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QAADRANT

Spring 2020

Quaker Action on Alcohol & Drugs

Woodbrooke biennial gathering - July 10th-12th

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Alcohol

Minimum Unit Price for alcohol (MUP) introduced in Wales

On 2nd March, an MUP of 50p was implemented in Wales. Its introduction was delayed last summer, following objections by Portugal over fears the law would make the country's wines 'less competitive'

First year evaluation of MUP in Scotland

NHS research found that the volume of pure alcohol sold in Scotland's shops fell by 3.6% in the first year of MUP implementation – equivalent to about 12 pints of average strength beer. Cider sales fell the most (almost 19%), followed by spirits (4%), wine (3%) and beer (1%). The only sales to increase were for fortified wine (16%). Despite these encouraging results, sales still equate to every adult in Scotland drinking about 27 bottles of vodka each year.

Significant reductions in regular drinking among 13-16 year olds

Community Alcohol Partnerships (CAP) has highlighted the achievements of its local partnerships (CAPs). Its evaluation showed an average 52% reduction in regular under-aged drinking since 2015 in areas where CAPs have been working. Youth alcohol-related anti-social behaviour, and instances of young people hanging around shops and asking adults to buy alcohol for them, fell by 40% and 77% respectively. CAPs are run by local organisations with a shared interest in preventing underage drinking and encouraging responsible drinking among young adults.

Dry January boosts low-alcohol sales

An estimated four million Britons participated in Dry January this year. Supermarket sales of low and no-alcohol beer rose by nearly 40% in January, whilst sales of adult soft drinks, e.g. ginger beer and tonic waters, rose by 3%.

Drugs

First Wales police force trials Naloxone spray

Twelve Flintshire officers will be trained to administer Naloxone via a nasal spray in a six-month trial starting in March. This follows West Midlands police's trial, and confirmation that Glasgow ambulance crews will train families of heroin users to use Naloxone kits to help reduce the number of drug fatalities. Police Scotland is also considering a proposal for a trial which would see a 'small number' of officers carry the drug on patrol 'on a voluntary basis'. Naloxone is an opioid antidote lasting around 20 minutes, allowing time for other emergency services to provide specialist treatment.

Study shows that a quarter of street drugs are fake and potentially dangerous

The UK's first community-based drug-testing service, the Loop, conducted tests of more than 170 substances of concern to users in Bristol and Durham. Chemists analysed the drugs in a pop-up laboratory in several locations, including a church. Some were found to be much more powerful than expected and/or had been adulterated with other substances. The Loop provided follow-up healthcare consultations to over 200 users, and used social media to warn about problem drugs in circulation.

Stand up and tell me your story

In February, Scottish Health Action on Alcohol Problems (SHAAP) published 'Stand up and tell me your story - meanings and importance of lived and living experiences for alcohol and drug policy: findings from a qualitative study', a report commissioned by the Scottish government. Mary and Nigel Dower (Aberdeen LM) attended the launch on QAAD's behalf and we are very grateful to them for their reflections on the day.

After the Chair's introduction, we heard briefly from a Scottish Government representative who welcomed its findings. The report made several recommendations to strengthen the Scottish Government's commitment to take more seriously the perspectives of those who are currently alcoholics/drug users or are in recovery, following the publication of the government's Alcohol Framework 2018 and its alcohol and drug treatment strategy. There followed a moving story from a recovering alcoholic, and a full account of the report by SHAAP's Director. The research was a qualitative review of the lived experience of those in recovery and what they wanted to happen. It was recognised that, in recent years, there has been some progress and a shift in attitudes but still there is a long way to go.

The subsequent discussion was wide ranging. It was apparent that, amongst the 50 or more people in the room, many were healthcare professionals and many were recovering addicts - with some significant overlap. The first issue raised was the challenge of how to do research and, more specifically, how to incorporate interviewees' highly personal data into research that is meant to be 'scientific'. Research clearly needs to be 'evidence based', but what counts as 'evidence'? And how do you weigh up the relative importance of different kinds of evidence? The problem of social research generally in a nutshell!

