# QAADRANT

Summer 2026

## Quaker Action on Alcohol & Drugs

# Safe to use?

Treating mental health conditions with magic mushrooms *page 3*

# QAAD at Yearly Meeting: Group Fair
# Good to meet you! QAAD at Yearly Meeting

It is always a pleasure to meet Friends who visit QAAD's Groups Fair stall at Yearly Meeting, and this year was no exception. Our director was joined by our trustees Susan Bewley and Daniel Flynn, and we enjoyed discussing our work and hearing Friends views about our shared areas of concern. Thank you to those of you we met, we look forward to staying in touch!


# QAAD 2026 Conference: Update

We had planned to hold our residential weekend conference this summer. However, after careful consideration, trustees have decided to postpone the event until 2027 and we will keep Friends informed once the date and venue have been fixed.

For those who have never attended one of our conferences, we welcome all Friends with an active interest in substance use, harm, and addiction, whether this is part of their own experience, as a family member or friend, or a wish to deepen understanding. These weekends are always informal, stimulating and enjoyable, with a mixture of group discussions and time to explore interests with others. QAAD conferences are nominated events, which means that Area Meetings may support the cost of Friends' attendance.

*Please contact our director if you have any questions, and if you would like to be added to our events mailing list*

# Safe to use? Should magic mushrooms be used to treat mental health?

There is increasing interest in the potential use of psychedelic drugs such as psilocybin ('magic mushrooms') and ketamine, to treat mental health conditions e.g. depression, PTSD, and alcohol and gambling addiction. Some clinicians and researchers have voiced concerns about the longer-term effects and possible harm, including mis/abuse. Others argue that psychedelics should be available on prescription for use under medical supervision. Radio 4's In-Depth series includes an investigation into the current evidence and experts' opinions, presented by Science Correspondent, Pallab Ghosh[1].

The programme begins with two people's accounts of treatment with psilocybin: one is clear it helped her to overcome persistent suicidal feelings; the other describes it as *'the most terrifying experience of my life'*. He is now the director of the Challenging Psychedelic Experiences Project, which supports other people whose treatment left them traumatised. Between them, these stories illustrate the current dilemma for medics, politicians and regulators: should doctors be allowed to prescribe treatments involving this and other psychedelic drugs?

The use of psychedelic medicine is currently illegal in the UK, deemed by the Advisory Council on the Misuse of Drugs (ACMD) to have *'no legitimate medical use'*. To run clinical trials, researchers must apply for strict medical licences which are notoriously difficult to obtain.[2] Most of the 20 trials run since 2022 found that they can help, a few found that there was no clear benefit, but several had unclear or mixed results. The report on the largest trial, for psilocybin, is due later this year.

Ghosh outlines the views of several eminent academics, including Professor Oliver Howes (Royal College of Psychiatrists). He is clear that *'we desperately need more and better treatments for mental health disorders'*, but stresses that psychedelics *'should not be used in routine practice…until [there is] more robust evidence for their safety and effectiveness.'*

Professor David Nutt (Deputy Head, Centre for Psychedelic Research, Imperial College) expresses his frustration about *'unreasonable barriers to research and treatment'*, telling the BBC: *'There are so many people suffering unnecessarily… and some of them are dying. It is, in my view, a moral failing.'* His research suggests that psilocybin is at least as effective as traditional antidepressants with fewer side effects, and is much faster acting - a few minutes compared with up to eight weeks.

The programme describes research published in the British Medical Journal (2024), which highlighted the difficulty in isolating the distinct effects of the drugs when used in psychotherapeutic settings. It raised concerns about *'the potential for harm and serious adverse events from long term use…'* and stressed the need for rigorous vetting, critical evaluation of the evidence, and avoidance of *'spin and unsubstantiated claims.'*

The government is supporting plans to ease licensing requirements for selected trials. Pending the results of pilots, it is also looking at exemptions for some universities and NHS sites, coordinated by a cross-government working group.

1 https://www.bbc.co.uk/sounds/play/p0mrb3fz

2 Ketamine is in a different legal category and can therefore be used in UK medical treatment.

# Faithful to be thyself

*We were pleased to meet Kate Cramer (Exeter LM) when she visited QAAD's stall at Groups Fair in May. Here, she writes about Co-dependents Anonymous (CoDA), a lesser known 12-step programme which offers mutual support for those affected by dysfunctional relationships, often (though not exclusively) linked to problems related to addiction.*

A dear friend of mine painted a bookmark for me not long ago and wrote these lines from an Emily Dickinson poem on it:

> Faithful be to thyself,
> And Mystery

I found it while I was trying to write this piece, aptly, because it is at the heart of this little-known 12- step programme, which takes a searching look at relationships - with others, with ourselves, with God.

