

QAADRANT

Summer 2020

Quaker Action on Alcohol & Drugs



Can we hope for a brighter future?

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Drink, drugs and Covid-19 - an emerging picture

It's not hard to imagine that the increased levels of stress, loneliness and boredom so many people have experienced during lockdown might trigger a relapse for someone in fragile, recent recovery. Or it might escalate what had been moderate drinking or drug use to a more serious dependency.

So much for speculation and assumption. What evidence is available about what has been happening? Is it all bad news? It may seem far too soon to ask such questions – we are, after all, still in the middle of the crisis - but research is already underway to explore how this unique experience has affected people in addiction and those close to them. Initial findings can only sketch an outline of course; it may take several years before a clear picture emerges. Nevertheless, this early data is the foundation for assessing longer-term behavioural changes, and will help to identify what may have contributed to mitigating harms whilst informing policy makers and campaigners when they develop future legislation and regulation. Here we offer a summary of some of the main developments over the past three months.

Alcohol

According to the Financial Times, alcohol sales rose by 67% in the week to 21st March, compared with a 43% increase in overall supermarket sales. The Independent reported that Google searches for “wine delivery UK” increased by 2,250%, and “alcohol delivery” searches by 250% in the first month after lockdown. Some wine companies have recorded sales increases of up to 1000%. Drinkaware's

CEO, Elaine Hindal voiced her concerns: *'Having alcohol available in homes, for many people, can be a source of temptation and lead to drinking without thinking.'*

Alcohol Change UK has already published survey findings on changing patterns of drinking during lockdown. This shows that about a fifth of UK daily drinkers have increased their consumption, whilst nearly half of those previously drinking once a week or less had cut down and 6% had stopped altogether. The report suggests that, on this basis, around 8.6 million adults have been drinking more frequently, and 14 million less often, or not at all, during lockdown. The steps taken to reduce consumption include having drink free days, being careful about how much alcohol they bought, and seeking online advice.

The survey also found that one in 14 (7%) respondents reported increased tension in the home due to their own or a close other's drinking, rising to one in seven for households with children aged under-18.

In May, the Global Drugs Survey (GDS) launched a special edition on COVID-19 which runs until late June. Its interim report shows that a third of UK respondents had increased their number of 'binge' days (5 drinks or more), and nearly half (47%) had started drinking earlier in the day than before lockdown. Reasons for increased/more frequent drinking included worry, depression, and loneliness, having more time to drink, and feeling bored more often. A third reported negative impacts on physical and mental health and performance at work or study.

A recent BMJ editorial¹ also raised concerns about the potential long-term impact of increased consumption at this time, calling for greater investment in treatment services: *'It is increasingly clear that if we don't prepare for emerging from the pandemic, we will see the toll of increased alcohol harm for a generation... Covid-19 has the potential to be an exemplar of our ambivalent relationship with alcohol and its consequences.'*

Drugs

The GDS COVID-19 survey focused initially on cannabis, MDMA, cocaine and benzodiazepines. UK responses show that cannabis use has increased by 44%; MDMA and cocaine use have both reduced by about a half; and 28% of people taking benzodiazepines have increased their consumption whilst a further 28% have taken less. The authors observe that use of domestically produced drugs which are often used when alone, e.g. cannabis, has increased. By contrast, reductions in cocaine and MDMA consumption is thought to be related to the absence of social contexts which characterise their use. The authors comment: *'Overall, it seems drugs markets have been pretty robust and GDS predicts that following lockdown, many regions will be flooded by high purity drugs as dealers try to shift unsold stock and distribute stockpiles that had been prepared for the European summer.'*

The National Crime Agency has reported having seized at least 10 tonnes of Class A drugs globally since March. Individual seizures have been much larger because dealers have had to resort to using bulk shipments in response to reduced air and sea freight shipments.

At a local level, dealers and customers interviewed by the independent news site The Conversation confirmed that supplies of most

drugs have been unaffected: *'Drug dealers and users alike seemed genuinely surprised that drugs had been easier to buy than many (legal) everyday products.'* The same article describes how wearing PPE has helped dealers to disguise their identity, and contactless car boot transactions have become routine. The Guardian also described dealers' adaptations, including fake NHS ID badges, supermarket car park deals, and disguising themselves as joggers to avoid detection, whilst bulk deals have reduced the number of transactions. Meanwhile, Professor Simon Harding (Director of the National Centre for Gang Research, University of West London) observed that 'county lines' gangs have been driving 'runners' around, or hiring local people, as it became impossible to send the youngsters they groom to rural and coastal towns as before.

