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No 78 Summer 2015

Quaker Action on Alcohol & Drugs

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Restless, Irritable and Discontented

Dan, a member of AA and a Quaker, shares his insights

My name is Dan and I am an alcoholic. I have come to the view that alcohol did not itself 'cause' my alcoholism. I grew up in beautiful circumstances, was quite successful in school, and was not attracted to alcohol for the first 24 years of my life. However, starting in my university days and the first three years thereafter, I became increasingly 'restless, irritable and discontented' and slowly turned to alcohol to give me the sense of ease in life that I thought others had.

The quotation comes from Dr. William Duncan Silkworth M.D., who treated thousands of alcoholics at Towns Hospital in New York City, including William Griffith Wilson (known as Bill W.), one of the two men credited with co-founding the movement 80 years ago that became known as Alcoholics Anonymous. In the past two to three decades, modern medicine has cast light on Dr. Silkworth's analysis with research tools not available to him.

The neurotransmitter dopamine (sometimes known as the 'reward pathway' because it is involved in feelings of pleasure and satisfaction) is activated when alcohol and other drugs are taken. Studies indicate alcoholics often have lower levels of 'D2' receptors for dopamine, which it is now thought to be a factor in their increased alcohol intake.[1] The interesting thing to me is how this chemical evidence of fewer D2 receptors also links with, and may underlie, the 'restless, irritable and discontented' feelings that Silkwood describes, which I feel were at the root of my alcoholism. I consider myself as having inherited this condition from both my mother's side (her father died of cirrhosis of the liver) and my father's side (his brother died of bleeding ulcers caused by a lifetime of drinking alcohol). By joining AA, I have been able to successfully treat the condition in me, 'one day at a time' for over 38 years.

What became Alcoholics Anonymous (AA) started on 10 June 1935 when the other man credited with co-founding AA, Dr. Robert Holbrook Smith, M.D. (known as Dr. Bob) took his last drink in Akron, Ohio two months after he and Bill Wilson were introduced to each other. Six months earlier, in November 1934, a former drinking buddy of Bill's, Edwin "Ebby" Throckmorton Thacher had visited Bill hospitalized for his fourth and last time at Towns Hospital in New York City. Ebby, who had become a raging alcoholic, had stopped drinking through the spirituality of the Oxford Groups, a Christian revivalist movement in the U.S. then led by Rev. Sam Shoemaker of Calvary Episcopal Church in New York City.

The movement preached four principles for 'release from hopelessness': self-survey, restitution, outgoing helpfulness to others, and prayer. These principles were adapted and expanded upon in Steps 2 through 11 drafted by Bill Wilson in what became known as AA's 'Twelve Steps' after review by 100 recovering alcoholics and 300 non-alcoholics. Bill Wilson gave credit to his own doctor, Dr. Silkworth for Step 1:

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.

(Dr. Silkworth had confirmed to Bill that medical science could do nothing for him, that he need a personality change to stay sober.)

And Bill gave credit to psychologist William James for Step 12:

12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

Ebby had given Bill Wilson a copy of James' "The Varieties of Religious Experience" which stated that to recover, a mentally depressive person needs a spiritual awakening. Famous psychoanalyst Carl Jung later confirmed in letters to Bill Wilson that medical science is powerless over alcoholism, that a spiritual experience is an alcoholic's only recourse.

Where does AA come in?

Well, as Bill Wilson wrote when AA was 20 years old, "…it was not until I met Dr. Bob (in May 1935) that I knew that I needed him as much as he could ever need me. This was perfect mutuality, this was full brotherhood. This was the crucial and the final answer. The missing link was then fully forged and somehow we knew this at once….To those wonderful friends (such as Dr. Silkworth, Rev. Shoemaker, William James, and others) who thus brought Dr. Bob and me within reach of recovery, our debt is quite beyond calculation or repayment." (The Language of the Heart © 1988, pages 297-298.)

It is one alcoholic talking to another as equals that makes AA unique. There are no gurus, experts, ministers, supervision or government of any kind. There is only one alcoholic sharing his or her experience, strength and hope with other alcoholics that is the foundation for our 'daily reprieve (from alcoholism) based on the maintenance of our spiritual condition.'

