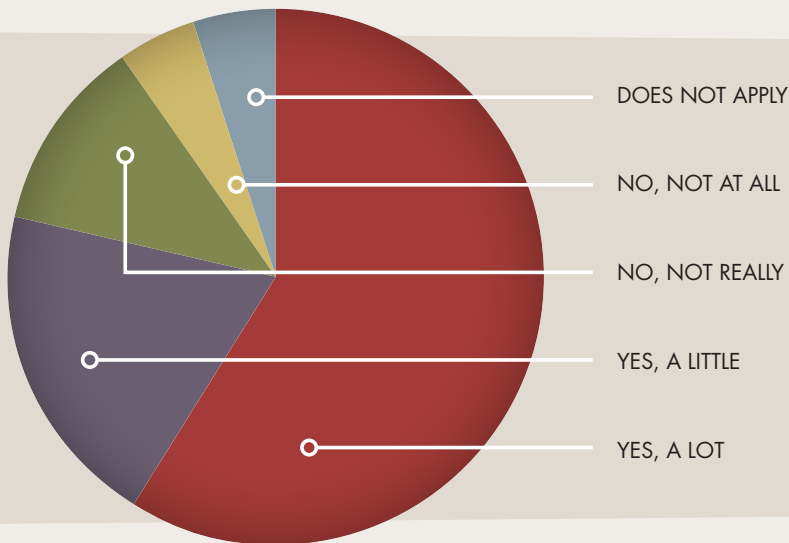
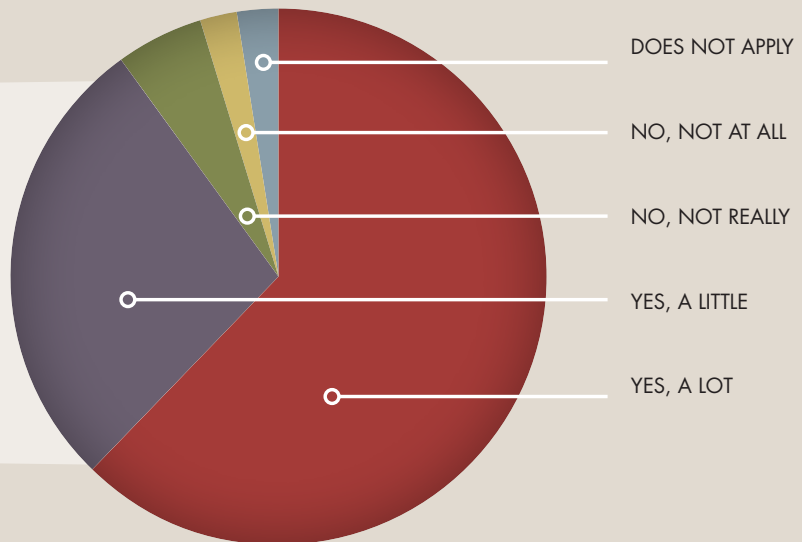
Within communities of all faiths, it is likely that there are people experiencing problems with alcohol. These problems are likely to be hidden and the topic can be a taboo subject, especially – but not only – for those whose faith forbids alcohol consumption. In order to help people address their problems, faith groups need to encourage an atmosphere of honesty and acceptance.¹⁵

¹⁵ Friendly Places is a FaithAction initiative that helps faith groups to realise that they have a role to play in being places of welcome and acceptance for people struggling with their mental health. This is something that could also apply in terms of offering a safe place, acceptance and friendship to those struggling with their drinking. See inside back cover for more information.

FAITH INFLUENCE ON ATTITUDES TO ALCOHOL AND DRINKING BEHAVIOUR

The online responses indicated that faith does have an impact on how people relate to alcohol in most cases.

Do you think that what your faith says about alcohol influences your own **attitudes** to alcohol?



