

QAADRANT

Autumn 2020

Quaker Action on Alcohol & Drugs



Shrinking Drinks

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Alcohol

Minimum Unit Price in Scotland: The Institute of Alcohol Studies has analysed various research on the impact of MUP since its introduction in May 2018¹. It found that *'the most robust available evidence suggests MUP has reduced per adult alcohol consumption by 7-8%'*, and appears to be greatest among the heaviest drinkers. However, evidence on changes to health harms appears less conclusive and, the report warns, *'it may take years'* to accurately distinguish MUP's impact from other factors.

Drink and drug driving: A recent report has found that the number of breathalyser tests in England and Wales fell by a quarter between 2015-2018, with a corresponding rise in the number of people killed or seriously injured when the driver is over the legal alcohol limit². The report suggests that a rise in the proportion of positive tests indicates that drink driving increased during this period, and concludes that this may be linked to the 18% cut in dedicated roads policing officers since 2015.

The report also confirms that positive roadside drug driving tests increased from 10-30% during the same period. A BBC Freedom of Information request (2018) found that almost 25,000 motorists in England and Wales tested positive between March 2015 - January 2018, including 8,336 for cannabis and 3,064 for cocaine.

Drugs

Nitrous Oxide: Rosie Duffield, MP raised concerns about the effects of nitrous oxide ('laughing gas') during a parliamentary debate in July. She called for ministers to strengthen regulations on the drug's sale, saying that its use has increased significantly during lockdown. This was echoed in a British Medical Journal blog³ which expressed fear that the interruption of other drugs' supplies during lockdown may have led users to turn to nitrous oxide as a cheap

and easily purchased alternative. The researchers recommended a national health-led harm reduction programme.

Gambling

'Gambling Harm – Time for Action': In July, the House of Lords Select Committee on the Social and Economic Impact of the Gambling Industry published the findings of its in-depth inquiry. The Committee received oral and written evidence from academics, industry representatives, campaigners and charities, including QAAD, and heard testimonies from recovering gambling addicts and close others. The report is explicit in its condemnation of some operators' conduct: *'The unscrupulous methods and ingenuity of some gambling operators makes for shocking reading. This cannot continue.'*

Lockdown and its impact: Gambling Commission data on changes to gambling behaviour during lockdown confirms that 64% of engaged gamblers (i.e. those already gambling regularly) have spent more time and/or money; use of more addictive online slots and poker games increased by 25% and 38% respectively; and gambling sessions lasting more than one hour rose by 23% compared with the previous year. The Gordon Moody Association, which runs residential treatment programmes for problem gamblers, reported that interactions had risen from 30 to 1,000 a month between April – June, and that they received five calls a day from people expressing suicidal thoughts at the peak of the lockdown.

Footnotes

1. 'MUP in Scotland – What we know so far about its effects on consumption and health harms', Institute of Alcohol Studies, May 2020.
2. 'Roads Policing: Not optional - An inspection of roads policing in England and Wales', Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services, May 2020
3. 'The Hidden Burden of Laughing Gas', British Medical Journal, June 2020



Shrinking drinks: How Minimum Unit Pricing is making bottles smaller

Andrew Misell (Cardiff LM and Director for Wales, Alcohol Change UK) has observed an immediate and, potentially, positive change since Minimum Unit Pricing (MUP) was introduced in Wales earlier this year

When I first started working on minimum unit pricing for alcohol, more than 10 years ago, one of the main criticisms of it was that it was a ‘scattergun approach’ that would push up the price of all kinds of drinks. However, what’s become clear in the intervening years is that MUP tends to hit some very particular targets. By setting a baseline price for every 10ml of pure alcohol sold, MUP has its greatest impact on drinks sold at the lowest price relative to their alcohol content, most obviously super-strength (‘white’) ciders and the cheapest spirits. Since November 2019, I’ve been collecting price data for these types of drinks from shops in Cardiff, to try and understand just what the impact of MUP has been.

