



Decision time for MUP in Wales

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QAAD Trustee retreat

Every two years, QAAD's trustees meet for a residential weekend to reflect on the charity's work and explore ways in which this could be developed for the future. It is always a welcome opportunity to have the time and space to meet and talk in person, without the pressure of regular meetings' agendas. In October, we met at Elim Conference Centre in Malvern.

Trustees met to discuss QAAD's future financial arrangements and investments, led by our new treasurer, Pete Warm and Paul Whitehouse (Treasurer, BYM). QAAD had consulted an independent advisor prior to the retreat who made helpful recommendations about options for the ethical management of QAAD's investments.



Trustees discussed these recommendations in detail, and Paul contributed valuable advice, based on BYM's experience. Following the retreat, trustees held an extraordinary meeting when it was agreed to place our investments with Cazenove Charity Multi-Asset Fund and to move QAAD's bank account from HSBC to Unity Trust Bank. Trustees also approved a new investment policy which will be available on our website. We hope that these changes will help to increase QAAD's income, thereby securing a more resilient future.

Our guest Andrew Lane (a Friend living in

Birmingham) told us about his work teaching secondary school students in Handsworth, an area marked by social deprivation and problems including illegal drug dealing and clusters of betting shops. They have told him that their use of alcohol and cannabis is lower than might be expected for their age group. Some are drawn into being 'runners' for local gangs, and on the walk to school it is usual to walk past people who have collapsed in the street. Vaping is significant however and, Andrew believes, acts as a gateway for future substance use. He also expressed serious concern about students' high sugar consumption e.g. from 'energy' drinks, which results in sleep loss and poor concentration.

Robert Wilson (QAAD trustee) and Melanie Jameson (Quakers in Criminal Justice) gave a short talk about QiCJ's Welcoming All project which focuses on welcoming former prisoners at LMs. Melanie suggested that it may be something for QAAD to consider adapting in order to build Friends' confidence when responding to those affected by addiction.

On Saturday evening, Kim Goode (a former QAAD trustee) led a peaceful session which invited us to reflect on and share our perspectives on empathy. It was illuminating to hear different views and experiences, and to consider how these can inform responses to others, both at our Meetings and in our wider lives.

We left Malvern with a renewed sense of purpose and possibility. As QAAD moves towards celebrating 30 years of work in 2026, we hope the future will bring new opportunities to serve the Quaker community.



* News update * News update * News update *

Alcohol: Minimum Unit Price for Alcohol (MUP) for Wales will expire in March 2026 unless ministers bring forward legislation for it to continue. In preparation, the Welsh government consulted on both its continuation and the future unit price. It outlined the potential impact of increasing the rate from 50p to, for example, 65p. This would bring it line with MUP in Scotland, which raised it to 65p in September 2024. The consultation cited research which suggested that this could lower the number of people drinking hazardingly and harmfully by approximately 6,300 and 5,000 respectively, reduce hospital admissions and alcohol-related deaths, and encourage more people to drink at moderate levels. In response, QAAD expressed support for MUP's continuation and an increase to 65p (equivalent to



50p in 2020), adding that MUP should be reviewed and adjusted regularly to maintain its impact. We stressed that alcohol harm is a complex public health issue and MUP is just one, albeit important, element of a wider strategic approach. We also suggested that future evaluations should consider the impact on families and children and that a new alcohol strategy is needed both for Wales and for the UK as a whole. QAAD's consultation response can be read in full on our website.

If you would be interested in learning more about MUP, the Institute of Alcohol Studies has produced this short film, 'MUP Explained': www.youtube.com/watch?v=M3EXGhEo-cs

Hope and caution - using ketamine to treat depression and addiction

There is increasing interest in the use of psychedelics including ketamine, LSD, MDMA (Ecstasy) and psilocybin ('magic mushrooms') for treating patients with a range of mental health conditions either on their own or combined with psychotherapy. Following the summer issue's article 'Ketamine - a brilliant emotional anaesthetic', we now look at what is currently known about ketamine's effectiveness in mental health and addictions treatment, and the response of the medical profession.

Ketamine is not generally available through the NHS on prescription. However, some NHS Trusts provide ketamine-assisted therapy depending on clinical need, eligibility, and local NHS funding

decisions, and some private clinics are also licensed to offer this. For example, one South Lanarkshire clinic opened in September under licence from Healthcare Improvement Scotland, charging £6,000 for a programme of four intravenous ketamine infusions and a course of psychotherapy.

