

QAADRANT

Winter 2019

Quaker Action on Alcohol & Drugs



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Alcohol

- A Minimum Unit Price for Alcohol (MUP) of 50p will be introduced in Wales on 2 March next year. Commenting on the National Assembly's decision, Health and Social Services Minister, Vaughan Gethin said *'There is a very real and clear link between levels of excessive drinking and the availability of cheap alcohol. Scotland has seen a decline in the amount of alcohol that is consumed since the introduction of MUP and I hope that we will see similar results in Wales.'* The Assembly will monitor the impact of MUP to assess changes to drinking and purchasing behaviour.
- New research has found a significant link between the amount of alcohol consumed by parents and negative effects on their children. *'An Exploration of the Impact of Non-Dependent Parental Drinking on Children'* reported that about a third of children in the UK experience being given less attention, frequent arguments with parents and being at the receiving end of increased unpredictability. It found that this is more likely when their parent(s) had negative motives for drinking, e.g. coping with depression, to escape problems.

Drugs

- The drug and alcohol charity Addaction has launched a 12-week pilot project in Redcar and Cleveland, distributing Naloxone to street drug users who are not receiving treatment or support from local agencies. Naloxone reverses the effect of an opioid overdose, often heroin, when breathing slows down or stops altogether. Teams of ex-users (peers) will hand out Naloxone and train users how to administer it.

- The cannabis-based medicines Epidyolex and Sativex have been approved by NICE for treatment of two rare forms of epilepsy and for muscle spasms in multiple sclerosis respectively. Although charities have broadly welcomed the news, they remain concerned that cannabis-based medicines have not been approved to treat chronic pain, nor for other complex, treatment-resistant conditions.

Gambling

The Gambling Related Harm All Party Parliamentary Group (APPG) has published an interim report on its current inquiry into online gambling. Over the past six months, the Group has held public and closed sessions with representatives from the industry, academics, and people harmed by online gambling. The hard-hitting report contains a wide range of recommendations, the priority being the introduction of a £2 maximum stake for online products in line with the non-remote sector. It recommended the banning of credit cards and overdrafts (see article on pages 3-4; the introduction of a 1% mandatory levy to fund treatment and education; transferring the commissioning of research to independent UK research councils; and a duty of care on operators to not exploit consumers with addictions. The Group also calls for the Gambling Commission to *'urgently improve its standards'*, and suggests measures to address problems associated with advertising and marketing. The interim report can be downloaded (www.grh-appg.com/sessions-of-the-current-inquiry) and the final report will be produced shortly.



Gambling with credit cards – an end in sight?

In November, QAAD responded to the Gambling Commission’s consultation on its proposals to either ban or restrict the use of credit cards for online gambling. It is estimated that between 10-20% of deposits are made with credit cards, leading to increased risks of gambling-related harm and serious financial difficulties for some individuals and their families. In previous advice to the Commission, the Responsible Gambling Strategy Board (RGSB) said *‘gambling with borrowed money significantly increases the risk that consumers will gamble with more money than they can afford.’*

In February, the Gambling Commission had issued what is known as a ‘Call for Evidence’ to consider the case for restricting or banning cards for online gambling, whilst exploring the consequences of doing so. The Commission said it wanted to develop a more detailed picture of credit card use, together with evidence of ‘demonstrably effective’ harm-reduction measures which could serve as ‘robust alternatives’ to banning or limiting them, such as allowing customers to block their cards and restrictions being imposed by operators.

In all, 110 responses were received from gambling operators, financial institutions, debt relief and other charities, consumers, and members of the general public, the majority of whom supported a ban. The Commission stated *‘we are persuaded that there are risks of harm associated with using credit cards for online gambling and that we need to act to protect consumers’*, and launched a full consultation offering two options: a complete ban or the introduction of restrictions on credit card use for

all forms of ‘remote’ gambling (betting, gaming and lotteries). It called for further evidence on the motivations and potential benefits of credit card use; the unintended consequences of action if taken in isolation (e.g. diverting consumers to alternative high-risk lending); and how to address the risks posed by the use of ‘e-wallets’. In addition, the Commission asked whether any changes to remote gambling regulations should also apply to the non-remote sector e.g. high street betting shops.

