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QAADRANT

Winter 2015

Quaker Action on Alcohol & Drugs

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My journey so far

A Friend shares insights from his recovery

I'm now 38 years old, and have learnt more about life and my place in it in the last five years than the 33 preceding ones. So much of this links to Quakerism. So many of my addiction problems came from my inner emotional and spiritual unhappiness, and not knowing certain things about life that I am now learning through being a Quaker. It makes me think: If only I had known these things earlier, how much unnecessary suffering and dead-ends I could have avoided. At the same time, I feel extremely lucky (and humble) to have learnt so many of these things by the age of 38. My friends and I often ask ourselves "Why weren't there people around when we were young to tell us these things, to offer us emotional and spiritual guidance?" I know we can build families and a society where this kind of information on navigating life can be spread more widely, and young people (and adults) can learn to avoid some of the emotional and spiritual pitfalls I got stuck in.

Many of these insights are spiritual. The best psychological insights- I had years of therapy before finding the Twelve Step Recovery, and then Quakers- only got me so far. Spiritual growth through the Twelve Steps, Quakerism and Christianity, has taken me a huge distance further, and has radically changed my life. These sit so well with Quakerism. They include:

- Other people are not as sorted as they look- Quakerism teaches me this, to look under the surface and not judge on appearances.
- My problem is not shyness, but a lack of self-belief and self-acceptance: I always thought I was so reserved and inhibited. I've found that I can be open, friendly and chatty once I feel good about myself.
- Life is challenging: I never really picked up on the fact that life is hard work. I thought that if I behaved well, I'd have an easy life. Quakerism and other spiritual paths have taught me that happiness comes through pain, not through its avoidance.
- I don't have to be sociable in the way modern culture tells me to be: It's OK to have a few friends, not get married etc. Quakers have helped me to cherish my own path.
- It's OK to be highly sensitive: society can pathologise sensitivity. It can be difficult to live with, but sensitivity is not a mental illness!
- It is OK to build up friendships gradually: I always envied how some people made 'fast friends'. I've realised that the best friends I have were built up over many years.
- Other people need to deal with their own issues: The Twelve Steps have taught me that I cannot solve other people's problems. I can support them, but I have to trust their own resilience and problem-solving skills.
- Relationships make me happy, not things or substances: the temporary happiness from shopping, eating cake, going on holiday is lovely, but is not what life is 'about'. Relationships anchor my life and emotions and are the key reason for being alive, rather than consuming!
- We learn to change slowly: both the Twelve Steps and Quakers teach me patience and that results do not come quickly. I need not give up when waiting for results.
- To respect and think positively of other people. I learnt to be mis-trustful, critical and competitive. Quakerism teaches me love and co-operation with others.
- Love is gentle and freely given. It is not a legal contract and must be generous, not controlling.
- Some relationships are deeper than others and some people can be trusted more than others.
- My feelings matter, I matter!
- Love is not straightforward. Sometimes it's tough love. Saying you love someone is not enough.
- Quakerism and the Twelve Steps - I am a vulnerable person who tends to overdo things, and become obsessed. I've learnt I need to be discerning about how involved I get with social action and helping others.

These are some of the actions and practices that have helped me*;

12-step programme slogans (short sayings) continue to be a huge support, especially 'Keep It Simple' and 'This, Too, Shall Pass'.

Quotes have helped so much. I've realised they encapsulate thoughts. Changing my way of thinking has been central to feeling better and to changing.

Affirmations: I have had to teach myself basic views and approaches to life that I did not seem to take in when young. I have a routine to start off the day, which includes sharing Daily Readings

Focus: I had learnt to focus on what was wrong and worrying. I have been learning to change this. When feeling uncomfortable, I focus on my breathing, or that I'm glad to be in company.

Gratitude - choosing to be grateful is key to my emotional wellbeing.

What I feed myself with - Religious stuff rather than news.

Daily 'Letters to Myself', which I e-mail to a few close recovery friends - for example:

Dear HP (*Higher Power*)

Thanks for sleep; trust; friends; interests; a job; a fab manager; a flat to myself; prepared for Xmas; health good; progress at work; free time

One huge insight from Quakerism has been understanding that so much goes on when there is silence.

- The things not said in families and relationships often matter as much as what is said [1]
- Trust and other values are often silent, implicit and can't be covered in words
- How we feel is often beyond the reach of words

I have learnt that life is one long Meeting for Worship. The background is silence into which words and thoughts enter. My role is to bring my attention back to the present, back to God and to that of God in others. As in Buddhism, our minds can constantly drift (as does my mind in MFW!), but the whole of life is one long spiritual practice in bringing my awareness and consciousness back to what is happening in the here and now, and living God's will for me.

