

## Quaker Action on Alcohol & Drugs



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# From Harm to Hope – the government’s new 10-year drugs strategy

*This article is designed to give readers a broad overview of the strategy’s main content and priorities. We will provide more detail in the next issue, including measures to strengthen prevention and support for young people and offenders.*

The government launched a 10-year drug strategy for England and Wales in December which accepts most of Professor Carol Black’s recommendations in her independent review<sup>1</sup>. As with all national strategies, this is a political document and one designed to ‘support the government’s levelling up mission with people living longer, healthier lives in safe and productive neighbourhoods’.

Subtitled ‘a 10-year drugs plan to cut crime and save lives’, its robust narrative links illegal drug use primarily to crime and harm to individuals and communities: ‘The strategy is unashamedly clear on our position: illegal drug use is wrong and unlawful possession of controlled drugs is a crime. We must take quick and decisive action to reduce the use of drugs recreationally.’ It has three key objectives:

- Breaking drug supply chains e.g. closing county lines and making the UK a more difficult place for organised crime gangs to operate.
- Delivering ‘a world-class treatment and recovery system’ e.g. rebuilding services including for young people and offenders, and producing new commissioning standards.
- Achieving ‘a generational shift in demand for drugs’ e.g. researching evidence of ways to deter adult drug use and to prevent young people starting to take them.

To support these, an additional £900m will be invested over the next three years, of which

£780m is for treatment. Targets include providing 54,500 additional treatment places, preventing ‘nearly 1000 deaths’, and closing ‘over 2,000 more county lines’ by 2025. National and local frameworks will outline how and when these objectives will be met, and the Combatting Drugs Minister (currently Kit Malthouse MP) will present annual progress reports to Parliament.

After over a decade of cuts, one of the most welcome changes is the extra money designated for treatment, accompanied by measures to help rebuild the sector’s workforce and improve skills. In Year 1, this will be targeted in 50 areas with the highest levels of drug-related deaths, crack cocaine and opiate use, crime and deprivation. It will also help support people in recovery to find stable employment and housing, and promises treatment places for every offender with an addiction.

For those hoping for movement towards decriminalisation, the government’s position is unequivocal: ‘We cannot allow the impression to be given that occasional drug use is acceptable. It isn’t. So there will be new penalties for drug users.’ A White Paper next year will consider ‘a series of escalating sanctions’ e.g. increased fines, curfews and the temporary confiscation of passports or driving licences. The police will receive an extra £15m for drug testing on arrest for ‘trigger’ offences<sup>2</sup>; some forces will also test on arrest for other offences. People testing positive may be given ‘an assessment of their drug use and referral to drug awareness, drug treatment or other interventions aimed at changing their behaviour.’

<sup>1</sup> <https://www.gov.uk/government/publications/review-of-drugs-phase-two-report>

<sup>2</sup> Acquisitive crimes (e.g. burglary) and possession of cocaine and some opiates

# Faith, trust and recovery

*This is the first of a two-part article written by Rhiannon (Shetland LM) who offers this personal perspective on the interface of AA’s 12-Step programme, the different elements of faith in recovery, and the critical role of trust, drawing on her own experiences.*

In AA, alcoholism is seen as a disease caused by a combination of genetics, epigenetics<sup>1</sup> and environmental factors. Once the condition has been triggered, it requires long-term treatment and care analogous to a person with diabetes who has to watch what they eat and who takes medication. The idea of ‘cue induced’ drinking is also a part of the AA program: an alcoholic will experience a stressor (good or bad) and their habit is to reach for a drink. Each time, the individual has to stop their automatic response and learn a new one, and AA tries to teach a method for doing this.

There is also a moral aspect to the program, as it focuses on spiritual health as a way of staying well. We make amends for things that we have done wrong so that guilt, fear, shame etc. won’t drive us back to the bottle. The process of making amends is not about ‘saying sorry’; it’s about deciding not to behave like that again. As active addicts, our apologies were often frequent and our promises often broken so our goal is to allow others to see that we have changed and are actively choosing not to do any more harm.

