

# QAADRANT

Autumn 2017

## Quaker Action on Alcohol & Drugs



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# A short seventeen years...

## Director Helena Chambers, who retires this autumn, reviews her time with QAAD

Seventeen years ago I saw a small advertisement in the Guardian for a Development Worker with Quaker Action on Alcohol and Drugs. I squinted hard. Quakers? Wanting a specialist in alcohol and drugs? Why?

I didn't know it then, but the advertisement was the result of a long period of discernment by QAAD trustees. Originally QAAD had been an abstinence-only body, as the earlier name of the Friends' Temperance Union indicated, but the modern charity included both abstinence and moderation. It was felt that this reflected the full range of perspectives among Quakers.

Trustees initially appointed me to work within the Religious Society of Friends. This could include alcohol use rather than necessarily problem use - in education work with young Friends, for example, which we subsequently developed. However, trustees also wondered whether some adult Friends might be experiencing problems with alcohol or other drugs - and if so, whether they might be feeling isolated as Quakers, as well as contending with a substances issue.

Many questions arose as we considered this. How did modern Friends interpret the Quaker testimony on abstinence and moderation? What about other substances, and gambling? Was there really any need for support amongst Friends?

We decided it would be best to look at these questions through a Quaker research study, and I was very fortunate to be supervised by Ben Pink Dandelion at Woodbrooke. Six Quaker meetings, as well as Young Friends General Meeting kindly co-operated. The sense of trustees was largely borne out - I found that roughly 10% of the Friends surveyed drank very rarely or never, with low to moderate consumption being the norm amongst the rest. And yes, there were indeed some who reported previous or current problems - Quakers, like every other group, are not immune.

We invited any interested Friend to attend what turned out to be the inaugural meeting of the group called 'QAADNET' - a name devised by one of the attendees. I recall a lot of flip chart paper covered with suggestions at that first meeting! We arrived collectively at the idea of a group that would be flexible - sometimes about learning, with a visiting speaker, and sometimes simply about exchange.

Looking back now I am moved to remember the many QAAD gatherings in which Friends shared the dark feelings of addiction and also how they are helped - through the Fellowships of Alcoholics Anonymous and Al-Anon, through other forms of spiritual practice, or cognitive methods such as SMART recovery. In recent years, QAAD has also become more aware of the needs of 'close others' - Friends who are affected by the addiction of someone they love. It has been such a privilege to be trusted with Friends' confidences when they ring for



advice, and to witness the honesty and the deep upholding that takes place when Friends come together. As I got to know Friends better and read more, I found this passage spoke to me particularly:

*... Even if my listener says little but sheds over me a feeling of rejoicing with me, of being alongside me as I strive, of sorrowing with me in my hour of distress, then I can better appreciate or face the situation. I believe this is true for most of us. There are moments when we need one another. If this sometimes unuttered cry is answered, then truly we meet, and do not grope or slip past each other. But if two individuals share at an even deeper level from out of their own experience in their search for ultimate reality in life, then the divine in the human shines through and a new creation is born for both.* (Quaker Faith and Practice, 21.15)

Having established these networks, we also developed work on public issues. We undertook various representations about alcohol and drugs, and I wrote briefings for Friends on the Minimum Unit Pricing of alcohol (MUP) and the decriminalisation of drugs. At the moment, after many years of waiting, the outcome of the Scottish legal battle on MUP is expected, which could bring more opportunities for action.

Regular readers of QAADRANT will know that we have put a significant amount of effort into gambling. Its increased availability and advertising carries a risk of more people developing problems, and the ecumenical groups (with whom QAAD works) are important among the limited number of independent voices that balance the gambling industry.

We have given evidence to three Parliamentary committees over the years and have made some progress in many less obvious ways, too. For example, one of our concerns was that the gambling industry funds research, education and treatment (RET) for problem gamblers - and their representatives had a considerable presence on the boards that disburse these funds. We, along with others, kept raising this as a conflict of interest and pointed out that some contentious areas were not being investigated. We still argue strongly for a totally independent system for RET, but there has been some reduction in industry representation.

