

## Quaker Action on Alcohol & Drugs



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# River Garden – A new, radical approach to recovery

In March, an innovative recovery community in Scotland celebrated its first full year of operation. Overlooking the river Ayr, River Garden Auchincruive is a residential training and social enterprise development centre for people in the early stages of recovery from drug and/or alcohol addiction. It was developed, and is managed, by Independence from Drugs and Alcohol Scotland (IFDAS).

River Garden is designed to help people who either lack ‘recovery capital’ i.e. the personal and practical resources to enable them to rebuild their lives in the community after leaving treatment, or those who have made at least two attempts to sustain their own recovery. Residents can live at River Garden for up to three years, contrasting with the average 12 weeks currently available for traditional rehabilitation in Scotland.

The inspiration for the project was the success of three self-help organisations - San Patrignano (Italy), Basta (Sweden) and Delancey Street (California) - each of which have proved highly effective in supporting people to find long-term recovery and to reintegrate into employment and mainstream society. River Garden shares their core principles of abstinence, trust, firm boundaries, mutual support, social enterprise, respect for life, and responsibility. IFDAS supported three people to gain places in San Patrignano during the planning phase of the project which helped to inform its development of the project in Scotland.

Each project recognises how difficult it is to rebuild lives, often after years of addiction and having completed a very short treatment period. All too often, people are left trying to sustain their fragile recovery, whilst attempting to repair damaged relationships, careers and social

lives and finding ways to support themselves practically and financially. For many, this proves too much and they return to using once more.

Applications to River Garden are only accepted on a self-referral basis to encourage personal responsibility and, although abstinence is a key requirement for residency, the application process can begin whilst people are reducing any substitute prescriptions. IFDAS has received over 320 applications since September 2018 and has a current waiting list of 47. The first of the initial ten residents began living at the project in Spring 2018, and the intention is to increase this by 10 each year to a maximum of 40. The first cohort is all male and aged between 20-46 years; female residents will be admitted once separate accommodation has been built, hopefully in the autumn of 2019. One resident came to Auchincruive on parole licence having spent eight years in prison, and having relapsed within three days following two previous releases.

Typically, residents will spend about 15 months volunteering, first as helpers and then as trainees, during which time accommodation is provided free of charge. During the first year, they will not leave the site unaccompanied. Support is available 24/7, both from more established volunteers and from a mentor with lived experience of addiction. Although 15-20% of volunteers are expected to leave during the first three months, those who do choose to stay are offered employment for a further 18 months. At this point they begin paying for their accommodation which further strengthens their sense of personal responsibility and autonomy. On completing three years, they have the option to continue working at Auchincruive and will be encouraged to develop social enterprises which



will contribute to River Garden's sustainability over the longer term. All timescales remain flexible, recognising the highly individual nature of recovery.

IFDAS has attracted funding from non-governmental sources, including charitable trusts, donations, and commercial businesses, some of whom have donated pro-bono labour. In addition, the Scottish Government's National Development Fund has also funded the recruitment of a Chief Executive for two years from 2019. With this, it has purchased the 48.5-acre site and there are ambitious plans to continue the redevelopment of existing buildings and the estate's 18th-century walled garden to create a national visitor destination. A solar farm and a physic garden for growing herbal remedies are also being considered.

Residents receive continual training and development in a range of social enterprise skills, focusing on their individual strengths and interests and working towards a professional qualification such as basic food hygiene or hedge trimming. Some help with renovating buildings to expand the project's accommodation and facilities; others work in the project's cafés, and in the gardens where they learn how to dig, prune, sow seeds, and harvest fruit and vegetables. In February, two residents designed, built and installed a Green Man sculpture for the garden, inspired by a visit to Dumfries House. It was named *Worzel* following a public competition to coincide with the re-opening of the project's 'pop-up' café. Through these and other 'purposeful activities', residents learn (or re-learn) how to improve and sustain their own health and well-being.

Funding from Corra Foundation has been used to start a Mothers and Families of River Garden group. This enables family members to gather at River Garden several times a year to meet and support each other, while being served by the River Garden residents to 'give something

*back to them*'. The funding supports travel costs for those who need financial help, and for refreshments. Two of the mothers coordinate the group and provide telephone support to other family members.

River Garden was selected by Glasgow University as a three-year research case study, exploring how successful interventions can be replicated across different cultures and welfare schemes. Its initial findings were published in the *Lancet*<sup>1</sup>, and the research will be used to establish an evidence base for this type of intervention.

