

Quaker Action on Alcohol & Drugs



‘Swift, Certain, Tough’

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Alcohol • The Scottish government launches a consultation on potential restrictions to alcohol advertising and promotion

This consultation was launched in mid-November and closes on 9 March. Its rationale is that alcohol marketing is harmful by increasing its appeal and attractiveness amongst children and young people, how and wherever it is seen (TV and online; billboards; sports and event sponsorship; and branded merchandise). It also points out that alcohol sponsorship can exclude or discourage people in recovery from attending sporting events and make it difficult for heavy drinkers to cut down.

‘Young people in Scotland, and people in recovery and their families, have told us directly that they see a lot of alcohol marketing and want us to take action to restrict this.’

The Scottish government’s proposals cover prohibiting alcohol-branded merchandise (including replica kits); stopping event sponsorship where children may be present; and creating separate spaces for children and families at matches, festivals and other events. ‘Family-friendly’ sports venues could gain accreditation by reducing alcohol advertising and holding at least six alcohol-free events a year.

The Alcohol Harm Alliance (AHA) is campaigning for UK restrictions. Its Chair, Sir Ian Gilmore, commented: ‘Exposure to alcohol marketing makes children start drinking earlier and drink more. It can also make it hard for heavy drinkers to cut down...With alcohol deaths at record high levels, we need bold

action from the [UK] government to tackle this public health crisis.’

Friends can respond via: <https://consult.gov.scot/alcohol-policy/alcohol-advertising-and-promotion/>

Scottish Health Action on Alcohol Problems (SHAAP) has launched its ‘Calling Time on Alcohol Sports Sponsorship’ campaign, calling for the Scottish government to ban alcohol sponsorship in sports. SHAAP is encouraging constituents to write to MSPs, asking them to support the campaign. Further details can be found here: <https://www.shaap.org.uk/calling-time/about-calling-time>

Gambling: The Women’s Institute considers online gambling harms

Each year, the Women’s Institute (WI) asks its members to select a single issue as the focus for its annual campaign. For 2023, one of the candidates is ‘Online gambling harm: time for action’. The supporting information highlights the growing number of people at risk of gambling-related harm and describes how this affects personal, family and social lives, particularly for women whose partners gamble harmfully. Members are encouraged to consider the need for legislative and regulatory change, and whether such reforms pose a threat to individual freedom of choice.

Shortlisted issues will be presented at local groups in February and the final decision will be made in June.

QAAD would be very interested to hear from Friends who attend these presentations, particularly about the views expressed and what the discussions covered.



'Swift, Certain, Tough' – the Home Office consults on its drug possession law reforms

The Autumn issue of QAADRANT provided a summary of the government's White Paper of reforms to police and criminal justice responses to illegal drug possession¹. In the Forward, Priti Patel (then Home Secretary) expressed the ambition to see a generational shift in demand to a 30-year low. It aims to deliver 'tougher, more meaningful consequences' for possession, using an escalating, three-tier process which targets adult 'so called recreational drug users'. For those dependent on drugs, 'treatment is the most relevant intervention'. Here, our Director summarises QAAD's response to these proposals, highlighting both areas of agreement and our concerns.

In 2021, 25,836 people were charged for drug possession. The majority (86%) were sentenced, about two thirds of whom received fines. The White Paper confirms that, in recent years, many police forces have moved to a 'No Further Action' response to possession of small quantities of drugs, something which the government is now keen to reverse. The Paper's rationale is that *'drugs are illegal for a reason'*, highlighting personal, relationship and social harms, damage to young people's lives and the financial cost to society. Yet it is clear that alcohol and some prescribed medications also can and do cause such harms - a critical area for the decriminalisation/legalisation debate. The absence of any reference to why people take drugs - other than an implicit assumption that 'recreational' is equivalent to fun and irresponsibility - is striking.