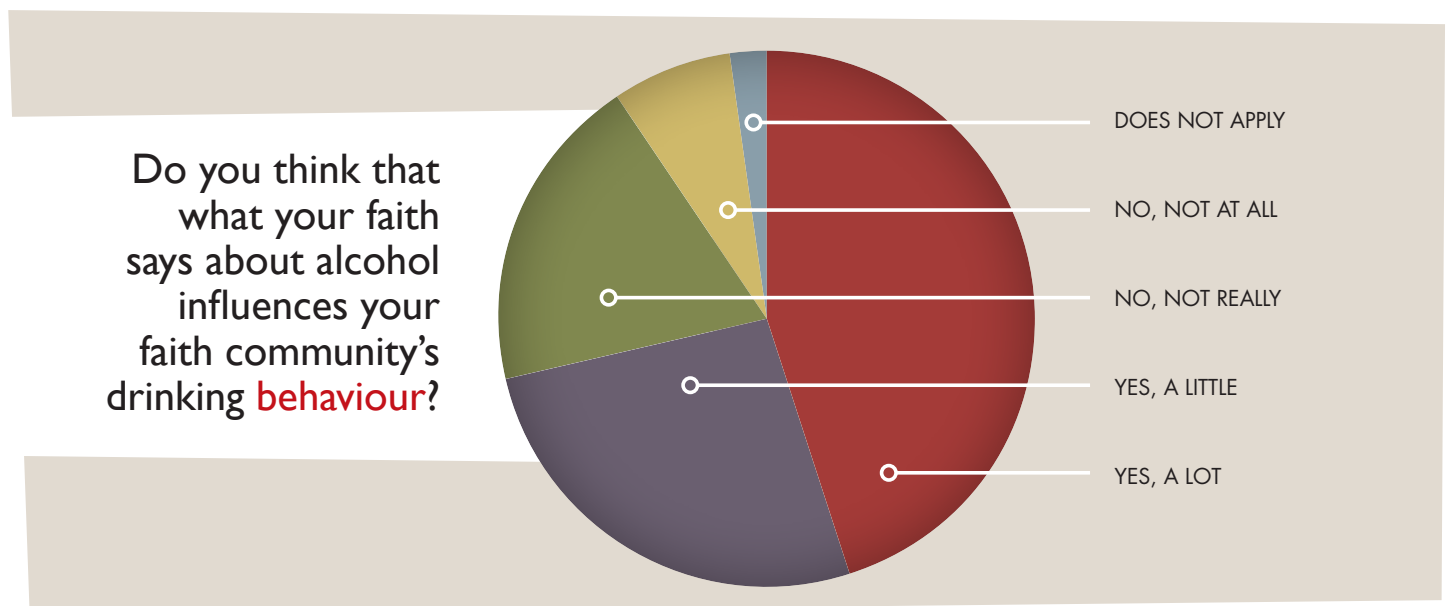
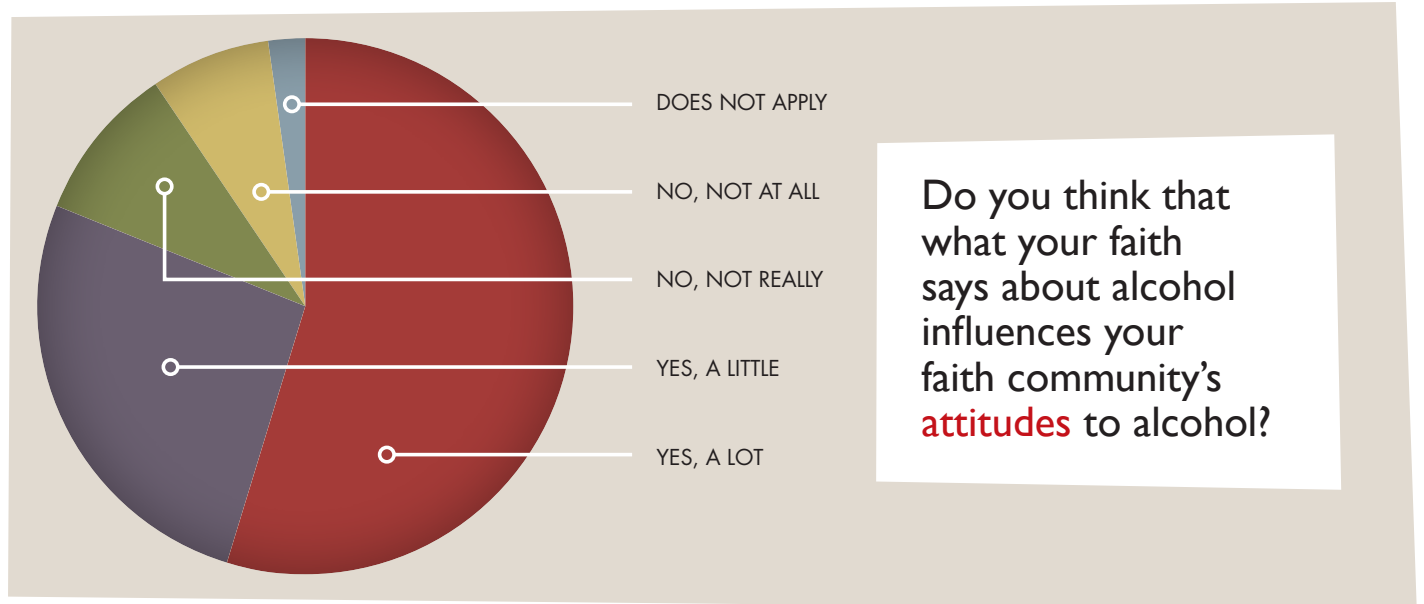
Do you think that what your faith says about alcohol influences your own drinking **behaviour**?

n=42

Of those who responded to the questions about whether what their faith said about alcohol influenced their own attitudes and behaviour:

- 26 said their faith influenced their **attitudes a lot**; 12 said it influenced them **a little**
- 25 said their faith influenced their **behaviour a lot**; 8 said it influenced them **a little**

When thinking about whether faith had an influence on how people in their community related to alcohol, the numbers were nearly as high.



n=42

- 23 thought their communities' attitudes were influenced *a lot* by their faith, and 11 *a little*
- 19 thought that their communities' behaviour was influenced *a lot*, and 11 *a little*

Those who thought that both their own and their communities' attitudes and behaviour were influenced

'a lot' by their faith included all three Muslim respondents, one of the Sikh respondents and the Jewish respondent. Although most of those who reported that their faith forbids alcohol also said that this influenced their community's attitudes and behaviour, the Jain respondent said that most people in their faith community were not at all influenced by their faith's proscription of alcohol and were light drinkers.

