

QAADRANT

Summer 2017

Quaker Action on Alcohol & Drugs



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ADHD and Substance Misuse

A Friend shares insights and enquiries as a parent

Suddenly, ADHD is everywhere – on the TV news, with questions as to whether the medication for children diagnosed with ADHD is being over prescribed; a recent feature programme and newspaper article about a well-known comedian's discovery that an ADHD diagnosis explains his disorganised behaviour; a magazine article by a newly diagnosed 60 year old author who, despite his literary achievements, feels his life to be chaotic and mourns his inability to maintain close relationships.

My son is struggling with his slow recovery from long term drug and alcohol abuse, with a good measure of gambling thrown into the mix. He has recently been having long, introspective conversations with me about aspects of his childhood, a promising step along the long road that stretches ahead for him. During one of these talks, he said that he wondered if he had ADHD, both as a child and now in adulthood.

My first response was to link ADHD with excessive amounts of chemicals such as food colourings in the diet, which we heard about thirty years ago - but did not apply in our home. However, his query set me wondering and reading more about ADHD and I gradually realised that many of the characteristics described in adults with ADHD I could recognise very clearly in my son. I now wonder whether a diagnosis and treatment would improve his chances of an earlier, fuller recovery from his addictions?

Giving the condition its full name of Attention Deficit Hyperactivity Disorder fairly comprehensively, though not completely, describes its symptoms. While it is most widely

recognised in children, it also exists in adults, when it is sometimes known as Attention Deficit Disorder - ADD. It has been studied in many countries, where varying frequencies have been found in populations. Research in the United States gives a figure of 9% of child and teenage sufferers, of which two thirds persist into adulthood. In the UK about 5% of children and 3% of adults are affected. However, the startling figure is that some 30% of adults in the British prison population suffer from ADHD.

This complex disorder starts in childhood and may abate, but may also continue into adulthood. The hyperactivity and lack of self control that can be seen in ADHD diagnosed children, shades into a great variety of symptoms in adults. As to its cause, it has been found that both inherited (genetic) and non – inherited (environmental) factors contribute to it and interact with each other. On the genetic side, there is a relationship with dopamine in the pre-frontal cortex of the brain. Dopamine – which is a neurotransmitter in the brain - has also been linked in various ways with substance and gambling problems.

Many environmental possibilities have been studied as likely contributing factors; food colouring, low birth weight, conflict between parent and child, maternal stress, maternal smoking, maternal alcohol or substance misuse, family poverty, nutritional deficiency and organophosphate pesticides. All of these can be shown to present risks, and researchers also describe 'severe early deprivation' and 'early post-natal adversity' as significant. It is widely recognised that further research is needed. Some research also shows strong association with aspects of early childhood speech and language problems.



What are the symptoms of ADHD in adults? A long list of aspects of a chaotic and disorganised lifestyle can be pared down to some main, easily recognised characteristics; a low boredom threshold, impulsivity, poor judgement, social awkwardness, inability to tolerate frustration, agitation and anxiety, inattention, forgetfulness, risk taking. Some or even all of these can be recognised in people who function successfully in society, who may or not actually have ADHD and many aspects will readily be recognised in those with substance misuse problems, who are much less likely to be maintaining a satisfactory life.

Whereas successful comedians and some adults in other walks of life can use their condition to their advantage and achieve successful professional and personal lives, there is also a co-morbidity with anti-social behaviour and alcohol and substance misuse. While figures vary, studies have looked at people in treatment for substance problems and found ADHD occurs among a significant number. It has been said that all those seeking treatment for alcohol and drug addictions should be screened for ADHD and, if diagnosed, should receive appropriate treatment for it. Stimulant-type medication (e.g. Ritalin) has been the main drug therapy, and Cognitive Behavioural Therapy – a talking therapy – is also used.

