

QAADRANT

Spring 2019

Quaker Action on Alcohol & Drugs



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A Laughing Matter?

Piles of small, silver canisters have become a familiar site in towns and cities over the past few years. They bear witness to the growth and popularity of nitrous oxide (N₂O or ‘laughing gas’), particularly amongst young people. In a recent editorial, the British Medical Journal (BMJ) raised concerns about the harms associated with its recreational use: ‘Adolescents and young adults presenting with the neurological complications of repeated N₂O use are seen regularly in east London emergency departments. Greater awareness of this emerging public health problem is needed.’¹

According to the Home Office, around 9% of 16-24 year olds in the UK admitted to having used it in 2017-18, whilst the 2017 Global Drug Survey found that 31% of people admitting to using illegal drugs had used it over the previous 12 months (compared with 20% in 2014).

The media have highlighted N₂O’s potential health risks, problems of litter, and anti-social behaviour. However, others have argued that it is relatively harmless and should not be subject to the same sanctions as more dangerous psychoactive substances such as ‘Spice’: ‘The opportunity is being missed to license lower-risk substances like nitrous oxide. Instead, users are being directed towards more harmful drugs.’²

Is N₂O (also known as ‘Nos’, ‘Balloons’ and ‘Hippie Crack’) harmless fun or an underestimated danger? Where did it come from, and what does research tell us about its effects and risks?

History

Nitrous Oxide was first synthesised in 1772 by philosopher and chemist Joseph Priestly who regarded it as ‘dangerous’. In 1792, James Watt and Thomas Beddoes published ‘*Considerations*

on the Medical Use and on the Production of Factitious Airs’, which outlined Beddoes’ new medical theory that N₂O inhalation could be used to treat tuberculosis and other lung diseases. Watt had invented a machine to produce the gas and a portable gas chamber in which to inhale it.

Two years later, Humphrey Davy started researching N₂O’s effects and began investigating its physical effects by experimenting enthusiastically and recklessly on himself: ‘*He collapsed on the lawn, trembling and seized with agonising chest pains... He lay [in bed] for the rest of the day suffering from ‘nausea, loss of memory, and deficient sensations...’*³ He noticed a dramatic impact on his mood and senses, and also its analgesic properties. He suggested that it could be of value in medical surgery but this was not developed for another 40 years. Coining the term ‘laughing gas’ because it fuelled spontaneous laughter, he hosted laughing gas parties for his friends, including Samuel Taylor Coleridge and Robert Southey. In the 19th century, recreational use became popular amongst the upper classes, and it featured in many public entertainments. In 1844, US dentist Horace Wells pioneered its use during dental procedures, again experimenting initially on himself. Subsequent trials had mixed results and it was only posthumously that he gained recognition both as the discoverer of modern anaesthesia and as the first to perform surgery without pain.

Legitimate Uses

- **Medical:** Since the 1860s, N₂O has been used as an analgesic and an anxiolytic (reducing anxiety) during dental and medical surgery; pain relief for conscious patients e.g. ‘gas and air’ during childbirth and, more recently, by UK ambulance crews; and in end of life care



settings. Recent research into its effectiveness for treating depression and for ameliorating withdrawal symptoms from alcohol addiction has been undertaken.

- **Commercial/industrial:** Boosting racing car engine performance; as a rocket propellant; and for producing cooking sprays and whipped cream, which means that it can be bought legally from catering retailers and online.

Recreational Use

N₂O is included in the Psychoactive Substances Act (2016). It is legal to possess (except in custodial settings such as prisons), but illegal to supply for its psychoactive effect. However, in 2017, two court cases collapsed due to an exemption in the Act for medical products. In response, the Home Office said: *‘Whether a substance is covered by this exemption is ultimately one for a court to determine based on the circumstances of each individual case.’* The drugs charity Release commented: *‘The CPS must urgently drop all prosecutions under the Psychoactive Substances Act and review cases where defendants have previously pleaded guilty’.*

Method

Gas chargers (‘whippets’) are used to fill a whipped cream dispenser with N₂O and then inflate balloons from which users inhale. Some people use a mask or bag, a highly dangerous practice, as users may not realise that they are deprived of oxygen or need to breathe. As a result, they cannot access oxygen quickly if they pass out and the majority of N₂O-related deaths are due to asphyxiation.