As expected, when MUP came into force in Wales on 2 March 2020, prices of cheap, strong drinks went up – by 151% in the case of one cider. But there was something else too: bottles started shrinking. We always wondered how producers would respond to MUP. Would they lower the alcohol content? Would they seek to improve the quality of their products to justify the new, higher price? There’s been a little bit of both of those things, but one of the most obvious shifts has been in size.

Three litre and 2.5 litre bottles of cheap, strong cider seem to be a thing of the past in Wales. In their place, we’ve seen 2 and 1 litre

bottles and 500ml cans. At the cheapest end of the spirits market, a number of supermarkets are now offering their own-brand whisky, vodka and gin in 350ml and 500ml bottles instead of the usual 700ml. Now, you might think that 2 litres - or even 1 litre - is still an awful lot of strong cider, or that half a litre is still a lot of whisky, and you’d be right. But it’s progress. Compared with 2.5 litres, a 2 litre bottle of white cider is a 20% reduction in someone’s alcohol consumption; a 1 litre bottle is a 60% drop. Switching from 700ml of spirits to 500ml is 30% less alcohol.

The other all-important factor here is what we might call ‘drinking decisions’ or ‘drinking increments’. The smaller the container of alcohol on offer, the more important this becomes. If we take strong cider as our example, someone who has bought a 3 or 2.5 litre bottle has a plentiful supply of alcohol, right there in front of them – probably enough to last an afternoon. Someone who has had to buy their cider in a 1litre bottle (or even a 500ml can) is in a different situation. The smaller container size has divided their drinking into smaller increments and, as a result, has introduced more decisions. After each bottle or can, they have a decision to make. If they have got another one, do they want to open it, or save it for later when they might need it more? If they haven’t got another one, do they have the both the money and the will to go back to the shop to buy more? Experience suggests that the net effect of adding these extra stages to the drinking process is to slow down someone’s drinking.



As for why manufacturers and retailers are shrinking some of their drinks containers, the answer seems simple: affordability. It makes sound business sense to offer products at prices consumers want to pay. In the case of post-MUP cider and spirits sales, reducing the size of containers means that products are still reasonably priced. The retailer gets to sell their product, the drinker gets their drink,

even if it is a bit smaller than before. Plus, from a public health point of view, there's a possibility of genuine harm reduction, by reducing someone's overall alcohol intake. Strangely, it could be a win-win situation for all concerned.

Food for thought

For many of us, food is a source of nourishment, pleasure, and social connection. This pair of articles offers different but complementary perspectives on how our relationship with food can trigger deep, sometimes troubling, emotions. Each talks about how important motivation and perseverance are in moving towards a healthier place in our lives.

The late Judy Clinton was QAAD's friend and supporter over several years. Some Friends may remember her 'Writing the Spirit' workshop at our Woodbrooke conference in 2010, and have read her numerous, insightful articles in the Friend. In her memory, we are reprinting an article we originally published in Spring 2007. Here, Judy reflects candidly on how making a significant change to her own diet helped to deepen her understanding of the difficulties of overcoming addiction.

A Sideways View of Addiction

For the past six months I've been on a severely restricted diet to try sort out my year-long health problems. I have had to give up sugar, caffeine, alcohol, dairy and gluten products, as well as various other foods. How I identify with the difficulties that drug addicts and alcoholics

have in giving up their desired substances! It is highly salutary for me to review my former self-righteous attitude towards those who simply can't kick their habits. I have also realised how much I have in common with those who wrestle with their substances. (One of my sons died five years ago as a result of alcohol abuse.)

I was never a junk eater, always rather proud of what I considered my healthy eating, so it was a nasty shock to find that the kind of diet I was having was, for me, not healthy at all. (There is a parallel here for those who can drink alcohol in moderate amounts and not be adversely affected at all; whilst for others any amount of alcohol has had disastrous effects.)

I began to identify with recovering alcoholics in realising that it is one thing to intellectually accept that what one is doing is unhealthy, even to see quite clearly what one must do about it, but an entirely different matter to carry it out. The first week was utterly miserable, with withdrawal headaches, intense cravings, and obsessive thoughts. But there was also a sense of satisfaction that the cause of my distress had now been seen and acted upon, a feeling of being on the right track.