Further questioning revealed a variety of attitudes towards alcohol, as the following comments illustrate. While some said that their faith group recognised that some people suffered with alcoholism and sought to offer them support (see 'How faith makes a difference', below), others saw less of a role for faith or perceived their group to be less than supportive. Still others were concerned about the effects of alcohol on society at large – as the role of churches in campaigning for minimum unit prices also shows.

"I do not drink alcohol and find it upsetting when other Christians try to persuade me to. Many in our church drink alcohol and get drunk at times ... if anything is said, then we are accused of being judgmental."

(Online respondent, Christian)

"It's never a societal or communal problem in my opinion unless we choose to make it so. It is a matter of personal choice and should be left at that. Friends and families usually are the best counsellors."

(Online respondent, Hindu)

"...an individual's sickness of alcoholism reflects a deeper sickness of assimilation into hedonism by that faith community."

(Online respondent, Christian)

"...there are many Christian communities who would still say [that drinking alcohol] is against their view, and the tolerance of excess or indeed the marketing of very cheap drinks and accessibility to young people would be abhorred."

(Online respondent, Christian)

"I belong to a faith group that feels that alcohol should be abstained from, not because it is forbidden (in the Bible), but as a positive example of abstinence for children and young people as well as those with addiction issues."

(Online respondent, Christian)

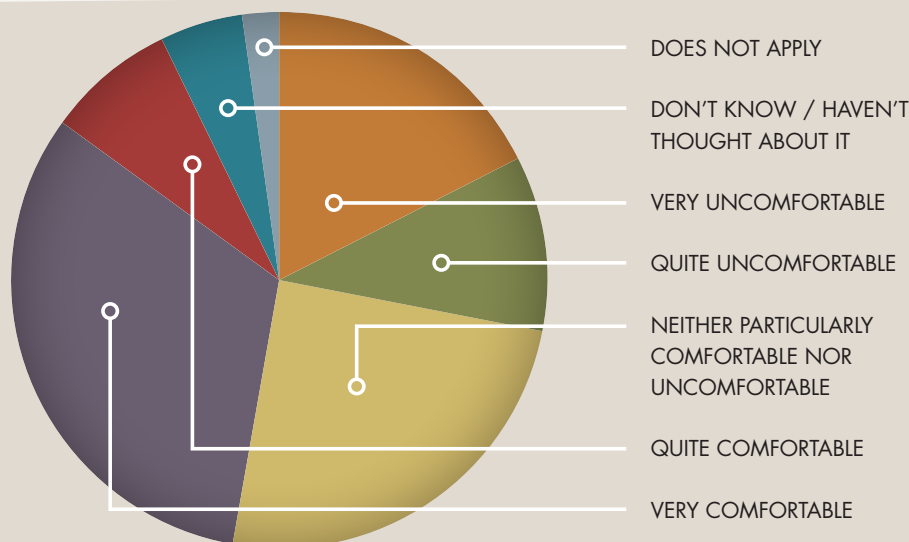
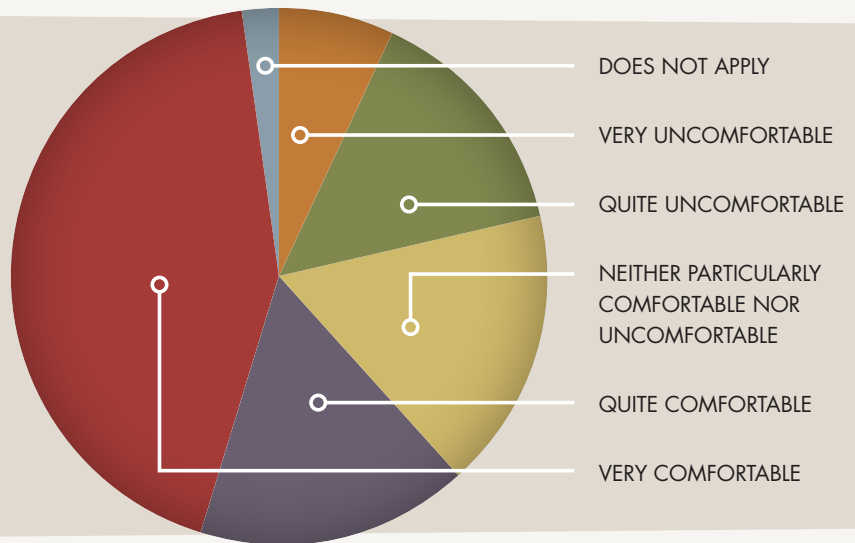
SUMMARY

While it is hard to generalise, these findings suggest that faith is an important factor in influencing attitudes and behaviour around alcohol – albeit leading to a wide variety of conclusions.

