

Quaker Action on Alcohol & Drugs



Facing the end together

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QAAD at Yearly Meeting: Special Interest Group

For Yearly Meeting, QAAD held an online QAADNET on 21st March. We were joined by Friends from around the country for this informal meeting, which was designed to offer a confidential space for people to talk about their experience and insights.

We began by showing a short film, produced by Malcolm Moore (Westminster LM), which had been commissioned by SMART Recovery's Family & Friends programme. It featured interviews filmed at Westminster Meeting House with a group of close others. They spoke honestly about the impact of addiction within their families and how SMART had helped them to recover and improve their relationships. The

film will be available on the SMART website and its YouTube channel in due course.

After the screening, Malcolm spoke about his own experience, and responded to contributions from Friends in recovery themselves and as close others. Our discussion widened to cover dual diagnosis (the complexity of addiction combined with mental ill-health); early trauma as a factor in developing addiction; detachment as a coping mechanism; and the harm caused by gambling advertising.

QAAD will be running a stall at the YM Groups Fair on Sunday 3rd May. We hope to see you there!

* News update * News update * News update *

* Alcohol: Minimum Unit Price in Wales to continue and increase

Six years after its introduction in Wales, the Senedd has confirmed that MUP will continue and increase by 30% from 50p to 65p, bringing it into line with Scotland. Welsh ministers said this *'landmark policy to help reduce deaths and harm from excess alcohol'*. Independent research found that this could prevent more than 900 alcohol related deaths over 20 years and reduce the number of harmful drinkers by nearly 5000. The change will come into force in October. The move was welcomed by Alcohol Change UK director for Wales, Andrew Misell: *'Inflation has steadily eroded the impact of the minimum unit price since it was introduced in 2020. This increase restores the policy's effectiveness and ensures it can continue to reduce the availability of the cheapest, strongest alcohol that causes the most harm.'*

* Drugs: Ketamine's classification remains at Class B following review

In January, the Advisory Council on the Misuse of Drugs (ACMD) advised the government that ketamine should remain a Class B controlled substance, but that police forces and health care professionals must receive greater support to improve identification and prevention, and response to ketamine-related harms. The ACMD report concludes that acute harms such as toxicity and deaths align with ketamine's class B status, whilst expressing concern about the growing use of high-dose ketamine. Such harms were identified in the previous assessment in 2013; this inquiry focused on new and emerging risks. The report found that many of the harms experienced by users are likely to be influenced by polydrug use, and so reclassifying the drug is unlikely to reduce prevalence or misuse.



Facing the end together



Andrew Misell (Cardiff LM and Director for Wales at Alcohol Change UK writes about the charity's recent online

seminar about end of life care for people dependent on alcohol and other drugs.

“Would you be surprised if this person died within the next twelve months?”

I first heard this strange and uncomfortable question around ten years ago. Sometime in 2016, I had been invited to join a group at Manchester Metropolitan University (MMU) who were working to improve the end-of-life care for people who had a history of dependence on alcohol or any other drug, including people who were still using that substance.

It wasn't a topic I had thought about much until then. Like most people working to reduce alcohol harm, I was focussed on keeping people healthy and alive. Of course, I was aware that many people die from alcohol-related illnesses. I just hadn't thought a lot about what that experience was like and what we should do about it. A day spent sitting in a seminar room in central Manchester – with a collection of academics, hospice nurses, and drug and alcohol workers – changed all that.

I heard about what one nurse called the “hierarchy of death”, whereby someone's chances of getting a hospice place can depend on what they're dying from. Stigmatised illnesses like alcoholism, she said, tended to push people down the waiting list. I also heard that unsettling question I started this piece with, and I've been using it ever since to get people thinking about preparing well for someone's death. That's the point of the question. A service may support someone for years and years, and

be aware that that person's health is being slowly eaten away by alcohol. They may see signs of alcohol-related liver disease or alcohol-related brain damage. They may notice weight loss and increasing frailty. They may know that things like this can eventually lead to death. But they may be unsure what to do.