Effects

Users commonly describe positive effects as euphoria, spontaneous laughter, relaxation, audio/visual/temporal/spatial distortions, and (for some) hallucinations. Negative effects include nausea,

headaches, confusion, brief but intense paranoia, dizziness, and muscle weakness. For this reason, the drugs charity FRANK recommends sitting or lying down when taking it, to avoid falls and accidents (particularly if combined with alcohol). The effects last for about five minutes, although FRANK advises that both duration and effects are unpredictable, depending on the user’s size, the dose taken, and whether they have eaten and/or taken other drugs.

Risks

Due to the low number of N₂O-attributed deaths (19 between 2013-16 according to the National Office of Statistics), it can be regarded as a relatively safe drug. As with all drugs, however, risks increase significantly with heavy and/or prolonged use. A key area of concern is Vitamin B12 depletion, particularly for those with an existing deficiency. This causes tingling or numbness in fingers, toes and extremities which can last for days; in severe cases, walking can be difficult and treatment is not always wholly successful. The BMJ editorial also highlighted spinal cord degeneration, first noted in 1960s-70s research into the hazards of occupational N₂O exposure. Most of those affected were dentists, perhaps also linked to the popularity of recreational use amongst dental and hospital professionals at the time. A further risk is adulteration: in 2012, one teenager died after using what he thought was N₂O but was a mix of butane and pentane (used to produce polystyrene.)

Addiction

Academics and charities agree that there is little firm evidence of physical dependence, although the transient nature of the drug’s effects can lead to repeated doses over short periods and the development of cravings. The charity DrugScience suggests: *‘Nitrous oxide is not particularly addictive compared to other drugs...’*



Very occasionally people become psychologically addicted to [it] and find it difficult to resist taking it every day. Although addiction is unlikely, if it does occur it can be very harmful.'

What is being done?

Several councils have strengthened enforcement to tackle illegal supply, litter, and antisocial behaviour, whilst providing public health information. For example, Tower Hamlets Borough Council and Tower Hamlets Homes launched a joint 'No Laughing Matter' campaign in 2016, after 1.2m discarded canisters were found

over a five month period. It aims to tackle crime and antisocial behaviour and provides information for parents and schools. Tower Hamlets' Mayor, John Biggs, also highlighted the need to restore funding of youth activities, to help divert and support young people: '*Clearing up the canisters and educating our young people is part of the solution but, we recognise, so is giving our young people activities and access to opportunity.*'

1 'Laughter isn't always the best medicine', BMJ, published 2 Nov 2018.

2 Professor Harry Sumnall, Liverpool John Moores University, the Guardian, 1 Sep 2017.

3 Chapter 6, p258, 'The Age of Wonder', Richard Holmes, 2008.

Letters to Quadrant

I was prompted to write this letter as a result of the item on the news about gambling companies not advertising during sports programmes. This has been a pet hate of mine for the last few years as I'm an avid cricket fan and watch England's matches and county cricket on Sky. I have a particular aversion to the Betway advert which, to my mind, depicts gambling addiction as it features a man who carries on betting while his friend faces various life-threatening situations. In this year's T20 competition, the repetition of gambling adverts became so bad that I went onto the Sky website and complained. The person who responded to my complaint appreciated my point and, sure enough, the number of adverts did seem to be less.

However, I then realised that the number of adverts was just as bad during Test matches, so I complained again. In reply, Sky ignored what I said about the prevalence, but acknowledged my concerns about Betway, saying that I needed to complain to the Advertising Standards Agency (ASA) about content. The ASA replied saying that they had looked at the advert and it was fine!

Perhaps, if a few more people complained about these adverts, they would actually do something about it. I hope that gambling advertising will become a thing of the past, like cigarettes and alcohol.

In Friendship

Dorothy Ainsworth (Great Ayton LM)

I was interested in the article about 'The Outrun' (Winter 2018). I am sure the book honestly sets out the experiences of the author. However, I was a bit worried about the statement that AA 'might brainwash her or take away her individuality'.

By working the NA Program, I have been clean of the prescribed drugs to which I was addicted for 32 years. I have found that the 12-Steps, far from reducing one's brain or character, have been the way in which I have become able to accept and respect the odd character I was born with. Those who know me say that I have grown and matured since finding NA. I was 50 when I joined and it even enabled me to become a Quaker! Please don't let anyone be put off from applying the 12-Steps to their life by fearing the possibility of being dragooned into something which will diminish their life. It is not like that at all.

This Friend has requested anonymity.