The first year has seen remarkable progress at Auchincruive and this is just the beginning of much bigger, longer term vision, described by Mark Bitel, IFDAS founder and Director and a member of Edinburgh LM:

*'River Garden will serve as a prototype transformational model for improved outcomes for people with drug and/or alcohol addiction. We hope that, over time, this approach will become more common and the learning could be used to replicate and set up other recovery communities in the UK to give people whose lives have been blighted with drug and alcohol addictions a real route out of their dependence and the opportunity to build a meaningful drug and alcohol-free life for themselves.'*

*'As the founder of IFDAS, members of the Quaker communities in Edinburgh and Ayr have provided me personally with vital spiritual support, through discernment and upholding me to take the brave steps needed to begin my ambitious journey. They have also provided much needed financial support for specific aspects of the project such as setting up the beehives, chickens (rehousing abused former battery hens of course!) and general funds.'*

1. 'An evaluation of the effects of lowering blood alcohol concentration limits for drivers on the rates of road traffic accidents and alcohol consumption: a natural experiment.', Haghpanahan, H. et al, University of Glasgow, published in the *Lancet*, 12 December 2018 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32850-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32850-2/fulltext)



## Letter to QAADRANT

Please can I advise that the phrase ‘commit suicide’ is unacceptable. Suicide is no longer a crime nor a sin (except in some religions...) - which is where the phrase originated. There is a growing movement to put a stop to this pejorative expression as it does not help those who are or have experienced suicidal thoughts, nor those

who are ‘survivors’ or are bereaved by suicide. I hope you don’t mind my writing to you on this topic, but as a suicide survivor myself I and my family are aware of the pain and guilt that the phrase causes, and many patients have described the same to me, especially once they understand from whence it originates.

Alison Payne, Coventry LM

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## Attention Deficit Disorder and Drug Use

**This moving piece describes how a combination of Attention Deficit Disorder (ADD) and increasing drug use brought a young man and his family to crisis, and how new hope was found. We are very grateful to his mother and Friend for contributing this; she has requested anonymity.**

Our son Neil (not his real name) was diagnosed with Attention Deficit Disorder (ADD) at the age of 12. We had known he was different from other boys when he was about four years old. He could never play by himself even for a few minutes, was intrusive with other children, and demanding of attention to the extent that his state primary school could not contain him, even though he was clearly very intelligent.

Following advice from an educational psychologist, we transferred him to a small, highly academic private junior school with tiny classes, where the headmistress had particular skills and was talented in bringing out the best in Neil. We were lucky to be able to afford this, and often reflected on the fate of children like Neil whose parents are not so fortunate. Between the ages of 11 and 17, his secondary school gradually

strengthened its provision for kids with special educational needs, but I used to dread the arrival of buff envelopes from school telling of Neil’s latest wrongdoings and requesting that we attend meetings with the Year Head. Neil was under the care of CAMHS (Child and Adolescent Mental Health Service), and with the help of a Ritalin prescription and a move to a Further Education college, he managed to get decent A-Levels.

We had grave reservations about drugging our child, but I know that without the Ritalin he would have failed at school. Taking the pills seemed to ‘normalise’ drug-taking in his mind. Ritalin has similarities with cocaine and thereby hangs a tale. During his teenage years, Neil started using cannabis and this gradually increased, generally without our realising the extent, until, when he came back from university having failed to get a degree, he was smoking it nearly all day. He found the unpleasant side effects of Ritalin hard to deal with and experienced quite strong ‘downers’ when the effect was wearing off. At university he decided to discontinue using it, with the result that he could not organise his work, attend seminars consistently, or generally manage his life.

Living at home again, he tried various jobs and training, none of which he was able to sustain. This was deeply depressing for him and his self-



esteem, always precarious, sank lower, increasing yet further his drug use. He was given a caution by the police for possession, but I know he was also dealing. This was a very stressful time for my husband and me. At one point a friend kindly offered him a room, as we all felt that his being at home at the age of 26 was unhealthy for all three of us.

However, at this point a crisis came. Belatedly, we realised that he was using cocaine as well as skunk and had been for some time. He developed full blown drug-induced paranoia, imagining that people were listening in the house and following him outside. It was truly terrifying, for him and for us. We tried to get him help from the mental health services. We even once called an ambulance, but the staff felt he was in a fit state to decline to go to hospital. Nothing seemed to be available.

