

# Signpost Series



## 2a. Substance Misuse

A major problem associated with prostitution in the UK is substance misuse. Many people become involved at an early age, and the violence, coercive relationships and associated chaotic lifestyle make it difficult to exit without support. The National Christian Alliance on Prostitution (NCAP) exists to unite, equip and empower groups working with people involved in the sex industry to offer freedom and change.



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This “Signpost Series” was designed by NCAP as a response to the report “Towards the Inclusive Church; Supporting the Marginalised”<sup>1</sup> and aims to help equip the Church in the process of tackling related pastoral issues.

### The word on the streets....

“Before God we all stand on level ground: murderers and temper-throwers, adulterers and lusters, thieves and coveters. We are all desperate, and that is in fact the only state appropriate to a human being who wants to know God. Having fallen from the absolute Ideal, we have nowhere to land but in the safety net of absolute grace.”<sup>2</sup>

### The call

Jesus calls us to live life to the full, free from any constraints to serve Him and one another. As God’s people He calls us to relieve the suffering of others and implores us to take care of one another. However life can get messy, as we know when things have gone wrong for ourselves or for others; death, loss, rejection – none of us are immune to these factors. Our choices can be affected when we are in pain; we want to reach for something to take it away. It is all too easy to operate out of a false sense of self and look to external things – alcohol, drugs, or people – to make it right and “fix it” for us. The reasons for the use of substances is often complex, but the cause behind it is most often the problem of pain.

***“When I take heroin, I feel like hot fudge running through my body, trickling through my body. Just feel like warm, feel like I’m lying in cotton wool and just feel comfortably numb as they say.... to everything.”***<sup>3</sup>

When we work with people with whom things have gone wrong, we can often see the complexity and the chaos. The impact of substance misuse often staggers us, and may leave us feeling paralysed, particularly when other issues such as prostitution, domestic violence or coercive relationships are a factor. But God would have us see it differently. He longs for all **human beings, created in His image** to find wholeness and freedom, and He is there to guide us out of self destruction. If, as Christians, we are informed and equipped, we can support people to make lasting change through their encounter with Jesus and the church family.

### Drug use in Britain

Recent government statistics reveal the extent of drug misuse in contemporary Britain. The 2004/2005 British Crime Survey suggests that an estimated 11 million people aged 16 to 59 in England and Wales have at some point used illicit drugs. Estimates regarding the number of people in that age group that had taken Class A drugs (Heroin, Cocaine, Crack) were put around four million, with just over one million having used them in the past year<sup>4</sup>.



<sup>1</sup> “Towards the Inclusive Church: Supporting the Marginalised”  
see [www.ncapuk.org/content/resources](http://www.ncapuk.org/content/resources)

<sup>2</sup> Philip Yancey

<sup>3</sup> “Stacey” was involved in prostitution and died of an overdose in 2002

<sup>4</sup> <http://www.homeoffice.gov.uk/rds/pdfs05/hosb1605.pdf>

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## 2b. Substance Misuse



**Definition of substance misuse;** “drug or alcohol taking which causes harm to the individual, their significant others or the wider community”<sup>5</sup>

Alcohol is implicated in up to 40,000 deaths per year in England and Wales, and is directly responsible for 5,000 deaths.<sup>6</sup> Experts suggest that these figures should be considered to be conservative estimates due to the difficulties in gathering reliable data on drug / alcohol use. Despite their deficiencies, the figures do demonstrate that the UK has very high levels of drug and alcohol misuse.

### Two different theories: 12-step and harm minimisation

There are two main schools of thought with regard to the treatment of substance misuse. These can often seem “opposed” to each other, and many practitioners working in the field will have their preference, but they can work hand in hand.