* News update * News update * News update *

Alcohol

Following its consultation, the Welsh Government has confirmed that it will ask the National Assembly for Wales to approve a Minimum Unit Price (MUP) of 50p later this year. Health Minister, Vaughan Gething, said: *'We believe a 50p minimum unit price strikes a reasonable balance between the anticipated public health and social benefits and intervention in the market.'*

In our consultation response, QAAD recommended an MUP of no less than 60p, stressing the need to reduce alcohol related harms across the whole population, and referring to the impact of inflation since the 50p level was first recommended in 2013 which has narrowed the number of drinks which would be sold under this price:

'The principle of MUP is to contribute to reductions in the consumption of the cheapest, high strength drinks favoured primarily by harmful drinkers. However, setting the MUP at this higher level would strengthen the message that the Welsh Government is determined to prevent alcohol related harms, and to address strenuously their immediate and longer-term impact, whatever people's current levels of drinking may be.'

Our rationale was included in the published consultation report (<https://beta.gov.wales/setting-minimum-unit-price-alcohol>).

Gambling

The National Responsible Gambling Strategy (2016-19) concluded in March 2019. The Strategy's stated aim was to help to minimise gambling-related harm. QAAD contributed to the Strategy Board's Year 3 review, concluding that, whilst some progress had been made, the overall picture was very disappointing.

The National Strategy to Reduce Gambling Harms (2019-2022) will be launched in April. The Responsible Gambling Strategy Board has recommended that it features *'twin pillars of prevention and treatment, supported by an effective research programme'*. In our response to the consultation, QAAD welcomed the change of focus from 'responsible' gambling to a new emphasis on identifying and addressing harm. We called for evaluation of harm reduction measures to be strengthened; a mandatory levy for industry contributions to research, education and treatment; and for more, specific research into harms experienced by close others.

QAAD's responses to the Welsh Government and the Responsible Gambling Strategy Board can be found on our website (www.qaad.org), or requested from our Director.

Vernon Frost

We were very sad to learn of the death of our Friend and QAAD trustee Vernon Frost in December. Ron Barden, QAAD's Treasurer, has contributed this tribute:

I was part of a very large congregation for the funeral service for Vernon at St Peter's Church, North London. Also present were several Friends from Winchmore Hill Meeting, at which he had frequently worshipped. Many references were made to Vernon having been

a Quaker, and the service included the singing of the Quaker hymn 'Dear Lord and Father of mankind', and a period of worship in the manner of Friends during which tributes were paid.

Vernon was a great support to me as treasurer of QAAD – initially offering wise counsel about our finances based upon his professional knowledge and experience as a member of our finance sub-committee, and later as a trustee. Vernon took a lot of interest



in the use of cannabis for medicinal purposes, and how various countries dealt with the 'problem'. He greatly aided QAAD in our research and the development of our position papers.

We were also cricket fans. I was his guest at Lords where he was a member of the MCC. He told me that he was fascinated by the conversations around him by people who came from another world – of public schools and being cared for by nannies. We also met

regularly at Enfield and Northampton when we would put the world to rights over a meal and a beer.

Our friendship was put to the test when he told me that he had been a regular attender at the local Conservative club, and more so when he said that he had voted Leave! However, we found common ground in being involved in QAAD and Labour Action for Peace. I miss him.

What helped me

QAAD received this article from a Friend who describes vividly her experience of addiction and her long journey to recovery with the help of Narcotics Anonymous (NA). We are very grateful to her for her honesty and willingness to share her experience.

When I was in my 20s, in 1950s London, I suffered from sexual harassment at work and stalking at home by the same man. This went on for over six years. One did not report such things in those days. In 1961, I went to see the doctor to get my ears syringed, and he saw how overwrought I was. He was a very clever young doctor, who kept abreast of medical innovations. He prescribed Valium for me, to help me get through my daily ordeal. Later on, he added Tryptizol to counter balance the depressive side effects of the Valium.

I remember telling him that I was getting hooked on the stuff but he refuted that. So I went on taking it for about seven years. By then I had married, and my tormentor had lost interest in me. In 1968, I decided that I MUST do something about it, so I just stopped taking the Valium. I had given up cigarettes that way and it had worked. After five days, I was taken very ill and I went back to my doctor, who commented '*well, now you see what you are like without the Valium.*'

I was so ill that I left my good, well-paid job, which fitted in quite well as my husband had bought a business out of town. My new GP decided he did not deal with 'nerve cases' and referred me to a psychiatrist, who merely continued with the medicine as before. I worked with my husband, and also had two daughters who, I now realise, were each born addicted to Valium. I was able to breast feed the first, and she had floppy baby syndrome - I wonder why? She did finally improve when put on the bottle. I was very ill when I had the second baby and could not feed her, so she presumably went through her withdrawals at once.