AA has its roots in religion, but in the final text (the ‘Big Book’), the authors decided to use the term ‘higher power’ (HP) instead of God. Many people who struggle with AA have experienced religion as a weapon used against them and, although AA is spiritual not religious, the language used and the fact that there are many people in AA who are religious means that this is often misunderstood. AA defines HP as ‘a power

greater than ourselves.’ We use the idea of a HP as a tool for getting and staying spiritually well. The focus is on results and the battle is seen as very real: sober vs drunk, life vs death.

An individual’s own visualisation of their HP doesn’t matter. The process of experimenting with the idea is creative and imaginative and can be fun and hope-filled. It introduces the idea of change gently; that where you are now will change as you work through the steps. In rehab, I chose Rocco my dog as my first HP. That may sound daft but I wanted to be more like him - calm, content, enthusiastic, accepting, optimistic. One of my roommates chose her dead husband whom she loved and respected and one of my sponsors chose ‘Pan’ who they see as compassionate, non-judgmental, intelligent, nurturing, and humorous.

The basic HP construct is GOD: ‘group of drunks’. This is funny, but points to the idea of a group of individuals with a common goal of helping to keep each other sober. In AA, peer support is essential and the good of the group is seen as more important than any individual. ‘Anonymity’ highlights this and is, AA argues, a spiritual act since it is self-transcendent.

The program made me realise how little I trusted myself, other people, and the world. How could I trust myself when I couldn’t even manage to stay sober for a day? I lived a very false life trying to hide my true state all the time. The more I cared about someone the more I lied to them because I didn’t want them to worry. That left me feeling very alone in a world where it was easy to believe that everyone else was living a lie too. Who could I trust?

AA helps people to explore trust by asking ‘what basic things do you trust?’ I trust that there will be a day after tonight; that spring will

be followed by summer etc. I have faith in these things. That is the beginning from which we learn to trust the process of the Steps and the Group Of Drunks.

I very much see trust as a form of secular faith. For many people, the idea of trusting is more real and easy to understand than the idea of 'faith' which can have so much baggage. The psychology of trust has been much studied and there are two definitions that I like:

- *Learning to trust is 'the first task of the ego'*. This comes from a developmental perspective: an infant must learn trust right from the start that they will be fed and cared for, that their needs will be met. Of course, whether this happens depends on the world the child is born into.
- *'A psychological state comprising the intention to accept vulnerability based upon the positive expectations of the intentions or behaviour of another.'*<sup>2</sup> This is of a more developed form of trust where a hope-filled choice is made despite the risk of being let down or harmed.

In a 2018 article<sup>3</sup>, Ryan Preston-Roedder describes three types of faith: in the self; in friends and family; and in humanity, with each having a cognitive, an emotional, and an agency (choice) aspect. Risk-taking occurs but with the hope for a good outcome – a determination to believe in something even through the difficult times or with limited evidence.

When I look at myself as a drunk, it's easy to see how each of these aspects of faith was missing from my life. Without faith in myself, I couldn't stick to goals and defend my beliefs so I felt worthless and useless. Without feeling able to trust friends and family I felt isolated and alone. Without faith in humanity I was scared of everything and everyone.

By the time I reached rehab I was drowning in fear, guilt and shame. When I was drunk, I was desperate to be sober and when I was sober I remembered all the reasons I drank - a constant see-sawing between extremes with no way out. This is normal - something AA refers to as 'the gift of desperation'.

For me, trust and faith are analogous. AA teaches us how to grow each of the types of faith described by Preston-Roedder but it is a muscle that needs to be flexed regularly or I will lose it.

<sup>1</sup> the study of how behaviour and environment can cause changes that affect the way genes work

<sup>2</sup> *'The Psychology (and Economics) of Trust'*, Evans A.M., Krueger J.I., 2009

<https://doi.org/10.1111/j.1751-9004.2009.00232.x>

<sup>3</sup> [https://www.pdcnet.org/philtopics/content/philtopics\\_2018\\_0046\\_0001\\_0173\\_0199](https://www.pdcnet.org/philtopics/content/philtopics_2018_0046_0001_0173_0199)

to 65p, arguing that 50p in 2012 (when the rate was set originally) was equivalent to 61p in 2021. The letter was countersigned by 28 organisations including six royal colleges, Scottish Families Affected by Alcohol and Drugs (SFAD), and several public health bodies and substance misuse charities.