In another Guardian article, Adrian Riley (Team Leader, We Are With You², North Somerset), expressed his worries about his clients being given a week's worth of methadone to avoid them making daily visits to the clinic. He is also concerned that reduced supplies of drugs such as Spice has led to dealers cutting drugs with unknown substances, or offering more powerful alternatives such as Fentanyl. The latter has led the drugs charity, Release, to call for the police to suspend anti-drugs activity during the lockdown as it disrupts supply chains and could lead to addicts using more harmful alternatives.

On a more hopeful note, South London youth worker Mahamed Hashi told BBC News that spending time at home with their families had offered teenagers involved in drugs and violent crime a rare opportunity to reflect on their lives: *'They've really had to think about where their prior lifestyle was leading to...Whether it's a significant sentence in jail... carrying weapons...*

feeling in danger, I think they've been able to have a break from those almost immediate fears.'

At time of writing, the lockdown has started to lift but the future remains full of uncertainty. QAAD will continue to monitor research and insights into the impact of COVID-19 for substance use and problem gambling, and cover these in future editions. We would particularly like to highlight innovative and positive changes that services are making to sustain support for their clients in challenging times. If you are aware of any examples, please contact our Director who will be pleased to hear from you.

1. BMJ 2020; 369 doi: <https://doi.org/10.1136/bmj.m1987> (Published 20 May 2020)

2. Previously known as Addaction

We would like to hear from you

We would welcome your reflections about living under lockdown if you or a close other live with addiction or are in recovery. What has helped you at this time? What has changed – for the better or otherwise? Please send contributions for our next issue to our Director by 3rd August Alison Mather, PO Box 34, Bristol BS6 5AS Email: alison@qaad.org

We understand that this may have been a stressful and very difficult time for some of our readers. Although we do not offer a counselling service, please call or email our Director if it would help to talk things through with someone who understands and can provide details of specialist sources of support. All contact is held in strict confidence.

A walk

My eyes already touch the sunny hill,
going far ahead of the road I have begun.
So we are grasped by what we cannot grasp;
It has its inner light, even from a distance –
and changes us, even if we do not reach it,
into something else, which, hardly sensing it,
we already are;
a gesture waves us on, answering our own wave...
but what we feel is the wind in our faces.
Rainer Maria Rilke (translated by Robert Bly)

QAAD's Director joins WYFAN¹ Zoom meeting

Young Friends in and around Bristol have been meeting online several times a week to connect and support each other through the lockdown, which has been a strange and challenging time for many. The group meets on Zoom to connect through games, chat, explore issues and worship together. The project works with young Friends and others aged 11-18 to develop opportunities to meet, socialise, explore important themes and contribute to a better world. Kirsty Philbrick, the group's Youth Development Worker describes

the evening our Director joined the group to talk about addiction... and chocolate!

Alison Mather joined us on a Friday evening in mid-May to help support young people to think about addiction issues, about where alcohol, drugs and gambling are in our culture, and the impacts they have.

The evening started with the invitation to 'draw an alcoholic' to begin to elicit our understanding and judgements related to addiction. We wondered if anyone would draw a person

sitting on a park bench with a can (perhaps the misguided stereotypical image of an alcoholic?). We were very affirmed when all the responses came back without character-defining features (apart from Homer Simpson!). There was a clear consensus and understanding that all kinds of people can be affected by an alcohol addiction. This led to some interesting, reflective conversations about judgement, empathy and compassion.

We talked chocolate and considered early Quakers' thoughts on temperance and how the current Quaker way is to 'think carefully' about substances' effects on you and those around you, rather than prescribing abstinence. Someone also raised the question about where to draw the line on a substance being classed as 'psychoactive' when caffeine and chocolate can both affect people's moods.

We learnt about young (and old!) people's experiences of alcohol, drugs and gambling across the UK through a quiz, which allowed young people to relate anonymously to the issues and consider some of the concerns e.g. does gaming lead to gambling?

Some of the topics were necessarily heavy e.g. approximately how many gambling-related suicides there are a year in the UK (200-600

and really difficult to quantify – the charity Gambling with Lives has a campaign to try get inquests to consistently question whether gambling was a contributory factor in someone ending their life). These topics are a lot for anyone to consider, and so we also made sure to think about our own feelings and play a fun, connecting game of pictictionary before finishing with some worship.