CoDA is short for Co-dependents Anonymous, started in 1986 in Phoenix, Arizona by Ken and Mary R, who were both in longstanding recovery from substance addiction. They were inspired by a film about Gandhi's efforts to help the people of India gain independence and freedom.

The twelve steps of CoDA share the same steps as Alcoholics Anonymous, except for the first:

*'We admitted we were powerless over others- that our lives had been unmanageable'.*

This programme takes a look at how fear and loss of trust induce us to try to have power over others or let them have power over ourselves, and how we can learn to free ourselves from our destructive patterns. For simplicity's sake these destructive patterns are broken down into five categories: control, compliance, avoidance, denial and - the mother of all- low self-esteem.

Like other 12-step programmes, much of our healing happens through sharing without shame in a safe space. CoDA groups are disciplined: no crosstalk, no feedback, strict respect of anonymity. We share using 'I' statements, and begin to learn to listen without criticism to other people's stories, which may be very different from our own. People come to CoDA from all walks of life, at varied ages, with all kinds of histories e.g. estrangement, abuse, bereavement, separation, work problems, and with a host of different feelings such as shame, anxiety, rage, despair, and jealousy. If the group is strong and healthy, each person gradually finds a stability and the confidence to be honest and open to change.

Following the programme includes looking at the website, going to meetings (in person or online), reading the literature, finding a sponsor, and developing a daily practice of prayer or meditation. There are excellent booklets on establishing boundaries and communication skills, as well as a new book on childhood history: '*Growing Up in CoDA'*.

Slowly, sometimes painfully, we have the strength to take responsibility for these experiences, even if only internally, and sometimes by making amends to others. We begin to see the part we have played in our own lives, agency is born, and the claustrophobia of blaming others begins to be dismantled. Critically, we also learn the art of deep listening without point scoring. We learn from others, in the spirit of sacred listening (audio divina), and hear what we need to hear.

Much of this is familiar in spirit to the Quaker tradition. For example, Quaker Advices and

Queries 11 says: *'Be honest with yourself. What unpalatable truths might you be evading?*'; 25 speaks of the tensions a long term relationship can bring, and of the need *'to explore your own feelings which may be powerful and destructive…seek God's guidance'*; 32 asks us to *'Bring into God's light those emotions, attitudes and prejudices in yourself which lie at the root of destructive conflict, acknowledging your need for forgiveness and grace'*. Any of these could have formed part of the CoDA programme.

But at a more profound level, both Quakers and 12-step programmes share the mystery of which Emily Dickinson speaks: that the stability and strength of our true self is realised because of our ability to sense something greater, what we might call God (or a Higher Power). Or, in the words of the CoDA programme, we begin to find *'a new strength within to be that which God intended, Precious and Free'*. In so doing, we are given the grace to allow others the same freedom and to rebuild trust. Put even more simply, we learn how to love.

For more information about CoDA, visit: coda-uk.org

## * News * News * News

**Illegal casinos and children's online games:** Will Prochaska, the director of the Coalition to End Gambling Advertising (CEGA), is researching how illegal casinos are using Roblox's in-game currency, Robux, to enable children to gamble. He is concerned that online harms and gambling harms overlap and there is currently weak regulation and enforcement to address this. Will's advice to parents is that Roblox is not safe for children, and he appeared on Sky News to raise awareness of the issue: https://news.sky.com/video/illegal-casinos-are-targeting-children-on-roblox-can-it-be-stopped-13548285

**Former MP Craig Williams (Con, Montgomeryshire) has pleaded guilty to cheating by placing bets on the date of the 2024 general election.** As an aide to Rishi Sunak when he was Prime Minister, he admitted to using confidential information to gamble £22.50, £100, and £250. He has previously admitted making a '*huge error of judgement'*, and will be sentenced once 13 co-defendants have stood trial. Separately, Amy Hind (wife of the Conservative deputy digital director Anthony Hind) also pleaded guilty to placing multiple bets and will be sentenced in October.

**Faith Action on Gambling Harm group (FAGH):** QAAD and our FAGH colleagues will hold a parliamentary reception at Westminster on 10th November. Carla Lockhart MP (DUP) is sponsoring the event and there will be 2-3 speakers, including Will Prochaska (CEGA). MPs and peers will be invited to join us to discuss the harms linked to advertising and marketing.

**Alcohol:** A new women and alcohol project: Scottish Health Action on Alcohol Problems (SHAAP) has launched a collaborative project, working with the Institute of Alcohol Studies, Alcohol Focus Scotland, women's health organisations and researchers. It aims to address the under-researched and under-recognised ways in which alcohol harms women in distinctive ways. It will gather evidence, including lived experience, *'to build the case for an alcohol policy response which takes women's health and lives seriously.'* An event to confirm policy and research recommendations will be held on International Women's Day 2027.