The Westminster government continues to resist pressure to introduce MUP. Changes in alcohol duty announced in the autumn budget (see QAADRANT Winter 2021) are not set in law and could be subject to further change in future budgets.

## NEWS: GAMBLING

### NHS declines further industry funding for treatment

The NHS will cease accepting industry funding towards gambling addiction treatment on April 1st. In a letter to the charity GambleAware, Claire Murdoch (NHS England national mental health director) said *'It is also absolutely right that the NHS now funds these clinics independently, recognising the harmful effects this addiction can have on the nation's mental health, and that predatory tactics from gambling companies are part of the problem, not the solution.'* She also

confirmed that clinicians' and patients' concerns about conflicts of interest had informed the decision. Last year, Murdoch called for a compulsory levy to fund treatment. Between April and December 2021, GambleAware received £16m from the industry, of which £1.2m was awarded to the NHS' gambling clinics. From May, new clinics in Southampton and Stoke-On-Trent will join those in London, Leeds, Manchester, Sunderland and the national clinic for children and young people. This announcement will add further pressure on the government ahead of the publication of its delayed White Paper on the Gambling Act 2005 review, now expected in May.

## QAADNET Meeting: Faith in Recovery? Saturday 4th December

*We were very pleased to be joined by twenty Friends for another online QAADNET meeting in December. Dr Andrew Williams (Cardiff University) spoke about research he and his colleagues carried out on behalf of Alcohol Change UK into faith-based alcohol treatment providers<sup>1</sup>. Here is a summary of Andrew's talk and some of the key concerns raised by Friends in discussions afterwards.*

The particular remit of this study was to review the number and type of faith-based treatment providers in England and Wales, and to look in detail at service users' experiences of treatment. Of 135 such providers, very few are registered with the Care Quality Commission (CQC) or the National Drug Treatment Monitoring System.

Dr Williams and his fellow researchers feel very strongly that alcohol treatment providers, and in particular residential ones, should be more transparent about the services they provide. They recommend that statutory bodies and regulators should pay more attention to what services are provided and how they are delivered. Above all, after years of reduction in numbers and types of recovery services available due to austerity, they

argue that those suffering from alcohol addiction need access to greater numbers and wider choices of services.

The majority of faith-based providers are from Christian denominations and half make religious participation mandatory, especially those offering residential rehab. The study found that service users can feel under pressure to pay lip-service to religious practices to access treatment, and that some have been abused - physically or mentally - if they are unwilling to participate. Some did have positive experiences however, and said that their recovery was facilitated and upheld when they engaged in religious belief as it gave them a focus and that they found it calming.

One crucial finding was that faith-based services often forbid prescribed medication, insisting on a purely religious (or spiritual) approach. Sudden withdrawal, particularly from alcohol, can lead to severe, sometimes dangerous, physical reactions and emotional stress. The individual is then left with another failure that is portrayed as their fault and in no way due to methods used. Dr Williams and his colleagues believe that for both secular and faith-based treatment facilities, it is the voices

## NEWS: ALCOHOL

### Minimum Unit Pricing (MUP):

The Republic of Ireland introduced an MUP of 10 cents per gram on 4th January. It will take effect in off-licences, shops and supermarkets, amid concerns from those critical of the policy that this will lead to increased cross-border and duty-free purchasing.

Meanwhile, Alcohol Focus Scotland and Scottish Health Action on Alcohol Problems (SHAAP) have written to Scottish government ministers calling for a rise in MUP



of the services users that should be heard most clearly and above all others.