Often, we were told we should take him to A&E and, on one particularly dreadful day, we did that. He was bleeding from the nose because of the repeated snorting, unable to hold a normal conversation, and shaking. At last he was admitted to a psychiatric ward, on his 27th birthday. But two days later he was discharged, with no effective follow up.

Meanwhile a friend, whose daughter had also suffered addiction issues, told us about Charter ([www.charterharleystreet.com](http://www.charterharleystreet.com)), a hugely expensive residential drug rehabilitation organisation based in Harley Street. Thankfully, it has a groupwork support programme for families of addicts, based on the 12-step principles, which is not expensive. My husband and I were more or less saved by attending this group for several months. We learned so much, for example about what, in our dealings with Neil, made us 'co-dependent', and how to set

reasonable boundaries to save ourselves from sinking down with him. I was also very much supported by Friends at my Local Meeting.

Life with Neil was by now totally impossible. He was up all night, angry with us, completely at sea. The distress we were all suffering was unbearable. We made the absolutely horrible decision to ban him, with certain conditions, from the house, and changed the lock on the front door. I cannot bear to think or write about this period, it was so awful. However - and I am completely unsure about how this happened - he seemed to come to his senses in some way, and gradually was able to return home and stop his drug taking. Maybe he had to hit rock bottom in order to rise again somehow.

During the subsequent six years it has not been all plain sailing, but he did get some employment, and spent a year travelling the world with his girlfriend. Finally, he found what he is good at, and got a loan to undertake a computer coding course. He is now working full time in a well-paid job as a software developer and is living independently. He has supportive friends and is in a relationship. It still feels precarious; we pray that this good period lasts, and that his life is finally on track. But the main emotion is one of profound relief and thankfulness that, even though he still has some difficulties, he is now clean and, at last, has direction in his life.

Have you looked at the  
QAAD website recently?

[www.qaad.org](http://www.qaad.org)

Please visit it for information about  
QAAD, news of events for Friends,  
and details of our public issues work.



## \* News update \* News update \* News update \*

### Gambling

- **The National Strategy to Reduce Gambling Harms (2019-2022)** was launched in April. It has two strategic priority areas: ‘Prevention and Education’ (*‘making significant progress towards a clear public health prevention plan which includes the right mix of interventions.’*); and Treatment and Support (*‘delivering truly national treatment and support options that meet the needs of users.’*). The Commission’s Chair, William Moyes, said: *‘We all need to [move] away from simply counting problem gamblers and instead build a greater understanding of the harms experienced.’* The Commission resisted calls for a mandatory industry levy to fund prevention and treatment, but confirmed that this will be considered *‘if the gambling industry fails to provide sufficient resources under current voluntary arrangements.’* Further details and progress updates can be found at:

[www.reducinggamblingharms.org](http://www.reducinggamblingharms.org)

- **A Framework for Measuring Gambling Harms among Children and Young People** was also launched by the Commission in April. It aims to develop current understanding of how gambling harms impact on the health, relationships and finances of young people. An adult framework was published in 2018 and both will be used to inform the new Strategy. Director, Helen Rhodes, said “Childhood and adolescence is a key stage of development and any harms experienced at this stage in life can be detrimental to the future development, confidence and potential of young people.”

- **Gambling with credit cards – call for evidence.** The Gambling Commission has sought evidence for either limiting or

prohibiting customers’ use of credit cards. In our response, QAAD strongly supported the argument for prohibition, highlighting evidence of significant harms for individuals, their families, communities and society. We stressed the increased risks for vulnerable groups, e.g. those experiencing mental ill-health and young people, and challenged the term ‘affordability’ related to spending and losses. Our response is available either via the QAAD website or as a printed copy on request from our Director.

### Alcohol

Ministers have rejected calls to lower the drink-drive limit in England and Wales after University of Glasgow research showed a small increase in the number of casualties (from 460 to 580) since 2014, when the limit was reduced from 80 to 50 milligrams of alcohol per 100 millilitres of blood. The researchers concluded that the most plausible explanation was that the new limit was *‘insufficiently enforced, publicised, or both.’* Transport Minister Baroness Vere confirmed there are now no plans to take action, saying *‘rigorous enforcement and serious penalties for drink-drivers are a more effective deterrent than changing the drink-driving limit.’*



# My journey of recovery

This article was contributed by 'Vincent', who has recently started to attend his Local Meeting and has requested anonymity. We are very grateful to him for this piece.