# Alcohol research: Two studies commissioned by Alcohol Change UK

*This spring, ACUK has published two reports which explore issues related to drinking amongst young people and to older people living in residential care. They both raise interesting and important questions about balancing perceptions with the reality of people's experiences and how to reduce potential risks.*

## Care Homes and alcohol – finding the right balance

This study[1], commissioned by ACUK and the Welsh government, investigated the approaches care homes in Wales take in managing residents' drinking and issues which can arise. Researchers were asked the question 'How do care homes in Wales balance residents' right to choose to drink with the need to keep them safe?

In interviews with residents, some talked about the positive experiences that still being able to have a drink have: *'If you have a drink…it's like you've had a good treat, and psychologically, it can work that way.'* Those who previously enjoyed drinking socially appreciate having the choice, feeling that it helps them feel more at home in their new environment.

However, as the report points out, many (if not most) residents take more medication as they age, and older drinkers process alcohol more slowly, both of which increase the risk of falls. In addition, some people's behaviour can become challenging towards staff, other residents, and visitors after having a drink. An added factor is that, for those in recovery from alcohol dependency, the availability of alcohol and visibility of drinking by others could act as a trigger.

The study highlighted the variability of alcohol policies and quality of staff training. It found that practice often depends on care staff's personal judgement and values, leading to a lack of consistency and affecting expectations among residents and family members.

ACUK stresses that this was a small-scale study which cannot claim to describe the situation in every Welsh care home, but that it does raise interesting and important questions about situations staff need to navigate, and how they might be better supported in future.

*We would be very interested to hear your views on this issue, particularly from readers who have observed how drinking in a relative's care home is managed.*

[1] https://alcoholchange.org.uk/blog/care-homes-and-alcohol-finding-the-right-balance

## Young people's consumption of alcohol-free and low alcohol drinks in family settings

ACUK funded this research[2], carried out by researchers from Bath, UCL, Manchester Metropolitan and Sheffield universities. It is the first study to investigate the role of alcohol free and low alcohol drinks ('no/lows') in young people's lives, and combines survey data with adults and young people (aged 16-25), with interviews with primary carers and children (aged 13-17).

One of the key findings of the study was that it is unclear currently whether no/lows have a positive, negative or no impact on young people's drinking. There is no firm evidence that they act as a gateway, either for earlier experimentation or heavier drinking over the longer-term. No/lows were perceived both by carers and young people as irrelevant for adolescents, seen instead as being for adults choosing not to drink alcohol.

Most carers thought that it was broadly acceptable for adolescents to drink no/lows, given the inevitability that their children would drink alcohol, and were considering how and when to introduce it safely. Those who had given their children no/lows typically did so in the home or at family events or meals.

Amongst the adolescents who were interviewed, most said it was unlikely that they would choose to drink no/lows instead of alcoholic drinks when they were socialising with their friends. There was some evidence that those who had drunk no/lows before trying alcohol reported delays in being drunk for the first time, although the this evidence is uncertain.

Consumption of no/lows is rare amongst young people at the moment: between 2022-2025, only around 15% of 16-25 year olds reported drinking them in the previous month, a figure mirrored in the study's interviews. However, the market is expanding and the authors recommend continued monitoring of trends, together with updated information and advice for parents.

*We would also be interested to hear your experience, as parents or as a young Friend, about when and how no/lows are used in the family and in social settings.*[1]

[2] https://alcoholchange.org.uk/publication/young-peoples-consumption-of-alcohol-free-and-low-alcohol-drinks-in-family-settings

## * News * News * News

### Drugs

**Stroke risk:** A new analysis of stroke risk linked to illicit drug use by Cambridge University researchers reviewed 32 studies using the medical data of 100 million people worldwide. This showed that the risk of strokes increased by 122% for amphetamine, 96% for cocaine and 37% for cannabis users. For under-55 year olds, the risk almost tripled for amphetamine, remained the same for cocaine, and was 14% for cannabis. The research supported the theory that the drugs were the cause of increased risk, rather than other health issues, amongst drug users.

Lead author, Dr Megan Ritson, said: 'Illicit drug use is a preventable stroke risk, but I don't know if young people are aware how high the risk is.'

**Ketamine**: Turning Point has launched its 'Know Your K' harm reduction campaign. The website includes details of risks, harms and advice on harm reduction related to ketamine. It also has short case studies, and details of sources of support for young people, parents and carers, and professionals. It stresses that this is given 'without scare tactics or judgement.' For details, visit: www.turning-point.co.uk/know-your-k#support

## 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 111 Gloucester Road, Bishopston, Bristol BS7 8AT. 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 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 28th August.**

## 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: 20547080 Sort code: 60-83-01**

**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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