APPROACHING FAITH LEADERS ABOUT ALCOHOL

Online respondents were asked how comfortable they would feel about talking to a faith leader about drinking alcohol, and how they thought that people in their faith community would feel about approaching a faith leader on the topic. While the majority of respondents reported that they themselves would be comfortable talking to a faith leader, they were less sure that those in their faith community would feel the same.

How would **you feel** about talking to a faith leader about drinking alcohol?



How do you think **people in your faith community, in general, would feel** about talking to a faith leader about drinking alcohol?

n=42

- 18 reported that they themselves would be *very comfortable* to approach a faith leader, and six that they would be *quite comfortable*.

This included one Jewish respondent who would be very comfortable, and one Muslim who would be quite comfortable.

- Only four thought that people from the community would be *very comfortable* talking to a faith leader about alcohol, but 14 thought they would be *quite comfortable*.

This included one Jewish and one Sikh respondent who thought people from their community would be very comfortable, and one Muslim who thought they would be quite comfortable.

- Three individuals felt *very uncomfortable* about approaching a faith leader themselves, and six thought that people in their community would be *very uncomfortable*.

There were a Christian, a Muslim and a Jain who would be very uncomfortable themselves, and two Christians, two Muslims, a Jain and a Sikh who thought their community would be very uncomfortable.

We asked the 23 who had actually approached a faith leader to talk about alcohol to characterise the response they received, with a selection of both positive and negative answers to pick from (respondents could choose more than one) and the option to comment further.

Encouragingly, 41 positive responses were selected as opposed to only seven negative, with 14 people reporting that their faith leader was at least 'open to discussion'. However, only three people were met with a 'confident' response. In the free text answers, one person reported that their faith leader would also be able to signpost them to support services. However, another said that the response from the leader was "Empathetic the first few times getting increasingly unsure of how to help".

We also asked people who had faced issues with alcohol, but had not turned to a faith leader for support, why this was the case. They were given a selection of answers (from which they could pick more than one) and the option of commenting further.

There were 12 respondents to this question, with the most common answers being that people were ashamed or embarrassed to turn to their faith leader (four answers), and that they were afraid of admitting that they had a problem (four answers). It is also clear that some people thought that a faith leader simply is not the right person to turn to: three people selected 'It isn't their business', and one person answered in the free text box that this is a "health issue first" and that they therefore sought professional help.

SUMMARY

While there are likely to be many people in faith communities who would not see their faith leader as a source of support for issues connected with alcohol, for others, faith leaders are already acting as such a support. The majority of respondents reported that they themselves would be comfortable talking to a faith leader.

That being the case, faith leaders themselves are likely to need support to help them to deal practically with the issues being brought to them. Where faith leaders are able to offer support or signposting, their congregations need to know that this option exists.

HOW FAITH MAKES A DIFFERENCE: INDIVIDUALS

Faith groups seem to be making a difference in individuals' lives in two ways. Firstly, some claim that faith itself aids – or is even essential to – recovery from problems with alcohol.

"We believe everything has a spiritual beginning and a spiritual end which we include in our workshops and participants find helpful."

(Online respondent, Christian – Catholic)

"We are ... doing a case review of the number of people who come to this Gurudwara, and who have suddenly gone from heavy drinking to teetotaler simply because they became initiated and chose ... the path of religion. We suspect there are several hundred case reports just from our Gurudwara."

(Online respondent, Sikh)

The role of faith in recovery from addiction is famously recognised in the 'twelve steps' of the Alcoholics Anonymous programme. These involve the recognition of a "Power greater than ourselves", confessing to God (as the individual understands him) their wrongs and

asking him to remove their shortcomings, and seeking to improve one's "conscious contact with God" through prayer and meditation.¹⁶

At the roundtable, a worker at a recovery programme explained that while the staff do not expect clients to become Christians, they do believe that any recovery requires spiritual transformation. The person reported that their programme has also been completed by Muslims, who have benefited from it. What was important was to give people the belief that a better life is possible. Another worker at the same programme felt that belief in Jesus as someone to whom one can pass on one's "rubbish" could prevent a person from picking the "rubbish" up again. A third person spoke of their own experience of coming into a Christian community as a "sick" person and seeing "something around me which was better than I had. There was love, which I had never known."

Secondly, faith groups can provide a safe space and support through listening, encouragement and prayer, as well as friendships and a support network. This might be available for existing members of the faith group and/or for those in the wider community who turn to the group as a source of help at their point of need. In addition to this basic level of support, faith groups can also signpost individuals to further help, such as that provided by a GP or an AA group. Others go further, setting up their own initiatives in response to needs that they discover, or deciding to support existing initiatives, by inviting in speakers, encouraging their members to volunteer in projects, or providing volunteering opportunities for people recovering from addiction.