An analogous issue was then raised about the interaction between clients and professionals. There has been a move from the traditional model - a clear hierarchy, a distant and detached professional, and clients' concerns merely added to 'suggestion boxes' (which might or might not be taken up) – to a 'co-production' model, with greater involvement by the professional and interactions on an equal footing. This has been challenging. It was also clear that there was some vagueness about what exactly 'lived experience' meant, and whose lived experience is relevant. Whilst, theoretically, it could cover many perspectives (including public perceptions), in practice the main focus was on the lived experience of addicts in recovery. As such, the term is liable to be exclusive in at least two different ways.

Firstly, as the report notes, it separates addicts in recovery from those who are not. Indeed, the phrase 'living experience' (referred to in the title but not discussed much) was meant to convey the idea of someone currently living with addiction, as opposed to the more optimistic 'lived experience', which suggests being in recovery. Clearly, those in recovery will be more willing to share their stories than those who are not - hence a disparity in the hierarchy of knowledge. Secondly, although not intended, the report focused on people in recovery but not on the perspectives of close others, who may also be significantly affected

and whose voices need to be heard. It was recognised that whilst the focus of the research had been on alcohol, more attention could be paid to drugs issues and, indeed, a more integrated approach to both issues could be taken.

Nigel Dower

The speaker who really made an impact on me I'll call 'Marie', not her real name. She told us she had been losing sleep over the preparation of her talk but, despite her nervousness, I thought that it was the best of the lot. She told the tale of a woman who had had a tough childhood followed by further problems in her adult life. She coped with the help of alcohol until she found herself so reliant on it that it became a problem in itself. She was rebuffed by those to whom she turned for help. It was at this point she revealed that that woman was herself, although I think many of us had guessed this already.

There were comments that there is a danger that people are thanked for sharing their stories with the attitude *'now push off back to your life in West Scotland whilst we get on with the rest of our business'*. A further danger is overusing people like Marie who tell a good story. Are those who are still heavily addicted missing from the interviews? Should everyone – addicts, those in recovery, friends, relatives, or even the general public - be interviewed about their attitudes to addicts and addiction, so that research is not self-selecting? Apparently the Department for Work and Pensions (DWP) recognises how it treats addicts in their systems, and understands that it takes specialised skills to deal with them.

I noticed that whereas alcoholics can say, for instance, that they are a doctor or solicitor in recovery, it is not so easy for a less educated person to admit the same thing and be equally admired for their progress and achievement. You can get by in the acting or art world, but almost certainly not in any ordinary job. Another attendee laughed hollowly when this aspect of recovery was discussed. She had helped to organise a half marathon for people in recovery and recounted how one runner wore a badge saying that he was a drug addict in recovery. As a result, his employer threatened to sack him. I think some degree of pressure was exerted on his behalf and he managed to keep his job, but that incident shows the risks when identifying oneself. You are forgiven if you are a recovering alcoholic because, let's face it, most of us have alcohol in our homes and are used to people around us drinking a certain amount. We are also used to having prescribed drugs in our homes, but few of us have associated with people taking illegal drugs, and find it harder to understand their use or approve recovery from this addiction.

Mary Dower

1. Stand up and tell me your story - meanings and importance of lived and living experiences for alcohol and drug policy: findings from a qualitative study, Dr Eric Carlin, Dr Briege Nugent, Ruth Moulson MPH, Scottish Health Action on Alcohol Problems, February 2002

2. Rights Respect and Recovery – Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths, Scottish Government, November 2018

Have you visited the QAAD website recently?

More detailed information about QAAD, news of events, and details of our public issues work, including responses to consultations, can be found at: www.qaad.org

QAAD biennial gathering at Woodbrooke - Friday 10th - Sunday 12th July 2020

The impact of addiction is always painful and long-lasting. Its ripples move out, from the individual to their family and friends, to their colleagues, their community and to society as a whole. For each person caught up in addiction, an estimated 8-12 people who are close to them will also be affected. Whether or not we are aware of it, we will all know someone who is, or who has been, struggling to overcome a harmful dependency on alcohol, other drugs and/or gambling.

Even when someone finds recovery, memories of what has been lost – families, homes, careers - remain. And for those close to them, there is the legacy of how their lives have been changed, and what it has taken to survive the fear, hurt and the loss. Anxiety that their loved one may relapse never quite goes away. Isolating is one of the most common responses to living with addiction. It can be hard to trust that, if the barriers of shame, guilt and stigma are broken by reaching out for support, the response will be compassionate and non-judgemental.