Where substance misuse and ADHD co-exist, there is often a more severe level of substance misuse that generally lasts longer and treatment outcomes are less successful on the whole. One reason for this seems to be that the drug user with ADHD may attend NA or AA meetings, or ‘talking therapies’ like Cognitive Behavioural Programmes, but their engagement can be hampered – for example, because their mind wanders and they cannot concentrate, as they easily get bored. They may, then, be at more risk of relapse if they are not receiving treatment for their ADHD. However, another complication is that Ritalin and some other medications for

ADHD can be used problematically, so if people are not receiving help for their substance misuse, other difficulties could potentially arise.

A recent American paper states: *The simultaneous treatment of both conditions is likely to be the optimal approach because ADHD symptoms (e.g. impulsivity, poor planning) will interfere with Substance Use Disorders treatment, and substance use will limit the benefit of ADHD treatment.*¹

If simultaneous treatment is not possible, the paper suggests that the ADHD medication be closely monitored.

It has been interesting and very revealing to read about research into ADHD after hearing so much about it recently in the media so soon after my son wondered about the possibility of it in himself. On reflection, it could explain so many of the characteristics and behaviour his family has seen and coped with over the years, but on the other hand, a successful long-term outcome may be harder to achieve unless there is a diagnosis and appropriate treatment.

1. Mariani, John J., and Frances R. Levin. “Treatment Strategies for Co-Occurring ADHD and Substance Use Disorders.” *The American journal on addictions / American Academy of Psychiatrists in Alcoholism and Addictions* 16.Suppl 1 (2007): 45–56. PMC. Web. 22 May 2017.

Other sources

Van de Glind, G et al – Variability in the prevalence of adult ADHD in treatment seeking substance misuse patients. *Drug and Alcohol Dependence*, vol 134, Jan. 2014

Thapar, A et al – Practitioner Review; what have we learnt about the causes of ADHD. *Jnl of Child Psychology and Psychiatry*, Jan 2013

Sherman, C – The truth about ADHD and addiction. *ADDitude – quarterly magazine*, n.d.



ADDICTION and the WITCH'S KITCHEN

I recently attended a lecture as one of a series of C.J. Jung public lectures in Bristol. The lecturer was Jim Fitzgerald, a founding member and past chairman of the Guild of Analytical Psychologists and a fascinating speaker.

His title was 'In the Witch's Kitchen: the Archetypal background to Trauma and Addiction.' He used the story of Hansel and Gretel, weaving us into the archetypes that can be found in the tale. The story begins when, after a series of bad harvests and when food is very scarce, the children are taken into the forest to be abandoned by their parents, the step-mother saying that there is no food for them at home. Poverty and Hunger are themselves seen by Jung as archetypes but the abandonment by the parents is surely another kind of poverty itself.

I will not (cannot) repeat the whole lecture but will try and bring out the ideas and archetypes described that seem most relevant to how I see addiction. The witch of course is one, living in the deep dark forest, far from humankind. She has red eyes and a long pointed nose that almost meets the chin. The witch is greedy, like addiction itself. She devours but is never full.

Jung saw addiction as a painful attempt to get back to an archetypal idea of the safety of 'home'. That desperate need for 'food, focus and safety' leads, in the story, to the witch's Gingerbread House where the starved children, their meagre rations long eaten, feast in a frenzy. As they eat and eat,

the initial need, just to be fed, becomes the desire for the pleasure of eating until in the end, as in the story, what we eat devours us.

Gretel herself, once her brother is locked in a cage to be fattened and readied for the pot, is caught up in activities for the witch - almost to become the witch as she stirs the pot, stirring both food and emotions in the 'dark feminine'. This time however, she is planning how to defeat the witch. Jim Fitzgerald likened this part of the story to Step One of the 12 Steps of Alcoholics Anonymous! (Step 1 says that 'We admitted we were powerless over alcohol - that our lives had become unmanageable.')

He pointed out the need to be ruthless in the defeat of addiction, as in the story when Gretel tricks the witch into the oven.

The tale ends happily, when Hansel is freed and the two children find their way back home, where the stepmother has died and they are welcomed back into the arms of their grateful father. It would be great to believe that the witch can always be defeated, that the children always find their way back home, perhaps into a Fellowship where the actual home is not possible. In reality we know that the archetypes of addiction are sometimes too strong, but there are also many who have survived the Gingerbread House whose story can help others.