In Lothian, NHS psychiatrist Professor Andrew McIntosh is hoping to set up a clinic by the end of the year, offering ketamine as an alternative to electro-convulsive therapy (ECT) for patients with the most hard-to-treat depression¹. He says that it is not clear exactly how ketamine works for patients: 'Some people think it's because the brain becomes more plastic, more able to



adapt. [Others] think it's because it alters the connections between different parts of the brain. I think it's fair to say we don't fully understand how all the pieces of the jigsaw fit together and why it's effective, although we know it's very effective.' He stresses that risks are minimised in controlled clinical settings, as the ketamine used is very pure and administered in much lower doses than typical recreational use.



In its most recent statement on psychedelics for medical use², the Royal College for Psychiatrists (RCPsych) described research into ketamine use for treating depressive symptoms as 'encouraging'. However, it also sounded a note of caution about potential side-effects, the duration of therapeutic benefits, and the lack of high-quality evidence to support routine use. The statement did recommend the use of Esketamine³ in specialist clinical settings, accompanied by long-term monitoring. One of its committee chairs, Professor Oliver Howes said: *'New treatments are very rarely developed for mental illnesses and disorder. It's vital that that trend is reversed'*. He acknowledged growing interest in psychedelics for treatment, but warned that claims for the drugs' efficacy could risk *'jumping ahead of the evidence'*, and advised against self-medication: *'It's very clear that you need to do this in a controlled clinical setting.'*

Psychiatrist Professor Owen Bowden-Jones echoes the need to balance excitement about ketamine's potential with caution about safe clinical practice: *'We need to wait for the results [of current trials] to understand where ketamine best fits as a new and emerging treatment... which groups this new treatment might work for but also which groups might be vulnerable to the harms of treatment. So, whilst the evidence is building we need to continue with appropriate caution.'* In an editorial for the Society for the Study of Addiction (SSA), he observed: *'Clinics promising effective ketamine treatment for indications where weak or no evidence exist raises concern about unintended harms to patients, unethical profiteering and the need for stronger regulatory oversight.'*

There is also emerging evidence on the effectiveness of using ketamine to treat alcohol use disorder. The University of Exeter's MORE-KARE project is currently running its third phase trial using ketamine-assisted psychological therapy. This involves seven psychotherapy sessions combined with three ketamine infusions over 12 months. It describes ketamine having *'a fast-acting anti-depressant effect [which] may improve learning of new information - both of which may help prevent relapse in alcohol use disorder.'* Phase 2 found that participants went from daily drinking to remaining sober for almost 90% of the time over a six-month period - a greater number of abstinent days compared with the placebo group, although there was no significant difference in the relapse rate.

Commenting on these results, Dr Merve Mollaahmetoglu said: *'Ketamine induces a sense of being outside of your body that some say can stimulate an 'observer state' similar to that described in mindfulness, which may help patients take a step back, and consider thoughts and emotions. Participants told us*



this experience helped change their relationship with alcohol.'

One participant observed: *'The sense of oneness that I felt and the sense of moving away from focusing on the worries and the small stuff is helpful in terms of improving my relationship with alcohol. Because I think I used alcohol as a self-medication and as a blocking and avoiding mechanism. And I think feeling that those issues are less prevalent or at least less important means I feel less motivated to drink.'*

The clinical use of ketamine and other psychedelic drugs offers potential hope for people

who have struggled to find effective treatment for long-standing mental health conditions. QAAD will continue to monitor research in this area. We would be very interested to hear from Friends who have personal experience of such treatment.

References

¹ <https://www.bbc.co.uk/news/articles/cyvjy7m3vmdo>

² Psychedelic and related substances for medical use, Position Statement PS02/25, RCPsych, September 2025

³ A ketamine derivative delivered by nasal spray licensed in the UK for treatment-resistant depression and available via the NHS in Scotland but not England.

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DRUGS - Figures released for drug deaths in

2024: England and Wales: The latest data from the Office for National Statistics (ONS) shows the number of drug poisoning deaths continue to rise, increasing every year since 2012¹. In 2024, 5,565 deaths were registered (94 per million people); the sub-total for Wales was 417 (140 per million). Around two thirds of these were recorded as 'drug misuse'. A similar proportion were male and nearly half were due to opiate/opioid use.

