**QAAD** an independent Quaker charity since 1852

# QAADRANT

Summer 2018

## Quaker Action on Alcohol & Drugs

**Join us at Woodbrooke: July 13th - 15th** *page 8*

# Letters to QAADRANT

**We received the following responses from Friends to Kelly Palmer's article 'God as we understand God' in the Spring issue.**

*Kelly so speaks my mind. I have been a member of Al-Anon for 32 years, although a lone member only, for the past ten. Quakers had been in the background of my life forever. My Dad was a conscientious objector in the Second World War and met many Quakers in the process. He made friends with Quakers but, as far as I know, he never attended any Meetings because he was a committed Baptist. I remember asking him about Quakers when I was about 10 and he said they sat in silence and occasionally someone would say something. I was appalled that there were no hymns or prayers or a sermon!*

*I joined Al-Anon as the result of someone's drinking and the effect it was having on me as a person and on my life. I was desperate for help and I found it - big time. I lapped up the 12- steps with the support of a sponsor and I'd been working the programme for about 10 years when a friend of my husband's, who was a Quaker, lent me his Quaker Faith and Practice. I started to read it and I got really excited. The Advices and Queries spoke to me, they chimed with my Al-Anon way of life. The business methods spoke to me, they were similar to what I was used to in Al-Anon. I went to my first Meeting for Worship and I've never left. I agree totally with what Kelly said in her article about the way the Steps, the Quaker Testimonies and our form of worship complement each other. I had forgotten my initial excitement and relief at finding somewhere that chimed so perfectly with a way of living that had saved me as a person and my life. I am truly grateful to Kelly for reminding me so vividly.*

This Friend requested anonymity.

*The Spring issue caught my eye, especially re the connection between Quakers and AA and Kelly Palmer's article. I was a part-time member for over 25 years of a staff team in treatment centres for those seeking help with their addictions, and I attend Guildford Quaker Meeting. Like Kelly, I have often been struck by the similarities between AA/NA meetings and Quaker Meeting for Worship. I have sometimes felt that this is an area of potential mutual benefit.*

Colin Tickner (Guildford LM)

## We would like to hear from you

If you would like to respond to something you have read in this issue, or would like to contribute an article of your own - or a letter – about a personal experience, something you have read which has given you food for thought, or perhaps a local initiative tackling addiction which has caught your attention, QAAD would be pleased to hear from you. We only use writers' names with their permission. Please contact Alison Mather: PO Box 3344, Bristol BS6 9NT tel: 0117 924 6981 or email: alison@qaad.org

# A Marginalised Grief: Bereavement through Addiction

We are grateful to Bristol Friend Paul Craig, for writing this moving account of the impact of his son's death from substance misuse and how he and his wife responded by offering support and kindness to others experiencing bereavement through addiction.

Our son Paul was a chronic heroin addict and alcoholic for most of his life. From the age of 12 to his death at 43 he had a drug and alcohol disorder. His mother and I sought help from very early days to live with his bad behaviour and poor life choices. Through Families Anonymous (the sister fellowship of Narcotics Anonymous) and other family support groups, Joan and I were able to live a healthy and adventurous life together, always loving our son but despising the addiction, separating the two.

By 2003, we had lost contact with him, hearing he was living on the streets of London. It was by a God-given miracle that we found him - dishevelled, dirty, and lost - and brought him home to Bristol. Again we 'managed' the chaos as the addiction took a new hold over him. In October 2008, he was living independently in his own flat. We had not heard from him for three days and his mother intuitively knew something was wrong. I broke down the door to his flat and found him dead in bed.

You might think that at last he had found peace, that the nightmare was over, but in fact this family illness had just moved on to another phase. We were roughly questioned by the police on the day he died, his flat was classified a crime scene, the authorities managed to lose his body. We were asked to have a funeral without him. Not just this, but friends would cross the street or make inappropriate remarks. His body was eventually found and we were able to have a dignified farewell for him.