[Sandra Hobbs of Bedminster Quaker Meeting and Clerk to QAAD](#)



Abstinence and Moderation

The Quaker testimony on alcohol and other substances is one of Abstinence and Moderation, but the discussion on what this means is age-old. We found the following consideration in a book called *Tudor School-boy Life* by Juan Luis Vives, in which three

characters discuss drinking. It brought to mind a passage from Fox’s diary (roughly a century later) in which he recounts how he dealt with such social pressures practically. We thought readers might like to see the two passages together.

Asotus. Now I begin to understand what a serious evil drunkenness is; henceforward, I will take the keenest pains to drink up to the point of cheerfulness, not to that of drunkenness.

Glauca. Joviality is the gate of drunkenness. No one comes to be drunk with the idea in his mind that he will get drunk; but he is exhilarated by drinking; then going on and on, drunkenness follows afterwards, for it is difficult to place the bounds of joviality and to remain in it. Slippery is the step from joviality to drunkenness!

Abstemius. So long as thou has the wine in the beaker, it is in thy power; when thou hast it in thy body, thou art in the power of the wine. Then you are held and do not hold. When you drink, you treat wine as you like.

When you have drunk, it will treat you as it likes.

Asotus. What then? Are we never to drink?
Abstemius. When fools avoid their vices, they run into the opposite extremes. We must, indeed, quench thirst, but not be “drinkers.” Nature on this point teaches beasts alone. The same nature will not teach man, because he possesses reason. You eat when you are hungry; you drink when you are thirsty. Hunger and thirst will warn you how much, when, to what extent, we must eat and drink.

Asotus. What if I am always thirsty, and if I cannot assuage my thirst except by getting drunk?

Abstemius. Then drink what cannot possibly make you drunk.

George Fox writes: *When I came towards nineteen years of age, I being upon business at a fair, one of my cousins, whose name was Bradford, being a professor and having another professor with him, came to me and asked me to drink part of a jug of beer with them, and I, being thirsty, went in with them, for I loved any that had a sense of good, or that did seek after the Lord. And when we had drunk a glass apiece, they began to drink healths and called for more*

drink, agreeing together that he that would not drink should pay all. I was grieved that any that made profession of religion should offer to do so. They grieved me very much, having never had such a thing put to me before by any sort of people; wherefore I rose up to be gone, and putting my hand into my pocket, I took out a groat and laid it down upon the table before them and said, ‘If it be so, I’ll leave you’... Quaker Faith and Practice, 19.01



‘Close others’ – offering and receiving support

QAAD’s Director, Helena Chambers, explains and asks if you can help.

One of the most notable aspects of QAAD’s work over the last few years has been our growing awareness of ‘close others’ who are affected by the addiction or substance problems of another. Friends in this position who have attended QAADNET meetings and our Woodbrooke conference have found real benefit in sharing with others the emotions and dilemmas that are involved.

The extreme anxiety of watching one’s partner, parent, or child becoming caught up in the self-destruction of addiction – perhaps over years - is almost impossible to imagine if you have not experienced it. There is a deep need to find strategies to cope. One of the most difficult problems is that it can be very hard to know, when you’re in the many situations that arise, whether what you’re doing is supportive or is in some way ‘enabling’ the addiction. You may be so focused on the problems of the person with the addiction that you have forgotten to focus on yourself.

As if addiction weren’t difficult enough in itself, sometimes there can be extra factors. We have heard in this edition of QAADRANT from a parent writing about ADHD co-occurring with substance problems. Other mental health conditions can also be involved, and can be hard to separate from the addiction itself. Alcohol is a depressant, for example

– are you drinking because you are low or depressed, or are you depressed as a result of your drinking? When I was working in residential treatment, I found that one often couldn’t tell until the person was sober and in recovery – and perhaps for quite some time.

Many find considerable support in the philosophy and the self-help groups of Al-Anon, the sister group of Alcoholics Anonymous, which works on the same spiritual programme of the ‘12 Steps’. Others can be more eclectic, looking at theories or spiritual traditions that assist in finding a way through - for example, in learning not to be contingent on, or to try to control, what is happening to your loved one. So easy to say, and so hard to do.