I went to my first AA meeting on Pearl Harbor Day 1976 and took my last drink the next day. I am now sober in AA over half my life. I also draw spiritual sustenance from two other movements started by people who were dissatisfied, who were in some manner 'restless, irritable and discontented': Médecins Sans Frontières started 44 years ago by medical doctors and journalists in France dissatisfied with[1] how humanitarian movements at the time were treating victims of war, disease and natural catastrophe, and the Quakers started 365 years ago by people in England dissatisfied with religion and government at the time.

All three movements…AA, MSF, and the Quakers…provide me communities of like-minded people that help me to be honest with myself, to discover my skills, talents, and motivation, and to be of service to others. And for that I am grateful.

[1] Editors' note – see, for example, Striatal D2 dopamine receptor binding characteristics in vivo in patients with alcohol dependence. Hietala J1, West C, Syvälahti E, Någren K, Lehikoinen P, Sonninen P, Ruotsalainen U. Psychopharmacology (Berl). 1994 Nov;116(3):285-90.

Faith and commitment…

Michele Evenstar of Exeter Quaker Meeting reflects on QAAD's Special Interest Meeting at Yearly Meeting

My first Britain Yearly Meeting, my first visit to Friends House for that matter…. as someone who has dithered at the perimeter of the Quaker organisation for many years, unclear about my faith and wary of commitment, I had surprised myself by deciding to attend Yearly Meeting. And at first I was overwhelmed by the size of Friends House, the busy-ness of it (at what must be one of its busiest times), the number of Quakers - organising, greeting, chatting, bustling to and fro… But despite the overloading of my senses I felt among F/friends from the start – as indeed I was.

So, among all the other decisions to be made (which main sessions to attend, when and where to eat, when to find time to revise for an uncomfortably imminent Nursing exam) – which Special Interest Meetings shall I go to? The 'Minimum Unit Pricing' one appealed to me.

There were perhaps fifteen attendees and it was quickly apparent that the facilitator, Helena, was not going to present us with a lecture – she sketched out the history and principles of minimum unit pricing, groups who support it and those who lobby against it - and then threw the meeting open to debate.

Some of those who contributed knew or had known someone who had suffered from alcohol or drug experiences or, indeed, had suffered directly themselves. Hearing these personal accounts brought a very real sense of the pain misuse of alcohol and drugs can bring to some of us – and to close friends and families.

Such an emotive topic can easily draw a meeting away from its focus but Helena gently steered participants back to the subject of minimum unit pricing and worked to keep the debate open to everyone. Both Helena and several of those who had been affected by alcohol problems stressed that although Minimum Unit Pricing may not make much difference to those who are already addicted, it would be a strong preventative measure. Cheap alcohol is one of the factors that enables 'at risk' drinking to escalate.

By the end of this lunchtime session I felt I had a better understanding of the background to minimum unit pricing, some of the evidence in its favour and an awareness of some of the groups who are opposed to it.

I couldn't help but think that bringing together a group of strangers for a brief period to discuss such an emotive issue is a challenging undertaking!

My reflections at the end of this busy, stimulating, exhausting weekend were that this Special Interest Meeting and Yearly Meeting Gathering in general left me with a powerful sense of the caring, practical and cooperative ways in which Quakers spend their energy, time and funds. I wondered what qualities push Quakers to put their compassion into action in the numerous ways that were evident: perhaps faith and commitment have a part to play?

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Serendipidity OECD report

By a strange coincidence, the week after Yearly Meeting Gathering was held, a new report called 'Tackling harmful alcohol use' was published by the OECD. The evidence it sets out relates to some of the points that we discussed in QAAD's Special Interest Meeting.

The report finds common evidence from many countries that the majority of alcohol is drunk by the heaviest-drinking 20% of the population - but also that approximately four in five drinkers would decrease their risk of death by cutting their alcohol intake by one unit per week. One of the many points of interest is found in a section on specific countries, where it considers England. The authors note: '*In England, both men and women with high education are more likely to be hazardous drinkers than their less educated counterparts*.' On the positive side, it reports a fall in binge-drinking in England over the last few years.