Fixed Odds Betting Terminals (the machines found in bookmakers that have a maximum £100 bet per spin) was one of the under-researched contentious areas. For several years we pressed for studies about FOBTs and people in disadvantaged groups – and this finally happened. They showed clusterings of machines in poorer areas, and disproportionately high rates of problem gambling amongst regular ‘loyalty card’ gamblers on low incomes. This reinforced our case for change, and the stakes are now under government review. There is likely to be an announcement this autumn. We have argued for a drastic reduction of stake to £2.

It really doesn't feel like seventeen years since I started (and perhaps it isn't: I was appointed on a three-year contract!) I am deeply grateful for the unfailing work and support of trustees -and am sure that Alison Mather, who has so much new and interesting experience to bring to the next phase of QAAD, will find the role as fulfilling as I have.

(For more news of Alison, see page 6)



## A lesson in humility for alcohol “experts” like me

In summer 2016, QAADRANT carried news of Alcohol Concern’s innovative approach to reducing alcohol-related harm in a community in Wales. Here Andrew Misell gives a final report on lessons learned.

From 2014 to 2017, Alcohol Concern ran a three-year project in the twin towns of Fishguard and Goodwick on the north Pembrokeshire coast. What made this project different was that it was an alcohol project that wasn’t really about alcohol. What it was about was all the things in our lives that are somehow intertwined with alcohol: our pleasures, aspirations and frustrations; relationships, worries and stresses; all the ways we see ourselves in the world; and all our explanations and excuses for drinking.

This was a new approach for us, but it really shouldn’t have been. Anyone who’s worked at the coalface of health promotion will know that the long-standing emphasis on educating individuals to “know their units” or “drink responsibly” doesn’t work most of the time. But still we stick with it. Many of the underlying causes of unhealthy behaviours are deep and intractable. At least people’s lack of knowledge is something we can do something about.

But what if we were to put our leaflets and unit measuring cups to one side, and start grappling with some of those deep and intractable causes? When researchers at the University of the West of England asked people in 2011-12 about the alcohol issues in their lives, what came through most clearly was not that people drank too much because they were ill-informed; rather that they did

not feel in control of their circumstances.

If a lack of control is a cause of poor health, it follows that enabling people to achieve more control over their own lives is a potential means of health promotion. This may mean that someone else has to relinquish some control, and that may include people like us at Alcohol Concern – the people the American alcohol researcher Dr Harold Holder calls “the well-intentioned people who introduce prevention programmes into communities”. This relinquishing of control can be a scary, risky strategy. As Holder says, “communities [are] adaptive dynamic systems – complex arrangements with parts that interact and change over time, often in unexpected ways”. What we learned was that these “unexpected” things were often just what was needed.

The approach we took to relinquishing control of our project was what’s become known as Asset-Based Community Development (ABCD). It’s an approach that has grown up in part from dissatisfaction with traditional community development methods that depend on identifying needs and deficiencies and then bringing in “experts” to sort things out. Instead of this, ABCD starts with “what’s strong, not what’s wrong”, seeking to identify the “assets” already present in the community. These may be obvious things like buildings and organisations, but are also less tangible things like people’s skills, experiences and enthusiasms. It’s based on a fundamental belief that everybody has something to give to those around them, regardless of their perceived social, educational or professional status.



ABCD also means trusting people to set their own priorities. Being well-informed and of an evidence-based disposition, we told local people that the major drivers of alcohol consumption were pricing and availability. So, did they want to talk about how alcohol was being sold locally? They did not. They said they'd rather talk about social isolation and the lack of contact between generations, so that's what we did.