But, oh boy, it's not the starting that counts in



the end; it's the relentless carrying on when faith that improvement is coming dwindles to a mere flicker. To be minus the comfort, stimulation and social satisfaction that food brought to me, at a time when emotionally and physically I was feeling even worse than before I started the whole business, was terribly difficult. The desire to chuck it all in and return to my former ways was, at times, almost too much for me. Had I not forked out large sums of money to see a nutritionist and paid for all my vitamins and herbal supplements, I probably would have given up – thank goodness for my meanness!

But that was only on a 'bad day'. Most of the time, I had some deeper conviction that I actually had no choice but to carry on. I knew that if I didn't radically change my diet my health problems would get worse and I could be courting serious illness. I had enough hope for a better life to keep me going – just. (For those in the midst of rampant addiction, I know that this kind of thinking is not possible.)

I had some naive belief in the beginning that all I had to do was give up eating certain foods for a short time, that I would very quickly be bouncing with health, and that my life would soon go back to normal. It just ain't like that! (I recognised this 'quick fix' thinking from my son's attempts to give up drinking too.)

My nutritionist had said when I first went to see her that she insisted on her clients having either counselling or healing, alongside the dietary changes. I soon found out why. As I physically started to detox the poisons that had been stored for far too long in my body, so I started the painful process of detoxing at every other level too – mentally, emotionally, socially, spiritually. I found myself in a turmoil of intense change. I was deep in a transitory period between my old self and my emerging new self and it was impacting on everything. Just as when labour

starts there is no return, only the relentless, painful passage towards birth, so it has felt with this process of change. I'm far from having been birthed yet, but I am acutely aware of the process that I am in; I realise that there is no going back, and I have some deep sense that what is happening is profoundly necessary and good.

In dealing with my own dependencies, I feel I have gained a measure of insight into how some people may experience addiction. I believe that some people who are prone to addictions are more acutely sensitive to life than many. This is a double-edged sword. Sensitivity, when used wisely and with due regard for the need for protection, is a marvellous gift both to the individual and to society as a whole. It is this sensitivity that feeds our great creative masters, healers, teachers, performers and all those other people who give the world its greatest quality and soul-depth. But when this sensitivity is not understood, is not protected, and is not channelled constructively, it may become heart-breakingly destructive in many different ways. Turning to addictive substances can become a short-term coping mechanism, one way of attempting to handle this sensitivity, which can turn very nasty indeed.

We need to nurture this sensitivity for, God knows, our world needs it, more now perhaps than ever before.

Remembering Anita Whitfield

We were very sad to hear that our former colleague, Anita Whitfield (Blackheath LM), had passed away recently. A retired counsellor specialising in alcohol addiction, Anita served as a QAAD trustee from 2006 until 2018, after which she was prevented due to ill health. We remain very grateful for her contribution to our work and, in particular, for the personal counselling she offered Friends during our



biennial conferences at Woodbrooke. In this excerpt from her article, originally published in our Winter 2010/11 edition, Anita offers the case study of how she supported a young client who was struggling with bulimia.

Motivation = Positive Thought?

Motivation is not a reincarnation of the older concept of ‘will power’ [which] could so easily be used as an excuse not to change problematic behaviour ... and involve the notion that others possessed the miraculous gift but not one’s self. Motivation implies an acceptance of the need to stop a hurtful habit and to persevere with that resolve. It can also be used to accept situations where it may not be possible to effect change e.g. a family member with a terminal illness. Involved in both changing behaviour and coping with problems is the determination to continue with an agreed course of action until completion.

A young woman I recently counselled really wanted to stop her bulimic behaviour. This tended to be worse when she felt lonely, anxious or had to make a decision [when] a strong urge to eat large quantities of sweet and/or starchy food enabled her to focus on that, rather than the emotions. Having binged...it felt as if the vomiting had somehow restored her normality. A very temporary and ineffectual ‘solution’ to the problem, which never

prevented it from recurring.