The “would you be surprised” question is a call to focus and to action. If you wouldn't be surprised, what should you do about that? If this person is dying, what support needs do they have? Where do they want to die, and who do they want with them? Their substance use may have strained their close relationships. Are there people they want to try and reconcile with? Perhaps most challenging of all for staff, how do you start talking to someone about the possibility that their life is drawing towards its end? There's a lot to think about, and no individual support worker can do it all. It must be a team effort, working across professional boundaries.

To help more organisations build the necessary teams for this work, Alcohol Change UK convened an online seminar *Dignity and Choice* in March, with expert speakers from around the UK. Gemma Yarwood (MMU) presented the great work that she and her colleagues have been doing on this topic since I first met them in 2016, including meeting the needs of family members of people who are dying. Gill Taylor from Pathway (the London-based homelessness and inclusion health charity¹) set out the ethical context, explaining why poor end-of-life care hurts everyone; not just the person who is dying. She introduced the concept of ‘moral injury’: the pain that support workers may feel when organisational unpreparedness makes it more-or-less impossible to provide the care they know someone needs.



Nurses Mary McKenna and Mark Holmes from the Royal Cornwall NHS Trust described the tightrope they walk, seeking to provide good palliative care for people dying of alcohol-related liver disease, whilst also not giving up hope and keeping the door open to the possibility of recovery. Anthony Vaughan and Millie Richards concluded the session with a presentation on the practical end-of-life support regularly delivered to alcohol-dependent people at the Swansea Shoreline ‘wet house’².

It was clear from these presentations that there has been a lot of progress since I first got to grips with these issues ten years ago. It is also clear that there is plenty left to do. That’s why Alcohol Change UK is working with MMU and the Royal Cornwall NHS Trust to develop training for services on how to deliver good end-of-life care for alcohol-dependent people.

Our ambition is that more people who are dying as result of alcohol dependency can do so with dignity and with supportive people around them. That will require new ways of working by drug and alcohol treatment services: thinking more about death whilst striving to improve quality of life; and by palliative care services: learning more about how to take care of patients whose lives have been dominated by alcohol, and may well still be.

Contact Andrew for more information on ACUK’s work on end-of-life care:

andrew.misell@alcoholchange.org.uk

A wide range of online resources from Manchester Metropolitan University about this issue, visit: endoflifecaresubstanceuse.com

¹ <https://www.pathway.org.uk/>

² <https://thewallich.com/services/shoreline-swansea/>

Ron Barden: a tribute



In February, we received the sad news that our former treasurer, Ron Barden, had died. Ron was one of QAAD’s founding trustees, appointed

in 1996, and continued his support even after stepping down in 2024. He provided QAAD with a strong hand on the tiller, guiding us through financial weather and using his considerable experience to offer sound advice and insight.

Ron joined the Labour party aged 15 and was elected a Borough Councillor just seven years later. Having considered a political career, he decided it was not conducive to family life and took a role in legal research for the General and Municipal Workers Union.

Ron was Principal of Northampton College

between 1976 – 1995. Keen to create educational opportunities for all, he extended the college’s apprenticeships and established education and training at two local prisons. He reflected in his old school’s magazine: *‘In my career, I was a part of helping many regarded as failures at grammar school to have a second chance to succeed, and for those who did not get to grammar school, a first chance.’*

Ron became a member of the Society of Friends in 1988 by conviction, and invested his considerable skills and experience in numerous Quaker bodies as trustee, chair, and treasurer: Britain Yearly Meeting, Sibford School, Charney Manor and Friends Therapeutic Community. As well as QAAD, he also served with Northampton and District MIND, the Peace Museum Bradford, and Labour Action for Peace.

Ron was married to Eleanor for over 60 years



with whom he travelled widely, including to China and the Soviet Union. He had an enduring love of cricket and football, political history, and the Times crossword.