¹⁶ 'The Twelve Steps of Alcoholics Anonymous', Alcoholics Anonymous Great Britain website, www.alcoholics-anonymous.org.uk/AboutAA/The-12-Steps-of-AA. AA began in 1935 in America and now has more than two million members in 150 countries. It is not allied to any faith organisation, and belief in a 'higher power' is not required for membership.

"Our faith group supports people known to be alcoholics. We show them grace and love. We signpost them to other services for support such as AA or GPs. We never judge or turn people away from church regardless of their issues with alcohol. We [are] always as supportive as possible and pray for healing and deliverance for those affected who come to our church. We also support and invite speakers from organisations such as Teen Challenge which is a Christian rehabilitation centre for addicts. We also provide volunteering opportunities for people about to leave a local rehabilitation centre."

(Online respondent, Christian)

"Our community reaches out to marginalised people with all kinds of issues. We have a large congregation. It's therefore normal to encounter alcoholics and recovering alcoholics amongst our community. We offer ... prayer ministry to anyone experiencing a problem and will recommend specialist help particularly but not exclusively help that is supportive of that person's Christian faith (e.g. Alcoholics Anonymous, Betel). Often drinking is a symptom of a deeper issue and in such cases we seek to address/refer in order to resolve the root cause."

(Online respondent, Christian)

The point raised above – that problematic drinking usually has some underlying cause that needs to be addressed – was emphasised by several contributors. Faith groups tend to have a concern for the flourishing of the whole person rather than focusing only on the issue of alcohol.

"Everyone's there because of a problem – they all just choose different ways of drowning it."

(Online respondent, Christian – Catholic)

SUMMARY

Faith itself is thought by some to be important or even necessary for people to recover from alcoholism. Faith groups also have a role in providing support and signposting for those who come to them in need. Their concern for the whole person can help them to support people to deal with the issues underlying their drinking.

HOW FAITH MAKES A DIFFERENCE: COMMUNITIES

Some faith groups or people of faith, on observing a need in their communities, have begun work to reach out to and support the wider community. Sometimes a need for support around alcohol is identified as the primary concern:

"My faith group has set up an AA group on a weekly basis. It provides a really good service to the community."

(Online respondent, Christian)

On other occasions groups have set out to meet some other need but find themselves also addressing issues connected with alcohol. A church represented at the roundtable offered free breakfasts to the community and found that many of those attending had addiction issues. Another project began by providing accommodation for

people who needed a place to stay, and then started to address the addiction issues that people faced too. In some cases the work started by faith groups has led to initiatives being set up as charities in their own right, as illustrated by some of the case studies in this section.

A separate but related point raised at the roundtable is that faith groups are an important provider of youth work. This gives them the potential to play a significant preventative role in helping young people to develop healthy attitudes towards alcohol and to combat the culture of binge drinking found elsewhere – perhaps through providing positive alternative ways of spending time, or positive role models who can mentor young people.

Just some of the ways in which faith-inspired projects are seeking to support their communities around the issue of alcohol are highlighted in the case studies that follow.

Case study: Street outreach projects

Street Pastors, Street Angels, Club Angels and similar projects involve volunteer Christians who are trained to care for, listen to and help people in practical ways, providing a reassuring presence as they patrol the streets at night. In the case of Street Angels, some volunteers also come from the wider community. The volunteers help to prevent confrontations on the streets and look after people who are vulnerable because they have had too much to drink or are homeless. They might make sure that someone on their own gets home safely, or help them to access health services. In some cases

they provide longer-term befriending.

Paul Blakey MBE, founder of Street Angels – CNI (Christian Nightlife Initiatives) Network, says:

"Street Angels was started as a response to the binge drink culture of the town centre which led to violence, sexual assaults, etc. and had made the town a no-go area. As the Christian community we were not against the nighttime community but wanted to make it a safer, nicer place to be and to help those who were or could become vulnerable. CNI Network linked projects now run in 130 communities (along with Street Pastors who operate in around 250 communities) and show that the church has an important and

valued role to play in helping our communities at night move from binge to better. Reduction in crime and ASB [anti-social behaviour] is a hallmark and we can signpost people wanting to move away from that lifestyle. Our projects and volunteers never judge or criticise and are seen as an integral part of the night-time economy of the UK."

Street Angels and Club Angels are part of CNI Network:

www.sa-cni.org.uk /
www.clubangels.org.uk

Street Pastors is an initiative of the Ascension Trust:

www.streetpastors.org

Case study: Betel

Betel provides residential programmes for more than 2,000 recovering men and women in 23 countries. In the UK, Betel is a group of not-for-profit Christian communities that aim to restore homeless and long-term unemployed people to healthy, independent lifestyles.