In this sense, this project was a lesson in humility for Alcohol Concern. We had to learn that we didn't have all the answers to questions about other people's lives. We had to step back from what Pope Francis has called the drive to "possess spaces" – the urge to put our stamp on a place and show how well we'd done there – and move towards "giving priority to actions which generate new processes in society and engage other persons and groups who can develop them to the point where they bear fruit." We had to be ready to let someone else reap the benefits and take the credit

With the community in charge, the project outputs were diverse, to say the least:

- \* Music events organised by local young people
- \* IT skills sharing sessions for older people, mentored by local young people
- \* A working group to restore and/or replace outdoor play equipment in local parks
- \* A walking football tournament for all ages
- \* A walking tour of the local haunts of the poet Dylan Thomas
- \* An evening of entertainment written and acted by local people about their drinking experiences.

Whilst some events were alcohol-free, generally there was no attempt to stop people drinking; alcohol simply wasn't a big part of the proceedings. Some events were more directly focussed on alcohol issues than others; not because we said they should be but because that's what local people wanted to do. By not pushing our own agenda on alcohol, we found that conversations about drinking grew up naturally.

The results of an independent evaluation of our project indicate that we may have hit on something promising. Project participants said that their self-confidence had grown, they had learnt new skills, and that they were keen to be more involved in the community. They also said that they had started to think differently about what type of people are likely to drink excessively, and about their own drinking habits. Some also thought that there was less alcohol-related anti-social behaviour locally compared with before our project.

We certainly do not claim to have solved all north Pembrokeshire's alcohol problems at one fell swoop. We hope we have provided some ideas that people in other areas may wish to adapt and apply, and that we've made the case clearly for health promotion as something we do with people not to them.

To find out more, contact Andrew Misell at Alcohol Concern on 029 2022 6746 or [amisell@alcoholconcern.org.uk](mailto:amisell@alcoholconcern.org.uk). Andrew is the charity's Director for Wales and is a member of Cardiff Quaker Meeting.



# New beginnings

**Sandra Hobbs, Clerk of QAAD, introduces QAAD's new Director.**

October will be a mixed month for our QAAD trustees; inevitably holding a real sense of sadness at saying “goodbye” to our much-loved and valued Helena as we wish her an immensely happy retirement.

At the same time we are delighted to have found a new Director who has so much to



offer in her new role with us. Alison Mather comes from an impressive background in consultative work in

both the public and voluntary sectors. She has considerable experience in delivering presentations at conferences and seminars and I am sure she will be getting involved with us

as we develop ideas for our 2018 Woodbrooke conference. Alison is a member of Horfield Meeting in Bristol. She has been taking an interest in our work for some time and has already attended one of our QAADNET meetings, where some of you may have met her. The few of us who have met her during and since her appointment have been impressed with her professionalism and, just as importantly, with her warmth and humour. We have every faith that Alison will continue with the challenges that have already faced us but will also find her own way of working, hopefully challenging us to look afresh at the issues that QAAD is here to address. I know that the trustees will give Alison a really warm welcome.

**Helena and Alison will have a handover period of one month during October. Alison's contact details, including her email address, will be posted on QAAD's website at [www.qaad.org](http://www.qaad.org) – and of course, in the next edition of QAADRANT.**

## ‘Dual Diagnosis’

**Robert Stebbings of Adfam explains a new initiative for families.**

Adfam, the national charity working to improve life for families affected by drugs and alcohol, is being funded by the Sir Halley Stewart Trust to research families’ experiences of “dual diagnosis”. Dual diagnosis is the term used to describe people with mental health problems, who also misuse drugs or alcohol. People affected by dual diagnosis often fall through the cracks of public services, and so do their families. With mental health and

substance misuse services coming under increasing pressure, families are often being left to pick up the pieces.

To understand how support can be better delivered, we are carrying out a detailed consultation with family members and carers, asking the people with lived experience of the issues to help us in identifying the most needed, and most appropriate, support for them.

We have been organising focus groups in different areas of the country, as well as conducting interviews with family members and professionals in the sector. We have already heard some powerful testimonies from



family members. Some of the common themes that have emerged so far include:

- \* There is a perceived lack of understanding from various professionals to the issues relating to mental health and substance misuse. In addition, there is often seen to be a lack of cohesion between relevant mental health and drug and alcohol services.
- \* Many family members and carers find they are excluded from their loved one's support process, becoming isolated and unaware of how things are developing.