After the session young friends were reflective. Some shared that they'd learned lots, whilst others that some of it had been covered at school. In their own words they said they felt the session was 'swell', 'interesting and made me think', and that they felt 'sombre, in a good way'.

We are really grateful to Alison for joining us and hope that we might do another workshop together when we can meet in person, and perhaps think more personally about the issues. It's great to link up this half of the BYM Quaker Youth Project with QAAD and to make the most of us both being based in Bristol!

Kirsty Philbrick, Quaker Youth Development Worker kirstyp@quaker.org.uk

1. West Young Friends Area Network works with Meetings in Bristol, Bath and all areas between Weston and Devizes. Its sister project, based in Sheffield, covers the whole of Yorkshire. Both are funded by Britain Yearly Meeting until May 2021.

Out of the darkness, into the light

The following is an excerpt from a presentation by Robert Wilson (Orkney LM) at the Quaker Mental Health Group's forum last November. The event's theme was Mental Welfare in Community, and Robert describes how his experiences of alcoholism and recovery were shaped by the numerous 'communities' to which he has belonged.

So where does addiction - and more particularly alcoholism fall into mental welfare? Well, I believe that addiction is a type of personality disorder or mental condition, in my case anyhow, caused in childhood and evolving during adolescence. My childhood was pretty unhappy. My father was a disciplinarian and his word was law, enforced by a leather strap.

Our family didn't associate with the local community and my brothers and I didn't play with other kids in our area. We were sent to private school, my father believing we'd have a better start in life, but it was a Catholic school and we were Anglicans and there were frequent, violent confrontations with other kids. Just when I needed affection and love because I was frightened and anxious, I didn't know which way to turn. Children have no way of knowing what is normal and acceptable if they've never experienced anything different.

I had a miserable education and couldn't wait to leave, with almost no qualifications. Fortunately, the police cadet service accepted me and I joined my next community - the start of my institutionalisation. I lacked confidence and was filled with self-loathing. Life was a burden to be borne with very little pleasure and I soon found relief in drink. In fact it wasn't long before I was dividing up my wages into daily allowances to spend on beer. Most of us cadets liked a drink, but I always seemed to need that bit extra. At the time, the police community certainly didn't discourage drinking, nor advise about its consequences. Staff knew cadets visited pubs underage but it was a very macho environment and that's 'what men did'. It was the normal thing to do at the end of shift, especially for the single guys.

I married an air stewardess and we had a hedonistic, partying lifestyle. Flying the world was common practice and so was drinking - duty free. Again, I had joined a community where drinking was the norm. Drinking didn't really affect my work then - I would ensure I was sober for work, although when I miscalculated and ended up in a hell of a state nothing was ever said. Colleagues could always be relied upon to cover for you, which could really make things worse. For 20 years I was an

airport firearms officer, carrying arms overtly on a daily basis. I'm sure I was often more a liability than an asset but, again, nothing was said. They needed the cannon fodder and I was lazy, only concerned with getting off duty and getting a drink or three.

When I retired, I was immediately re-employed by the police doing resources and property management. Without the discipline and a police officer's warrant, my drinking gradually increased as did my bouts of anxiety and depression. I started lunchtime drinking and secret afternoon tipping. The anxiety and shakes became very difficult, as did my temper. Stockpiling drink at home became an obsession, and I dreaded any occasion when I might be away from my stash for a few hours or, worse still, overnight. The thought of going to bed without enough booze to keep me asleep till dawn was terrifying and could literally cause a cold sweat and tremors of fear.

One night I collapsed alone in the garden after a long session. Fortunately, my step-daughter found me and called an ambulance and I was rushed to hospital where I suffered two alcoholic seizures. I had to be resuscitated but knew nothing of this until a week later in ICU. I will never forget that my step-daughter saved my life that night. I do believe in miracles and this wouldn't be my last. After a long recovery, I stopped drinking for three and a half manic years with no support or therapy. I was interviewed by the police chief medical officer but was offered no support, counselling or monitoring. Perhaps the police didn't want to accept they had staff with addiction problems.

