

# QAADRANT

Summer 2021

## Quaker Action on Alcohol & Drugs



### **A once in a generation opportunity -**

the government reviews the 2005 Gambling Act

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## Alcohol

### Minimum Unit Pricing (MUP) Scotland:

Research by Newcastle University found that MUP has had a lasting impact since its introduction in May 2018, with overall purchases falling by nearly 8%, particularly of ciders and spirits. Households which buy the greatest quantity of alcohol were the most likely to have reduced their purchasing, although this was not the case in high-purchasing, low-income households. The UK government has said that it will wait for evidence from Scotland and Wales before considering introducing MUP in England. Professor Ian Gilmore (Chair, Alcohol Health Alliance) said: *'The evidence is here – it's time for the government to introduce [MUP in England] in order to save lives, cut crime and reduce pressure on our NHS and emergency services.'*

**Northern Ireland:** It was announced in February that the introduction of MUP would be delayed for at least 18 months due largely to concerns about a potential surge in cross-border sales unless both governments in Ireland introduced the measure at roughly the same time.

**Alcohol-specific deaths in 2020:** According to the Office of National Statistics, there were 7,423 alcohol-specific deaths last year, almost 20% higher than in 2019 and the highest total since comparable records began in 2001. Deaths rose most steeply amongst drinkers aged 50 and above. Fear of attending A&E and lack of face to face treatment services during lockdown are thought to have contributed to the rise, as well as increased drinking amongst those who were already drinking heavily before the pandemic.

## Gambling

The government has announced it will ban the sale of National Lottery tickets and scratchcards in shops to under-18s from October 2021 'at the latest', whilst online sales to 16 and 17-year-olds were stopped in April. This responds to a 2019 consultation which found strong support for these changes. The UK is one of the few countries which have continued to allow under-18s to purchase lottery products. The Gambling Act review (see pps 3-6) will consider also raising to 18 the age for participating in society lotteries.

## QAAD at Yearly Meeting Gathering

We are pleased to confirm that QAAD will be running two online sessions at this year's YMG:

- **QAAD 'stall' at the Groups Fair** Saturday 24th July, 14:30 – 16:00  
This will be a 'drop in' opportunity, similar to the Groups Fair format in previous years. Please visit us to find out more about QAAD's work and concerns. Although personal issues cannot be addressed on the day, our Director will be happy to arrange to speak to Friends individually following the event.
- **QAADNET: Faith and Addiction** Monday 2nd August, 12:30 – 13:30  
A safe, confidential space for Friends to share their experiences of substance misuse, gambling addiction or both - personally and/or as a family member or friend. We hope to discuss how our faith has supported us during times of crisis and longer-term. Friends wishing to deepen their understanding of these experiences are also welcome. Please note that the maximum number of participants is 20 with places allocated on a first come, first served basis.

## 'A once in a generation opportunity' – the government's review of the 2005 Gambling Act

In December, the government finally launched a consultation on its review of the 2005 Gambling Act. The review aims to make sure the Act is *'fit for the digital age'*, responding to technological developments which have seen the rapid, substantial growth of online gambling products and put gambling in customers' palms 24/7/365.

Further aims are to ensure that *'customers are suitably protected'* wherever and whenever they gamble, and to achieve *'an appropriate balance between consumer freedoms and choice and the prevention of harm to vulnerable groups and wider communities.'* The use of the words 'suitably' and 'appropriate' suggest that subsequent policy discussions will need to clarify the extent to which the government intends to address widespread concerns about gambling related harm, and how it plans to strengthen regulation of a powerful industry which has proved adept at evading attempts to control its operations: *'The unscrupulous methods and ingenuity of some gambling operators makes for shocking reading. Their tactics are to change their working methods just enough to avoid more regulation being imposed on them from outside; and to date that has worked well...'*

In our response to the consultation, we reiterated QAAD's enduring position, first provided in written evidence to the Culture, Media and Sport Committee (2011):

*'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.'*

## Background

Before the 2005 Act, the basis of public policy was that although Parliament did not want to ban gambling, it would do nothing to encourage it. The Budd Report (2001) set a different, radical course, proposing the liberalisation of gambling and promoting consumers' freedom to choose in a wider, competitive market. Crucially, it recommended abolishing the 'demand test' - the principle that licence applications for new betting shops, bingo halls and casinos should only be granted in response to proven, unstimulated customer demand.

