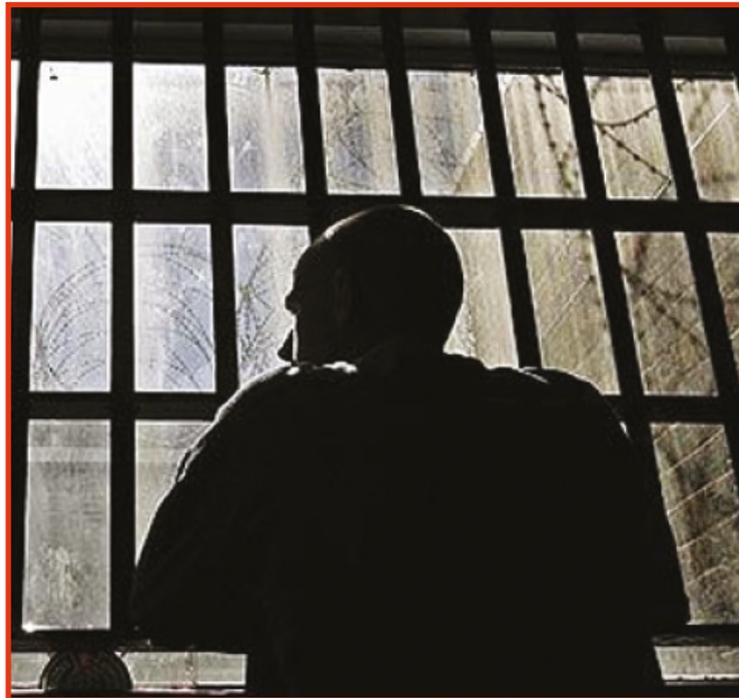


QAADRANT

Autumn 2019

Quaker Action on Alcohol & Drugs



Addiction and recovery – an inside story *pages 3-4*

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Alcohol

- One in 10 UK hospital in-patients are alcohol-dependent and one in five are harming themselves by drinking, according to a recent report by Kings College London. The research reviewed 124 previous studies involving 1.6 million patients, and supports anecdotal evidence about the scale of the UK's alcohol problems. The authors called for routine screening of all hospital patients and better training for NHS staff in diagnosing and treating alcohol problems.
- Figures released in June by NHS Health Scotland showed that alcohol sales have fallen by 3% over the past year to their lowest level in 25 years since the introduction of a 50p Minimum Unit Price for alcohol in May 2018. A formal evaluation will be published later this year.

Drugs

- Scotland's illicit drug-related death toll increased by 27% to a record high of 1,187 over the past year (see article page 5). England and Wales' rate increased by 17% to 2917, the biggest annual rise since records began, and cocaine-related deaths have doubled over the past three years.
- The UK Parliamentary Health and Social Care Committee's drug policy inquiry is continuing to take evidence on health and harms; prevention and early intervention; treatment and harm reduction; and best practice. Oral and written evidence is available by visiting: <https://www.parliament.uk/business/committees/committees-a-z/commons-select/health-and-social-care-committee/inquiries/parliament-2017/drugs-policy-inquiry-17-19/>

