

## Quaker Action on Alcohol & Drugs



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# ‘Swift, Certain, Tough’: Publication of a White Paper on drug possession consequences

In July, the Home Office published ‘*Swift, Certain, Tough*’<sup>1</sup>, setting out proposals for changes to how the criminal justice system tackles adult drug possession offences in England and Wales<sup>2</sup>. It aims to ‘[reduce] demand for drugs and [reverse] the rising trend in drug use so that within a decade, overall use is at a historic 30-year low’ by strengthening police and criminal justice responses to drug possession offences. It follows the publication of a 10-year drug strategy last December<sup>3</sup>, and both papers acknowledge the findings and recommendations in Dame Carol Black’s 2021 independent inquiry.<sup>4</sup>

Citing evidence from Black’s inquiry, the Home Secretary, Priti Patel, highlights the ‘*clear links between the trade in recreational drugs and violence and exploitation*’. She confirms that the White Paper does not include those with a drug addiction for whom treatment is ‘*the most relevant intervention.*’ Instead, it is designed to target ‘*so-called recreational users*’:

*‘Too often, individuals who choose to use drugs casually are sheltered from or wilfully ignore the human cost of the drugs trade which is immediately around them. They are putting money into the pockets of dangerous drug gangs and fuelling violence, both in the UK and across the globe. We want this to change.’*

Although the Paper does not include measures to address children’s and young people’s drug use, it does highlight their increasing levels of consumption, suggesting that this may lead to ‘*a potential normalisation*’. It also refers to evidence of ‘*an association between the use of high potency cannabis and mental health issues, including psychosis.*’

## A three-tier approach

The Paper sets out how drug possession would be dealt with under its proposals:

- **Tier 1:** All first-time offenders would be issued with a fixed penalty notice (FPN), requiring them to attend (and pay for) a drugs awareness course. They will pay an increased financial penalty if they do not attend, and non-payment will result in the fine being registered at court for enforcement or prosecution for the original offence.
- **Tier 2:** For a second offence, the individual would be offered a caution instead of being charged, which would include (‘*where proportionate*’) a period of mandatory drug testing alongside attendance at a further stage drugs awareness course.
- **Tier 3:** For a third offence, the individual ‘*would likely be charged for their offence*’. On conviction, a new civil Drug Reduction Order could be applied, meaning that the court could impose one or more of an exclusion order; drug tagging; passport confiscation; and a driving licence disqualification.

In addition to the above measures, there are further proposals for new legislation to expand Drug Testing on Arrest (DToA), empowering police to test for all Class A drugs and for cannabis (currently only cocaine, crack cocaine and heroin are covered). If a test is positive, the individual could be required to attend a drug assessment whilst the criminal justice system continues to deal with the crime for which they have been arrested. The aim is to identify offenders whose drug use contributes to their criminality so that it can be treated and reduced.



In August, the Home Office launched a public consultation on its proposals which can be found at Annex A in the White Paper (closing date: 10th October). QAAD will submit a response, a summary of which will be included in the Winter issue of QAADRANT. Friends wishing to submit a personal response can use this link: [www.homeofficesurveys.homeoffice.gov.uk/s/TTL3WJ/](http://www.homeofficesurveys.homeoffice.gov.uk/s/TTL3WJ/) or email: [drugswitepaper@homeoffice.gov.uk](mailto:drugswitepaper@homeoffice.gov.uk)

1 'Swift, Certain, Tough – new consequences for drug possession' (July 2022) <https://www.gov.uk/government/consultations/swift-certain-tough-new-consequences-for-drug-possession-white-paper>

2 Tiers 1 and 3 may also apply to Scotland and Northern Ireland ('which will be determined in due course')

3 'From Harm to Hope – a 10-year drugs plan to cut crime and save lives' (December 2021) <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

4 Independent Review of Drugs (Part Two) (July 2021) <https://www.gov.uk/government/publications/review-of-drugs-phase-two-report>