In the days and months that followed, Joan thought it shouldn't be like this. There was no support in place anywhere in the country to help us with our marginalised grief. With my support, Joan set up a charity: Bereavement Through Addiction (BTA). We developed a website, offered a telephone helpline and fortnightly support groups. The response was quite staggering. Many people shared common feelings of not being able to grieve in a healthy way, feeling marginalised and stigmatised by society.

Joan worked tirelessly putting people in touch nationally with any support system she could find, and briefing these organisations around this marginalised group.

She attracted the attention of Bath University's Department of Death and Society which obtained funding for a three-year study into this area. Sadly, Joan died in 2015 before the study was completed, but she was recognised in their final papers as being a tireless campaigner and huge influence on the study.

## Pete Weinstock, BTA Addiction Counsellor, describes the origins of the charity and the value of its work.

In 2009, Joan Hollywood spoke out about her grief for the loss of her son Paul who had died after a long period of problematic drug and alcohol use, mental health problems and chaotic lifestyle. She talked about her experience as the mother of someone who had died in these circumstances, and the inadequate, inappropriate and unacceptable response she got from the community around her, including the police and mental health services.

Joan campaigned against the social attitudes that prevail around people with problematic substance use and how these attitudes affect families and friends. This stigma can be severely disabling, often resulting in very real shame and hurt, and these ingrained views are often legitimised by politicians and the press.

In response, Joan and her partner Paul created the charity Bereavement Though Addiction (BTA), a support service for people in Bristol and the South West, offering individual and group support and an annual memorial service celebrating the lives of people lost through substance use which offers comfort to many people. BTA offers non-judgemental support when little else is available, at a time when it feels that nothing could possibly help with the pain of grief and the feelings of loss, anger and deep sadness. These feelings are often magnified by shock, confusion, isolation, guilt and shame, compounded by the unhelpful, and often inappropriate, responses and assumptions by services and the community, who are probably misinformed about the person who has died, and may behave in a stigmatising and judgemental way.

BTA's initial response is of great significance, offering warmth, support and encouragement. It then informs people about possible next steps, giving a glimmer of hope when the world appears to have ended. Sometimes just an email or a call acknowledging their loss and describing the support offered can be useful – or just knowing that support is available somewhere, even if it is not used. For some, this might be the only positive response they experience.

BTA provides an opportunity to talk, to be acknowledged and witnessed, and can explore and acknowledge the life of the person and the circumstances of their death. There is great therapeutic value for people in hearing the story told in their own voice. Groups offer a space to sit with others who share or understand their pain and stories, and sometimes to see another's progress on the journey towards acceptance and self-compassion. There are regrets and guilt about letting down the person who has died, and often a shadow of 'failure', perhaps relating to unmet expectations for the person's life. Sometimes our goal is to help people recognise that these feelings are probably inevitable when grieving. People can be very aware of their own frustrated, angry or critical responses whilst the person was still alive, and feel subsequent guilt about actions and behaviours that now seem unforgiveable and irredeemable. Our aim is to help people transform such feelings into a deep sadness, which is appropriate in the situation. The

impact of such bereavement is often severe: people may suffer from overwhelming feelings of emotional exhaustion, rejection, loss and abandonment, mental health issues, or a problematic relationship with drugs or alcohol themselves.

One of the most positive results of Joan Hollywood's work was a response from the Bath Centre for Death and Society (CDAS) at the University of Bath which, with Stirling University, undertook the first large-scale research project into the experience of being bereaved by drug and alcohol related deaths. One very valuable outcome was a set of guidelines on how to support people bereaved in these circumstances, and a book, 'Families Bereaved by Alcohol or Drugs: Research on Experiences, Coping and Support' by C. Valentine, 2017, which detailed this research; another more general book, by Peter Cartwright, is soon to follow.

Unfortunately, the future of Bereavement Though Addiction (BTA) as a service is in doubt due to current funding reductions and reduced resources.

