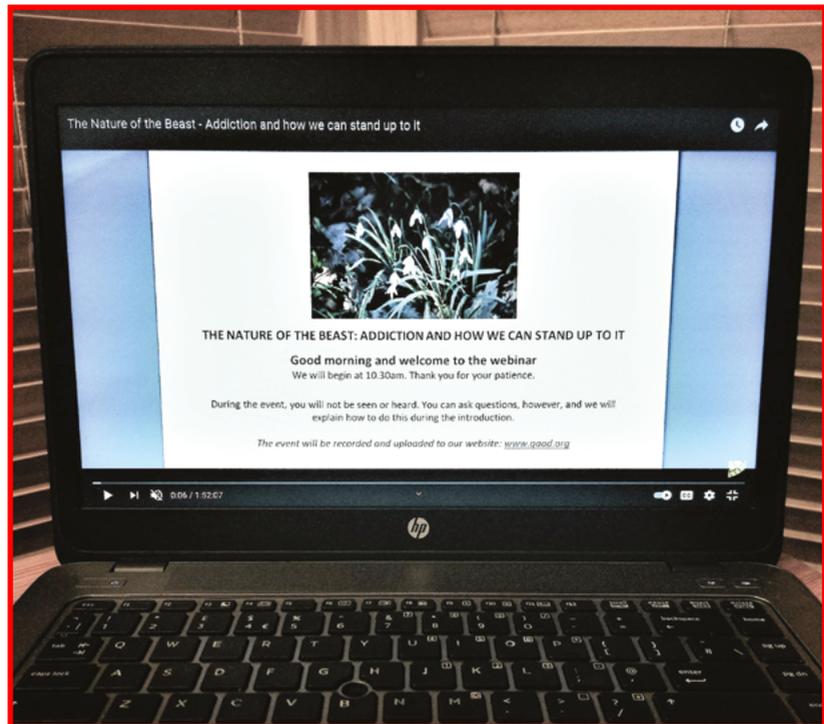


Quaker Action on Alcohol & Drugs



A full and enlightening talk

Reflections and feedback on our webinar
in January *pages 3-6*

The Government announces its review
of the 2005 Gambling Act *page 6*

Another way of looking at prescription
medication *page 7*

Alcohol

- The Office of National Statistics (ONS) has announced provisional data confirming that 5460 alcohol-related deaths recorded for England and Wales between January and September 2020 was the highest total since records began in 2001. It represented a 16% increase on the same period in 2019. The highest rates occurred in the period during and immediately after the first COVID lockdown. An ONS spokesperson commented: *'The reasons for this are complex and it will take time before the impact the pandemic has had on alcohol-specific deaths is fully understood.'*
- A new University of Stirling study has questioned whether pubs can effectively and consistently prevent COVID-19 transmission¹. Researchers posing as customers carried out observations in nearly 30 bars in Scotland between May-August 2020 when they re-opened after the first lockdown. They examined business practices and consumer and staff behaviour, observing access; queues; toilet management and ordering systems; hygiene; and incident reporting. The study found that, despite owners' investment in making premises COVID compliant, practices were variable and included numerous incidents involving interaction between customers and with staff, particularly when people had been drinking, with staff rarely intervening to stop this happening.

Drugs

- Parents whose children's health showed improvements through use of prescribed medicinal cannabis were told by the UK government that prescriptions issued in the UK can no longer be lawfully dispensed in an EU member state following Brexit, preventing supplies from the Netherlands. However, the Dutch government has confirmed that they will continue to supply Bedrocan oil (used by Alfie

Dingley, whose case attracted media attention in 2018) for existing patients until early July.

- In December, the US House of Representatives passed a Bill to decriminalise cannabis, calling for removing the drug from the list of federally controlled substances. This followed a Gallop poll in November showing an overall 68% level of support for legalisation amongst US adults. It proposes the erasure of certain federal convictions and the creation of a trust fund from cannabis retail sales taxes to reinvest in communities adversely impacted by the 'war on drugs'. In early February, three leading Democratic Senators issued a joint statement declaring their intention to push forward policy reform this year.

Gambling

New rules governing the design of online (and particularly slot) products have been announced by the Gambling Commission. The changes include a ban on spin speeds exceeding 2.5 seconds; features which speed up play, or give the illusion of control over the outcome; auto-play (which can lead customers to lose track of time and spending); and sounds/imagery giving customers the impression that they have won when they have lost. The new regulations have also banned 'reverse withdrawals', which allow customers to re-gamble money they had previously requested to withdraw. QAAD welcomes these reforms, but is concerned that the measures are not due to be implemented until October 2021.

1. <https://www.stir.ac.uk/news/2021/february-2021-news/new-study-questions-whether-pubs-can-effectively-and-consistently-prevent-covid-19-transmission-risks/>

The Nature of the Beast – addiction and how we can stand up to it



Unable to hold our Woodbrooke conference and QAADNET meetings last year, we held our first online event on Saturday 23rd January. We were joined by 45 people from all corners of the country, and from overseas. The webinar featured a lecture on the nature of addiction by Jim Orford (Emeritus Professor of Clinical and Community Psychology at Birmingham University), author of several books on addiction.