'The impression of a 'weighty' Quaker rapidly evolved when I attended my first QAAD conference at Woodbrooke. Saturday evening was entertainment time, and the magician in the man appeared when this warm member of the Magic

Circle strutted his stuff. Since then, I have always had the picture of the other side of this often inscrutable, dependable, pragmatic, giant of a man in my mind, knowing this was part of what would have been going on inside him.'

Tim James, Trustee

His commitment and dedication to QAAD, combined with his dry humour, made him an invaluable and highly valued colleague. We are very grateful to have had him amongst us for so long.

'Addicted to You – a letter to my son' by Caroline Wills

ADFAM's annual Family Voices writing competition invites people they support to contribute their reflections as a close other. Winning and runner-up entries are read aloud at the charity's carol service, often by the writers themselves. We are grateful to ADFAM for permission to reproduce 2025's winning entry here:

The song 'Fix You' resonates in my head but I couldn't. I had tried everything but I had run out of options, ideas, energy and hope. For years I tried to find an answer, a cure, a way to find my boy again and to take away the pain, despair and shame.

Drugs dominated your life – every waking moment was focussed on the next hit. It didn't matter about the lies, the stealing and the damage to the rest of us. But I was also addicted. Addicted to you. I lost sight of me as I was so focussed on you. You were the first thing I thought when I woke and would be my last thought at night – usually angry and tense as I waited to see if you would make it home alive. Like you I did stuff I wasn't proud

of and put myself in danger – I tracked your movements through friends and bank accounts, swinging on a pendulum of anger, despair. The endless nights sat chasing sleep – rigid with anger or fear in a foetal position.

You were good at lying but not as good as me at remembering details, searching for clues and deliberately catching you out. You were my specialist subject. So much wasted energy and I was more devious than I care to admit. But to what end? You hated the situation you were in as much as me, but we were both stuck on repeat.

You tried everything I suggested but things got worse not better. But you always came home. The connection – you knew you were safe. We tried to function and manage as a family, but the shadow grew and got worse. For years I waited for the simple 'morning' text. You knew I worried and this was our unspoken agreement that you were safe. Those times were hard and there seemed to be no end in sight, just existing.

But I was still chasing that connection, that tiny chink that showed you were still there.



There was hope. I realised, no, we realised I was not enough. I couldn't fix you and we needed a different type of help. I let you go. It was at this point that our recovery began.

I am proud to have a son in recovery and share our story with pride as we have worked hard as a family. We do not celebrate and shout about recovery enough, especially when talking about young people. People work hard

at recovery. It is not just about stopping those addictive behaviours but about learning new ones, being honest and working at rebuilding relationships. That takes courage. I have also had to work hard at my recovery and change my behaviours. I am no longer addicted to my son as I now talk about and celebrate both my kids with a healthy dose of mother's pride.

A new Road Safety Strategy: tackling drink and drug driving

The government has published a new Road Safety Strategy¹, billed as the biggest reform since the 2006 Road Safety Act. It aims to reduce the number of people killed or seriously injured by 65%, and by 70% for under-16-year olds. In her Forward, the Transport minister, Heidi Alexander, says: *'Human error is inevitable, but deaths and serious injury are not.'*

In 2024, the Department for Transport estimated that road accidents in Great Britain involving at least one driver who was over the legal alcohol limit led to 260 deaths (16% of road fatalities), and 1,600 people being seriously injured. Medical and ambulance costs were estimated at £3.1bn and a further £264m for the police. The RAC's 2025 Report on Motoring² found 12% of survey respondents said they had driven when they thought they were over the limit (directly after drinking or the morning after). Amongst 25-44 year olds and under-25s, the proportions were even higher (14% and 18% respectively).

Under the Strategy's theme 'Robust enforcement to protect all road users', several measures relate directly to drink and drug driving:

Drink drive limits: The current limit for England and Wales (35 micrograms of alcohol per 100ml of breath) is the highest in Europe and has not

changed since 1969 when it was introduced. A consultation on lowering this to 22 micrograms (as in Scotland) will be held, and will propose an even lower limit for novice drivers.