**Internet references: Affirmations on 'kidfirmation';AA Daily reading. Books by Douglas Bloch and Stephanie Dowrick.*

The Impacts of Alcohol on Health and Society

Two QAAD trustees report from the Alcohol Concern conference

Alcohol Concern (AC) is an independent charity working in the field of harm reduction of alcohol. It reports research findings to government, runs health campaigns, and organises training courses for professionals and the public. The theme of their conference this year was 'The Impact of Alcohol on Health and Society.' The seven presentations that took place in the morning gave some troubling facts, but also offered insights into directions for progress.

The first speaker was Jackie Ballard, Chief Executive of AC. She posed the question 'Is alcohol use a private matter?' Her firm answer was 'no', given the huge social impact of alcohol misuse, where alcohol sales are higher in the UK than elsewhere in Europe - and where just one factor is that teenagers are five times more likely to buy alcohol after watching TV adverts for it. She also pointed out that there is a £200 million reduction in the public health grant made to local authorities at a time when the demand on their services due to alcohol is increasing. Other speakers highlighted the effect of this lack of resources on the services they represented.

Impacts on health services and staff

Jackie Daniel, CEO of Morecambe Bay NHS Trust, described the effect on her five hospital A and E departments where admissions of alcohol-affected patients nearly doubled in one year from 2014 to 2015. She spoke about the violent assaults that staff routinely suffer and the further problems that can arise when over – stressed staff turn to alcohol themselves as a result of the pressures at work.

Alan Lofthouse, one-time paramedic, now National Officer of Unison for ambulance staff, described the problem with some thought provoking statistics. 37% of ambulance calls have to deal with medical and social problems associated with alcohol. Of the risks of harm on the job from alcohol affected patients, 50% of ambulance staff are assaulted and 43% of A and E consultants. Some 20% of NHS staff are assaulted more than once in their working lives. He also described how paramedics have to be aware that the apparently drunk person may also have other medical conditions, be using other drugs and /or have mental health problems which complicate treatment.

More than one speaker talked of the huge cost to the NHS and how there is an urgent need to integrate all aspects of care for people affected by alcohol throughout the local community. The problem needs a systematic national response throughout society.

Police

Commander Simon Letchford of the Metropolitan Police, National Police Lead for Alcohol Harm Reduction gave some equally depressing statistics. The 53% of violent crime that is due to alcohol abuse increases to as much as 80% at weekends and needs a 30% increase in resources in the face of current cuts to the police service. Police officers are also subject to large amounts of violence from those who are drunk; 65% of officers are physically assaulted and 41% are subject to sexual assault. He pointed out that, while violent crime has reduced, this is not true of alcohol related violent crime. Domestic violence is also an issue.

He also highlighted the absolute inappropriateness of people who are drunk and disorderly, but also have mental health problems being held in police cells, as the mental health services will not receive them into care until they are sober.

Possibilities for progress

Commander Letchford highlighted industry availability issues such as 'happy hour' offers and multiple deals from off licences. He also felt clubs and pubs should not sell alcohol until someone is drunk and then turn them out onto the street without any duty of care. The police are keen on the idea of minimum price per unit and limiting the number of premises selling alcohol in any given area.

Fire Services

Peter Dartford, CEO, Staffordshire Fire and Rescue Service described the stress suffered by staff due to the increasing number of serious fires and traffic accidents caused by alcohol use. He favours the reduction of the drink drive limit from 80mg to 50mg in line with European practice.

Scottish progress

The alcohol driving limit has already been reduced in Scotland where there has been a 17% reduction in offences in the first quarter of 2015. Claire Beeston of NHS Health Scotland related how liver disease and alcohol related deaths are still much higher there, but are now falling more sharply than in England and Wales.

Another speaker, Professor Kevin Moore of UCL, also pointed out that people need to be aware that heavy drinking causes cancer, heart disease and dementia as well as the well-known liver disease. He did not think that messages about units were sufficiently clear to change behaviour.

His message was underscored by Lucy Rocca, a one – time heavy drinker and now author of books on alcohol dependency and founder of Soberistas, a social network site for women with alcohol issues. She spoke from personal experience of how the heavy drinker is oblivious to the question of units as well as not understanding them.

Finally, Home Office Minister Mike Penning gave a brief address. He praised the work of volunteer street pastors, emphasised the need for dual diagnosis such as between alcohol and mental health and the need to link drug and alcohol rehabilitation in the prison population. He particularly felt very strongly that prison sentences for those with substance problems should be in two parts, clearly separated between punishment and then rehabilitation. There will be many among those affected and their families who would welcome a move towards this approach.

Christine Pryer

Messages from the Alcohol Concern conference

Jon Lyon of QAAD takes up the story

I noticed that the Home Office Minister Mike Penning has experience of working in the fire service, and seems to understand the many results of alcohol use and misuse. His address felt non-political, with a strong understanding of the issues that have to be dealt with.