'A full and enlightening talk' - a QAAD trustee reflects on the webinar

Professor Orford's clear language and down to earth approach made a difficult subject very accessible. He began by pointing out that addicts know how destructive their habit is to themselves and their families, but cannot stop; cannot disentangle themselves from 'the beast'. His preferred name for this tendency is a habit rather than an illness, the term preferred by some. In addictive behaviour, habits become very powerful attachments due to various causes including peer group influences, traumatic early experiences and genetics.

Is addiction a disorder? Professor Orford's view is that it is something that creeps in slowly, often unperceived by those around the person whose

habit is becoming addictive, to the point where what was enjoyable and exciting becomes a mixed blessing. Thinking becomes warped; behaviour becomes secretive and devious; jobs, friends, social life and even family are lost. Normal life and mental health are seriously affected, which may then lead to a search for a means of recovery.

Is addiction a brain disease? There is much current interest and research into the neuroscience of addiction and into whether what is perceived to be 'wrong' in an addict's brain can be treated with specialised drugs that will alter the mode of thinking from impulsive to thoughtful. While noting this, Professor Orford does not think this is a particularly useful way of dealing with addiction.

What is clear is the effects addiction has on families, which he grouped into a four-step model: stress, strain, coping and support, based on talking to many families as well as reading biographies of well-known addicts, and his close involvement with the network he co-founded to support close others*. He described **stress** as being chronic and long term; **coping** as including being unsure whether detachment or withdrawal is the right way; **support** as being much needed, but access largely lacking due to shame and stigma; and, finally, **strain** as affecting health in the form of anxiety and depression. All of this can extend beyond the immediate family into the wider community. The effects he enumerated so clearly will no doubt have chimed closely with the experience of many of those present, already too well known without being so clearly delineated and described. His approach felt very supportive.

After answering questions and a short break, the second part of the lecture covered how these problems are being dealt with by industry and government, necessarily different for legal and illegal products. At present, Professor Orford's particular interest is in gambling and he talked about the 'discourse' around how gambling companies persuade people to think about their products. This has led to an emphasis on gambling being a leisure activity with 'freedom of choice' and only a small minority of 'problem gamblers'.

Research into the effects of gambling is largely funded by the industry itself and the influence of this is shown in a review of research which found over 150 papers published about impulsivity, but only about 30 on advertising by the industry. The UK government is beginning to recognise this funding problem and that both gambling and alcohol are not just individual issues, but are society wide.

Altogether, a full and enlightening talk which, it is hoped, will lead to further QAAD online webinar talks and participatory meetings.

** Addiction and the Family International Network (AFINet) <https://www.afinetwork.info/>*

'An excellent session, thank you so much. Informative, thought provoking and enjoyable.'

'I thought the balance between hearing Jim Orford's considerable expertise and the time for questions was excellent.'

'I will recommend the webinar to Friends, friends and family and look forward to when it becomes available [online].'

The following reflection was provided by Rhiannon, a recovering addict from Shetland LM

Jim Orford discussed addiction from the perspective of a habit. He mentioned the behavioural, cognitive, emotional and social aspects of addiction and discussed how addiction develops over time. He spoke about how different recovery models try to help people identify automatic/habitual responses and learn to change them.

I know from my own experiences that this takes time and practice. As addicts, we often think that we are trying to change the single habit of drinking, but really we are trying to learn multiple new habits, one for each stimulus-response situation. People who have been using for longer, or who have a more intense addiction, have more of these habituated and deeply ingrained responses.

The whole family of an addict struggles so much. I can only imagine the stress I put my family through over the years. There are many more family members affected by addiction than there are addicts so they should have a loud voice, but sadly they often aren't heard. I feel that to break the cycle of addiction, helping families and children seems so important.

Jim spoke about 'big business' funding research, politics, and advertising. He used the gambling industry as an example, where discourse focuses on an individual's responsibility for their finances and choices as against issues around advertising and accessibility. I see similar arguments used in other areas close to the heart of Quakerism. It seems to be a 'divide and conquer/rule' strategy, used by industry and governments. Individual responsibility is used to disempower people with regards to issues around climate change, sustainable living and health inequalities etc.

'I found particularly useful the opening definition of addiction, the use of the idea of 'habit' as way of stressing the continuum from ordinary behaviours through to serious addiction.'

'I know that when I was in active addiction, I harmed those I loved most the most, and becoming sober includes coming to terms with that and finding a way forward.'

Comments from two participants

'It behoves us to be informed - Melanie Jameson, Malvern LM'

Another annual event replaced by a zoom webinar – but an excellent opportunity to listen to an expert in his field. QAAD provided a couple of hours with Professor Jim Orford to explore the nature of addiction.

Jim considered whether it was a disease, a brain disorder or a habit, and what the chances were for successful treatment and eventual recovery. He came down on the side of 'habit', an entrenched and powerful one. Whether it is alcohol, drugs, gambling or any other addiction, the experience is initially rewarding and uplifting. Jim said that although addiction is not a brain disease, it brings about a change in the motivational centre within the brain and reflective functions are lessened.