Every two years, QAAD holds a gathering at Woodbrooke which offers valuable time and a confidential space for Friends to meet and share their experiences openly and honestly. We welcome Friends old and new - whether in recovery, close others, professionals, or perhaps just wishing to deepen their personal understanding in order to help others.

In 2018, we ran an Open Space session for the first time, facilitated by a skilled and experienced trainer, Julia Stafford. Participants' feedback was so positive that we have decided to include Open Space again this July, and we are pleased to welcome Julia back to facilitate it once more. There will also be plenty of time to meet informally over the weekend, and a choice of activities including a creative workshop, an open Fellowship meeting; a meeting for close others; and some light-hearted entertainment.

We are grateful that the conference 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.

Whatever your experience and interests, we hope you will join us to share what you have learned, and to return home with fresh perspectives and ideas to help your own Meetings and communities in the future.

If you would like further information about the conference, please contact our Director, Alison Mather: alison@qaad.org, tel: 0117 9246981/07867 557727

Faith-based Therapies – a response

Here, Laurie Andrews (Mid-Essex AM) responds to Andrew Misell's article on faith-based recovery, published in the Winter issue.

The lower case 'f' in the phrase '*faith-based therapies'* in the introduction to the article is significant. Whether a therapy is *'science and evidence-based like CBT, motivational interviewing and so on, or 12-Step'*, service users presumably must have faith that the therapy chosen or recommended will work or they wouldn't do it.

Andrew Misell writes that 12-Step fellowships are *'still mistrusted by some as quasi-religious and unscientific'*. AA describes itself as spiritual not religious. Far from being a proselytising cult, the Steps and attending meetings are optional - *'upon therapy for the alcoholic we surely have no monopoly.'* The Preamble, read at the start of AA meetings, says *'AA is not allied with any sect, denomination, politics, organisation or institution ...'* In 1961, AA's co-founder, Bill W., wrote *'Any number of alcoholics are bedevilled by the dire conviction that if ever they go near AA they will be pressured to conform to some particular brand of faith or theology. They just don't realise that faith is never an imperative for membership; that sobriety can be achieved with an easily acceptable minimum of it ...'* AA's pamphlet, 'The God Word', and book 'One Big Tent', were compiled by, and for, agnostics, atheists and free-thinkers.

AA's Third Tradition states that the only requirement for membership is a desire to stop drinking and does not depend upon conformity. The Steps are suggestions, not mandatory, and members are free to interpret them as they wish, or to ignore them - the programme is descriptive, not prescriptive. The atheist Jimmy B. insisted that the clunky caveat *'as we understand Him'* be added after the word 'God' in the Steps, and that anyone with an open mind can adapt the programme to their own conception of *'a power greater than themselves'*, e.g. the group or AA itself (G O D - Group Of Drunks).

AA is also not unscientific. In 2007, Jacqueline Chang GP, Chair of the Sick Doctors Trust charity (which supports addicted doctors) and trustee of AA Great Britain's General Service Board, wrote:

'There are a number of scientific, evidence-based reasons why AA works. Behaviours such as association with others, laughter, altruistic helping, sharing with others, forgiving, prioritising, deferring gratification, making amends, acknowledging errors promptly, and many others, have been scientifically proven in situations quite remote from AA to make people feel better. These new behaviours learned in the programme can be, for a majority of recovering people, far more effective and long-lasting than anti-depressant and other prescribed medicine... It is a sophisticated group environment. It is immediately, geographically and indefinitely available. There is no financial cost. It saves lives. It helps people to function and be happy...'

We are always pleased to hear from you

If something in QAADRANT has given you food for thought, or you would like to contribute an article for a future issue, please contact Alison Mather: PO Box 34, Bristol BS6 5AS Email: alison@qaad.org Tel 0117 9246981

Gambling: A busy start to the new year

The year began with a major policy announcement and an unusually large quantity of news and comment about gambling-related harm. There are encouraging signs of progress in some areas. In others, the problems – and their sources – continue to cause anger and concern. Here, we summarise the main stories.