Connections made at QAAD gatherings are quite often pursued outside them, and even if this is only done sporadically it can be good to know that there are other Quakers who understand, and can be called on for a supportive conversation.

Sometimes Friends who have not attended gatherings call QAAD for advice or support, which we are glad to facilitate – and this can involve putting them in telephone contact with other Quakers who are prepared to talk confidentially. I keep a list of Friends with experience of addiction, either directly in their personal lives, or in their professional work in counselling or other forms of treatment. Some are members of the 12 Step Fellowships, others have found other paths.

We like to keep this list refreshed, and would be glad to hear from interested Friends who would like to discuss possibilities - enquiries to helenaqaad@hotmail.com or to [01684 299247](tel:01684299247).



*** NEWS ROUND-UP ***

Whither after the election?

As we write, there has not been much election coverage relating to policies on alcohol, other drugs, and gambling. Each of the parties gives different emphases.

As regards gambling, the Labour and the Liberal Democrats both said in their manifestos that they would support a reduction to £2 in the stake for Fixed Odds Betting Terminals. These are the gaming machines found in bookmakers that currently have a maximum stake of £100. The Conservative manifesto does not mention FOBTs, probably because the result of their review of stakes and prizes is still pending. QAAD has argued for a reduction to £2 in its submission to this review, and we continue to liaise with other ecumenical groups about gambling. We hope that the continued concern on FOBTs issues will result in a substantial reduction to stakes, as well as increased powers for Local Authorities.

As regards alcohol, only the Liberal Democrat manifesto pledged to pursue Minimum Unit Pricing if the legal situation as regards the Scottish attempt to adopt this measure is resolved. Labour promised to adopt a strategy to support the children of alcoholics, while the Conservative manifesto says ‘we will improve the co-ordination of mental health services with other local services, including police forces and drug and

alcohol rehabilitation services.’ This is indeed an acute area of need; we have heard from Friends who are ‘close others’ that gaining help simultaneously for substance and mental health issues is extremely difficult, and often seems not to occur until a crisis point is reached. Resources, as well as co-ordination, is a significant problem in some health and local authorities.

The Liberal Democrats also propose a legal, regulated market for cannabis, sold through licensed outlets, with limitations on potency.

We did not know that there would be a General Election when we asked for a Special Interest Meeting at Yearly Meeting Gathering at Warwick this year, but it now seems very timely. Do come and join us there.

QAAD’s Special Interest Meeting at Yearly Meeting Gathering

Working with others for change

Thursday August 3rd | 14:30 - 15:30 | Venue: Humanities 0.60

QAAD has been active in the field of gambling for several years, working with other faith-based groups to reduce the problems of gambling for individuals and communities. We have also joined with others in the field of alcohol health to argue that there should be a Minimum Unit Price for alcohol. Join us to discuss the ways we work with others, and review what new growing points there might be.



Have you looked at the
QAAD website recently?

www.qaad.org

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

QAAD weekend

Theme: *'Signposts for the Soul'*

Friday 20th – Sunday 22nd October at Charney Manor Oxfordshire

QAAD holds a regular biennial gathering for trustees at Charney Manor, when we reflect widely on matters within our concern and consider our responses.

This year we are broadening the weekend to include Friends who share QAAD's concern with addiction, and with substances or gambling. There are a limited number of self-funded places available: the cost (inclusive of meals) would be £150 for a single room, or £75 each if you are willing to share.

This is not a conference in the sense that our Woodbrooke gatherings have been – though we do have a timetable with areas for discussion

and exchange. However, we hope it will be a time for spiritual reflection, for bringing together our different experiences and insights, and for focusing them in ways that we hope will be helpful, including as regards planning our Woodbrooke conference of 2018.

We know there is a great depth of experience among Friends on matters within our concern and would be glad to hear from you. If you think you might be interested, please contact Helena Chambers at helenaqaad@hotmail.com or telephone 01684 299247. She will be glad to give you more details.

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