Although the report stressed the need to protect children and young people, it stopped short of proposing a ban on under-16s using arcade machines to help seaside economies. It recommended allowing bingo halls to offer unlimited prizes, betting shops to install jackpot machines, and the establishment of a single regulator (the Gambling Commission). The Government accepted most of the report's recommendations and the Act became law in 2007.

## Since 2007

There have been some welcome reforms to gambling regulation recently: reduced maximum stakes for Fixed Odds Betting Terminals (2019); a ban on credit card use and strengthening of regulatory guidance on 'VIP' accounts (2020); and measures to improve online customer protection e.g. slowing spin speeds (2021). These changes followed several years of campaigns and debate and, being incremental, have offered limited restraint on the exponential increase in the industry's reach and profits.

In 2019-20, the Gambling Commission fined operators £30m for licence transgressions; in 2020, the industry's gross profits were £14.2bn. In a Commission survey last year, 74% of respondents felt that 'gambling is dangerous for family life', whilst just 28% agreed that it is 'conducted fairly and can be trusted'.<sup>3</sup>

### QAAD'S response to the consultation

QAAD chose to highlight the fundamental weaknesses of the 2005 Act, and the changes we believe are most critical if gambling harm is to be reduced significantly. We also confirmed our support for the detailed recommendations provided in reports by the House of Lords Select Committee, the Gambling Related Harm All Party Parliamentary Group (APPG)<sup>2</sup>, and the consultation response by the Royal Society of Public Health's Gambling Health Alliance (to which QAAD belongs). Here are some of the key issues included in QAAD's response:

#### A new Act – based on a public health approach

We suggested that amending current legislation is unlikely to have significant impact on gambling harms, given its premise that gambling is an inherently safe form of entertainment. The public discourse has been shaped by the industry's continued assertion that only a tiny proportion of customers suffer harm, placing focus and responsibility on individual choices, behaviour and/or pathology. This serves its commercial interests by diverting attention (and research) away from the addictive design of many gambling products. Official statistics are likely to represent the *minimum* number of people affected as they only relate to those who have been clinically diagnosed. Many people experience harm even when gambling at a relatively low level and this can accelerate rapidly, with long-lasting consequences for themselves and their families.

A public health approach would prioritise preventative measures across the whole population, providing clear information about the addictive nature and consequences of gambling and encouraging people to seek help *before* their gambling becomes a serious issue.

#### Who is 'vulnerable'?

We questioned the language which is frequently used when discussing gambling related harm. For example, there is no clear definition of 'vulnerable' despite its use in defining who needs protection. Poverty, substance use and mental ill health do place customers at greater risk, but such factors are not always fixed, whilst many people go through difficult temporary periods in their lives when their vulnerability increases. Defining individuals or groups as 'vulnerable' gives false reassurance that 'they' are at risk and 'we' are not, masking the inherent addictive nature of gambling.

#### Children and young people

The Bishop of St Albans has described the estimated 500,000 11-16 year olds diagnosed as problem gamblers as 'a generational scandal'. We recommended that new legislation needs to prioritise the particular susceptibility of children and young people to the risks of gambling harm. We called for a ban on all gambling under 18 years and for in-game gambling, e.g. loot boxes, to be classified as gambling. We also stressed the importance of improving protection for young adults (18-24 year olds) who experience some of the highest rates of gambling harm.

#### Advertising

In 2017, the industry spent £1.5bn on advertising and marketing, 80% of which was online. We raised our concerns about the volume and intensity of advertising, marketing and personalised incentives and promotions, particularly related to sports events. We called for a complete ban on gambling advertising,

promotions, 'VIP' schemes and sports sponsorship. Recognising that this may take time to achieve, we suggested an immediate ban on all sports advertising and sponsorship.

#### A mandatory levy

For several years, campaigners, MPs and even the Gambling Commission itself have called for a mandatory levy on the industry. Currently, voluntary contributions are used by the charity GambleAware to commission research, treatment and education. However, these fall significantly short of what is needed and some operators pay little or nothing at all. The largest operators have pledged £100m over five years, but this represents just 1% of annual gross profits and, being voluntary, treatment providers and research bodies find it difficult to plan and sustain their work.