He went on to explain that there is often a social dimension before an attentional shift occurs and it becomes an all-consuming passion – not unlike an illicit affair – and distressing to the family who are shut out from this new relationship. Money and time are devoted to this habit and individuals become devious in their secrecy and deceit.

Childhood trauma can be a contributive factor – common in prisoners I have talked with

Just as there are many ways in, there are many ways out. Re-establishing rational control is part of the picture, making a renewed effort to stay away from temptation is another. The mutual support found in Alcoholics /Narcotics/ Gamblers Anonymous is often crucial.

Whereas addiction used to be seen as linked to substance misuse, it is clear that gambling can also be very addictive. The growth of the gambling industry, and the normalisation of gambling, has drawn in more people, some of them starting with gaming which contains elements of chance and luck, before 'moving up' to gambling. Online gambling from the privacy of the home has massively increased, as has betting linked to sport, especially football.

Thank goodness QAAD and other concerned organisations, along with the Gambling Related Harm All Party Parliamentary Group (APPG) and the House of Lords, are challenging the multinational conglomerates which try to block change with their discourse of 'personal responsibility' and 'the right to choose'. Jim pointed out that the gambling industry has even gained control of much of the research budget, steering investigations away from 'awkward' areas.

I have a long-standing interest in trying to gain a better understanding of social issues, especially those that are hidden, and therefore more crushing in their effects. QAAD has always maintained that the problems of addiction are also found amongst Friends and their families, so it behoves us to be informed and to be able to stand alongside those who are suffering as a result of addiction.

What did I learn from today?
Here is a selection of Friends' comments:

'Loads! The talk was well balanced and very well presented. I learned from both parts and as a psychologist myself was especially interested in the various models and evidence base. It was also helpful from a personal perspective in relation to the impact on the family.'

'That the conflicting emotions and thoughts about how to help my husband and myself cope with his alcoholism were normal, and that there is a spectrum from habit to addiction that can take years to change. Also, that change in behaviour can take a long time following the addict's realisation that their addiction is a problem for them too.'

'Most importantly for me, the issue of the accepted discourse and its implications.'

'[That] affected family members being the largest group of stakeholders (never previously thought about addiction this way).'

If you would like to watch the recording of the webinar, it is available via our website:

www.qaad.org/woodbrooke

Review of the 2005 Gambling Act

In December, the government announced a consultation to inform its proposed review of the 2005 Gambling Act, which saw the relaxation of gambling regulations and led to the exponential growth of the UK gambling industry. The consultation explores protections for online customers, such as stakes and limits; advertising and promotions; and whether specific protections for young adults are needed. It calls for evidence on actions customers can take if they feel operators have breached social responsibility requirements, for example if they have failed to intervene when a customer is showing clear signs of problematic gambling, and how children and young people can be protected from gambling-related harm. The review will also consider potential changes to the Gambling Commission's powers and resources *'to ensure that it can keep pace with the licensed sector and tackle the black market.'*

The Secretary for State for Digital, Media, Culture and Sport, Oliver Dowden, commented: *'...the Gambling Act is an analogue law in a digital age. From an era of having a flutter in a high street bookmaker, casino, racecourse or seaside pier, the industry has evolved at breakneck speed.'*

The Government has also announced that by October 2021 at the latest, it will be illegal to sell all National Lottery products to under-18 year olds and that online sales to 16 and 17 year olds will be banned from April 2021.

QAAD will respond to the consultation, which closes at the end of March, and we will include a summary of our response in the next issue of QAADRANT.

Letter to QAADRANT

Peter, a Friend living in the East of England has written in response to the article 'Prescription medication – unexpected harm' (Winter 2020):

I was interested to read your article on dependency on prescription medication in the latest QAADRANT, accompanying the Friend. I have another way of looking at this as I am in constant need of help with sleeping, waking at 2 or 3 am and needing some medication to get back to sleep. If I do not sleep I have episodes of blurred vision during the next day, which could affect me seriously were I to be driving when they begin.

In the last couple of years my GP has said that as Zopiclone* is now a 'controlled medicine' she cannot prescribe it for daily use, only for occasional use. So this is something that isn't available to meet my needs. I am unclear if there is any evidence that it causes dependency.

There seem no alternatives to Zopiclone which are free from side effects. The antihistamine Phenergan, which is suggested, takes longer to get out of my system in the morning, and makes movement a little out of control.

I appreciate this is not quite where your focus on drug dependency leads but it seemed right to share my feeling that sometimes prescription medicines are essential to lead a satisfactory and 'normal' life. Thank you for all your work meeting the need for information and understanding.

** Zopiclone is a nonbenzodiazepine, used to treat difficulty sleeping*

Talking things through

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, Alison Mather, 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.

Tel: 0117 9246981/ alison@qaad.org

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.

We plan to hold further online events over the course of this year and are grateful to all participants who offered their suggestions already on topics for us to consider. If you have ideas you would like to contribute, please contact our Director who will be pleased to hear from you.



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

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.

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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