

QAADRANT

Winter 2018

Quaker Action on Alcohol & Drugs



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Walk on by? The dilemma of responding to addiction amongst the homeless

QAAD's Director, Alison Mather, responds to a recent letter from a Friend asking for QAAD's views about the advice given by her local police about not giving money to homeless people begging in the area because 'they're almost all doing it to feed their habit'. In her letter, the Friend confirmed that she currently supports two homeless charities and feels that any remaining spare cash could be better directed to them.

This letter led me to reflect on the familiar faces on my own high street. Dean has been homeless for nearly twenty years and now sells the Big Issue outside the supermarket. At first he was lively and engaging and on good days always enjoyed a chat; on bad, he could be found slumped in a doorway, overtaken by the drugs which have since taken a heavy toll. He still shares a word and a ready smile, and is always grateful for a coffee or a snack from regular customers who keep an eye on him. However, paramedics have been called out to attend to him several times and he has aged rapidly, his skin deep yellow, his eyes sunken.

In November, Shelter reported that 320,000 people were recorded as homeless in Britain. This is a rise of 13,000 (4%) on last year's figures and is equivalent to 36 new people becoming homeless every day. These figures only relate to those known to local authorities or in hostels, and will not include many 'sofa

surfers' – often very young people living in a succession of temporary, informal arrangements with friends and others – who remain 'under the radar'.

The police's assertion about the level of substance misuse amongst rough sleepers does reflect findings of research undertaken by homeless charities and academics. However, these studies also stress the complex relationship between the two issues, together with significant levels of mental ill-health.

For example, Crisis confirmed that over a quarter (27%) of its clients reported problematic drug/alcohol use during 2013-15 and two thirds cited substance misuse as a reason for first becoming homeless. Crisis found that drug users are seven times more likely to be homeless and a third of deaths amongst homeless people are due to substance misuse; they are also nine times more likely to commit suicide than the general population. The charity stresses that *'problems with drugs or alcohol can be part of a person's spiral into homelessness but not everyone who has problems with alcohol or drugs becomes homeless and not every homeless person has problems with drug or alcohol abuse'*.

Concern about supporting a homeless person's substance misuse when donating cash has been sharpened, perhaps, by the recent growth in the number of homeless people on our streets, particularly in urban areas. It presents some increasingly challenging questions. As Roy Hattersley wrote, in 2003: *'The way in which we*



treat beggars is a test of our character. By any standard, they are a nuisance. Not only do they ask us for money, their existence makes us feel uneasy. However we respond to their pleas, we always feel we have done the wrong thing.'

It can be very difficult to 'pass by on the other side' when faced with the reality of someone's obvious distress or serious illness. Giving in kind - buying the Big Issue, a hot drink or snack – can reduce our dilemma and worry about how our money may be spent. Donating to homelessness charities supports projects designed to help people with complex needs, although there are limits to how many they can help and, inevitably, variability of outcomes.

But what if the individual is in desperate need of their next drink or fix? What if their survival, on that day, depends upon it? Should – can - we walk on by? And, if not, what might be our 'best' response?

A pilot project launched in Oxford this year offers hope that new, innovative approaches could help at least some homeless people to break the destructive cycle in which they are trapped. Whilst an undergraduate, Alex McCallion spent time working with the homeless and observed two things. Firstly, the pervasive judgement and stigma homeless people experience (*'you're just going to spend it on drugs'*). Alex believes that whilst many will spend the money on drugs or alcohol, there is *'a complete lack of understanding of why they [are] in that situation, of what led up to it.'* Secondly, an increasing number of people no longer carry cash with them, making it impossible to donate even if they want to.

In response, Alex developed the Greater Change project. He set up accounts in individuals' names, putting their details on a website so that they can tell their stories and explain why they need money e.g. getting into stable housing or going back to work. Working with a software company, he created 'smart lanyards' for mobile phone donations, and teamed up with a social enterprise, Aspire Oxford. Aspire has raised sums of up to £1000 via crowdfunding for vocational courses, ID documents, housing deposits and even a coach trip to Bournemouth for 29 homeless people. Alex now wants to replicate Greater Change in other cities and says that his goal is to humanise the plight of homeless people: *'If you can increase the amount of interaction, that's the best way to tackle the stigma.'*

Ultimately, of course, it is for individual Friends to judge how to respond. QAAD encourages a non-judgemental, compassionate view of people misusing substances; that it is possible to love and have concern for the individual, whilst being clear that the substance misuse and related behaviour is almost always damaging to the people themselves and to others.

Have you visited the QAAD website recently?

Please visit for information about QAAD, news of events for Friends, and details of our public issues work, including responses to government consultations. www.qaad.org



* News update * News update * News update *

ALCOHOL

The Public Health (Minimum Price for Alcohol) (Wales) Act 2018 received Royal Assent in August. The intention is to introduce MUP next summer for alcohol supplied in Wales. The Welsh government's preference is for a 50p initial unit price, and it has launched a consultation on this which closes on 21st December. QAAD will submit a response, and Friends wishing to do so can find full details here: <https://beta.gov.wales/setting-minimum-unit-price-alcohol> or by contacting our Director.