Penalties and mandatory training for offences will be reviewed and the government will consult on the use of alcohol interlock devices for offenders. These are installed in vehicles to prevent them being started unless the driver passes a breath test, and are already used for convicted drink-drivers in Australia, Belgium, Canada, the Netherlands and the USA. An RAC poll found that four in five UK drivers supported their introduction, and nearly three quarters thought that every driver caught over the limit should have one fitted.³

Driving licence suspensions: Another consultation will be held on powers to suspend drivers suspected of a drink and/or drug driving offences, including causing death or serious injury. Such investigations take a long time, and suspects can continue driving in the meantime, sometimes leading to further offences and fatalities.

Collecting drug-driving evidence: the government plans to explore alternative methods and technologies for reducing current significant



delays, improving the speed of confirming results and supporting enforcement.

Professor Sir Ian Gilmore (Chair of the Alcohol Health Alliance) welcomed the Strategy as a *‘vital step toward saving lives on our roads’*. Citing evidence that even small amounts of alcohol impair driving ability he said: *‘Driving to the current drink-drive limit shows that you’re six times more likely to be involved in a fatal accident than those who haven’t drunk at all... This is a simple, effective policy that we know saves lives and makes our roads safer for everyone.’* The Alliance wrote to the Minister last year⁴, stressing that a lower limit will only be fully effective if implemented alongside:

- * Robust enforcement and improved testing capacity
- * Public education and consistent mandatory labelling to ensure people understand and comply with the new limit
- * Mandatory post-offence alcohol awareness and safety courses
- * Increased access to alcohol and treatment services

1. www.gov.uk/government/publications/road-safety-strategy
2. www.rac.co.uk/report-on-motoring
3. <https://media.rac.co.uk/four-fifths-of-drivers-support-alcohol-interlocks-to-cut-drink-driving>
4. <https://ahauk.org/news/drink-drive-limit-letter/>

David Barry: a tribute



David became a QAAD trustee in 2017 and over the following nine years he enriched our understanding of addiction through his willingness to

share his experience of alcohol dependence. His contributions to our meetings and events were always thoughtful and compassionate, tinged with his unique sense of humour and characterised by his unflinching honesty.

‘I know his quiet confidence to speak about his own life informed many others of the possibility of hope in theirs.’ Jon Lyon, QAAD Clerk

‘He talked openly about dark times and alcohol’s adverse impact on him and significant others. Wise and timely words increased my limited understanding and motivated me to continue the collective work.’ Susan Bewley, QAAD Trustee

Outside QAAD, David was committed to campaigning for justice and peace, often taking part in protest marches, despite increasing health

problems which meant this was a considerable challenge. He devoted time to visiting prisons and supporting others in recovery. Friends may remember his flamboyantly decorated camper van – and later, his electronic buggy – festooned with badges and flags of the causes he supported. Having been a stand-up comedian, he was also a popular performer at our conference social evenings.

In 2020, he contributed his recovery story to the Commission on Alcohol Harm’s report, concluding:

‘After 20+ years of sobriety I still want to seek the solace of alcohol in a crisis, but resist the urge. That will never go away. The popular image of alcoholics being unemployed and often homeless is only partly right. There are many addicts who stumble through life leaving a trail of disaster behind them, just as I did, but manage to create a facade of normality.’

David’s Quaker faith and deep concern for those who were harmed by substance use were strong and enduring. We will miss him greatly.

NEWS! QAAD CONFERENCE

After much consideration, we have decided to postpone QAAD's residential conference this year. We will plan to hold the next in 2027 and will provide a date and venue in QAADRANT and on our website later in the year. We hope you will consider joining us for what is always a stimulating and enjoyable weekend!

Your voice

QAADRANT is enriched by different voices and ideas. We are always delighted to receive your contributions of whatever length and can publish these anonymously if you prefer. 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 5th June**.

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: **Pete Warm, 16A Stone Hall Flats, Plymouth, PL1 3QZ**. 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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Name Signature Date

Address.....

..... Postcode

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. All contact is held in strict confidence.