Scotland: The National Record for Scotland reported 1,017 deaths in 2024, a 13% decrease since 2023 and the lowest annual figure since 2017². Almost half of these were aged 35 – 49 and males were more than twice as likely to die as females. Opiates/opioids were implicated in 80% of deaths; 56% involved benzodiazepines; and 47% involved cocaine.

Dr Tara Shivaji (Consultant at Public Health Scotland) said: *'We must all take a moment to pause and reflect on the stark reality of this report. These deaths are not just numbers; they reflect real people in our communities and families. Whilst there was*

a slight decrease in deaths... Scotland continues to have one of the highest drug death rates in the developed world. In order to tackle this, we must also address the underlying social determinants of health. Poverty, homelessness, trauma, and stigma play a key role in further entrenching the problematic drug use.'

Drug-related deaths and suicide in offenders in the community, England and Wales: 2011 to 2021. This 2023 ONS report³ identified 2,801 drug-related deaths over the decade, of which 219 were suicides. The risk of such deaths was over 16 times greater than in the general population; 11 times greater for male offenders; and 36 times greater for female offenders.

References

1. www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2023registrations#drug-misuse-in-england-and-wales

2. www.nrscotland.gov.uk/publications/drug-related-deaths-in-scotland-2024/

3. <https://tinyurl.com/yfcpvdy>



His Lucky Day: Part Two

This is the concluding part of a young Friend's story about a child's response to her father's gambling problems (Part One appeared in the Autumn issue). We thank the young attender who contributed this excellent short story.



Previously... Hedley got up to go but he hesitated in the doorway. 'Helen...' he began slowly 'Yes?' she said now concentrating on washing up. 'While I was looking around the house, I saw in the

newspaper that there is a horse race on Saturday. I got so lucky this time, I thought maybe I could try again and I might be successful.' Helen spun around, shocked. 'How could you even think of that!? We have enough money now to have a nice comfortable life! Do you want to go ruining it and wasting our money on gambling? Think about what happened before! We nearly didn't have any food some days!' said Helen outraged, with a bit of fear in her voice. 'OK, don't worry Helen, of course I won't - it was only a thought' said Hedley calmly.

Although as he said it, Hedley felt a small feeling of regret like Saturday could actually be his lucky day. Helen turned back to the sink. He quickly snatched the envelope from the table and stuffed it into his jacket pocket. He went into the living room and sat down on the saggy sofa wondering what to do. At last, when Hedley heard Helen going upstairs to bed, he opened the envelope and took the money out. It was a thick wad of £100 pound notes. He flicked through them, greedily. Then he heard a creak on the stairs and hastily stuffed the money back into the envelope and into his pocket, then picked up the newspaper, pretending to read it.

Ruby came into the room wearing her dressing gown. Hedley saw that the red notebook was tucked into her pocket. It looked like some sort of diary. 'Why were you looking at the money?' she asked

distrustfully. 'Oh, I was just checking I was given the correct amount,' said Hedley quickly. 'OK,' said Ruby, still a bit doubtful. She looked at the newspaper and saw the advertisement for the horse race tomorrow. Ruby looked up, fearful. 'You aren't going to another horse race, are you? You promised you wouldn't! I don't want to go back to being poor!' 'No, of course I won't' said Hedley reassuringly. However, as he said it, he got that same feeling of temptation and excitement. After not seeing Ruby for so long he didn't like to see her so upset and he could imagine her face when he brought home even more money tomorrow. 'You absolutely promise you won't go gambling again?' said Ruby. Hedley hesitated, then said shakily: 'I promise', Ruby went back upstairs, still looking a bit unsure.

Hedley couldn't get rid of the feelings of being so tempted and excited and he had a very restless and sleepless night. In the morning, he woke up before anyone else. The sun light was streaming through the window and he felt it was his lucky day. He made the decision to go to the horse race. He would come back richer and never ever go gambling again. He put on his jacket and his boots, feeling the weight of the money in his pocket. As he reached the race, he felt a surge of exhilaration and adrenalin as he walked up to the man in charge. Hedley put his hand in his pocket for the envelope but his fingers touched a hard smooth edge. Panic flew into his brain. He drew out what was in his pocket and found he was holding Ruby's red notebook. 'WHAT' screamed Hedley outraged. 'WHERE IS THE MONEY?!?!'