DRUGS

Medical cannabis: From 1st November 2018, patients in the UK with unmet special clinical needs can be prescribed cannabis-based medication. Decisions will be made on a case-by-case basis by specialist doctors working in a single field such as neurology and not by GPs. The new law does not limit the conditions that can be considered for treatment.

Canada: Recreational use of cannabis was legalised on 17th October (medical cannabis was legalised in 2001). New rules governing cannabis use are different in each of the country's 10 provinces and three territories. This includes the minimum age, how and

where people can purchase and consume the drug, and penalties for supplying cannabis to others.

GAMBLING

Fixed Odds Betting Terminals (FOBTs):

The government reversed its Budget announcement which delayed the introduction of a £2 maximum stake until October 2019 following Tracey Crouch's resignation and pressure from MPs, Peers, faith groups and charities. It will now take effect in April 2019, combined with an increase to the Remote Gaming Duty paid by online gaming firms, which will more than compensate for the drop in Treasury revenue. QAAD issued a joint press statement with our ecumenical colleagues, thanking the Minister for her hard work and principled resignation.

Society Lotteries: QAAD responded to the government's consultation on changes to regulations relating to levels of income and prizes. QAAD's response argued against the proposed substantial increase to these limits, restating the Religious Society of Friends' in principle objection to lotteries and highlighting the risks for individuals, their families and communities (see pp5-6 for further details).

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



Society Lotteries – A Good Cause?

In September, QAAD responded to a consultation on Society Lotteries (SLs), run by the Department of Digital, Culture, Media and Sport (DCMS) which proposed significant increases in the permitted levels of income and prizes, whilst stressing the need to protect the ‘special status’ of the National Lottery

QAAD’s response highlighted serious concerns about the normalisation of gambling; the substitution of SLs for public funding of social projects; and the incremental blurring of distinctions between ‘soft’ and ‘hard’ gambling.

What are Society Lotteries?

SLs are lotteries or raffles which can only be run for good causes and promoted for the benefit of a non-commercial society. They are exempt from the 12% lottery duty paid by the National Lottery and must apply a minimum 20% of their proceeds to the charity’s purposes. Their returns increased by ‘well over’ 100% in the past 5 years, according to the Gambling Commission. Tickets sales totalled £531m in the year ending September 2016, £231.8m (44%) of which was returned to good causes, the balance distributed between costs and prizes. About 40% of sales are raised by the People’s Lottery and the Health Lottery, ‘umbrella’ lotteries which act on behalf of a large group of smaller SLs. Their operating costs are significantly higher and they return around the 20% minimum to good causes.

The Issues

Larger SLs are developing increasingly sophisticated and ‘harder’ gambling products:

tickets can be purchased by 16-year olds and many are available of online, via scratchcards and phone apps which are accessible 24/7 and offer instant wins and replays - all factors acknowledged as contributing to problem gambling, particularly when combined with substance misuse and mental ill health. QAAD therefore believes charities should resist pressure to adopt higher risk formats to maximise income. According to the Gambling Commission:

‘It is not clear how funds for good causes can both maintain public legitimacy as a soft product and compete successfully for market share without competing more aggressively with harder gambling products.’ (2014)

As a minority of SLs are close to meeting (or exceeding) current draw limits, QAAD questioned whether there is a credible argument for change. Combined with the government’s stated aim to support further expansion of the SL sector, raising the limits would only serve to strengthen the commercialisation of what is termed the ‘giving landscape’.

Many charities are concerned that ticket sales will fall if prize levels are reduced. However, some have found that this has had no detrimental impact and that donation is the primary motivating factor for buying tickets. QAAD suggested that lowering prize levels could reduce SLs’ attractiveness to problem and at-risk gamblers; those motivated by monetary gain; and vulnerable adults and young people.



QAAD also questioned the DCMS' distinction between the National Lottery's 'aspirational, life changing' prizes and those offered by SLs. For people on low incomes or in debt, a relatively modest prize of several thousand pounds would almost certainly make a substantial difference. In such circumstances, it is not difficult to imagine someone spending money they cannot afford in the hope of resolving their financial problems.

Large SLs often contract private External Lottery Managers (ELMs) to provide marketing and related expertise. These have a commercial interest in promoting revenues in similar ways to mainstream gambling companies. Their fees are negotiated, not regulated or disclosed. QAAD called for

these fees to be publically available, to enable people to make more informed choices about which SLs to support.

By August 2017, 17 Local Authorities ran their own lotteries, with another ten applications pending. Proceeds can be spent on *'anything for which [they] have the power to incur expenditure, for example local community projects, arts centres or parks and leisure facilities.'* QAAD reiterated the Religious Society of Friends' objection to the substitution of lottery funds for public funding of social projects, particularly in the light of the DCMS' and the Gambling Commission's stated objectives for tackling gambling-related harm and the need to protect vulnerable adults and young people.