The first is **harm reduction or harm minimisation**, which is the most prevalent ethos in statutory and voluntary sector drug / alcohol services. Harm Reduction understands drug and alcohol use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviours from severe abuse to total abstinence, and acknowledges that some ways of drinking or using drugs are clearly safer than others. **It also affirms drug users themselves as the primary agents of reducing the harm of their drug use. It seeks to empower people to share information and support each other in strategies which minimises harm in their actual conditions of use.**<sup>7</sup>

### Real life

“Steven” (not his real name) was sold by his mother, age 12 to “the man upstairs for some grocery money”. He now works on the street and dresses as a woman for his clients. He has used drugs ever since that first event, and has become physically and psychologically dependent to the extent that he cannot see his life existing without the use of heroin. “Steven” has attempted residential rehab many times, but cannot maintain being “drug and alcohol free”, particularly when he comes back to the streets. He says his belief in God is the only thing that has kept him alive, and often begs God to forgive him.

The second theory is the **12 Step Model**, which is the basis for commonly known programmes such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). According to the 12-Step model, substance abuse is the product of a disease. Treatment emphasises admitting powerlessness over alcohol or other drugs, accepting that you are an “addict” and adopting the behaviour and values of a new social group, the AA self-help group. This is in order to achieve total abstinence, which is often the only acceptable outcome in the AA community. **The AA program for many people provides simple tools for living based on a set of spiritual principles and a reliance on the fellowship of men and women who share their experience and offer their support as part of a lifelong process of recovery.**<sup>8</sup>

Effective treatment is about lifestyle change. It is fundamental, complex and long term<sup>9</sup>.

Both models have their strengths and weakness, but the key to effectively supporting someone who misuses substances is to find the preference of the person who is seeking change. This often means that we have to work hard at keeping up to date with the resources available in the substance misuse field. By finding an appropriate model we can support people to find lasting transformation. Whichever theory you use, there are some excellent foundations in understanding that we can build on. This paper is designed to show some tools that could help our understanding.

<sup>5</sup> The National Treatment Agency

<sup>6</sup> DOH, 2001

<sup>7</sup> <http://www.harmreduction.org/>

<sup>8</sup> <http://www.addictionrecoveryguide.org/treatment/recovery/12step.html>

<sup>9</sup> Treatment Journeys, Annual Report, The National Treatment Agency

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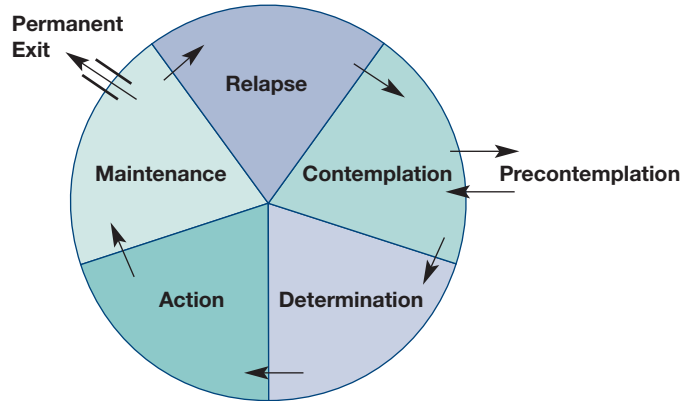
## 2c. Substance Misuse

### Ready for change?

For many people change is unconscious; we change our bank, or move house with relative ease. However for others, change can be complex; they get stuck, paralysed by inertia, sometimes ignoring the problem. Our aim is to ultimately enable people to stop misusing substances. But how do we know if people are ready to change? The desire to “fix” people can have devastating effects if it is against their will. Using a model such as the “cycle of change” enables us to gauge their process and helps us to understand where their next step might be.

### Understanding that change is a process

Unfortunately, the vast majority of us do not change significant behaviours which have developed over many years overnight. It is mostly a process and not a big jump that gets us there. **The cycle of change** is an effective model that maps the process of change. Originally designed to aid smoking cessation, it has been adapted to many forms of health behaviour change<sup>10</sup>. It is best understood when applied to our own situation: Think back to when you last made a significant change (e.g. begin and maintain a more active life style; eat more healthily / loose weight; sustain a more balanced life style). What process did you go through?