Friends spent time discussing Dr Williams' talk in smaller groups. Here is a selection of their concerns:

*"I feel that regulation by the CQC should be a minimum requirement of these places...I also feel grateful to them as state provision is woeful."*

*"Our group was worried that if there were concerns raised when a researcher was present, then there may be more going on than was recorded. What was hidden?"*

*"We question the preparation and training for the staff within these centres. We also wondered about the recognition of the past traumas of the people they are setting out to help."*

*"Rigid thinking is a problem in recovery facilities and can be destructive; another rejection experience."*

*"The restriction of prescribed medication in a small, but significant percentage of the provisions. Friends were concerned that analgesia would be needed and that those on anti-depressants would be expected to stop them abruptly, which may cause profound health issues."*

The recording of Andrew's talk can be viewed via our website: [www.qaad.org/woodbrooke](http://www.qaad.org/woodbrooke) or on YouTube: <https://www.youtube.com/watch?v=S1byHqPv1t8&t=11s>

1 Faith in recovery? Service user evaluation of faith-based alcohol treatment', Professor Mark Jayne, Dr Andrew Williams and Dr Daniel Webb, Alcohol Change UK (2019) [www.alcoholchange.org.uk/publication/faith-in-recovery-service-user-evaluation-of-faith-based-alcohol-treatment](http://www.alcoholchange.org.uk/publication/faith-in-recovery-service-user-evaluation-of-faith-based-alcohol-treatment)

#### NEWS: GAMBLING

**Risks to women:** In January, GambleAware launched a national advertising campaign to raise awareness of women's vulnerability when gambling. This highlights warning signs that suggest that gambling is becoming a problem and signposting women to sources of support. Research to be published soon found that the number of women seeking treatment has doubled in the last five years. Up to a million are estimated to be at risk of harm but most do not access support due to stigma and embarrassment.

#### NEWS: DRUGS

**Cannabis legalisation in Europe:** In December, Malta became the first EU nation to legalise the cultivation and personal use of cannabis. Adults can now grow up to four plants and carry up to 7g, but smoking it in public or in front of children is still illegal. Germany, Luxembourg and Switzerland are known also to be considering legalisation.

#### First state lottery in England, 1569

On 11th January 1569, the first state lottery drawn in England was held outside old St Paul's cathedral in London to raise funds to maintain harbours and coastal defences. There was a £5,000 jackpot and participants wrote a unique message on a blank piece of paper. One surviving ticket says 'God send a great lot for my children and me, which had had twenty by one wife truly'. The odds were 1 in 16,000. Fewer than 10% of 400,000 ten shilling tickets were sold.

### 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](mailto:alison@qaad.org) You are also welcome to call her: 0117 9246981

### QAAD events in 2022

QAAD will be holding another webinar in late April and are also planning more online meetings this year. If you would like to be added to the events mailing list, please contact our Director, Alison. Full details will be available on our website and in future issues of QAADRANT.

### 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 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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*This poem was written by the late Joe Lawley, co-founder of The Compassionate Friends charity which supports bereaved parents and their families. Granting QAAD permission for reproducing it here, Carolyn Brice (Chief Executive) added 'I hope Joe's moving and heartfelt poem will be of comfort to those who have experienced bereavement, harm and pain related to substance use.'*

### **The Gift**

*I have a gift.  
I did not want this gift, it meant suffering and pain.  
The pain came because of love.  
A love which had manifested itself in a child.  
The child brought its love to me and asked for my love.  
Sometimes I did not understand this.  
Sometimes I did not appreciate it.  
Sometimes I was too busy to listen quietly to this love.  
But the love persisted; it was always there.*



*One day the child died.  
But the love remained.  
This time the love came in other forms.  
This time there were memories; there was sadness and anguish.  
And unbelievable pain.*

*One day a stranger came and stood with me.  
The stranger listened and occasionally spoke.  
The stranger said "I understand", and did.  
You see the stranger had also been this way.  
We talked and cried together.  
The stranger touched me to comfort.  
The stranger became my friend as no other had.  
My friend said "I am always here", and was.*

*One day I lifted my head.  
I noticed another grieving, grey and drawn with pain.  
I approached and spoke.  
I touched and comforted.  
I said, "I will walk with you", and did.*

*I also had the gift.*

### **Joe Lawley**

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