In the Special Interest Meeting we discussed whether lower prices would help those who already have an alcohol problem. The report presents evidence that for 'hazardous' drinkers, better screening, brief interventions, and access to help are the most significant ways in which people can be helped. It stresses that much could be achieved by more preventative work at an earlier stage. The report also explores other measures to reduce harm, and concludes: 'Broader policy approaches may be required to complement those solely aimed at heavy drinkers. Raising prices can improve population health, and doing so for cheaper alcohol may better target harmful drinking.' It considers Minimum Unit Pricing in two of its chapters, one of which relates to Scotland. The full report can be found at http://www.oecd.org/health/tackling-harmful-alcohol-use-9789264181069-en.htm

Whither Minimum Unit Pricing?

Scotland legislated to introduce MUP in 2012 but it has not yet been adopted in practice. The European Union's Court of Justice is currently hearing a case that was brought against it by the Scottish Whisky Association. In the meanwhile, the Health Minister for Northern Ireland has signalled his intention to consult on MUP this year, and Wales also seems to be moving towards a Draft Bill. The outcome of the legal challenge will be very significant, therefore, and we gather that a decision might be forthcoming soon. Successive Westminster governments of all colours have considered MUP but so far drawn back from adopting it.

Plain packaging for tobacco

In March 2015, a measure enabling standardized 'plain' packaging for cigarettes was included in legislation on Children and Families. The tobacco company Philip Morris has begun a legal challenge to it, based on infringement of World Trade Organisation rules. Australia adopted plain packaging in 2012, where smoking fell from 15% to 12.8% in the year after the measure was adopted.

Drugscope, the membership body that has provided information on matters relating to drugs over the last fifteen years, closed on March 31st 2015 because of funding problems. Their expertise and their contribution of balanced, factual information will be much missed in the health and policy fields. At present, their informative website continues open at www.drugscope.org.uk

Women and alcohol: new ways forward

Patsy Staddon of Bristol Central Quaker Meeting shares her perspectives

My personal story

I stopped drinking for good, on my own, on November 16th 1988. I had used alcohol to treat anxiety, mood swings and depression for over 20 years. I struggled with shame and self-disgust and found conventional treatment (including 12 Step philosophy) rather unhelpful. For me, the support of friends, developing new interests and work, and trying to identify the reasons for my having become severely addicted to alcohol, helped me to move forward. Later, undertaking academic research in the field, at Bristol, Plymouth and Exeter Universities resulted in a doctorate and further academic work, and helped me to bring a Service User perspective to alcohol misuse, challenging common perceptions among the medical profession, treatment providers, and the public as a whole. I also found my way to Quaker Meetings. I find being a Quaker attender to be helpful and life-enhancing, and it makes me feel I belong to a movement of other people who care too.

I have examined the meanings of women's drinking and its social underpinnings. Crucial to this approach has been the concept of 'no blame, no shame' for women trying to recover identity, dignity and self-worth.

The meaning of alcohol for women

Alcohol may be seen as a potential enemy of 'health' and 'order' in general, but particular fears are often expressed for the 'safety' of young women who get drunk. Women are still expected to uphold decency and order, and we expect 'femininity,' especially in young women. Drunkenness is seen as interfering with the performance of all these roles. 'Women who drink' can be seen as greedy, immoral, and shamed.

However, getting drunk may offer women an escape from the traditional iconic roles in which they have less freedom to 'act out' when they are denied equal moral worth.

Alcohol is also an escape from the shame and fear of domestic and sexual abuse, both current and in childhood, mental health difficulties and economic anxieties. Partners who drink to excess, and a lack of open-ended, uncritical support from many treatment services exacerbate these difficulties.

Problems women may experience when they seek help

During my discussions with other women, I found problems like these had been experienced:

- GPs - often the first port of call – may be uncertain how to respond to women with alcohol issues
- Many women feel they are not being heard
- It can be difficult to discuss intimate issues with male treatment providers
- They may feel silenced and/or embarrassed in mixed sex groups
- Alcohol still tends to be seen as cause of problem rather than a consequence
- There may be very little choice about kinds of treatment, which often emphasise abstinence as the first priority, although this is not best for everyone

As a consequence, women may become desperate for a different kind of support, and in particular, for women-only support groups, in which they can talk about issues such as abuse more freely.

