

Quaker Action on Alcohol & Drugs



***‘Recovery is an ongoing process,
not a destination.’***

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Moving On: QAADNET Meeting 30th April

We were very pleased to welcome our speaker, Brajna Greenhalgh, to our recent online QAADNET meeting, and to be joined by Friends from around the country once again. With her colleague at the University of Bangor, Dr Lee Hogan, Brajna is co-Director of Helping Groups to Grow, which has developed three programmes to support people struggling with drug and/or alcohol problems in Wales.



Brajna began by describing the three programmes in detail. The first two are aimed at people before they enter treatment: **Nudge** engages people who are still drinking and/or using and have yet to decide if they want to make changes in their lives; **Pathways to Recovery** then encourages those who have accepted the need for change but are still unsure how to take the next step. Brajna pointed out that they often feel ambivalence at this point - seeing the benefits of change but also wanting to avoid the pain of recovery. To overcome this, it is important that workers and volunteers avoid coercing or lecturing anyone, but instead they model positive behaviours. If they commit to change, participants can then be referred to treatment.

Moving On In My Recovery (MOIMR) is the most substantial of the three programmes. It

offers support to people who have left treatment and are in early recovery to stay sober and rebuild their lives. Each of the 12 weekly group sessions focuses on a different aspect of life such as relationships, work and finances. Crucial to its success has been the direct involvement of people in recovery in its design and facilitation. There is now a 'legacy' programme too so that people can continue supporting each other after they complete the programme if they wish, echoing Brajna's point that *'recovery is an ongoing process, not a destination.'*

She then explained the Acceptance and Commitment Therapy (ACT) approach and the Vulnerability Model, developed by Dr Hogan, on which the programmes are based. The basic premise is that humans are 'hard wired' to avoid pain and do this by developing various strategies: 'positive' (e.g. focussing on exercise or work) or higher risk (e.g. substance use or gambling). Substances also offer rewards (relaxation, 'a buzz'), whilst activities such as exercise can become compulsive. When a problem develops, it creates new sources of pain - guilt, shame, self-judgement - which can lead to continued and increased use.

We may get 'fused' with negative thoughts and memories, blocking learning and eliminating curiosity about life and change. Using ACT, MOIMR encourages participants to accept and 'lean in' to difficult feelings rather than avoid or deny them, and to commit to change. In this way, they 'make space' for new experience and growth.

MOIMR focuses on values rather than goals. Brajna argued that when we have a list of things we must or should do, we are almost bound to fail! By contrast, our values can provide a stronger, more consistent foundation for change and, by using them as our compass, we are more likely to move in a positive direction.



Brajna finished by telling us about the MOIMR app. Launched in April, it is available free of charge for phones, tablets, PCs and laptops in any location, including abroad. It contains all of the programme’s elements; additional resources such as contacts for external support; daily inspirational readings; and a tool for setting and tracking objectives.

A recording of Brajna’s presentation is available via our website: <http://qaad.org/woodbrooke>

Please contact our Director if you would like a copy of Brajna’s presentation slides. Further information about MOIMR, including two short films made by former participants about their experience of the programme, is available on the website: <https://www.moimr.com/>

QAAD events in 2022:
 QAAD events in 2022: We are planning to hold further online meetings this year. If you would like to be added to the events mailing list, please contact our Director, Alison. Details will also be posted on our website and in future issues of QAADRANT.

Minimum Unit Price in Scotland – is it working?

This population Public Health Scotland (PHS) has published its latest report on the impact of Minimum Unit Pricing (MUP) on harmful and dependent drinkers. Media reports stated that alcohol sales had not fallen and that some people had cut back on food and utilities because alcohol had become more expensive. However, the report’s findings are mixed and more nuanced. The study’s leader, Professor John Holmes (Director of the Sheffield Alcohol Research Group) stressed that dependent drinkers responded to MUP in different ways: *‘Some reduced their spending on other things but others switched to lower-strength drinks or simply bought less alcohol. It is important that alcohol treatment services and other organisations find ways to support those who do have financial problems, particularly as inflation rises.’*

Purchases by ‘hazardous’ (i.e. non-dependent) drinkers fell by 3.5% and there was no clear evidence of the negative consequences anticipated by anti-MUP campaigners such as

increased crime, shifts to other drugs and acute withdrawals.