'Cannabis and the Adolescent Brain' – QAAD workshop at the Quaker Mental Health Group Conference

This interesting and valuable conference was held in Birmingham on November 3rd, on the theme of young people and mental health. The day included personal testimonies by individuals and carers with direct experience of mental ill-health, together with a series of workshops including 'Cannabis and the Adolescent Brain', run by Alison Mather and Jon Lyon (QAAD trustee).

The workshop began with a presentation covering young people's perceptions of risk related to cannabis use; the increased potency of cannabis over the past 30 years; different ways cannabis is produced and used; and research findings on the links between

early drug use and poor mental health and social outcomes.

We also showed an excerpt from a talk by US academic and substance misuse practitioner Dr Ruth Potee* in which she explains the vital changes that occur in the brain between the ages of 12 -22. She describes how cannabis (specifically, its psychoactive component THC) interrupts and disrupts this process. Dr Potee expresses the view that once the brain has matured, cannabis is no more harmful than alcohol. The key message, she says, is that young people should be strongly encouraged to delay its use to reduce the serious and potentially long term risks to their brain's development.

After the presentation, the group shared their personal experiences and observation. One Friend works with young offenders and expressed feeling overwhelmed by seeing the impact of drug misuse. The lack of aspiration amongst those most at risk of addiction/damage by drug use was also raised – ‘they know nothing else’.

There was concern about the availability of cannabis in schools, with a parent describing how she had supported her own children in dealing with and overcoming this. Another Friend who works in pupil referral units talked about the normalisation of cannabis use and students’ resistance to information which challenges the view that it is ‘safe’.

We ended with some hopeful comments about what can be done, including stories of recovery. It was felt that young people with at least one positive adult figure in their lives have more of a chance than those without. It was also suggested that young people respond well to information in presentations/issue-based dramas, particularly if they are given by contemporaries, with a lightness of touch - ‘information is power’.

* ‘Marajuana Awareness’ by Dr Ruth Potee, Asst. Professor, Boston University (2016)

<https://www.youtube.com/watch?v=GzDJ5CiSTmg#action=share>

Book Review: The Outrun by Amy Liptrot

Wendy Millar, QAAD trustee, reviews this award winning book about a personal recovery journey.

Amy Liptrot’s stark account of alcohol addiction cannot help but deepen one’s understanding of what it means for her and so many others caught up in the dis-ease of addiction. She talks honestly about how alcohol has defined her and how she is defined by its absence.

Her story tells of her heady, hazy days living in London where she seeks escape in outward pleasures, keeping her from looking inward for what is missing. When she reaches ‘rock-bottom’ and enters rehab, she comes out of denial and her understanding of addiction grows. She recognises her susceptibility,

which she sees as a way of alleviating anxiety - ‘I am coming around to the idea that alcoholism is a form of mental illness, rather than just a habit or lack of control.’ Through repeated use of alcohol, she suggests, the neural pathways are scored so deeply that they will never be repaired. She describes suffering mini-seizures when she was drinking and learns about alcoholic neuropathy - nerve damage caused by alcohol and vitamin deficiency - but admits she kept on drinking despite knowing that it was damaging her brain. She recognises that she will always be vulnerable to relapse and other kinds of addiction.

Amy was born on a farm on the western edge of the Mainland in Orkney. The islands have influenced her enormously and in her sobriety she returns, inter-weaving her story

continued overleaf...



of recovery with the stunning landscape, animals, wild swimming, loneliness and island relationships and life.

She looks inward, admitting to a life of extremes which was normal for her, growing up with a father with bi-polar disorder: *‘I grew up with mental illness: unpredictable flurries of unusual and wild behaviour, followed by withdrawn lows.’*

Amy is offered support by Dee, another sober woman, but is resistant to AA, fearing that it may brainwash her or take away her individuality. However, she begins to recognise that she needs support as she continues to struggle with sobriety. She takes long walks on the cliff edge, asking herself why she is an alcoholic. One answer emerges that speaks to her condition: *‘Each binge-drinking session is a manic-depressive cycle*

in miniature. The excitement and elation tip over into uncontrollable, dangerous behaviour. The next day’s hangover is the inevitable depressive period that follows. Coming back some time later, you survey the damage and eroded relationships and make apologies and promises to control it better next time, lost in self-pity and self-obsession.’ She enjoys the changes happening to her but remains frustrated that she can’t drink, asking herself why she needed to drink in the first place and wondering what will fill the void: *‘There’s an emptiness. I’ve lost booze and I am desperately searching for what I need to fill me up. I’m trying to find the right thing to fill this hole but it always eludes me.’*

This book is an eye opener for anyone touched by the issue of addiction and is written honestly and courageously.

Addiction is a massive problem, but QAAD makes a difference. QAAD continues to make contributions in the policy field, offers mutual support and advocacy, provides opportunities for networking, represents Friends’ concerns, and works with other faith-based groups, for example on gambling.

Financial support from individuals, Meetings, and Trusts enables us to continue with our work.

Please make cheques/charity vouchers payable to QAAD, and send to: **Ron Barden, Treasurer, 33 Booth Lane North, Northampton, NN3 6JQ.** A Donation by cash or cheque can be enhanced by 25p for each £ if you can Gift Aid it. Please complete the form below and return it with your donation.

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