We worked on strategies which might help, devising weekly menus for healthy meals, relaxation and breathing techniques, and working on [her] issues of anxiety, self-esteem, decision making and procrastination. Soon, she said that she didn’t want to behave like that anymore, so she worked out a mantra for when temptation struck: ‘*Bingeing belongs in the past... I don’t do that anymore.*’ There were occasional, upsetting lapses but they became rarer and, in a way, strengthened her resolve to stop them... Her hard work was enhanced by the work she did between sessions. She kept a record of what had been helpful each time and of suggested strategies.

It seems very likely that motivation survives better in an atmosphere of positive thinking, and with the determination to change one’s behaviour for the better.

Friends will be aware that the focus of QAAD’s work is limited to issues of substance use and misuse and gambling related harm. As such, we are unable to support directly those living with eating disorders, but hope that generic articles related to addiction published in QADRANT will be helpful.

Black Lives Matter: We would like to hear from you

We are always pleased to receive articles and letters from our readers. Following the tragic death of George Floyd in May, we are keen at this time to learn more about the particular experiences of people from black and other BAME communities when seeking and receiving support or treatment for addiction. If you, or someone you are close to, have something you would like to share with Friends, please contact our Director, Alison Mather: PO Box 34, Bristol BS6 5AS Email: alison@qaad.org All contact with QAAD is treated in confidence.



Summary of Director's Report, 2019

This is a summary of the annual report our Director produced for our trustees in 2019, describing work completed and suggesting a focus for the year ahead. The full report is available on our website; if you would like a printed copy, please contact Alison Mather.

Our Director's work has continued to focus on education, prevention and support activities that address the problems of substance and gambling addiction. These activities work for the public benefit within the Religious Society of Friends (Quakers) and also outside it.

Friends and Meetings

Supporting Friends is an important part of our work. We are particularly aware of the needs of 'close others', Friends affected by the substance and/or gambling problems of someone close to them, in addition to individuals with direct experience. For all those who approach us, we offer individual support, provide opportunities to engage with each other, and share information and advice about specialist sources of help and support, sometimes arranging confidential contact with willing and informed Friends.

Our Director gave a presentation about our work and current issues at the East Scotland Area Meeting in February. During the discussion, several Friends offered insights and reflections based on personal experience. In August, our Director attended the North Scotland Area Meeting's annual retreat, where she ran a workshop, 'The Ripple Effect'. During the session, Friends shared their experiences and considered how Local Meetings can improve their response to those in need of support.

Work with young Friends

QAAD is a member of the Quaker Youth Work Network group which shares members'

approaches to working with young Friends. In October, our Director visited Sidcot School to discuss running a workshop for students and parents in 2020. We will continue to explore how QAAD can best support children and young people affected by our areas of concern.

Public issues

QAAD researches and raises awareness of preventative and treatment measures that would work for the public benefit in terms of promoting health and well-being.

During 2019, QAAD responded to consultations on gambling with credit cards; the new Gambling Harm Reduction Strategy (2019-22); and a House of Lords inquiry on the social and economic impact of the gambling industry. We work closely with ecumenical colleagues on gambling issues, and joined the Gambling Harm Alliance, hosted by the Royal Society for Public Health, following its launch in October. QAAD has stressed the need for stronger regulation and emphasised the serious impact for individuals, their families and communities.

QAAD welcomed the Welsh government's confirmation that it will introduce a 50p Minimum Unit Price (MUP) in 2020 and will monitor its impact in both Wales and Scotland. Our Director also responded to the Welsh government's consultation on its Substance Misuse Delivery Plan (2019-2022).

We continue to collate UK and international evidence on the impact and use of illegal and prescribed drugs and, particularly, the legalisation of medicinal and recreational cannabis. We focus on developing a robust understanding of the risks to, and lived experiences of, drug users and close others with the aim of being able better to inform and support Friends.



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.

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

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 have felt cheered and supported by the generous donations we have received over the past year from individuals, Meetings and Trusts. 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.

If you can Gift Aid your donation, it will be enhanced by 25p for each £. 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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