The programme is free of charge and all residents enter and exit voluntarily, usually staying at least 12 to 18 months. The programme is not goal-oriented, but centres on a commitment to daily choice of a new and healthier lifestyle, as modelled by Christian community leaders, who live on-site with their immediate families. Betel 'graduates' who have shown themselves capable and compassionate are often invited to become support staff.

Life in the community is based on the principles of extended family – building relationships that inspire hope and self-esteem in an atmosphere of acceptance and love – and meaningful work. Residents help to fund their own recovery by working in one of Betel's charitable businesses, making the programme sustainable and enabling residents to develop the ability to contribute positively to their own family life and society. The businesses include furniture repair, house removals and clearances, gardening, painting and decorating, charity shops and vehicle repair. Betel contracts jobs with the local public, the government, businesses, churches and charities in order to fund its activities.

www.betel.uk

Case study: Alcohol and Beyond

Alcohol and Beyond is an initiative set up in the West Midlands by Harvey Khaira, who has himself experienced problems with alcohol and wants to support others. Having identified major gaps in the availability of help and support, he now provides one-to-one counselling. Alcohol and Beyond's services are promoted through social media and an alcohol awareness show on a community channel. Harvey says:

"Society is in denial about alcohol. It starts that drinking more than others makes you 'macho', but then it leads to trouble with the law and dependency on drinking. It is looked at as a habit, not an illness, and the NHS don't understand that these people are crying out for help because they can't function without alcohol as the dependency is so severe. Those people who thought you were macho then don't want to know you because you become a down and out loser."

Harvey explains that it is normal for many men to drink within the Sikh community – although the religion does not condone it – but if drinking escalates to dependency, the subject is taboo. He feels that temples can be happy to provide food and shelter for people who are homeless or sick, but not if someone is an alcoholic.

Harvey offers a personal approach to helping the alcoholic and also their close family, as he feels each side needs to understand what the

other is going through. He sits with them to try to understand the root of the problem; he tells the story of his own journey through alcoholism and shares with them TV interviews showing other people's journeys. He then supports them on to the next phase of recovery, which could be a 12-step programme or counselling sessions. Harvey also helps with referrals to rehabilitation centres. He is committed to growing Alcohol and Beyond and aims to: work closely with the NHS and independent rehabilitation centres; encourage more broadcasters to provide airtime to raise awareness about alcohol; empower more NHS staff and others to refer people to help; and help those who do overcome alcoholism to support others, as a therapy in itself.

Contact Harvey: 07962 535948

"This is a collective problem that needs a collective solution."

(Harvey Khaira)

Case study: Teen Challenge UK

Teen Challenge UK is a national charity driven by Christian values and beliefs, which helps young people who have developed life controlling problems, especially drug and alcohol addictions. It also offers preventative help to vulnerable young people, and its goals are to help people become “mentally sound, physically well, emotionally balanced, socially adjusted and spiritually alive”.

Teen Challenge UK works in 16 locations across the UK (in addition, Teen Challenge London and Teen Challenge Strathclyde are separate but affiliated projects). It has five residential centres plus one in London and 11 local teams. These reach out actively to people who might be in need, using buses converted into coffee shops and teams who walk the streets looking for the opportunity to serve food to those in need.

The charity works to take the message that all individuals are precious and loved to young people who have lost their sense of self-worth or even the will to live. It believes that everybody deserves the opportunity to live free and to become everything they were created to be.

www.teenchallenge.org.uk

Case study: Addiction Recovery Programme – Church of Jesus Christ of Latter-day Saints

The Church of Jesus Christ of Latter-day Saints runs an Addiction Recovery Program (ARP) aimed at people suffering from any addiction, including alcohol. The programme is open to all, although in practice most people are referred to it by a minister of the Church.

The programme has 12 stages, adapted from the Alcoholics Anonymous approach. Support group meetings, usually led by trained volunteers, are held weekly and attendees work through the stages at their own pace; materials are also available online. Key to the programme is recognising that addiction has a spiritual element and needs a spiritual solution, giving the individual a change of outlook and the power within themselves to make progress. Also important is the support provided by the Church community, through its lay ministry and the building of strong, family-like friendships. The Church advocates a healthy diet and abstinence from alcohol and other addictive substances, meaning that the

friendship of a group of people all doing their best to follow these guidelines gives those recovering from addiction a wide support network.

As participants make progress, they might need other kinds of help, which the Church offers through its support programmes. Personal self-reliance (spiritual, emotional, physical and financial) is the aim of all of these, alongside the offer of friendship and practical help. The programmes include Self Reliance Services, which offers employment support including help with CVs, interviewing, career development and basic English and maths. There are also opportunities to serve others through helping to run Church programmes, and group work on the community service initiative known as Mormon Helping Hands.

<https://addictionrecovery.lds.org/?lang=eng>

SUMMARY

Faith groups can find themselves addressing issues of alcohol addiction as they set out to meet needs in their local communities. There are existing initiatives that provide examples from which these groups can learn. Faith groups also have an important role in preventing problems with alcohol, particularly through their work with young people.