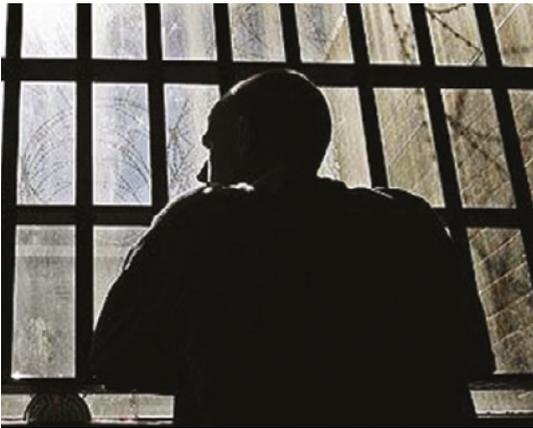
Gambling

- A new clinic for gambling addicts aged 13-25 will open in London this year. This is part of the expansion of NHS services in England, announced in the NHS Long Term Plan. Fourteen adult clinics are also due to open – the first in Leeds, followed by Manchester and Sunderland. Until now, such support has only been available in London for those aged 16 and above.
- GambleAware has published the findings of its gambling-related suicide research. This reviewed available data, which have been very limited, and identified issues for further study. Results show that problem gamblers are more likely than others to have attempted suicide, to have suicidal thoughts and to harm themselves. The report concludes that loneliness appears to be a consistently prominent factor for problem gamblers, together with poor physical health, smoking, alcohol and substance misuse, and mental ill-health.
- Takings of bookmakers William Hill and Paddy Power have fallen by about 40% since April 2019 when the maximum £2 Fixed Odds Betting Terminal (FOBT) stake was implemented. William Hill announced the closure of up to 700 stores, and a potential 4,500 redundancies, blaming the stake reduction. Other bookmakers are expected to make similar announcements in due course. QAAD's response to this news was published in the Friend (19th July) and is available on our website.



Nor iron bars a cage

We are very grateful to our Friend, David H, for contributing this vivid article based on his experience of working with prisoners seeking recovery.



My name is David, and I am a Quaker alcoholic and addict (there are more of us about than you might think). Clean and sober some 11 years now. I work a 12-step programme and, as part of my recovery, I go into a prison near me two or three times a week to run AA meetings for prisoners. The prison where I ‘do service’ is one you will have heard of. I am there as a guest representing AA and, for that reason, I will not name it. I have some things to say which the prison would not wish to be made public and so the prison, like me, will remain anonymous.

Friends may or may not be surprised to hear that drugs are freely available and widely used in all UK prisons, even though they cost many times more than they do on ‘the street’. The inmates do not have that money themselves, and so a friend or family member needs to pay the dealer’s representative on the outside. This is the source of much prisoner-on-prisoner violence, and threats and violence towards family and friends on the outside, when prison drug debts

cannot be paid. It is a major factor in prison suicide attempts.

Some years ago, a prison staff member told me that one in three people who leave prison with a heroin addiction did not have one when they came in. This is less likely to be the case today as heroin can be tested for, and a positive test may compromise chances of parole or in-prison privilege. Spice – cheap, nasty and harder to detect - is now the most commonly used drug in prisons, though everything, including heroin, cocaine and alcohol (both prison-brewed and smuggled in) is fairly readily available.

How does it get in? In a number of ways: some is just thrown over the wall or dropped from a drone at an appointed time and place; some is smuggled in internally by prisoners arriving from court who had the foresight to anticipate a custodial sentence. But according to guys I speak to after release, a disturbing amount comes in via underpaid, poorly trained ‘bent’ staff doing a job with little or no social status.

I have come across estimates that approximately 70% of prisoners have either a drug problem, a drink problem, a mental health disorder, or some combination of these. This is borne out by my experience after many years working in prisons. A redirection of funding from imprisonment towards treatment of these underlying causal factors is likely to be cheaper and more effective in combatting crime.

Many Friends will already be familiar with Alcoholics Anonymous (AA) or one of the other fellowships - Narcotics Anonymous, Cocaine Anonymous etc - programmes of recovery which share the same 12-step programme of fellowship, service and recovery. It might be useful, though, to sketch out some of the basic principles as they relate to prisoners seeking



recovery, but I do need to make it very clear that I do not speak on behalf of AA. No one does.

Fellowship is central to 12-step recovery. Getting along to meetings where people share their strength, hope and experience with each other, and carrying the message of recovery, is essential. In our prison meetings we try to recreate the same structure and approach as external meetings so that when people are released and go to meetings on the outside they know what to expect. It is not at all unusual for me to be sat in an AA meeting alongside someone I first met on B wing. We do not have to let others know, but the bond is strong.

There are not enough meetings held in prisons for us to be very fussy about ‘demarcation lines’ - addicts and alcoholics sit alongside each other and share recovery. We were, after all, not that fussy about what we took, or who with, when we were ‘at it’ out there.

Prisoners, like addicts and alcoholics on the outside, often balk at the spiritual side that is central to 12-step recovery - the notion that the depths of suffering that drink and drugs had brought us to were, above all, a direct consequence of a spiritual deficit which manifested itself as self-centredness and self-will driven by fear - our need to impress. We do not have to swallow the thing at one bite. People find their own way to a spiritual awakening that has some meaning for them. What is truly uplifting is to hear guys who have done some pretty awful things talking genuinely of the part that fear had played when they were acting ‘Charlie big potatoes’. Equally uplifting is to see the idea dawning that it is through kindness and service to others that we learn to address that fear of inadequacy and learn to live life on life’s terms.