### The Trans Theoretical Model (Cycle of Change, Prochaska & DiClemente (1985))<sup>11</sup>

The model is seen as a wheel rather than a linear path; most people making changes can repeat these stages several times before building the motivation and skills for effective action and maintenance.

**Ambivalence** or feeling pulled in two directions is normal to the decision-making process. It is about thinking and feeling, about movement, about conflict between belief and action. A person may stay in the same stage for a length of time, or move back and forth between stages. Relapse (moving back to an earlier stage) is possible at any time. When you have understood your own process of change, it is easier to see how the cycle can be applied to people who misuse substances.

**Pre-contemplation** – you have no thought of changing, now or in the future. Others may have repeatedly urged you to take action but you are unable to hear it. Others say you are “in denial”.

**Contemplation** – you are thinking about changing, you find yourself weighing up the pros and cons of your behaviour. You are remembering all the times you have “tried” and “failed” before and therefore are ambivalent about change.

<sup>10</sup> The model has been widely adapted. To name a few: pregnancy prevention, alcohol and drug use, dietary modification. See: Motivational Interviewing 2nd edition

<sup>11</sup> For more information on the cycle of change see: <http://www.gatewaypsychiatric.com/Patient%20Resources/Family%20Resources/Stages%20of%20Change%20Model.htm>



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## 2d. Substance Misuse

**Determination** – your determination is building; you know you need to make the change. So you start looking at removing the temptations, and planning how action will be taken. You start arranging support and seek understanding from your family, friends or perhaps a support group. You start looking at alternatives for the missed habit, activity or substance. You realise though that you could easily substitute a new problem (over-spending, drinking) for the old behaviour.

**Action** – you actually make the change you have been planning. This is the stage that most of us picture; the actual practice of the new way of being.

**Maintenance** – you have commitment to sustain what you have changed. You plan your follow up and support in order to maintain your new behaviour.

**Relapse** – is part of the process. You accept that a lapse (a slip up) is possible but plan against a relapse (the resumption of old behaviours and thought processes).

**Exit** – this is where you have made a behaviour change, maintained it and found a new way of being.

It is entirely possible for a person to fail at one stage or another, only to make second or subsequent attempts that succeed. On average it takes people 7 times to go round the cycle before they exit.

### Change that lasts

Reflecting on our changes, we can see that it can be complex and stressful. So the aim of this process is for people to “hear for themselves” and reflect on where they are. It is not a chance for us to tell them what to do or how to behave – this could increase resistance and decrease trust. We often have to slow down and enable people to make real change. Living up to the expectations of others can be disempowering. Too much pressure can result in artificial change and de-motivation.

**Q -Three frogs were sitting on a log. Two made a decision to jump off. How many frogs were left on the log?<sup>12</sup>**

Drug dependence has two parts: physical addiction and psychological dependence. The first is the response of the body to the absence of drugs; the second is the beliefs and emotions that drive people to use<sup>13</sup>.

### Labels and terminology

One way of looking at the issue is that we are all “sinners” and “drug users”<sup>14</sup> and have all “slipped from our ideals.” Relating from this place is possibly the most helpful and least patronising. The use of labels is another way of separating “us” from “them”. Labels reinforce the fact that we often see people primarily by what they do and not who they are. Many labels; “addict,” “alcoholic” can provoke a lot of resistance.

**“I tell you the truth, whatever you did for one of the least of these brothers of mine, you did for me.”<sup>15</sup>**

Jesus didn’t see people as the “least”. The scriptures indicate that He saw the person behind the behaviour. Our language needs to call people back to who they are: a human being, a unique creation of God. The term “people who (mis)use drugs / alcohol” helps us to remember that these people are **someone’s daughter or son**, and that they are very precious to God.