For further details of the research: www.bath.ac.uk/cdas/research/understanding-those-bereaved-through-substance-misuse or call 01225 386949.

## * News update * News update * News update *

**May 17th:** QAAD welcomed the Government's announcement of its long-awaited decision to reduce the maximum stake for Fixed Odds Betting Terminals' (FOBTs) to £2. The consultation attracted over 7,500 responses, including 27 from faith groups. As readers will know, our previous Director, Helena Chambers, researched and campaigned for many years to support this reduction and wider gambling reforms. The consultation report outlines the government's decisions regarding stakes and prizes for all categories of gaming machines and social responsibility measures. QAAD will continue working with its ecumenical colleagues to highlight the damage caused by problem gambling to individuals, their families and communities, and the need for further reforms, particularly in relation to online gambling, advertising, and the risks related to children and young people.

**May 1st:** A minimum unit price for alcohol (MUP) of 50p was introduced in Scotland, the first country in the world to do so. QAAD will be monitoring the impact of this important step, and would be interested to hear observations and views from Friends, particularly those living in Scotland, over the coming year.

**March 13th:** The Welsh Assembly's Public Health (Minimum Price for Alcohol) (Wales) Bill passed the first stage of its journey through the Assembly, with 47 Assembly Members backing the Bill's general principles, six voting against and one abstention. The Bill will now go on to detailed consideration by Assembly committees and, if passed later this year, should take effect 12 months after royal assent.

# Medicinal Cannabis – why the debate?

**Tim James, QAAD trustee and retired GP offers this interesting insight into the use of cannabis for chronic pain and the arguments for and against this being prescribed legally by GPs.**

Sometimes patients are very considerate towards their doctors and empathise with the difficulties they are experiencing in helping them. There is a small number of patients who all have long standing problems, all experiencing significant pain. Some go through episodes of constant pain; others intermittent, low level day to day pain with many individual variations between. In broad terms they have all used a number of drugs in different combinations, but a satisfactory treatment for them was not possible. Eventually they say, '*Look doctor, I really appreciate the time that you have given me and the efforts you've made but I have found that cannabis does the trick. I only use it when I need it and it gives me fewer side effects than your medicines. So I'll use that and you need not worry about prescribing any more pain relievers. I am coping*.'

These patients will never reveal the source of supplies; they know that what they are doing is illegal and will protect their source. They will have found a better answer to their problem than the conventional medicine offered and do not want to jeopardise it nor put themselves at risk.

So why is cannabis effective? Why is it valued by these patients and why might others benefit from it, if it were legally available to them? Although most pain is provoked in the body, it is experienced in the mind. Inevitably it is associated with worry about the implications: the unknown cause, the outcome of the particular cause once discovered. Cannabis acts on receptors in the brain that relieve pain and anxiety; therefore it makes people feel 'better' for the time that it is active in the system. It is quickly effective, controlled by the patient and has limited side effects, so it tends to be used only when the pain is present. Much of the medication prescribed for chronic pain is only beneficial when taken regularly, something most find difficult to accept. It is also more likely to cause side effects when used consistently. These then, in turn, have to be controlled to make the treatment plan acceptable. Soon a list of expensive drugs is in use long term. The Academy of Medical Science has recently put out a press release on the dangers of polypharmacy in the broader use of medicines, which includes pain control, in the context of a wide range of other diseases.

But there is a down side. Cannabis is thought to lead to more significant, damaging addiction. It also is known to cause psychosis, a serious disorder of the mind, often life-changing and life-long. Both these issues are debated and neither can be resolved by the rational discussion of established fact because that level of information is not available. I worked with

a GP once for whom I had every respect. He was kind, empathetic and considerate. Yet he would never engage in a discussion on legalising cannabis. As a psychiatric registrar, he had been involved in the management of a bright, young university student whose life had been destroyed by a psychotic illness following a first dose of cannabis. After he had referred to this experience he would withdraw from the debate. To him, the thought of even the medicinal use of cannabis was untenable. Such strong, intuitive feeling influences the standpoint individuals take, based on their valid experience.