CHALLENGES FOR FAITH GROUPS

It is clear that there are challenges for faith groups in working with people who suffer from alcohol addiction, whether as members of their own congregations, or in the wider community, as this comment illustrates:

"I do not believe that most faith groups are set up to accept the consequences of people with alcohol issues joining them. While they like the idea of 'helping' people from these backgrounds, in reality they have little experience and would therefore need training to understand the issues they might face." (Online respondent, Christian)

At the roundtable it was mentioned that in order for people suffering from alcoholism to be welcome at religious services, the whole of the faith group, not just the leader, must be prepared for challenges such as someone looking different, smelling bad, or exhibiting disruptive behaviour. A worker at a recovery programme talked about the time necessary to engage a local church when staff wanted to bring members of their programme to a church service. They spoke to the church leaders in advance and asked them to make the congregation aware that they should take extra care of their belongings – pointing out the Biblical injunction not to cause those with a weakness to fall.¹⁷ While it took time for people in the church to become used to these new attendees, they eventually became supportive of the project and some members volunteered to help cook for it.

A further challenge is the fact that people with alcohol problems may also have deep emotional problems, and/or suffer with their mental health, which can be difficult for faith groups to know how to deal with. A worker from a recovery programme at the roundtable reported that their project was not supposed to take on people with mental health issues, but that these issues were often underlying the addictions that people

presented with. The staff help these clients to access a local GP, who is a drugs specialist.

However, there are some relatively straightforward ways in which faith groups can be supportive of those suffering because of alcohol issues. One, as in the example above, is to know what they might expect from people attending services. Another, also suggested at the roundtable, is for members of faith groups to be trained simply in how to be a friend to someone who is an alcoholic. There are also practical changes that can help: for example, individuals might need to be aware that some people will find it difficult to attend social gatherings where alcohol is served and be sensitive about their own alcohol use, while churches might offer a non-alcoholic alternative to wine at communion where possible.

There is much existing good practice, and examples of where people have been motivated by their faith to meet entrenched needs in their communities, from which faith-based organisations can and should learn. This includes work in other areas or sectors, such as parish nursing¹⁸, and the debt counselling service Christians Against Poverty.¹⁹ Indeed, it was pointed out at the roundtable that, while faith groups are often undertaking many different kinds of social action in their communities, from running foodbanks to providing for toddlers or older people, they might be able to play a far bigger role in the community than they currently do as a 'first line of defence' with low-level support for people with alcohol issues. One attendee described the following project, a pilot of which is in development:

The initiative is a drop-in service open to anyone, with the church making it known in the community that the room will be open at certain times, with the kettle on and a listening ear provided for anyone who wants

¹⁷ 1 Corinthians 8:9-13.

¹⁸ www.parishnursing.org.uk

¹⁹ www.capuk.org

to talk about issues connected with alcohol in their own lives or the lives of people close to them. People who attend are simply offered the opportunity to talk. The listener might then help the person to decide on the next practical step that they can take to start to improve their circumstances. This might be to make a GP appointment, get help with their benefits or simply to make some friends – all relatively simple things that the volunteer helpers can support them with using the church’s resources, or by signposting them to outside

help if needed. In this way issues of addiction might be raised once trust has been built. This kind of initiative does require faith groups to be aware of the other services available in their communities, but does not need any specialist knowledge. It could also offer basic but valuable support for those with mental health issues.

SUMMARY

Faith groups cannot be expected to be able to support people suffering with alcohol issues without training and support. However, there is potentially a big difference that faith groups can make through showing compassion and acceptance, and providing simple practical support and signposting to other services.



MESSAGES FOR HEALTH AND CARE SERVICES

The potential – and need – for faith groups to work more closely with health professionals in order to address issues around alcohol was mentioned spontaneously by some online respondents, and we also explored this issue at the roundtable. On one hand, respondents felt that faith groups have something to offer health services by working together:

“Faith is a very powerful means of tackling excessive alcohol consumption using socio-culturally sensitive means. [Health agencies should] recognise this and use the powerful resource to help tackle the problem of excessive alcohol consumption.”

(Online respondent, Sikh)

“The NHS and many non-faith schools do not permit us to speak about spiritual elements which we can by being independent ... Health services would benefit from being able to refer people to our services which they are not allowed to do as we are not a medical/clinical intervention.”

(Online respondent, Christian – Catholic)

The Street Angels representative (see case study) suggested that there could be a role for Street Angels in supporting A&E services, since the immediate help and first aid they are able to provide on the streets is already saving on ambulance call-outs.

It was noted that faith groups often have the time to spend with people that professionals do not, and in this way can build up relationships of trust that can be beneficial for individuals. One respondent felt that statutory services were sometimes anxious about engaging with Black and minority ethnic communities, but that faith communities could help provide a ‘way in’ for them.