“David, you’re a clever bloke, and you’ve said some perceptive things”, said Luke as we talked after his release, *“but what really puzzled me was that you just kept turning up to the prison*

week after week to do the meeting. What was in it for you? Then you said, ‘Listen, I don’t come here because I am a nice bloke. I come here because this is how I stay clean and sober’. Then it dawned on me - service keeps you sober”.

But what moves and impresses me the most about the prisoners who have the guts to walk into our meetings on the wing and say ‘My name is...and I am an alcoholic’ is that I know that, when they do, there is a little voice in the back of their head saying ‘Who are you kidding? How many times before have you sworn and promised to yourself and others that this time you were going to get clean, and where did it get you? Back here. Every time’. And yet, despite that nihilistic self-loathing voice, this man has the courage to hope again.

The courage to hope again.

That does it for me.

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.



Drug-related deaths in Scotland

Recent news of a 27% increase in drug-related deaths in Scotland since 2017 was greeted with serious and justified concern. The majority of the 1187 people who died were male and aged 35-54, many having used heroin since it started decimating Scottish communities in the 1980s (the ‘Trainspotting generation’). Scotland has the highest number of drug-related fatalities in Europe and three times the number in England and Wales. Per head of population, its rate now exceeds that of the USA. Why? And what might help to reverse this terrible trend?

Deaths usually occurred amongst those who had taken a cocktail of drugs, e.g. prescribed methadone, codeine, new synthetic drugs and alcohol. Scotland has also seen more depressant-based substance use, such as opioids, anti-depressants and alcohol, which carry a greater risk of fatality than stimulants such as cocaine and amphetamines. Over half of the 2018 deaths involved ‘street valium’ – synthetic benzodiazepines such as Etizolam – the use of which has sharply risen since 2015 and is thought to be linked to increases in deaths of under-35 year olds, particularly amongst the street homeless. Taking about three hours to take effect, many users top up with other substances in the meantime, further increasing their risk of overdosing.

Some commentators pointed to the damage caused by cuts to drug support services - £15m in 2016-2017. Others voiced concern that between a third and a half of Scotland’s methadone prescriptions fall below the dosage levels recommended by the World Health Organisation and UK Clinical Guidelines. Many GPs and users are understood to view such ‘sub-optimal prescribing’ as a measure of ‘success’ but, too often, it leads users to top up their

dose with other substances, putting them at greater risk. Combined with an average 6 months’ wait for methadone prescriptions, poor treatment retention rates of the most vulnerable users, and frequent lack of follow-up care following treatment, the increased death rates begin to seem inevitable. Added to this, it is estimated that only 40% of Scotland’s problem drug users currently receive any form of treatment.

The news stimulated further debate about tensions between Westminster and Holyrood regarding drug policy, including pressure for further devolution of powers and drug decriminalisation. A key issue is the Home Office’s repeated refusal to approve a Safe Drug Consumption Facility in Glasgow, despite growing evidence that this could help to save lives, reduce HIV infections, and provide support and advice to users.

There is widespread acknowledgement that problematic drug use and its impact is underpinned and exacerbated by deep rooted socio-economic factors. Commenting on the latest figures, Public Health Scotland said that numbers of people living with, or dying from, drug use is 17 times higher in [the] poorest areas compared to the wealthiest. It concluded:

‘We need to take action now to address the factors that cause problematic drug use: like a lack of hope from an early age, experiences of trauma, family breakdown and poverty. We can improve people’s life chances by focusing on tackling poverty, reducing childhood adversity, improving housing, creating positive educational experiences or employment opportunities and addressing mental ill health.’



580 days of sobriety

We give our thanks to this Friend, who has requested anonymity, for contributing this account of his personal recovery journey and the many ways in which his life has changed as a result.

As I write this I have enjoyed 580 days of continuous sobriety. During this time, my life has changed dramatically. One of the unexpected gifts of sobriety is that I have developed a faith that I enjoy exploring at my Local Meeting. Discovering Quakers has strengthened my sobriety, enhanced my relationship with God, and introduced me to some wonderful people in my local area – what a privilege.

My drinking started when I was 14 and grew progressively worse until I finally managed to stop when I was 29. Over that time, my addiction caused indescribable pain to myself and those around me, lost me jobs, led me to visit police cells and to be hospitalised, and left me feeling baffled, trapped and filled with a sense of fear, dread and incomprehensible demoralisation.