Helen Chung Patterson (PHS Public Health Intelligence Adviser) said that this was a *‘diverse group with complex needs’* and *‘many are likely to drink low-cost high-strength alcohol affected by MUP and are at greatest risk from their alcohol consumption. This population therefore [has] the potential to benefit the most from MUP but may also continue to experience harms.’*

Laura Mahon (Deputy Chief Executive, Alcohol Focus Scotland) called for increased investment in treatment services, commenting: *‘At a population level MUP appears to be having positive benefits. We’ve seen a sustained decrease in how much we are drinking overall since the policy was implemented. Alongside this there have been encouraging reductions in hospital admissions from alcohol-related liver conditions and an initial 10% fewer alcohol-related deaths in 2019.’*



Faith, Family and Recovery

In May, QAAD Director, Alison Mather was one of two speakers at this 'round table' meeting, arranged jointly by ADFAM and Alcohol Change UK. Representatives from charities and addiction services joined academics and politicians to discuss how faith communities could improve support for people struggling with addiction, and how support services could develop a better understanding of the role faith plays in service users' lives.

In her talk, Alison reflected on many years of listening to close others' stories about coping with addiction within the family, and the spiritual dimension of recovery for those following a 12-step programme. She explained aspects of Quaker faith, and the response of Quaker meetings to Friends in need of support. Here is an excerpt from her talk:

'I've heard it said that when addiction enters the home, trust is the first thing to pack its bags. Trust is the bedrock of all relationships but it can be almost impossible to sustain when faced with the denial, secrecy, and manipulation which characterise addiction. Families are left to navigate their lives without solid ground or route map, searching for solutions and strategies and being faced time after time with the reality that nothing they do seems to make any significant or lasting difference. We know that isolation is so harmful for these families but that it often acts as a protective shield – one that can, over time, evolve to feel more like a prison.'

Trust is also fundamental to the experience of faith. Trusting that God, however this is conceived or understood, will not desert us when we're in crisis, when hope has been exhausted. Trusting that, eventually, this too shall pass. Does this help when faced with such a harsh and

relentless catastrophe? I think it certainly can - for some people, sometimes. For others it is more complicated.

During conversations with Friends, I ask if they have been able to talk about their situation with members of their local Quaker meeting. I'm saddened by how often they say that they've tried, but the response hasn't always been very helpful. That's not to say that people have been deliberately unkind. But some say they've felt judged or that the other person seemed uncomfortable and simply unable to understand or empathise with them. Many have not talked about it at all, finding it just too difficult to overcome stigma and embarrassment.

A central tenet of Quaker faith is that there is 'that of God in everyone'. We're encouraged to look beyond personal or social differences, challenging behaviour or opinions we don't agree with and try instead to focus on compassion. Yet, I've had conversations with Quakers who speak in terms of 'us' and 'them' – assuming that harmful substance use is not part of the Quaker experience. I want to say this because I feel it's important to acknowledge openly and honestly some of the weaknesses within faith communities, including my own, when responding to people struggling with the impact of addictions.

So what role can faith play? I think that there is no single or simple answer. It can vary in its strength and meaning in someone's life over time. When coping with the impact of addiction, those with a strong faith can find that it's tested to breaking point, with so many prayers apparently unanswered. Others find that their faith is a vital source of comfort and guidance and it has been strengthened. And, of course, many will have been well supported and nourished with kindness by their faith communities. Faith, as with so many aspects of our lives, can ebb and flow. Indeed, as Quakers,



we are encouraged to ‘come regularly to meeting for worship even when you are angry, depressed, tired or spiritually cold.’

We know that family members and friends find it extremely difficult to focus on life beyond the immediate chaos and fears of potential disaster, to remain in contact with what they need practically, emotionally and spiritually. Families also need to recover and I’m not sure that this is always obvious, beyond relief from chronic stress and exhaustion. Once again, there’s no solid ground. Trust has to be rebuilt with the shadow of relapse always waiting in the wings.

Speaking to a clinical psychiatrist several years ago, she observed how difficult families can find it to adapt when their loved one enters treatment. Family dynamics change and the hope that once the drinking/using stops, they will ‘get their loved one back’ is replaced by the realisation that everyone has changed and different relationships need to be developed.