### Our Motives

Experienced leaders would strongly advise against doing too much for a person or “rescuing” them. The person seeking change can be disempowered, and the volunteer’s motives, whilst perhaps appearing to be helpful, may ultimately damage the process of recovery. This can apply when the boundaries become blurred – often people take on more than is wise or they are unable to say “no”.

**“For some reason – certainly not because we deserve it- God has decided to extend to us his love that comes free of charge, no strings attached, “on the house”<sup>16</sup>**

### What is success?

Some thought about defining success can be helpful. Is success someone becoming abstinent or is it someone making a phone call to get some support? Our definition of success can shape how we interact with people and whether we partner with other key agencies.

<sup>12</sup> The two frogs only made a decision to jump; they did not actually jump. All three frogs are still on the log – look out for the ACTION in a person’s life not just their words.

<sup>13</sup> The safer injecting handbook by “Exchange”

<sup>14</sup> Caffeine is the most frequently used drug in the world.

<sup>15</sup> Matthew 25:31-46

<sup>16</sup> Philip Yancey

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## 2e. Substance Misuse

### Routes out – getting help from local services

Routes out - making a referral to a local service provider:

Tier 1 -  
Church Leader / Youth Worker / Housing Provider / GP

Tier 2 -  
Open access alcohol / drug misuse service i.e. drop in service

Tier 3 -  
Structured community- based specialist alcohol / drug misuse services- i.e. day programme

Tier 4 -  
Residential substance misuse / alcohol specific services i.e. residential rehab house

Aftercare -  
maintaining drug free lifestyle with good support networks  
*(Adapted from the Models of Care Framework: National Treatment Agency)*

Dealing holistically or with the “whole person” can be a challenge. Often engaging with their spiritual needs is just the start. After using the “cycle of change” to assess the person’s readiness for change, you may realise that the situation is beyond your limitations. A referral to a local service provider is often the next step. **People in the “higher risk” category** (people who inject, pregnant women who are using drugs / alcohol and poly-drug users for example) should be referred on as soon as possible as the issues are often multiple and complex. See above for where to start.

### Praxis: translating an idea into action;

This section is aimed at helping you create an environment where you and people with a background of substance misuse can feel safe:

- Get supervision / peer support – Take Care of yourself.
- Offer community and a chance to belong. Encourage the church to pray regularly for people with substance misuse issues.
- Study the parable of the Good Samaritan – an excellent example of compassion and boundaries.
- Keep updating your knowledge and get further training.

- Your safety is of prime importance. Set boundaries and stick to them – having a policy could cut out any confusion on the issue.
- Ensure you have excellent child protection procedures in place for the safety of all. (<http://www.ccpas.co.uk/>).
- Consider displaying a “drugs use” policy in the church (contact NCAP).
- Ask people who want to change to define their own goals.
- Refer – find a specialist service and if you are able, offer to go with the person you are supporting.

### Further resources

**For further training (especially on the Cycle of Change) or for more information contact the NCAP office:**

t: 0845 0044231  
w: [www.ncapuk.org](http://www.ncapuk.org)

### To find a substance misuse service nationwide:

- **Talk to Frank** - National Helpline  
Tel: 0800 77 66 00  
<http://www.talktofrank.com>
- **Alcoholics Anonymous AA**  
<http://www.alcoholics-anonymous.org.uk>
- **Hope UK - Other Christian Training & Education on substance misuse** <http://www.hopeuk.org>
- **Drug scope** [www.drugscope.org.uk](http://www.drugscope.org.uk)
- Contact **Tearfund’s Eurasia Team** t: 020 8977 9144  
w: [nsc@tearfund.org](mailto:nsc@tearfund.org) to connect with or visit churches who are already responding to substance misuse issues

### Books:

- Miller W & Rollnick S, *Motivational Interviewing*, 2nd Edition
- Tyler A, *Street drugs* (1995)

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