

Executive summary



Faith in recovery? Service user evaluation of faith-based alcohol treatment

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Key findings

- There are 135 faith-based alcohol treatment service providers representing over 300 groups/projects/initiatives/courses in England and Wales. There is clustering of organisations in larger urban areas and small towns, with rural services tending to be dominated by residential rehabilitation programmes. 76% of organisations define themselves as 'Christian – other' (non-Catholic), with 52% of those being 'Evangelical'. The majority of faith-based organisations rely on funding from 'umbrella' religious organisations, partner churches and charitable donations. Only a small minority of organisations are registered with regulatory bodies such as the National Drug Treatment Monitoring or Care Quality Commission;
- 34% of all faith-based alcohol treatment providers make religious participation mandatory for service users, a figure that rises to 52% when residential faith-based alcohol treatment providers are considered. Alongside these 66 residential alcohol treatment centres provided by faith-based organisations, there has been a notable growth in church-based franchises running twelve step recovery courses;
- Against a backdrop of the combined impact of austerity, long standing restructuring including marketisation of health services in England, and changes in UK government policy, faith-based alcohol treatment is 'filling the gaps' not covered by national charities, private sector companies, or statutory funding. Despite the stated desire for secular and faith-based alcohol treatment service providers to work together, there remains significant suspicion with regards to evidence-based policy and the transparency of theology and practice, which is exacerbated by the competitive nature of funding opportunities. More specifically, key stakeholders and some faith-based alcohol treatment providers expressed concern about moral and judgmental views on alcohol; lack of expert knowledge and experience; lack of registration with regulatory bodies; clarity over ethics, theology and practice; and lack of safeguarding and equality and diversity knowledges and training;
- Service user accounts of faith-based recovery are diverse, with significant positive and negative experiences. Singing, prayer, faith and spirituality featured heavily in service user positive accounts of recovery. 'Faking it' and 'playing the game' were also seen as a widespread and pragmatic engagement with group practices of prayer and worship. Our research suggests the need for a more effective assessment of the function and impact of both conscious and implied proselytisation that takes into account power dynamics within faith-based alcohol treatment;
- Service users often have sophisticated knowledge regarding pathways to treatment and provision and services in both secular and faith-based alcohol treatment and their voices should be foregrounded in reviews of practice and policy.

Background

Against a background of dramatic reductions in funding for public health and social services, faith-based alcohol treatment services play an important role in the landscape of policy and practice. However, while the historical importance of religion and 'faith' in alcohol treatment is well known, the size, scope and significance of contemporary activities remain unclear. In order to address gaps in knowledge this research provides a systematic and detailed study of faith-based alcohol treatment services in England and Wales.

Methods

This project adopted a multi-methods research design. Specifically, the research included national surveys of faith-based alcohol treatment services in England and Wales in order to establish patterns related to size, capacity, theological/practical approaches, religious ethos and affiliation, approaches to treatment, demographic and staffing structures, funding sources, referral routes, treatment requirements, religious expectations and professional registration. Five organisations were then purposefully sampled from the national surveys as case studies and qualitative research methods were used in order to enable an in-depth investigation into the practices and experiences of faith-based alcohol treatment through: in-depth interviews with key national stakeholders (n=9); in-depth interviews with staff representatives from the five case study organisations (n=11); in-depth interviews with service users from the five case-study organisations (n=22); and participant observation (3-5 days in each case-study organisation involving approximately 40 service users and 10 service providers).

Recommendations

- **Transparency:** faith-based alcohol treatment service providers should make public and easily accessible details of the ways in which theology and religious teachings inform the organisational ethos and day-to-day activities; clear guidance on the role of 'faith' and 'spirituality' as a putative active ingredient of treatment; clarify and define justification, processes and outcomes of 'disciplinary' processes; offer clear routes, and responses to service users to make 'complaints'; monitor the socio-economic backgrounds of service users and outcomes of treatment; offer details of expertise and training of staff and volunteers; ensure that all staff and volunteers undertake equality, diversity and safeguarding training;
- **Monitoring and regulation:** all faith-based alcohol treatment providers should provide data on their activities and outcomes to the National Drug Treatment Monitoring System (NDTMS). The Care Quality Commission (CQC) or Care Inspectorate Wales (CIW) should ensure that faith-based alcohol treatment service providers are fully informed about criteria for registration;
- **Ethics, care and theology:** faith-based alcohol treatment service providers need to develop a more sophisticated understanding of the function and impact of both conscious and implied proselytisation with more attention being paid to power dynamics within faith-based alcohol treatment. Greater care should be given to spiritual autonomy of individuals in treatment in order to avoid religious coercion and spiritual abuse. Practitioners should receive professional training in alcohol

dependency, addiction, and mental health. The UK's All-Party Parliamentary Group's Faith and Society 'Faith Covenant' seeks to promote joint working between local councils and faith-based organisations; overcoming the reluctance of some councils to engage with faith groups. While principles of 'good practice' are worked out at a local level, we suggest this must go further than a commitment on the side of faith-based organisations not to engage in proselytising. Rather, the voices of current and past service users are better indicators of 'good practice' surrounding religious practices (including the 'ethics' of religious conversion);

- **Diverse and culturally appropriate services:** There is no typical service user. Individuals should be able to choose from a wide range of secular, theological and spiritual approaches in alcohol treatment and recovery, according to their preferential worldview. Religion and ethnicity do not straightforwardly map onto each other. Specialist services for Black, Asian and Minority Ethnic backgrounds are important pathways for recovery for some individuals who disclosed stigmatising experiences in other treatment providers;
- **Pathways to treatment and recovery:** Public Health England and Public Health Wales should host information on faith-based alcohol treatment providers alongside information about organisational approach and what service users can expect. Guidance must be developed to support the effective referral routes to faith-based alcohol treatment programmes. An independent 'myth busting' guide should be written to aid the work of commissioners, local authorities, and referral pathways (for instance, probation officers) that details and explains different practices, expectations and philosophies of various faith-based organisations.

This report was funded by **Alcohol Change UK**. Alcohol Change UK works to significantly reduce serious alcohol harm in the UK. We create evidence-driven change by working towards five key changes: improved knowledge, better policies and regulation, shifted cultural norms, improved drinking behaviours, and more and better support and treatment.

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Opinions and recommendations expressed in this report are those of the authors.