My recovery started in September 2017 when I googled AA after the onset of anxiety after following yet another binge. I discovered there was a meeting nearby and found my feet taking me there. It was all very sudden and unplanned. I walked in, not knowing what to expect but feeling hurt, defeated and lost. I had tried to quit under my own steam many times with each attempt ending in a slip that seemed to confirm that, despite my desire to stop, my fate was dismal, sealed and inevitable.

What I saw in that first meeting was hope. What I heard was my story retold by people I'd never met, strangers who had experiences like

mine but had managed to break free. What I received was love, guidance and support. I saw what they had and I wanted it. Since that day I have clung tight to the fellowship of AA, got a sponsor and been through the 12-steps. I now sponsor other people, helping to pass on the message that was given to me freely. As a result of my recovery, the following things have happened in my life:

- The compulsion to drink has been lifted - a true miracle
- I have developed faith and a relationship with a loving God that I strengthen at Quaker Meetings
- I have become a useful member of society and do my best to help others
- I have repaired broken relationships and regained the trust of family and friends
- My progress has inspired my best friend into recovery, he is now 4 months sober
- I have met the woman of my dreams and asked her to marry me (she said yes)
- I have earned a better job and been asked to guest lecture to university students
- I have paid off all my credit card debts
- I have set up an open mic night and rekindled my love of music
- I have quit smoking, become a vegan, run a marathon, and travelled widely on holiday
- I have peace of mind, serenity, gratitude and excitement for and about the life I am lucky enough to lead

I haven't created this list to boast, but to highlight to anyone reading this who may be struggling that there is a way out of the prison of addiction. Once you have the keys, what waits on the other side is freedom and a life beyond your wildest dreams. With the right help, a Higher Power and willingness, you need never drink again.



QAAD on the road – North Scotland Area Meeting retreat, Pluscarden



Our Director was invited to join Friends at the annual North Scotland Area Meeting's retreat in late August at Pluscarden, deep in the peaceful glen of Black Burn which is a few miles outside Elgin. Alison ran a half-day workshop on the Saturday afternoon, entitled 'The Ripple Effect'. The aim was to explore the many different levels of impact that substance and gambling addiction can have – on individuals, close others, communities and society at a whole.

Over 30 Friends were present, and actively engaged in lively discussion about their concerns and reflections on how, as Quakers, they may be able to respond. The following are a selection of comments received following the weekend:

'We were delighted that Alison Mather joined us for our summer residential weekend at Pluscarden Abbey in Moray. She gave a talk about the work of QAAD, and then, through a shared quiz, she tested our knowledge and helped us to learn more about drug and alcohol abuse and gambling. We particularly liked that she had taken the trouble to collect statistics relevant to Scotland.'

This was followed by a workshop. In four groups, we looked at the issues, what is needed, and what we can do for individuals, families, wider affected

groups and communities in relation to addiction.

Perhaps the most striking outcome from these discussions was our realisation that, although increased funding for housing, therapy and addiction services would make a difference, there is a lot that can be done through supporting individuals and helping to change society's approach that need not cost anything."

"A big thank you for introducing us to 'the Ripple Effect'. Your talk was informative, shocking and challenging..... a very valuable and important contribution to our Meeting."

"We were very pleased to have Alison at our Area Meeting, and particularly appreciated the statistical research on Scotland which she had undertaken in preparation for her talk."

"Friends heard about the devastating impact of drugs & alcohol, particularly on the most fragile and deprived communities in our countries. We appreciated the challenges and drastic changes necessary to reverse this trend which is very costly in mental welfare, children's safety and education and the lives of the most vulnerable. However, our Quaker faith and love reached out and could be felt in the presence of all Friends gathered."

QAAD would welcome further invitations for Alison to visit and speak at Area or Local Meetings. If this would be of interest, please contact her to discuss this further.



Have you looked at the QAAD website recently?

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

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

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

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.

.....
I am a UK Taxpayer and want QAAD to treat all donations I have made for the past four years, and all future donations I make from the date of this declaration as Gift Aid Donations until I notify you otherwise.

I understand that I must pay an amount of Income Tax and/or Capital Gains Tax for each tax year that is at least equal to the amount of tax reclaimed on my donations in the appropriate tax year. I understand that if I pay less Income and/or Capital Gains Tax to cover the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay back any difference.

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.

Name Signature Date

Address

..... Postcode