## Being a QAAD Trustee



*We are currently seeking to appoint some new trustees. This is the first in a series of short articles which, we*

*hope, will give Friends a flavour of what the role entails, and the experience of contributing to our work in a changing world.*

When I had completed my training as an alcohol councillor in 1984, I saw an advert in The Friend asking Friends to get in touch if they wanted to be involved in reviving the Friends Temperance and Moral Welfare Union. I was intrigued and went to the meeting, held in the building opposite the student bookshop in central London. I don't think there was any mention of 'trustees', it was much more informal. There was also a meeting held in a Methodist building in High Wycombe. I think this was more formal and may have led to office bearers being agreed. We have certainly benefitted from having paid directors who have taken an active part in organising contact with Friends and setting up meetings, etc. Some trustees were given roles such as nominations and QAADRANT editors.

I just took it from there! I did not have any personal experience of drinking problems, but was interested in the more academic, research aspects of the problem. This has led to a life-long involvement with what later became Quaker Action on Alcohol and Drugs. I travelled for years to London for trustee meetings and enjoyed meeting Friends from different parts of UK, although the northern parts were always under-represented, and continue to be so.

The pandemic led to a radical change, with face-to-face meetings replaced by a more digital approach using Zoom and phone conversations. It is uncertain whether we will be able to go back to travelling to a physical meeting. It is hoped that we can attract some younger trustees who will bring not only knowledge of modern methods of communication but also their experience of the problems we deal with.

*If you are considering trusteeship and would like to find out more about the role, please ring or email our Director; who will be happy to discuss this informally with you.*



## No Blame, No Shame - A community-based approach to women's alcohol issues



*This is the first of a two-part article written for us by Patsy Staddon (Bristol Central LM) who founded Women's Independent Alcohol Support (WIAS) in Bristol in 2012. Here, she describes how the project's alternative approach helped to meet the specific needs of women needing support for their alcohol use. Patsy also reflects on her own experience of alcohol dependence and long journey to recovery.*

Women's Independent Alcohol Support (WIAS) was a service-user controlled, community-based project which ran for seven years in and around Bristol. Its motto was 'no blame, no shame'. At the time, Bristol did not have any other women-only services specifically for alcohol, so we had many telephone calls and emails expressing distress and despair.

Our society tends to fail women who over-drink. Women are still perceived as icons of maternity and family and social sustainability. Their drunkenness is seen as transgressive and shameful—a moral failure—in ways that drunkenness in men is not. They are seen as 'other'; respect is withheld; and claims of total recovery are often treated with cynicism and disbelief. This has often made it harder to seek help or to learn about alternative models of recovery.

One well known answer has been to understand people's dependence on substances as an illness, even an incurable 'disease'. One is an impaired person, who might 'slip' at any time. One is guilty for one's misbehaviour, even while this is accepted as being a consequence of an illness. Atonement may be granted by strict teetotalism, and rigorous attendance at Alcoholics Anonymous (AA) meetings. Families and friends, already damaged by one's erratic and frightening behaviour, can also feel somehow tainted themselves, all of which makes recovery and family rehabilitation more difficult. However, social models of disability (Oliver, 1998<sup>1</sup>), and of mental health (Beresford, 2002<sup>2</sup>), have encouraged a change in the ways that alcoholism is understood. It may instead be seen to be a consequence, at least in part, of a variety of social and psychological expectations which have affected someone, and to which alcohol has seemed, at first, to offer a solution. Such a view of alcohol misuse and recovery would explain my own experience of addiction and 35 years of recovery.

After a 20-year struggle with my disastrous alcohol use and finding that, despite the kindness I met, I could not cope with the way that AA meetings made me feel (depressed, guilty and wanting a drink), I had been lucky enough to meet some remarkable, supportive people whose lives inspired me. They were neither drinkers nor AA people. They were people who did not perhaps quite fit in with average expectations of how one should behave or think—some were 'hippies', others musicians and painters, and many were gay. With their kindness, and accepting approach



to life, I found I could stop using substances (November 16th 1988) and I have never once felt the loss since.