In our response, QAAD said that, in the light of considerable evidence on the financial, social, and personal harms experienced by individuals and families, we do not believe that there is a social or a moral case for permitting the use of credit cards for gambling transactions. We reiterated our position, provided in written evidence to the Culture, Media and Sport Committee in 2012: *‘The moral and practical question for legislators—which was not squarely faced when the Gambling Act was passed—is whether profit for the industry, and an increase in gambling opportunities for the consumer, are worth these human costs.’*

The consultation included data which showed that credit cards are used by ‘recreational’ gamblers, who value their convenience, but that people diagnosed as ‘problem’ gamblers are significantly more likely to use them. However, credit is expensive. Gambling transactions attract additional fees and a higher interest rate (applied immediately), further compounding the debt. This suggests that only someone unable to control their gambling behaviour would be willing to accept these greatly increased costs.

Traditionally, the gambling industry has stressed



that gambling-related harm is experienced by a small number of their customers with problems, rather than being caused by products, marketing and advertising campaigns designed to attract and retain consumers in order to maximise their profits. However, the definition of ‘problem gambler’ is not static. People can and do move in and out of problematic and risky behaviour, e.g. during periods of ill-health (something referred to as ‘churn’). Some may develop a pathological gambling addiction; many others are drawn into short, relatively low-risk periods of gambling which, nevertheless, can have serious and enduring consequences, especially for those already in debt and/or on low incomes. For this reason, many researchers and charities, including QAAD, have called for gambling-related harm to be addressed at a population level which would offer protection for all consumers, and not just those already experiencing problems. When the Australian Productivity Commission faced questions about the impact on recreational gamblers of reducing stake limits, it concluded: *‘The question is not whether there are any adverse effects on recreational gamblers, but whether these are so great as to disregard the benefits of lower bet limits for gamblers experiencing harm...’*

In our response, we raised our concern that, if credit cards are restricted rather than banned, some young people would continue to find ways to gamble online using credit cards belonging to adult family members or older peers, with potentially catastrophic consequences for themselves and their families. The prohibition of credit cards would, we suggested, provide an important, additional layer of protection for children and young people.

We also highlighted research by the Money and Mental Health Institute which described key ‘drivers’ of gambling-related harm during periods of mental ill-health: reduced self-control/increased impulsivity; difficulty in

planning and processing complex information; risk seeking; and deliberate loss of large sums as a form of self-harm. We suggested that access to credit at such times represents a further, serious risk for vulnerable consumers.

Reforming regulation for online gambling raises the question of whether proposed changes should also apply to non-remote gambling and lotteries. In our response, we argued that the industry has already blurred the boundaries between the two, and it was therefore difficult to defend an argument for treating them differently. Although the National Lottery does not accept credit card payments online, there are no restrictions for other lotteries, and the largest have developed increasingly ‘hard’ products in order to compete with the mainstream industry. We suggested that a ban should be applied consistently for all forms of gambling.

There remains a clear danger that a ban or restriction will divert some consumers to other high-risk financial sources, e.g. payday loans, informal loans and overdrafts. As the consultation itself confirmed, changes to credit card use cannot, by itself, prevent all gambling-related harms. However, we believe that prohibition could act as a vital preventative measure for the many customers at low (or limited immediate) risk.

QAAD’s responses to the Call for Evidence and the Consultation are available on our website. If you would like a printed copy of either document, please contact our Director. We would be very interested to hear readers’ views about this and other issues regarding gambling reform.

1. Productivity Commission Inquiry Report, Vol 1, No. 50, Australian Government, February 2010

2. Policy Note: ‘Know the Odds: the links between mental health problems and gambling’, Murray, N, Money and Mental Health Policy Institute, November 2017



What's faith got to do with it?

This article, written by Andrew Misell (Cardiff LM and Director of Alcohol Change UK), describes a new study, which looks at the range of faith-based recovery facilities, and asks some important questions.

Maybe it's a false dichotomy – body and soul – but it's one we seem to be stuck with, in the world of alcohol treatment, just as in our society as a whole. On the one hand there's all the science and the evidence-based methods: cognitive behavioural therapy, motivational interviewing and so on. Somewhere in the middle ground sit the 12-step fellowships, built on user experience but still mistrusted by some as quasi-religious and unscientific. And then there are options that say 'God' on the tin, loud and clear.

With funding from Alcohol Change UK, researchers from Cardiff University have spent the last two years mapping out faith-based alcohol-treatment services, trying to understand what distinguishes them from any other kind of provision. Religion is often a touchy subject and criticism of religious organisations is all too easy. So, it's worth emphasising at the start the enormous benefits that faith-based alcohol services have brought to many, many people's lives. Against a background of dramatic reductions in funding for public services, they are plugging a lot of gaps, and there are thousands of people who wouldn't be getting the help they need at all if it wasn't for facilities with roots in the churches, mosques, gurdwaras and synagogues of Britain.