The UK government announces a ban on credit card gambling

This very welcome news follows last year's consultation, to which QAAD responded. According to the Gambling Commission, 22% of people gambling online with credit cards are classed as problem gamblers. The ban starts on April 14th and covers all online and land-based gambling. The only exceptions are National Lottery tickets and scratchcards bought in retail outlets with other shopping (it has never accepted credit cards online). From 31st March, all online operators will be required to join the self-exclusion scheme GAMSTOP, and to offer this to their customers.

E-wallets, e.g. PayPal, are also covered in the ban, responding to concerns that they could be used to circumnavigate the new regulations. Operators will only be able to accept e-wallet deposits if they obtain evidence that credit cards were not involved - evidence which is often unavailable. It remains to be seen how this will be monitored - and what sanctions levied - should these requirements be transgressed.

The Head of NHS Mental Health writes to the Commission and major operators

In a hard-hitting letter, Clare Murdoch highlighted the significant costs incurred by NHS mental health services due to gambling-related harm, saying that the NHS should not have to '*pick up the pieces'* of the damage caused by the industry: *'I am concerned that offering people who are losing vast sums of money... free tickets, VIP experiences, and free bets, all proactively prompt people back into the vicious gambling cycle which many want to escape.'*

Football

It came to light that the Football Association (FA) had sold exclusive streaming rights for live FA Cup matches to several major operators, including Bet365, William Hill, Ladbrokes, and Flutter (PaddyPower). To watch matches, customers had to deposit money into their accounts/place a bet within 24 hours of the kick-off. The FA struck the £3m a year deal with a marketing company (IMG) in 2017, a few months before it cancelled its £4m sponsorship deal with Ladbrokes. Following a storm of protest, and an emergency Commons debate, the operators relinquished their rights, waiving refunds from the FA/IMG, and arguing that they had never sought exclusive rights in the first place. Some commentators suggested that this had been done to avoid more stringent regulation, and to limit damage to their reputation.

Sports Minister, Nigel Adams, said that football has '*far too much dependency on gambling industry sponsorship'* and that clubs '*need to look at different sources of income*.' Gambling companies contribute £40m each year to England Football League clubs, and an estimated £70m to the Premier League. The Minister would not confirm whether a blanket ban on shirt sponsorship by bookmakers would be introduced.

Increased UK gambling-related hospital admissions

NHS Digital figures showed that there were 379 gambling-related admissions in 2018/19, up 28% from 2015/16. They include people diagnosed with a pathological gambling addiction, but

not patients diagnosed in primary care or who attended hospital as an outpatient. The North West had the highest number, followed by London, whilst about a sixth were aged under-25 (it is not clear how many were children). Simon Stevens (CEO, NHS England), said: '*This is an industry that splashes £1.5 bn on marketing and advertising campaigns... but it has been spending just a fraction of that [on] helping customers and their families deal with the direct consequences of addiction*.'

VIP accounts

A confidential study into VIP accounts by the Commission, obtained by the Guardian, illustrated the extent to which they contribute to industry profits. VIP status rewards gamblers who regularly lose large amounts with free bets, cashback on losing bets or football tickets, and are frequently cited in regulatory penalties. One operator confirmed that whilst only 2% of its customers are VIPs, they account for 83% of deposits made on its website. The Commission estimates there are 47,000 VIPs in Britain, about 8% of whom are thought to be problem gamblers - more than 11 times the general public rate.

The report highlights concerns that industry algorithms used to track betting patterns are far better at identifying potential VIPs than they are at spotting problem gamblers. The Commission is considering how to respond, including investigating how VIP staff are incentivised; an industry-wide VIP code of conduct; limiting VIP incentives; and a ban on the VIP status.

Thanks for your support in 2019

We felt cheered and supported by the very generous donations we received in 2019 from individuals, Meetings and Trusts totalling £5734. In order to continue our work, we will need to continue to draw down from our reserves which, of course, are not unlimited. Donations are significant in two ways – they make us feel that our work is valued, and they give QAAD a longer-term future.

Please send your donation to: Ron Barden, Treasurer, 33 Booth Lane North, Northampton, NN3 6JQ.

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