I am what is classified as a recovering alcoholic, and have been battling alcoholism for 20 years. There is a school of thought which suggests people like me are 'sober alcoholics', because no one really recovers from this illness.

I had always been a social drinker and drinking was part of my work - I was a stockbroker/investment banker. I had the opportunity to retire very young, which sounds attractive, but what I overlooked was that most of my friends were still working. If you are divorced, and do not have children, you get lonely during the day and boredom sets in. I turned to drinking, going to the pub at lunchtime for a sandwich and a glass of wine. Very soon I fell in with a group of older people who seemed to be propping up the bar all afternoon. Quickly, my glass of wine became a bottle, then two, and eventually three every day.

My life went on the slide, drinking copious amounts of wine each day, sometimes preceded by a few stiff brandies with my morning coffee to get my head straightened out. I neglected my personal affairs, didn't pay my bills, didn't always bathe, shave or do any cooking, and sent my housekeeper away because all I wanted to do was drink.

And then, one afternoon three years ago, I returned home rather worse for wear, tripped over a rug and fell head-first into the corner of the TV stand. I didn't call the emergency services and fell asleep on the bed. When, miraculously, I woke the next morning, the bed and clothing were saturated in blood. I was admitted to hospital where I remained for 16 days receiving a detox and various neurological treatments. When I finally

returned home, I was astonished at the mess. My carpet was blood stained; all my bedding had to be thrown away. I rapidly started paying my bills and catching up, including re-engaging my housekeeper.

Prior to getting back into work, I had an individual assessment at a local counselling service, and joined some groups, primarily directed to abstinence support. These can be an effective way of meeting and hearing how fellow sufferers are coping, supporting each other in trying to stay sober. Some cope better than others. I also attended AA, which proved invaluable. Some people can be deterred by its religious overtones, but you have to interpret what you hear for your personal circumstances. I also found it helpful to attend several different meetings, as you hear a greater variety stories when attendees 'share' their experiences.

I was still alone and all my social companions were drinkers. So as not to cut myself off socially, I went to pubs and bars to keep in touch, but was very sparing in the time I spent there. I was discouraged by counsellors from going into 'wet places', but I could not isolate myself.

Two years prior to finding recovery, I had formed a venture capital company, but its activities had been very sporadic. Now, I threw myself into it and continue today as its Chair. I had to instil self-discipline, routine, and structure into to my daily life and it is this that keeps me sober. If I am ever tempted to have a glass of wine, I quickly discard that notion because I know it will not stop at one and very soon I will be back to my old ways. The thought of living again in that chaos is another motivating factor because I know that, if I return to alcohol, my life will deteriorate.



### 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](mailto:trjames@doctors.org.uk)

### 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)

### The scope of our work

QAAD is asked quite often if we might consider widening our scope to include a wider range of addictions than substance misuse and gambling. Whilst we are aware of the serious impact of other addictions, and have concern for those harmed by them, QAAD’s Director is our sole member of staff and we are funded entirely by the kind donations we receive from individuals and Meetings. To sustain the quality of our work, it is essential for us to remain focused on our core purpose, defined in our registration with the Charity Commission: ‘seeking to advance public education about all aspects of the use and misuse of alcohol, other drugs, and gambling’. We hope that QAADRANT and our other materials provide helpful information about the nature and impact of addiction, whatever form(s) that it takes.

**Addiction is a massive problem, but QAAD makes a difference. QAAD continues to make contributions in the policy field, offers mutual support and advocacy, provides opportunities for networking, represents Friends’ concerns, and works with other faith-based groups, for example on gambling.**

Financial support from individuals, Meetings, and Trusts enables us to continue with our work. Please make cheques/charity vouchers payable to QAAD, and send to: **Ron Barden, Treasurer, 33 Booth Lane North, Northampton, NN3 6JQ.** A Donation by cash or cheque can be enhanced by 25p for each £ if you can Gift Aid it. 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.

I understand that I must pay an amount of Income Tax and/or Capital Gains Tax for each tax year that is at least equal to the amount of tax reclaimed on my donations in the appropriate tax year. I understand that if I pay less Income and/or Capital Gains Tax to cover the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay back any difference.

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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