- \* Family members often find the most helpful kind of support for them is through specific family support groups. When it's available, peer support and respite care can be very effective.

We will be publishing a report next year with the full findings of our research, which we will use as a basis to work towards better support for families affected in this way.

For more information please visit our website or get in touch with Robert Stebbings at [r.stebbing@adfam.org.uk](mailto:r.stebbing@adfam.org.uk)

## Reactions to the new Drugs Strategy

In July the Westminster government published its new Drug Strategy. There were some elements in it that are helpful: for example, it does acknowledge that those with mental health and a substance problem are 'too often unable to access the care they need.' It also recognises that homeless people and prisoners are suffering increasingly severe health problems from the New Psychoactive Substances' (like 'Spice', for example). The government will set up a new Drug Strategy Board to be chaired by the Home Secretary to co-ordinate an inter-departmental approach, 'drive' performance and monitor it.

The Strategy confirms the continuation of the ring-fenced Public Health Grant to local authorities until April 2019.

However, many argue (when the Strategy speaks of ensuring that 'adequate housing, employment and mental health services are available to help people turn their lives around') that significantly more resources are needed. Many services – both specialist drug services and others like mental health or housing - are already much over-stretched because of budget cuts.

Another deep concern is the fact that drug-related

deaths have been rising. 'Opiate Substitution Therapy' such as methadone (including for people who may not feel able to reduce down to abstinence) is one method does seem to reduce deaths. The Strategy appears to accept this by recognising the need for treatment to be 'tailored' to each individual – though again, resourcing is an issue.

One interesting feature of the Strategy is that it discusses an early intervention 'conditional caution' approach, and states: 'The new framework would require offenders to comply with meaningful conditions as part of their disposals or face prosecution for the original offence... For drug possession offences, the framework would enable individuals to be referred to drug treatment workers who would have a range of health interventions at their disposal, such as brief interventions. *The framework could also help to refer on those who would benefit from more structured treatment.*' It mentions that pilots have been conducted, including for cannabis possession, and says that the government is considering the evaluation findings. The QAAD briefing on decriminalisation suggested that diversion schemes involving drug education/advice would be a practical step in moving towards a health-based approach. This passage in the Strategy may be a positive indication that this is being further explored.



## 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. Here is the timetable for the weekend - please contact Helena Chambers if you would like to book to attend, or just to find out more.*

### Friday 20th October

**6.30pm** Evening Meal

**7.30pm Beginnings:** Opening Worship, followed by welcome and introductions to the weekend; sharing of where we are on our own journeys, and our experience/ perspectives on substances and gambling.

21.00 Refreshments

### Saturday 21st October

**8.30am** Breakfast

**9.30-11am Contemplative listening** beginning with a half-hour Meeting for Worship, followed by one hour of reflection. We will share anything we find relevant or helpful to our concern as led, and listen to each other in a spirit of worship-sharing.

**11am** Refreshments

**11.30-1pm Shaping our leadings** –

beginning with 'Strategic Brainstorming'. What do we think Friends' needs are, and how do we best respond?

**1pm** Lunch – followed by free time at 2pm (Either resting and enjoying Charney and its gardens or shared activities such as local visits or walks)

**4pm** Refreshments

**4.30-6pm QAAD Woodbrooke Conference**

13th-15th July 2018– We will look at previous 'keynote speaker' conferences and consider the practical possibilities of a different model, which would better enable contributions from participants.

**6.30pm** Dinner

**7.30-9pm Soul food** – what nurtures us and upholds us, spiritually and creatively? How can/do we share it?

**9pm** Refreshments

### Sunday 22nd October

**8.30am** Breakfast

**9.30-11am QAAD developing further.**

QAAD works with Friends and Meetings, young Friends, and on public issues. How do we see these areas developing?

**11am** Refreshments

**11.30-12.30** Meeting for Worship

**12.45** Lunch followed by departure

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