What we do at Women's Independent Alcohol Support (WIAS)

All of this led me and a group of five other women to explore an alternative approach. We are a service user controlled group in Bristol, and a registered charity. We offer what women have told us they want, and aim to help women to understand what lies behind their drinking. We offer an accessible and safe listening environment, with women only support (in small groups and on the phone). There is access to other women with similar experiences and knowledge of the different ways to recover. Women are not pressured to act until they are ready and they are invited to 'keep calling back'.

We also network with other specialist agencies, and are able to refer and signpost women to specialist support services for related issues.

We also offer talks to commissioners, GPs, treatment providers and students. We emphasise the importance of women-only groups and one-to-one help, and an awareness of the special issues involved.

We have presented our work at numerous academic and practitioner conferences, most recently at the British Association of Social Workers/Social Perspectives in Mental Health conference in February 2015. We have also had our work published academically in journals and in the field of social work practice.

We are at present entirely dependent on donations and our own small fund-raising efforts. To find out more about us please do have a look at our website at www.wiaswomen.org.uk., where full contact details are available, or phone on 0117-9428077.

'Events for Close others'

Another reader has written to inform us about the residential events for relatives, close others of those who have a drink or drug problem. These are run by Action on Addiction, and are based on 12 Step principles. Full details can be found at http://www.actiononaddiction.org.uk/

New legislation on 'New Psychoactive Substances'

Legislation on the new psychoactive substances (NPS) is progressing through Parliament. The effect will be to make any new substance of this nature illegal, without specific investigations needing to be undertaken to ban every drug individually. This is a response to the fact that NPS drugs are being developed with such speed and in such numbers. The law will enable the prosecution of those involved in supply, with a variety of penalties open to courts, including an upper sentence of imprisonment.

A recent paper for the Royal College of Psychiatrists called 'One New Drug a Week,' addresses the problems posed by NPS and 'club drugs'. It was written by psychiatrists and researchers who specialise in the field, and proposes six approaches. One of these is to 'Empower users through education.' The authors comment: 'Many users and the general public have little idea about the emerging NPS and club drugs or their potential for serious harm. Unhelpful terms such as 'legal highs' misinform the public and minimise the potential harm.' High quality information is recommended.

The report also suggests that treatment services need to adapt to people who take these drugs, who may not see the traditional drug services as being appropriate to them. The full report and recommendations can be found at: http://www.rcpsych.ac.uk/pdf/FR%20AP%2002_Sept2014.pdf

Making a difference

The vastness of the problems of addiction seems overwhelming, but QAAD makes a difference by being an effective pressure group for tackling those problems.

We speak up on behalf of concerned Friends.

We support Friends working in the field of addiction, and local meetings who have members with related problems.

We depend for financial support on the giving of present and past members.

Your donation please should be made payable to QAAD and sent to: Ron Barden, Treasurer, 33 Booth Lane North, Northampton, NN3 6JQ.

Giving by individuals by cheque or cash can be enhanced by signing and enclosing the form below.

Gift Aid Declaration

I confirm that I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for this tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities that I donate to will reclaim on my gifts for the current tax year. (Other taxes such as VAT and Council Tax do not qualify). I understand that the charity will reclaim 25p of tax on every £1 that I give.

Name _____

Signature _____

Date _____

Address _____

_____

_____

A date for your diary:

The QAAD/Woodbrooke conference 2016

Dates: 29th – 31st July 2016

Title: Making A Difference

We hope to see old Friends and new at our biennial conference at Woodbrooke for reflection and sharing.

More details in forthcoming editions of QAADRANT

Keep an eye on the QAAD website at

www.qaad.org

We will be reconfiguring the website over the next few months and look forward to including new material about our work and our concern.

Letters and articles for QAADRANT are very welcome, and should be sent to Helena Chambers, 21 Church Street, Tewkesbury, Gloucestershire GL20 5PD. t: 01684 299247 e: helenaqaad@hotmail.com