I began a long journey of recovery - spiritual, mental, physiological and philosophical - which continues to this day. It included an ultra-speedy growing up process: living in an alcohol-induced haze keeps one in a form of perpetual adolescence. I began to work out who I was. I did not have to be someone of flawed integrity, or moral weakness. I do believe that God stepped in and took my hand, and helped me find my way. However, it was not a '12-Step way'. I managed to return to university and take up my PhD in the area of women's alcohol use and its treatment.

Although by then various changes, such as the appearance of SMART recovery<sup>3</sup>, were already being made in how alcohol recovery was perceived, it remained the case in 2012 that 'recovery' usually involved accepting a view of oneself as a woman who had reason to be ashamed of her past. I was now certain that this underpinning of guilt and shame was what made women fail, time and again, to become substance free and the people they were meant to be.

Recovery requires the re-establishment of a sense of self worth. My academic work indicated that this may be easier to attain in the relative safety of small women-only groups where more difficult personal issues and experience can be explored, and the shame of 'failed femininity' is perhaps felt less. However, despite this strong element of gender-specific need in treatment, its importance is inadequately recognised. Cost may also be a factor in NHS treatment, so only a few women, having recognised their need for women-only, blame-free treatment, will be able to find it (Staddon, 2015<sup>4</sup>).

This is a further example of structural deviance - problems built into a system, benefitting few and pushing many into mental illness (Beresford, 2002). Two thirds of alcohol patients do have additional mental health problems, and many of these are caused by our unequal society and its structures (Zilberman et al., 2003<sup>5</sup>). When we fail to acknowledge such causes of alcohol over-use, instead personalising the system's victim as 'an alcoholic', it is adding to these inequalities, rather than addressing them.

WIAS did not try to deal with social inequality head-on, but it did help a very wide range of women to deal with alcohol issues from a social perspective, rather than feeling they were personally and morally bankrupt. I had been shown a different path, and I was determined to share it.

1. Oliver, M.J.(1998) 'Theories of disability in health practice and research.' *BMJ*, vol 317, no 7170, pp. 1446-1449. [Accessed 16.5. 2012]

2. Beresford, P. (2002) 'Thinking about 'mental health': Towards a social model', *Journal of Mental Health*, vol 11, no 6, pp. 581-584.

3. SMART recovery <https://bristolmind.org.uk/mental-health-resources/smart-recovery/>

4. Staddon, P. (2015) 'What alcohol support women say they need: evidence from service-user-led research and practice' in *Women and alcohol: social perspectives*, ed. Staddon, P., Bristol: Policy Press.

5. Zilberman, M.L.; Tavaré, H.; Blume, S.B.; el-Guebaly, N. (2003) 'Substance use disorders: sex differences and psychiatric co-morbidities', *Canadian Journal of Psychiatry*, vol 8, no 1, pp. 5-13.



# Summary of the Director's Report for 2021

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

## Friends and Meetings

Supporting Friends is an important element of our work. Whilst not offering counselling, we provide personal support and a variety of opportunities for Friends to engage with each other including our biennial Woodbrooke conference, QAADNET meetings, and facilitated gatherings at Local or Area Meetings and other Quaker events.

Over the year, our Director has offered support and advice to many individual Friends and signposted them to specialist support services. The majority were family members or friends ('close others'); a smaller number had personal experience of substance and/or gambling harm. In addition, we sometimes arrange confidential contact with willing and informed Friends in recovery. We welcome the growing recognition of the impact of coping with a close other's problematic substance use or gambling although, in many areas, support continues to be limited and under-funded.

COVID continued to prevent face to face meetings, including our Woodbrooke conference. However, we ran three online events (in January, August and December) which were well attended by Friends from across the country and abroad. We are grateful to our external speakers for sharing their knowledge and insights, and heartened by the positive feedback we received. We hope that it will be possible to meet at Woodbrooke again in due course, and plan to

run more online events as these enable Friends to engage with each other, irrespective of travel, health, cost and domestic limitations.