There was also a perceived need for greater faith literacy among health professionals – a gap that faith groups can help to fill:

“Most NHS mental health and community services staff still require training when dealing with religious patients such as strictly Orthodox Jews as their behavioural norms are different to those of the UK ‘white’ population.”

(Online respondent, Jewish)

On the other hand, it was felt, there is a misperception that those faith groups that do provide services are able to do everything on their own. On the contrary, they can benefit from the expertise of health professionals, if opportunities can be found for professionals to share their knowledge – such as ways of identifying people who might need help, and signposting them to relevant local services. While there is a need for both parties to learn each other's 'language', faith-based organisations might be in a position to facilitate the necessary dialogue with health services, since groups often count doctors and other professionals among their membership.

Finally, the point was raised that faith groups need funding to be able to undertake work with people affected by alcohol abuse: they do not provide 'free' services. FaithAction takes up this point in its Faith

Manifesto,²⁰ arguing that even services that are not charged for directly have a cost that ought to be recognised: volunteers need supervising, for example, and premises need maintaining. This work represents a long term social investment.

SUMMARY

Faith groups and health professionals can and should work more closely together – their roles are complementary. Faith groups can offer health services a way of reaching vulnerable people, while health services have expertise that can help faith groups better meet the needs in their communities.

20 FaithAction (2015) *Faith Too Significant to Ignore: Our Manifesto 2015*. Online: www.yoursay.faiithaction.net.

NEXT STEPS FOR FAITHACTION

This initial exploration of the area of faith and alcohol confirms that, while this is a sensitive or even taboo issue for many, it is a reality that some people within faith communities face problems with alcohol. While we do not believe that faith in itself is likely to cause problems with alcohol, it can mean that when problems develop, they are exacerbated by secrecy.

Faith groups also have a great deal to offer. The combination of personal belief and membership of a supportive faith-based group, where one can develop strong and supportive relationships, has the potential to be particularly powerful.

FAITHACTION WILL THEREFORE:

- 1 Keep open the opportunity for people to discuss the issues, share their thoughts and, in particular, let us know where faith-based organisations are doing effective work to support people.
- 2 Continue to develop the Friendly Places initiative (see inside back cover). Central to this is the offer of a safe space where those who are struggling – be it with their mental health or with alcohol issues – can be welcomed and accepted. It is not about offering specialist support, although it is about encouraging faith groups to be aware of what support exists locally so that they can refer people on. Most of all, Friendly Places is about encouraging faith groups to realise that they can play a role in supporting people in their communities with the resources they already have – such as time, and the ability to show care and compassion.

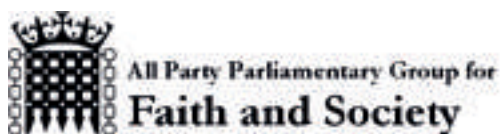
Join the discussion:

www.faithaction.net/alcohol

Contact us:

info@faithaction.net or 0845 094 6350

THE FAITH COVENANT



This report highlights examples of where faith-based organisations are working alongside statutory services. This is vital, because the coming decade will see the country facing new social needs and tough new challenges. There will be fresh demands on public health, social care, education, employment support and community inclusion. These challenges will require the identification of a new set of resources. We will need to unlock the potential of every part of our society to contribute towards solutions.

The All-Party Parliamentary Group (APPG) for Faith and Society, for which FaithAction is the secretariat, believes that one important resource can be realised by supporting faith-based organisations to work with local authorities constructively and effectively, as part of civil society. That will mean ensuring that local authorities are confident in commissioning services from, and transferring assets to, appropriately qualified faith-based

organisations, and that they include faith groups when they look for solutions to social needs.

The APPG is convinced that faith groups have a great deal to offer as providers and advocates for the communities in which they serve, and that some of their potential is being unnecessarily overlooked at present.

To help tackle the problem, the Group has drafted a Covenant which can be adopted by faith groups and local authorities across the UK. The Covenant is a joint commitment between faith communities and local authorities to a set of principles that guide engagement, aiming to remove some of the mistrust that exists and to promote open, practical working on all levels. Together, local authorities and faith communities should work out their own version of the commitments, according to local priorities and needs.

Read more at www.faihandsociety.org/covenant

Contact info@faithaction.net or call 0845 094 6350

FRIENDLY PLACES



Faith groups and faith-based organisations have the capacity to be places of support for those struggling with their mental health or wellbeing – issues which may overlap with alcohol use. Faith groups can do this by being intentional about their role as places

of connection, support and acceptance, and by signposting people in need to professional services.

FaithAction has developed the Friendly Places Pledge that organisations can sign to demonstrate their commitment:

I believe that there is a significant and positive role for faith communities to play in the support of mental health.

I pledge to support faith groups in my community to become Friendly Places which welcome and support those struggling with their mental health.

Read more and sign the pledge online at www.faihtaction.net/friendlyplaces, where you can also find articles, tips and other resources to help your faith group make practical and positive steps towards becoming more mental health friendly.



Because faith reaches the parts that nothing else can

www.faithaction.net