By 1980, I had a different GP, whose attitude was '*if there is a problem with the pills, stop taking them*' (been there, done that etc.). Later, he told me '*I'll help you get off your Valium. I'll take away your prescription.*' My reply to this frightened me more than him: '*You do that and I'm down the New Forest with the car and a length of hosepipe.*' Now, if you know where and how, you are getting close.

By the grace of God, an NA meeting opened up in my home town. I attended, and was helped to wean myself off the drug. I just tapered and tapered until at the end of 13 months I was clean. I then had about a couple of years of withdrawal symptoms, including depression. NA uses the same 12-Steps as AA, and they give one a way of coping with getting and staying clean. It is a very gentle process. Some addicts do go into treatment – even for Valium – but I could not take time off work and being a mother.



My daughters were in their teens by this time, and anyway I had such agoraphobia (one of the withdrawal symptoms), that I could not have faced going into treatment. I was nurtured by members of NA until I eventually got clean. I was then supported through the long months of withdrawals. Indeed, I still use NA for support, over 30 years later. One chooses someone whom one feels that one can trust

to be one's 'sponsor'. With this person, one works through the 12-Steps, which deal with drug use, its reasons, and lingering guilt and so on. I still have a sponsor; I still go to meetings. I love the fact that I am now seen as someone who can help as well as being helped. This is how it works.

This Friend requested anonymity.

Stereotypes and stigma

We are very grateful to Anne Seilly, Hemel Hempstead Local Meeting, for contributing her reflections on stereotyping and the stigma related to addiction, inspired by her attendance at our conference in July.

After attending Woodbrooke, I feel that balance needs to be achieved between helping those with addiction in such a way that does not 'write them off' as people, whilst holding to account those with unacceptable or dangerous patterns of behaviour. But how do we support someone who is going through this? How do we support their family members?

We often stereotype what an addict is, whereas addiction affects all social classes, professions and ages. It doesn't matter if a person is on benefits or earning a million pounds a year, it can happen to anyone. Some older people drink unsafe amounts but would not class themselves as having a problem, yet their behaviour is not healthy, they might be difficult to be around, and there may be issues of money. We may have a very different approach to someone who is a high functioning or maintenance alcoholic and tend to brush addiction in professionals under the carpet.

We need to ensure that 'close others' are supported and not unfairly blamed. I feel that people can make unfair assumptions without the full facts of the situation. Some can be 'enablers', but this needs to be treated with care. For example, an

addict might ask a parent for money for rent when in fact it is being used to buy heroin.

I feel the Religious Society of Friends needs to be more open about addiction at a local level so that people can feel supported by their Meetings which could be a very big factor in recovery. At the same time, it is important we do not define the individual as a 'token alcoholic/addict'; they are more than an addict. Another problem is that because our Meeting Houses are alcohol-free, some can have an attitude that the problem of addiction is 'outside'. Friends need to be aware that there will be people in their Meetings suffering from addiction, as well as close others who need love, support and acceptance.

One Friend mentioned how needles were found in their Meeting House car park. What does a Meeting do in this situation? Do they get a sharps bin from the council and try to help these individuals? Or do they try to make the car park more secure to keep them out?

This is not specific to Quakers. NHS workers have been known to be judgemental and hostile when people are admitted to A&E with alcohol intoxication, even when the patient is not displaying aggressive or abusive behaviour. I feel strongly that the binge drinking culture does not help stereotypes and stigmas of addiction. NHS workers are under immense pressure, but at the same time more needs to be done to encourage those with addiction to get help.



Would you be interested in becoming a QAAD Trustee?

Over the coming year, QAAD is keen to appoint some new trustees to support our work. If you share our concerns and would like to be considered, we would be very pleased to hear from you. Experience of financial management and investment would be of particular interest.

To discuss what would be involved, and to arrange an informal meeting, please contact Tim James by email: trjames@doctors.org.uk

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

The scope of our work

QAAD is asked quite often if we might consider widening our scope to include a wider range of addictions than substance misuse and gambling. Whilst we are aware of the serious impact of other addictions, and have concern for those harmed by them, QAAD’s Director is our sole member of staff and we are funded entirely by the kind donations we receive from individuals and Meetings. To sustain the quality of our work, it is essential for us to remain focused on our core purpose, defined in our registration with the Charity Commission: ‘seeking to advance public education about all aspects of the use and misuse of alcohol, other drugs, and gambling’. We hope that QAADRANT and our other materials provide helpful information about the nature and impact of addiction, whatever form(s) that it takes.

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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The amount of a collection of cash and cheques taken in aid of QAAD can be enhanced under GASD (Gift Aided Small Donations of £20 or less). Please let us know when and where the collection was taken. It is not necessary to list individual donors.

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