Not everyone who has a faith wears it on their sleeve. Some talk openly about it, for others it’s entirely private. In an increasingly secular world, it can be something people avoid talking about. And if you don’t have a faith yourself, you may assume it’s better not to raise it – perhaps through fear of offending someone – and to leave faith communities to do the ‘god’ bit, forgetting that they can also ‘get it wrong’. One thing’s for certain: if faith is present in someone’s life, it will be significant. Perhaps a willingness to be open-minded and show interest when someone raises it could help build understanding and, in doing so, develop their trust in us when they most need it.’

Another meeting is being held to continue these discussions in the autumn. We would be very interested to hear your reflections on how faith and Friends have supported you, and suggestions on how this might be improved. All contact with QAAD is held in strictest confidence.

* News update * News update * News update *

NEWS: Gambling

Gambling Act Review: The government’s White Paper on the Gambling Act 2005 review has been delayed once more. Despite assurances by Chris Philp MP (Parliamentary Under-Secretary of State for Tech and the Digital Economy) that it would be published in May, QAAD understands that it may now be in July or after the summer recess.

Gambling-related suicide: An inquest into the death by suicide of Jack Ritchie in 2017 concluded in Sheffield in early March. Jack became addicted to gambling on fixed-odds betting terminals (FOBTs) whilst still at school. His parents, Liz and Charles, have since founded the charity Gambling with Lives which campaigns for gambling reform. This was the first inquest to include whether the government had breached its duty to protect someone’s right to life related to gambling addiction. It investigated Jack’s death and also what treatment and information was available to Jack and his family. In his narrative verdict, the coroner, David Urpeth, did not rule that the state

had directly breached its duty of care. However, he said that ‘warnings, information and treatment for problem gamblers at the time of Ritchie’s death were woefully inadequate and failed to meet Jack’s needs.’ He highlighted the need for more GP training about gambling disorders, and will write to government departments and gambling agencies about how future deaths could be prevented.

Drugs

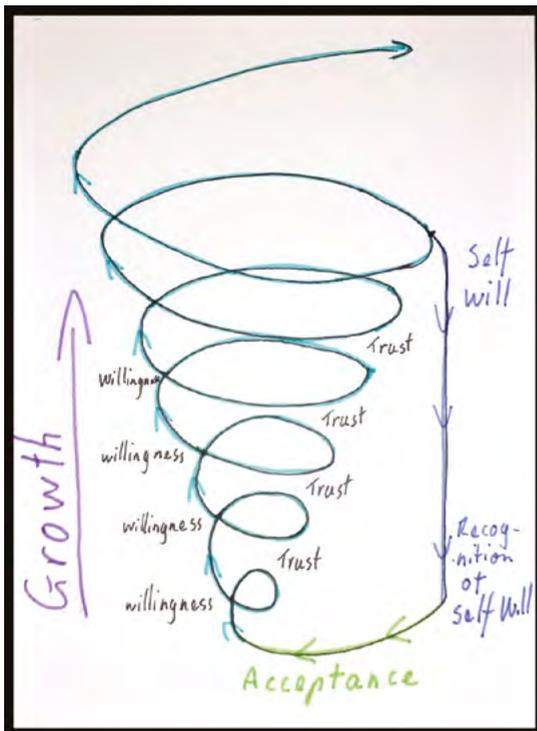
Sadiq Khan launched the London Drugs Commission in May, fulfilling a commitment he made during his re-election campaign last year. It is chaired by Lord Charlie Falconer QC (former Lord Chancellor and justice secretary) and comprises a panel of independent experts in criminal justice, public health, politics, community relations and academia. It will consider evidence from around the world on the outcomes of various drug policies and will make recommendations for City Hall, the government, the police, the criminal justice system and public health services.



Faith, Trust and Recovery

This is the second part of the article written by Rhiannon (Shetland LM), part one being published in our Spring issue. Here, she continues to reflect on her personal experience of recovery and, in particular, the important role of faith, trust and acceptance.

I drew this peerie (a Shetland word meaning tiny) diagram when my AA buddy and I were discussing the AA process.



At the bottom of the spiral we have the ‘gift of despair’ and are willing to have faith to do anything to escape from what and where we are. The longer we are willing to trust the program, the more we learn and grow. At some point, we may become overconfident, our willingness flounders or we stop trusting and we return to our addictive behaviour patterns until we feel desperate enough to try again.