Altogether, the researchers found 135 faith-based alcohol treatment providers in England and Wales. Three quarters of these were grounded in some form of Protestant Christianity, and around half described themselves as Evangelical.

No other group came close in terms of size. Other centres were variously Roman Catholic, Buddhist, Muslim, Jewish, Mormon, or multi-faith. But names only tell us so much. What does it mean in practice if a recovery centre is faith-based? What difference does it make for someone to check in to, for example, a 'Christian' recovery centre rather than a 'secular' one?

One obvious difference is that 34% of all the faith-based alcohol treatment services surveyed made religious participation mandatory for service users, a figure that rose to 52% in residential faith-based centres. This raises two important questions. Firstly, what is participation in worship, prayer and scripture study intended to do for clients? If it's to help recovery, how does it do that? If there's an idea that when someone adheres to a certain creed, their path to sobriety will be smoother, it's only fair to ask whether proselytising is appropriate amongst people in such a vulnerable state. Secondly, what do service users make of faith-based treatment routes? For some, religious participation has clearly been a genuinely positive addition to their lives, giving them a sense of self-worth and community. However, the researchers also heard accounts of 'faking it' and 'playing the game' – service users taking pragmatic decisions to participate in prayer and worship in order to stay onside with staff in order to keep their place on the programme.

Does that matter? Some might say maybe not, if it means people are getting off the booze and rebuilding their lives. But it doesn't feel quite right. There seems to be a real need for some greater honesty and a greater willingness to acknowledge what's actually happening at ground-level. So, as well as encouraging organisations to sign up to the Faith Covenant¹



and commit to ‘*servicing equally all residents... without proselytising*’, the researchers say that organisations must be brave enough to listen to the voices of current and past service users about what faith in recovery means for them. Such voices, they argue, are the best indicators of what makes good practice, and it’s hard to disagree with that.

‘Faith in recovery? Service user evaluation of faith-based alcohol treatment’ was produced by Prof Mark Jayne, Dr Andrew Williams and Dr Daniel Webb of Cardiff University, and is available on the Alcohol Change UK website.

1. www.faihandssociety.org/covenant

Men, alcohol and identity

Robert Wilson (Orkney LM) has kindly provided a summary of this seminar, which he attended in Edinburgh recently.

On 2nd September, I attended a Scottish Health Action on Alcohol Problems (SHAAP) seminar on Men, Alcohol and Identity at The Royal College of Physicians of Edinburgh. A panel of three men addressed the following questions, based on their personal experiences:

- What role does alcohol play in identity construction for men?
- How does men’s alcohol use interact with factors such as race, culture, and class?
- What alternatives to alcohol exist for men’s identity construction?

Kevan Christie, health journalist for the Scotsman

Kevan suggested that men no longer knew their identities and those in middle age were trying to adapt. He described the pressure to drink when young - drinking to escape problems and for cheap laughs amongst friends - and noted that men and women tended to drink separately. *‘Later you dreamt of what you could have been without drink. Things get serious when you give up drink. Drink had been a central part of your identity.’* Drink, he said, transcends class, and when someone ‘climbs’ socially, their type and place of drinking changes, whilst drinks

marketing targets different social positions. He suggested that men need the company of men and the health risks are often ignored. There is a need for positive role models – abusive behaviour through drink needs to be shown as unacceptable – and it is important for there to be no linking of alcohol, sex and finding a partner.

Dr Harpreet Kohli, retired GP

Dr Kohli spoke about the perception of ‘self’. A Punjabi Sikh, he remembered that there was no drinking at home and he was aware that, in Sikh films, only ‘bad’ people drank. He went on to highlight the connection between alcohol and ethnicity, culture and class, and reflected that he felt protected from a lot of the typical pressure to drink through studying medicine. However, there was a ‘right of passage’ through getting drunk at parties and later, after work, there was always eating and drinking. In his conclusion, he spoke of men’s emotional intelligence, asking why men drink.

