



Quaker Action on Alcohol and Drugs

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Dear Rudaba Osmani,

Thank you for our helpful conversation on the telephone last week. QAAD welcomes the opportunity to contribute to Department of Health discussions about the skills framework for alcohol practitioners.

QAAD is a registered charity and a listed independent group of the Religious Society of Friends (Quakers); our purpose is to address the use and misuse of alcohol and other substances, and we also have a concern with gambling. Trustees come from a range of professional and voluntary backgrounds including medicine, counselling, criminal justice, education, and treatment interventions of various kinds. QAAD provides advice and information for those affected by substance issues within the Society of Friends, undertakes education and prevention work with young Quakers, and contributes to policy discussions and consultations in the public arena.

We would like to suggest that a competence regarding supporting spiritual well-being be incorporated within those already designated. It would be particularly relevant to the specialist alcohol practitioner role, and may also apply to the alcohol co-ordinator role. Our understanding is that work has already been done on evolving a competency of this nature; HSC350: 'Recognise, respect, and support the spiritual well-being of individuals' is now an option within the NVQ Level 3 Framework. We propose that a similar competence would be appropriate to alcohol practitioners, and that it could be appropriately placed in the 'Equality and Diversity' category of the templates.

As you are probably aware, the research literature indicates that a spiritual or religious dimension acts as a protective factor (see, for example, the DCSF Systemic Review 2009), and it is also associated with a variety of positive outcome measures from treatment. A body of research (particularly from the USA) attests the positive results from facilities that use or encourage the Alcoholics Anonymous 12 step model (Ouimette et al., 1998; Humphreys and Moos, 2007) and there is also a developing body of literature on the wider role of spirituality in recovery (Miller, 1998, 2007). This includes the use of mindfulness or meditation (Marlatt, 2007) or simply an increased satisfaction in the spiritual dimensions of life (Stewart, 2008). The latter study and others suggest that this element may not be closely associated with any particular religious affiliation. There may be a need here to acknowledge the difference between spirituality and theology.

Within the UK treatment system, the spiritual need is often met (and entirely appropriately) by 12 step residential programmes, religiously-based provision, or by workers suggesting that service users in the community attend AA Fellowship meetings. However, one significant local study highlighted variations between professional workers approach, with some more likely to make this suggestion than others (Day et al., 2005). It could also be the case that some service users would like to address their spirituality as part of their general progress, but do not necessarily find a 'fit' with the Fellowships at a given time.

We believe it would be extremely helpful for the spiritual dimension in recovery from an alcohol problem to be recognized in a broad sense - and in a way that includes, but is not solely confined to, religious belief or Fellowship attendance. The NVQ competency seems to provide a framework that enables both worker and service user to address this need flexibly, and we hope that consideration can be given to adopting it within the framework of competencies.

Yours sincerely,

Helena Chambers

References

Newbury-Birch, D, Walker, Avery, Beyer, Brown, Jackson, Lock, McGovern Kaner; Gilvarry; McArdle Stewart (2009) Impact of Alcohol Consumption on young people: a systemic review of published reviews Department of Children and Families DCSF RR067

Ouimette, P., Moos, R., Finney J. (1998) 'Influence of Outpatient Treatment and 12 Step Group Involvement on One-Year Substance Abuse Treatment Outcomes.' *Journal Of Studies on Alcohol*, Vol 59, pp513-22

Humphreys, R., Moos R. (2007) Encouraging Posttreatment Self-Help Group Involvement to Reduce Demand for Continuing Care Services: Two-Year Clinical and Utilization Outcomes *Alcoholism: Clinical and Experimental Research* 2007; 31(1):64-68

Miller, W. (1998). Researching the spiritual dimensions of alcohol and other drug problems. *Addiction* 93 (7), 979-990.

Miller, W. and Bogenschutz, M (2007) Spirituality and Addiction *Southern Medical Journal*: April 2007 100 pp 433-436

Marlatt, G.A., Chawla, N. (2007) Meditation and Alcohol Use *Southern Medical Journal*: April 2007 100 pp 433-436

Chris Stewart (2008) Client Spirituality and Substance Abuse Treatment Outcomes *Journal of Religion & Spirituality in Social Work: Social Thought*, 1542-6440, 27, 4, Pp 385 – 404

Day, E., Gaston, R., Furlong, E., Murali, V. Copello, A. (2005) United Kingdom substance misuse treatment workers and apos; attitudes toward 12-step self-help groups. *Journal of Substance Abuse Treatment* 4:321-7.