This takes us to the idea of power and acceptance. AA views powerlessness as a powerful tool, a sort of liberation through surrender. The more we try to control things around us, the more scared we become because we can’t control every outcome. Fear makes us try to control more and more and a downward spiral brought on by ‘self-will’ ensues. When we see and accept what we are powerless over, we find a new freedom and energy to focus on changing the things that we do have power over and become more likely to achieve our primary goal – to stay sober.

Steps 4-9 in AA provide a structured way of identifying things we have done wrong, accepting what we have done, talking to someone about them, identifying ways to make amends, doing that and learning not to repeat our mistakes. This requires a massive amount of trust in others since it requires talking about our worst deeds. On the plus side, we start to find our true selves and, as we lay our pasts to bed, we learn to trust and accept ourselves. We often find that we start to become accepted and trusted by others too.

I am finding a sense of serenity and safety that I didn’t believe even existed. However, practising trust, powerlessness and acceptance is a daily activity. I feel such freedom when I am able to let go. Some days I lean more heavily on my Higher Power, some days more on my support network, friends and family. All are essential for my spiritual health and sobriety. When I stop trusting and start to depend on my own resources too much I tend to get exhausted and overwhelmed.

When we have been sober for a reasonable length of time the challenge changes a bit. We have to decide what to prioritise or we will relapse. It’s easy to want to do too much and



many of us need extra help to process trauma or deal with health issues. We learn to simply ‘do what we can if we can’ and then ‘trust the outcome’ by using a 4-step process which can be applied both to ‘in the moment’ situations and to longer term planning:

1. Pause - recognise that something is wrong/a decision to be made
2. Pray - this could be seen as meditation, contemplation etc.
3. Speak to someone about the issue (to get another perspective) and then do what needs to be done (if that is necessary)
4. Help someone else - distraction is used as a way of letting go of worry over the outcome

Here again, trusting is absolutely key. We have to trust our choice of what and who to ask (faith in ourselves). We trust them as individuals emotionally (faith in friend/family etc). We then weigh up their actual response to our question (faith in theirs and our own cognitive abilities) and trust the decision that we make (faith in ourselves). Later on, we trust that we and those around us will be able to cope with the outcome (faith in humanity). I have found that I still need to practise this regularly or it becomes more difficult to do.

The 12-Steps are the process that we work through to reach a stable, sober state and some people redo them regularly as a way of coming to terms with their changing understandings of their past. The steps become a way of life and can give a person who feels that they have ‘wasted their lives’ a purpose. The final step, ‘helping others’, is a great gift. Viktor Frankl, a psychologist who survived the WW2 concentration camps, refers to it. Having a purpose that is existential (greater than the self) allows individuals to overcome unimaginable hurdles and challenges. Often that can be what staying sober feels like.

You do not need to know precisely what is happening, or exactly where it is all going. What you need is to recognize the possibilities and challenges offered by the present moment, and to embrace them with courage, faith and hope.

Thomas Merton

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. For an informal discussion about what would be involved, please contact our trustee Tim James: trjames@doctors.org.uk or our Director, Alison Mather: alison@qaad.org Post: PO Box 34, Bristol BS6 5AS

Talking things through

Although we do not offer a counselling service, please call or email our Director, Alison Mather, if you would find it helpful to talk things through with someone who understands and can provide details of specialist sources of support. All contact with QAAD is held in strict confidence.

Tel: 0117 9246981 Email: alison@qaad.org
Post: PO Box 34, Bristol BS6 5AS

QAAD membership

From time to time, Friends ask us about QAAD ‘membership’ and how they might join. QAAD is not a membership or subscription body. Our support, events and resources are free and accessible to all those who wish to use them.

Families Awareness Week (20th – 26th June)

ADFAM has organised the first national Families Awareness Week which aims to highlight the experiences of the estimated 5 million adults in Great Britain which are negatively affected by the drinking, drug use and/or gambling of a close other. Amongst the activities are two free online events, an in-person conference and a national petition, calling for the government to increase funding for local support services for families. Full details can be found at: www.familiesawarenessweek.org/events

Contacting QAAD

If you would like to contact QAAD for any reason, please write to our Director, Alison Mather, by post: PO Box 34, Bristol BS6 5AS or email: alison@qaad.org You are also welcome to call her: 0117 9246981

Thank you for your support

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.

I am a UK Taxpayer and want QAAD to treat all donations I have made for the past four years, and all future donations I make from the date of this declaration, as Gift Aid Donations until I notify you otherwise.

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