Kenny MacAskill, former Scottish politician and Secretary for Justice

Kenny explored the connection between class, wealth, poverty (income), gender and equality. Reflecting on his drinking as a young man, he said that he drank longer in pubs as the licensing hours were extended. Pubs were for socialising - *‘You played together and drank together’* - and



most sports role models at that time drank. He suggested that men couldn't articulate pain and suffering, and that young men in particular *'think they are immortal with drink'*, although he has observed that his sons drink less than he does. He continued that, in Scotland, alcohol is *'part of who we are, our identity'*. The Scottish attitude was/often still is *'we can drink you under the table'* and there is a perception that people who do not drink are 'weird'. He suggested that there is a need to find a new identity around new roles adding that, as a minister, he believed in reducing alcohol consumption to help reduce criminality.

At the end of the seminar, there were suggestions that there is now a group of middle-aged (and older) men who are being left behind with the development of new, alternative expressions of masculinity in today's society. This related not just to changing roles in the modern family, but also greater acceptance of gender and sexual diversity and increasing equality in society as a whole. It was felt that there is a need to reduce the pressure to conform to traditional expectations: *'We all need to stand up to make a difference.'*

Minimum Unit Price for Alcohol (MUP) in Scotland – promising signs

In May 2018, Scotland became the first country in the world to introduce an MUP for alcohol, set at an initial 50p. MUP determines the price of a drink in relation to its ethanol (pure alcohol) content, and aims to reduce alcohol-related harm at a population level by making high-strength/low-cost drinks such as white ciders less affordable.

NHS Scotland is evaluating the impact of MUP, and will release its findings in 2023. Research based on household data has just been published in the British Medical Journal¹, comparing purchases of take-home (off-sales) alcohol between 2015-2018 in Scotland and England. This gives an initial picture of how MUP may be changing the behaviour of consumers and suggests that the reform is succeeding in its objectives. The impact of MUP in Scotland was shown to be immediate, leading to a 7.6% reduction in sales. The largest falls were for sales of beer, spirits and cider; wine purchases also fell, although this was not statistically significant.

Opponents to MUP have argued that it will penalise 'responsible' and low-income drinkers. The study did find that the price of products bought by lower income households increased the most (and resulted in them buying less). However, it was households buying the most alcohol which experienced the biggest increase in weekly expenditure, irrespective of income. The overall rise in weekly expenditure per adult in Scotland was 61p.

Given that this research was based on household data, it could not assess how MUP is affecting homeless drinkers, and those living in communal settings. Acknowledging this gap, the Scottish Government has now commissioned separate research into these groups by Glasgow Caledonian University.

1. 'Immediate impact of minimum unit pricing on alcohol purchases in Scotland: controlled interrupted time series analysis for 2015-18', O'Donnell A., Anderson, P., Jane-Llopis E. et al, BMJ: 2019, 366



The Science of Fate (Why your future is more predictable than you think) by Hannah Critchelow

Our thanks to QAAD trustee, Tim James, for producing this review of Hannah Critchelow's book.

Every day of our lives we make decisions; each involves a judgement. Some we are aware of, others happen spontaneously, an aspect of the subconscious activity of our minds which absorbs information whilst we are focussed on other tasks. This is then built into a consensus in our memories that informs our actions when we are called upon to make rapid decisions. We would like to think that both means of supporting our activity are developed of our own free will.

In *'The Science of Fate'*, Hannah Critchelow (a Neuroscientist and Science Outreach Fellow at Magdalene College, Cambridge) sets out and discusses well-referenced evidence that challenges our comfort in any belief that we are masters of our own fate! She examines research on brain development: hunger/eating; sex, love and nurturing; reality and bias; belief; the limits of knowing; and, finally, the emerging neuroscience of compassion.

The information that she has assembled is presented in a very readable form, especially for the reader for whom this is new territory. Interviews with significant people in their own fields are reported as informal conversations that distil the essence of their conclusions. For example, she discusses belief with Rowan Williams and comes away with an understanding, a change in her own view that surprises her.

The insights of this book will give the reader not only an opportunity to advance their understanding of themselves but, more importantly, of others. It will enable them to see

a direction in which we can engage with the ever more complex world that will improve the lives of others and their own. This book is a 'must read' for anyone with a soul to nurture.

Hope is the thing with feathers

Hope is the thing with feathers
That perches in the soul,
And sings the tune without the words,
And never stops at all,
And sweetest in the gale is heard;
And sore must be the storm
That could abash the little bird
That kept so many warm.
I've heard it in the chillest land,
And on the strangest sea;
Yet, never, in extremity,
It asked a crumb of me.

Emily Dickinson

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