Although he did not have time for questions and answers, it appears Alcohol Concern are doing well with their own 'speaking truth to power' agenda; he asked that any major concerns that the conference should be passed on to him for serious consideration. Those assembled discussed this and agreed on two particular issues – 1) that the general sense was that the public was not particularly interested in 'units' except for those already healthily drinking, and that a better method of measuring intake would be preferable, and 2) that there needed to be guidance from the very top of the health services on creating specific pathways of treatment for those with Dual Diagnosis (Drinking/drugs alongside coexistent mental health problems).

We then had a choice of workshops, which is always a difficult choice to make, but I plumped for those which seemed to have most relevance to my work in NHS Psychological Therapies.

Mike Ward of Alcohol Concern led the first, on the subject of treatment of chronic drinkers who are vulnerable or at risk to others. Focussing on the most extreme examples of chaotic drinking, it was noted that while we in the UK are able to 'section' those with severe mental health problems, the same does not exist for severe chronic drinkers who have lost control of managing their own affairs, as this is perceived possibly as self-inflicted. In other countries, such as the Netherlands, there exists legislation and specific treatment which allows for detaining such people. It appears that the new Mental Health Act 2014 has been worded differently to imply that the UK will be taking this approach in the near future. If so, this would seem to be a positive step as results are good, with the majority of those treated either improving or becoming abstinent.

The second was on the lighter subject of the outcomes from a study based on participators (all 'moderate' drinkers) in Alcohol Concern's 'Dry January', led by Professor Kevin Moore (UCL). As would be expected, those who stayed abstinent for a month responded well, with a variety of tests showing an increase in health both physically and psychologically. The more surprising result was the greater degree than expected of improvement in such a short time, including already healthy participants becoming even healthier than ever. The author of this article can concur with this, having just had a sober October, experiencing the improved sleep and concentration described. A surprise to me was the average intake of 'moderate' drinkers in the study was 34 units weekly – well over guidelines, and the rough equivalent of four bottles of wine or 10 pints of normal beer. A report is due to be published imminently.

A fascinating and illuminating day.

LETTERS AND NEWS

We received this letter from a Friend with an interesting suggestion:

I am an 80 year old Quaker and a lifelong teetotaller. I hope I am not a fanatic but I do believe that it would be for society in general if there were more non-drinkers and if the case for non-drinking was more widely expressed. I think that the image of a non-drinker is often seen as that of a killjoy. How could this be changed?

My idea is that a charity be set up to which non-drinkers could contribute each week a sum equivalent to what the average drinker spends on alcohol. The proceeds could go to a suitable good cause. I would be delighted if, when offered a drink, I could say "no thank you, I support 'non-drinkers united', which helps children with brain cancer."

Do you agree with me? If you think my idea of a charity has any merit, how would you see the way forward?

John Rose, Settle

Other charitable thoughts

In the absence of any government funding, Alcohol Concern has launched its new 'Friends of Alcohol Concern' scheme, inviting regular donations for which the donor will receive newsletters and other reports. Funding from this scheme will go towards helping individuals and families affected by alcohol misuse.

Another reader has written to say they have donated to QAAD through the 'Give a Car' scheme, which donates the scrap value of cars to a charity nominated by the donor. (http://giveacar.co.uk/ 0207 736 4242)

Report makes recommendations on drug services

A recent report from the Recovery Committee of the Advisory Council on the Misuse of Drugs (the ACMD) looked into' Opiate Substitution Therapies' like methadone. Amongst other points they noted the evidence that prescription does reduce various kinds of risks and improve health. When provided alongside psychosocial therapies (such as counselling and practical help with issues like housing and employment) improvements can be particularly strongly felt – and it was concerning that some service users did not feel they received enough support of this nature. As is the case with alcohol, the committee also noted that access to mental health services needs to be improved for those who need them within this group. They noted that discrimination and stigma is still a problem, including as regards gaining employment.

Shrinking resources at local level was identified as a threat. The committee noted that if services are put out to 'tender' too frequently, this can have a disruptive effects, and they recommended that a 'culture of stability' should be the aim. They concluded: *We urge local authorities not to engage in costly and disruptive re-procurement if systems are recovery-orientated and achieving adequate outcomes.* Another important recommendation was that there should be both community and residential abstinence-based pathways available to those seeking help.

The full report is called 'How can opioid substitution therapy be optimised to maximise recovery outcomes for service users?' and is available on the ACMD website

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 _____

_____

_____

The new QAAD website is now 'live'

www.qaad.org

Please visit it for information about QAAD, news of events for Friends, and details of our public issues work.

A date for your diary?

The QAAD/Woodbrooke conference 2016

Dates: 29th – 31st July 2016

Theme: Making A Difference

Keynote Speaker: Professor Chris Cook of Durham University

Chris Cook's work includes helping spirituality to be recognised and included in the medical treatment of addictions.

What can help reduce the problems of substances and gambling? It may be a practical action - or a word, a look, or an upholding.

Join us as we consider the ways in which we can make a difference.

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