Many academics are reluctant to accept commissions, fearing that industry funding may damage the credibility of their findings. We stressed that it is essential to run entirely independent research, based on public health principles. Once again, the House of Lords committee did not mince its words: *'It is beyond belief that the Government have steadfastly refused to exercise the powers they already have to impose a mandatory levy on the industry. They must drag their feet no longer.'*

The full version of our response can be read via our website: <http://qaad.org/public-issues/gambling-2>. If you would prefer a print copy, please contact our Director, who will be happy to post it to you.

#### References

- 1 House of Lords, Select Committee on the Social and Economic, Impact of the Gambling Industry Report of Session 2019–21HL, Paper 79 Gambling Harm— Time for Action
- 2 Report from the Gambling Related Harm All Party Parliamentary Group, Online Gambling Harm Inquiry, Final Report (June 2020)
- 3 Gambling behaviour in 2020: Findings from the quarterly telephone survey, Gambling Commission <https://beta.gamblingcommission.gov.uk/statistics-and-research/publication/year-to-december-2020>

## Calming the 'washing machine' mind

*In this article, Andrew P (Beccles LM) describes how he has found his own path to recovery, combining AA, Quakers and a Buddhist-based 8-step programme.*

In the UK, 12 Step (AA) and Smart Recovery® are the most well-known addiction recovery systems. I got sober within AA myself, in fact I haven't drunk alcohol since my first meeting just over three years ago. However, some people are put off by the spiritual program of AA as the word 'God' is used frequently.

Outside of the UK, and especially in the USA, you can find anything from AA to Equine Assisted Therapy and spend thousands of dollars trying to get sober or clean. You can fly to Thailand and visit Wak Thramkrabok, the famous Vomit Temple, and get sobered up pretty quickly by drinking a daily herbal emetic for 14 days (causing severe vomiting) and embarking on a Buddhism-based recovery. Though sounding extreme, this does apparently have a high success rate, helping people as a last hope. It's also free, apart from the minimal cost of food while you stay. However, if someone is not drawn to this idea, there are alternative recovery systems based on Buddhism that can be accessed here in the UK.

In addition to AA, I now regularly attend an Eight Step Recovery group (also known as Mindfulness Based Addiction Recovery - MBAR) which uses the Buddha's teachings to aid recovery, with the support of like-minded people in regular meetings. It has some similarities to both AA and Smart Recovery® and can be used instead of, or in parallel with, both.

The Buddhist Noble 8 Fold Path teaches a path to escape suffering and discontent. We look at



our speech, actions and livelihood. A person cannot recover from an addictive mind while under the stress of dodgy dealings, fear, or constant arguments and fighting everything and everybody. One has to look deep inside and change our way of approaching things past and especially present, as in AA's 12 steps. Searching questions and techniques are used similar to cognitive based therapy (CBT). A mentor can be used, similar to a sponsor in AA. It has helped me to change the way I think about situations and respond to them.

Having been through 'the steps' with AA, I still use the principles daily. The acceptance of suffering or discontent in the Eight Step meeting has parallels with the handing over to God in the AA 12-step program. Buddhism does not require you to worship a God and the Eight Step program doesn't require you to be a Buddhist. Both are guides to living and I find that both fit well with my being a Quaker too. In fact the 'Higher Power' term used in AA describes very much how some Quakers, including me, see God. Spirituality in Buddhism tends to come from within. It's more about the here and now, and I liken this to the 'Light Within' used by Quakers. Acceptance of reality is the key for both paths. Prayer and meditation help me to find that reality and to calm the 'washing machine' mind and the narrative that it creates about situations I find myself in.

The teaching of impermanence in Buddhism is echoed in a well-known AA slogan 'This too shall pass'. This has helped me come to terms with relationships ending - with things as well as people. Couples break up, people and pets die, cars break down, bodies get old, pandemics happen! On the other hand, I won't always have toothache and the pain in the wallet of that speeding ticket this morning won't be at the forefront of my mind this time next year!

The thing I like about the Eight Step program is that it embraces any and all addictions and behaviours, such as shopping, eating, porn and gambling. After a while, I realised that alcohol was just something I used to change the way I felt. By attending the recovery group, I can see how I have to be mindful of other things too - having something sugary, or buying something I don't really need on eBay. These are addictions too.