There are strong, instinctive opinions abroad in society as a whole that are opposed to changing the legal status of cannabis. They see the huge damage done by the illegal drug industry and perceive cannabis as part of that. Their conservative view precludes them from separating the medical use of the drug from that malign influence. This significant number of potential voters is also a concern for our politicians, our law-makers and law-changers. To engage with this issue is a risk for them in terms of their broader political interests. The only way such entrenched positions can be resisted is by evidence to the contrary, i.e. more research.

The legal status of cannabis as a Schedule 1 drug means that its medical use is not recognised and is therefore not prescribable in that form. This obstructs development and poses considerable difficulties for potential research projects. Should it be rescheduled as a Schedule 2 drug, research would be easier in this country; more information would then become available to inform this debate. Schedule 2 includes heroin [diamorphine], so there is still a significant level of control. There have been changes in the law and practice in other countries. QAAD has an interest in these experiments and attempts to be aware of and correlate new information (see QAADRANT Spring 2018).

A more detailed description of the current situation, including an extensive list of potential uses, can be found in 'Regulating Cannabis for Medical Use in the UK', a paper issued by the All-Party Parliamentary Group for Drug Policy Reform, authors Professor Val Curran and Frank Warburton www.drugpolicyreform.net

It is to be hoped that circumstances such as those that surrounded the treatment of Alfie Dingley in March this year can be avoided in the future. Alfie has unstable epilepsy where the seizures can only be controlled by cannabis oil; he had been investigated and treated in the Netherlands. In this writer's experience, cannabis available in its natural, unrefined, yet standardised form would be a significant, cost-effective advance in treating a wide range of disabling diseases. In many difficult situations, it would put the patient more in control of the relief of their pain.

# Join us at Woodbrooke!

## ‘Signposts for the Soul’ - QAAD’s Biennial Conference 2018
## Friday 13th – Saturday 15th July

Being lost in addiction can be one of the darkest nights of the soul, but we know that however dark, the Light can shine and help to illuminate pathways through. There are many paths, and not all are direct or easy to tread. To find a way, it can help to meet others who share and understand our journey and, together, to reflect on experiences, strengths, hopes and fears. A phrase, an idea, an insight – each can plant a seed of greater understanding and leave us to face the future with renewed energy.

This year’s conference will have a different tempo, giving both more time and space to participate and engage with each other, and to reflect on the way ahead. On Saturday morning, we will welcome Julia Stafford, an experienced facilitator, who will introduce our Open Space session. For those of you who may not be familiar with Open Space, this is sometimes also referred to as ‘unconferencing’ as it offers everyone present the opportunity to raise and discuss issues and ideas that most inspire, interest or concern them. We plan to meet adventurously!

As with our previous conferences, there will be an open Fellowship meeting during the weekend, together with creative and spiritual workshops and activities, and informal time for sharing and support. On Saturday evening, we will invite contributions for an evening’s entertainment, and have also planned some quieter alternatives for those who prefer more reflective time. One of these will be an evening of readings and poetry - if this is of interest to you, you may like to bring some favourite texts to share.

We are grateful that the event has been accepted by Quaker Life as a nominating event, which means that Area Meetings should cover the cost of attendance. We hope that Area Meetings will consider nominating a representative.

Join us to explore and share what has helped you, and what you have to give that may, in turn, help others. All Friends and attenders are welcome, whether you have direct experience of addiction or none.

To reserve your place, please contact Woodbrooke, or you can book online: www.woodbrooke.org.uk/item/signposts-for-the-soul. For further information, please contact Alison Mather.

### Thank you!

It was good to meet so many Friends who visited QAAD’s stall at the BYM Groups Fair on Sunday 6th May. We heard about many personal and wider interests and experiences related to addiction, and hope that our conversations will encourage Friends to attend this year’s conference, or to contact QAAD in the future.