## Work with Young Friends

We have ongoing concern about the particular vulnerability of children, adolescents and young adults regarding substance use and gambling. National and international surveys suggest overall alcohol consumption has fallen in recent years, whilst use of cannabis and nitrous oxide remains high and engagement in gambling (and games containing gambling elements) continues to grow.

We continue to explore ways to increase support for young Friends affected by their own or another's substance or gambling problems. We are particularly aware that many children and young people spent the majority of their time at home during lockdown and, where family substance use and/or gambling was a problem, this will have added to their stress and anxiety.

Our director attends the Quaker Youth Work Network's regular meetings to share our concerns whilst learning about colleagues' direct work with young Friends around the country.

## Public Issues

QAAD continues to research and raise awareness of preventative and treatment measures that promote improved public health and personal well-being. The pandemic created unique and serious pressures and early evidence suggests that problems were exacerbated for those already struggling due to alcohol and other drug use and/or gambling before lockdown. It will be some time before the full extent of the impact is known and QAAD will monitor research findings to inform our future work.



## Drugs and Alcohol

Our Director attended several seminars on substance use and harm this year. Such events help to increase our understanding of current issues and lived experience, and bring QAAD into contact with professionals and academics sharing our areas of concern.

We continue to monitor UK and international evidence regarding the use and impact of illegal and prescribed drugs, particularly the greater vulnerability of children, young people and those with complex needs. This enables QAAD both to inform and support Friends and to engage in ongoing discussions about the potential impact of future policy reform.

Minimum Unit Pricing (MUP) for alcohol was introduced in Wales in April, following its introduction in Scotland in 2018. In both, research confirmed that reductions in sales were predominantly in households which buy the most alcohol. QAAD will add its voice to those calling for MUP to be introduced in England, although the UK government has no current plans to do so.

## Gambling

We have continued to stress the need for an evidence-based, public health approach to improve prevention, support and treatment, particularly for young people, those with complex needs, and economically deprived communities. This year, we welcomed the raising of the age limit to 18 years for purchasing National Lottery products, including scratchcards.

In March, the government launched a consultation on its review of the Gambling Act (2005), acknowledging that current legislation does not address the harms relating to digital products. In response, QAAD called for gambling addiction to be recognised as a public health issue; the implementation of a mandatory levy on industry profits; an immediate ban on

sports advertising and sponsorship; and an eventual complete ban on gambling advertising.

QAAD is a founding member of the Faith Action on Gambling Harm ecumenical group which shares knowledge and concerns and identifies areas where joint campaigns might increase their impact. The group includes representatives from the Church of England, the Methodist Church, and the Evangelical Alliance and has welcomed its first Muslim member this year.

Our director represented QAAD at several external events this year, including meetings of the House of Lord's Peers for Gambling Reform group, the Gambling Health Alliance, and several webinars.

### The Guest House

*This being human is a guest house.*

*Every morning a new arrival.*

*A joy, a depression, a meanness,  
some momentary awareness comes  
as an unexpected visitor.*

*Welcome and entertain them all!*

*Even if they're a crowd of sorrows,  
who violently sweep your house  
empty of its furniture,  
still, treat each guest honorably.*

*He may be clearing you out  
for some new delight.*

*The dark thought, the shame, the malice,  
meet them at the door laughing,  
and invite them in.*

*Be grateful for whoever comes,  
because each has been sent  
as a guide from beyond.*

### Rumi

From 'Selected Poems by Rumi', translated by Coleman Barks (Penguin Classics, 2004)

## 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](mailto:alison@qaad.org) You are also welcome to call her: 0117 9246981. All contact is held in strict confidence.

**QAAD events in 2022: We are planning to hold some more online meetings over the next few months. 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.**

## 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 time. 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. A copy of this form is also available on our website.

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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