Ruby must have seen him looking through the money last night which was why she was so wary when she saw the newspaper advertisement. She swapped the notebook with the envelope when she was talking to him. Hedley furiously realised this had all been a test to see if he was going to go gambling again. His own daughter had tested him. He was just about to tear the notebook up in



anger when he saw writing on the front cover. It said ‘OPEN’. Seething with rage and humiliation, Hedley opened the notebook. On the front page was very familiar handwriting. It said:

‘If you are reading this, I’m sure you are very angry about what I’ve done. I did it for me and Mum, because I don’t want to be poor again. This was a test to see if you really meant what you said and now I know you don’t and you can’t give up betting. I am not sorry about what I did because you made us live in poverty in the first place by stealing all our money and wasting it, so it’s fair we have it back. I will only forgive you when you learn to give up gambling and be truthful. I have told Mum about all this and she agrees. From Ruby.’

It is always particularly good to receive contributions from young Friends, and we hope that this story may inspire others to write for QAADRANT in the future.

QAAD visits Cirencester



We were very pleased to receive an invitation from Cirencester LM for our director to give a talk about

QAAD’s work and concerns. Each of the Meeting’s appeals runs for eight weeks, during which time Friends spend time discussing issues related to the charity’s work. We were grateful that QAAD was chosen this year, and impressed by the breadth of subjects that had been covered before Alison’s visit in late November. About 20 Friends attended in person and contributed their reflections and experiences to a wide-ranging discussion which followed Alison’s talk.

I received a warm welcome from Friends when I arrived at Cirencester’s Meeting House, one of the oldest in the country. I began by describing QAAD’s history and the current scope of our work,

including links to other Quaker bodies and external organisations. I continued by exploring theories about the nature of addiction, including why some people experiment with substances in early life without developing serious problems, and how childhood trauma often drives ‘self-medication’ during adolescence when the brain is particularly vulnerable. In previous discussions, Friends had raised concerns about children and young people, and I reflected on different ways they can be affected by addiction within the family, and how difficult it can be for them to seek help. We also touched on the harm created by judgement and stigma and how important it is to respond with compassion even when someone’s behaviour is hard to understand. We were grateful to a Friend who was willing to share their personal experience of recovery, and how much they had appreciated the Meeting’s support.

Friends were also interested to discuss ketamine as its increasing use is a cause of local concern. One Friend, a health professional, stressed its value in medical settings, and mentioned research into using psychedelics to treat mental health conditions (see also ‘Hope and Caution’ pgs 3-4). We agreed that the benefits and harms related to all drugs is a complex and developing issue.

Our director is always pleased to be invited to provide talks at Meetings and hopes to hear from more in the year ahead. Please contact Alison if you would like to discuss this possibility.

We would like to hear from you

QAAD has a new postal address: **111 Gloucester Road, Bishopston, Bristol BS7 8AT**. The decision was taken due to the rising cost of PO Box subscriptions. All mail will continue to be treated in strict confidence.



Correction: In his article 'A great friend but a terrible master' (Autumn 2025), Colin Powell referred to the bursting of varices due to alcohol dependence. This was changed in error to read 'varicose veins' during the editorial process. Colin has asked QAAD to correct this, which we are happy to do and offer him our sincere apologies. Rupture of oesophageal varices is a serious symptom of cirrhosis, further details of which can be found here: <https://britishlivertrust.org.uk/information-and-support/liver-conditions/cirrhosis/varices/>

Contacting QAAD: The most important aspect of QAAD's work is to support Friends and Meetings. You are welcome to contact Alison Mather for any reason by email: alison@qaad.org or by phone: 0117 9246981. If she cannot answer, please leave a brief message including your name and contact number and she will return your call asap. You can also write to her at QAAD's new address (see above). Please be assured that all contact with QAAD is treated in strict confidence.

Your voice: QAADRANT is enriched by different voices and ideas. We are always delighted to receive contributions from Friends of any length. If you would like to respond to an article in this or previous issues, or share your experience, please email or write to our Director by **Friday 13th February**.

QAAD conference 2026: We will soon begin planning for our next residential weekend conference next July. Further details will be included in the next issue of QAADRANT and on our website.

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: Pete Warm, 16A Stone Hall Flats, Plymouth PL1 3QZ. Email: petewarm@outlook.com 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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