As sure as eggs are eggs I started drinking again. I had no defence against the first drink or my 'condition', so I now know I was doomed to fail. This time my alcoholic deterioration was rapid. Within months I was drinking as much (if not

more) than when I had my seizures, and I was too proud and stupid to ask for help although I knew the drink would kill me this time. I've no idea why I went to the doctor one morning in 2008, but I was beaten and a complete gibbering wreck. I was prescribed Diazepam but still went through the most horrendous 'cold turkey' imaginable. A week later, I went to my first AA meeting and joined a community which was to save my life. Having true friends who know exactly what you're going through, but who have no sympathy, turned out to be the tough love I needed. To start with I'd go to three or four meetings a day, travelling far and wide. As my doctor pointed out "You've just swapped one addiction for another". "Yes" I said "but one may keep me alive - the other will kill me."

My recovery, spiritual awakening and self-realisation led me to my next community - Quakers. An AA friend was also a Quaker working at Swarthmoor Hall and we'd speak together late into the night after AA meetings. Gradually, occasional Quaker meetings became regular and Quakers became my family. I could speak my truth and nobody would mock, criticise or judge me. In fact mutual identification was quite common.

I took early retirement, learned about co-dependency, and went through a second divorce, ALL without picking up a drink. I gained the self-confidence and self-esteem that I'd always bluffed I had, learning to love myself the way I was - not perfect but the way I was created. Most of all I learned to forgive my father and to forgive myself. Not everybody likes me but that's okay now, that's their problem and I love them all regardless. I live one day at a time to the full because it may be my last. My life's full of gratitude, blessings and love for all humanity and all creation. I have no expectations but great faith which gives me the contentment and serenity that fills me just for this moment.

Book Review: **Never Enough by Judith Grisel**

We are grateful to one of our Trustees for contributing this review.

Who would imagine that a woman who, from her early teens, took copious amounts of all kinds of drugs and abused alcohol would, in her adult life, go on to become a neuroscientist and professor of psychology? However, this is Judith Grisel's story.

The title relates not only to the addict's need for a constant supply of drugs, but also to the understanding that for Grisel and many others like her, life never seems to offer enough. From a tense and unhappy childhood with strict, middle class parents intent on keeping up the appearance of respectability, through failures at one school after another, to a decade of a restless, often homeless life experimenting with a variety of drugs, the author finally realised her need for a radical change of direction. She came to recognise in herself the enduring feeling that there should be something more to life and that there might be a better way to find that than through drugs.

She acknowledges that she has an extreme personality with a love of risk taking and says that the incident that led to her turning her life around was when her distant father finally expressed his love for her by saying he wanted her to be happy. Embarking on a lengthy period of study for a PhD in neuroscience and sustained by the determination that had once led her into using and dealing drugs, she brought the same tenacity to her recovery, her education and to some twenty years of research into the neurology of addiction. She and her colleagues had hoped to find a cure, but this was not to be.

I was drawn to this book by its title, which chimed with my experience as the parent of a



drug addict and the growing awareness from his childhood that my son could never be made happy by any of the normal things or activities in life; he always wanted more than anyone could offer him and, like Grisel, went on in his restlessness to take what he thought satisfied that indefinable need.

This book can be read on two levels. Not all readers will feel the need or (like your reviewer) be able to understand the details of drug chemistry that the author enumerates. However, the descriptions of the workings and effects of drugs – including alcohol and even caffeine – are very informative and Grisel's own and her

friends' indulgences make riveting reading.

Finally, Grisel acknowledges that, despite the strides made in neuroscience, a way out of addiction probably does not rest entirely within the brain and that environment plays a role alongside biology. Even with the happy family life she now has, she still feels that life should hold something more fulfilling, but she can shake off the old destructive urge by subsuming it into her research. She believes treating addicts with kindness and care is the only effective way society can hope to reduce the increase in addiction.

QAAD gathering at Woodbrooke, July 2020

Due to the COVID-19 pandemic, it is with great sadness that we need to confirm the cancellation of our biennial gathering which was scheduled to be held at Woodbrooke in July.



We know that this will be a disappointment to the many Friends who attend our conferences regularly, as well as those who had enquired about joining us for the first time this year. We hope that it will be possible

to rearrange the gathering in summer 2021, and will provide further details in QAAD-RANT and on our website as soon as we can.

In the meantime, we are exploring various alternative ways we could arrange to meet Friends over the coming months. With this in mind, we are considering running a webinar and/or some themed Zoom meetings. We do understand that not everyone has internet access, or is comfortable with participating in online meetings. However, we would like to offer the chance for people to gather if they would like to, albeit in a different way. Do let us know what you think by emailing or calling our Director: alison@qaad.org 0117 9426981

We would like to extend our thoughts and best wishes for good health to all our readers and supporters at this difficult time.