Attending the Eight Step meetings has really helped me look at myself as a whole, but also as a part of, and connected to, everything else. It's so easy to see myself as at the centre of everything. Mindfulness and the company of others help to show me that we are all connected, and what I do or say affects what happens and how I feel in the future (Karma). It doesn't in any way conflict with AA; in fact I consider it to be a big AA Step 11 ('Sought through prayer and meditation to improve our conscious contact with God as we understood Him.') Meditation and mindfulness help me to sleep and have greatly reduced my anxiety and depression.

I am a Quaker. I now think I've always been a Quaker, but only realised it three years ago. In addition to Quakers and AA, Buddhist principles are also a great aid to keeping me physically and emotionally sober.

There are several national and international groups that use the Eight Step model for recovery, both face to face and online. Further information can be found here:

[www.buddhistrecovery.org/meetingslisting/meetings/Telephone+-+Online.htm](http://www.buddhistrecovery.org/meetingslisting/meetings/Telephone+-+Online.htm)

\* *Eight Step Recovery - Using the Buddha's Teachings to Overcome Addiction* was created by co-founders Dr. Valerie Mason-John and Dr. Paramabandhu Groves.

## Letters to QAADRANT

I do sympathise with Peter's sleep problems (see QAADRANT Spring issue). I remember how dopey Phenergan made me feel the following morning (though I was taking it for hay fever), but I found remedies for both conditions via homeopathy. I know it's been discredited, but I still take it because it works for certain conditions.

### Jean Stephens

*It was with sadness that we learned of the passing of Jean Stephens in March, aged 96. Jean served as a QAAD trustee for 14 years, until 2011, and was then made an Honourable Life Trustee. We thank her son, David, for sharing these details, written for her funeral by a Seaford Friend and the family.*

With the outbreak of war in 1939, Jean's brother became a Conscientious Objector and her sister took her to her first Quaker meeting when she was sixteen. She felt at home immediately and never looked back. During the war, she spent a fulfilling time working for the Friends Relief Service, looking after evacuated children and elderly people. Peace remained an enduring commitment throughout her life and she was a stalwart on many marches, including Greenham.

After the war, Jean moved to London to train as a nurse in the East End. The hospital was an old workhouse where Edith Cavell had once been Matron. Jean met Fred, her future husband, at Friends Hall in Bethnal Green and they went on to have three children, seven grandchildren and five great-grandchildren.

From the 1970s, Jean supported QAAD's work and she became a trustee in 1997. She

My mother, a doctor, used to snort 'It's just faith', but as I pointed out, faith has no side-effects and doesn't affect prescription drugs. Many thanks for all that QAAD is doing,

**Patricia (Oxford & Swindon Area Meeting)**

is remembered by our trustees as one whose contributions to our work represented the views of fellow abstainers and those like her, rooted in Quaker principles. Jean was also a member of the Friends Vegetarian Society and, later in life, spent time as Seaford Friends' representative for Christian Aid.

Jean could not imagine not being a Quaker. She based her life on Christ's teaching and enjoyed contact with other churches, attending ecumenical services and enjoying hymn singing. As she walked cheerfully over the world, answering that of God in everyone, Jean achieved in life what many of us aspire to.

David Barry, QAAD trustee has added his personal reflections of Jean:

*I have fond memories of Jean from my days attending QAAD gatherings at Woodbrooke where she was always very encouraging. When I moved to Sussex, I saw Jean more frequently at AM where she was always a lively participant right up to the point when she reluctantly accepted she had become too frail to live independently. Despite this setback, she faced her future with incredible cheerfulness*



## 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](mailto:alison@qaad.org)

## Have you looked at the QAAD website recently?

Please visit **[www.qaad.org](http://www.qaad.org)** for information about QAAD, news of events for Friends, and details of our public issues work.

## Thank You

We have felt cheered and supported by the generous donations we have continued to receive from individuals, Meetings and Trusts during this difficult year. Donations are significant in two ways – they make us feel that our work is valued, and they give QAAD a longer-term future. In order to continue our work, we need to continue to draw down from our reserves which, of course, are not unlimited. Please send your donation to: Ron Barden, Treasurer, 33 Booth Lane North, Northampton, NN3 6JQ. Alternatively, if you would prefer to donate using a BACS transfer, our banks details are:

**Account Name: Quaker Action on Alcohol and Drugs**

**A/C No: 31452673 Sort code: 400327.**

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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