The Paper raises legitimate concerns about the links between drug use, violent and acquisitive

crime, and organised crime including the worrying growth of the 'county lines' model. Cutting demand would, it argues, help to atrophy the UK's illegal drugs market. However, emerging evidence from countries and US states which have reformed their drug laws in recent years appears to suggest that illegal markets have not disappeared and remain lucrative in many areas.

It also refers to the need to address the past decade's *'stubborn, stable pattern'* of re-offending (drug-related crime accounting for around a quarter of all repeat offending within one year). Clearly, sanctions for drug possession will have contributed to this figure, but dependence, combined with substantial cuts to treatment and wider support services, is likely to have been a more significant factor and is outside the scope of this White Paper.

A major criticism of current police responses has been the disproportionate number of young, black and minority ethnic (BAME) users who are cautioned and charged for drug possession. The Paper argues that because the three tiers will be implemented in strict, escalating order with everyone starting at Tier 1, this will *'address concerns about BAME young people being unfairly targeted.'* QAAD welcomes the acknowledgement of the need for change, but it is not clear how race and class disparities would be redressed given that, for example, affluent *'dinner party'* users, *'sheltered from the human costs of the drugs trade'*, will remain relatively protected from the sanctions being proposed.



There are frequent references to the proposed interventions being consistent, fair and transparent. However, terms such as ‘appropriate’, ‘suitable’, and ‘reasonable’ are used to describe how the new measures would be implemented e.g. *‘at any stage, the police can decide to prosecute if they feel it is a more suitable punishment.’* This is not to suggest that the police and criminal justice system should not retain the right to exercise discretion. However, if what is being proposed is to be genuinely transparent and fair, more detail is needed about the grounds on which such decisions would be made. A further point in clear need of explanation is how police officers will differentiate ‘casual’ from ‘dependent’ users.

Attending drug awareness courses is a requirement for all three tiers. Although no details are given on content, many police forces already refer people to courses run by third parties and they are regarded as an effective resource for reducing short-term use and re-offending. The consultation admits that the overall quality and effectiveness of these courses has yet to be evaluated. It also suggests that content could be tailored for different users e.g. types of drugs and first time offenders. Depending on content and how they are delivered (and by whom), such an approach could be an opportunity to provide helpful information and to identify people who may be at higher risk, signposting them to sources of specialist support.

The Tier 2 caution includes drug testing and a significant expansion of police powers related to mandatory drug testing more generally is proposed, widening both the range of drugs (to include Class Bs, potentially) and ‘trigger offences’ i.e. crimes which may be linked to drug use such as domestic violence and child neglect. It is interesting that the White

Paper suggests that testing is *‘more likely to reduce use/re-offending if delivered alongside wider health interventions and positive environments’*. It goes on to give examples of forces such as Durham and West Midlands which are running out-of-court diversionary schemes offering advice and support for people caught in possession of small quantities of drugs.

It seems likely that the complex, often heated debate concerning government drugs regulation and legislation is set to continue for the foreseeable future. We will report the outcomes from the consultation in due course.

QAAD is aware that Friends have many different views on illegal drug reform in the UK. We believe that dependence and related harms should be treated as a public health issue, and that non-dependent use can also lead to harm, particularly for adolescents and those with mental ill-health. We are also concerned about the harm experienced by close others. We will continue to investigate the impact of legislative changes in other countries, and to share this information with Friends to help to inform their understanding and perspectives.

¹ ‘Swift, Certain, Tough – new consequences for drug possession’ (July 2022) <https://www.gov.uk/government/consultations/swift-certain-tough-new-consequences-for-drug-possession-white-paper>



Being a QAAD trustee



We are currently seeking to appoint some new trustees. This is the second in a series of short articles written by our current trustees which, we hope, will give Friends a flavour of what the role entails, and the experience of contributing to our work in a changing world. Ron Barden (QAAD Treasurer) describes his recruitment and the decisions he contributed to in QAAD's development.

After retirement, and on my return from the promised trip round the world, I was looking to see how I could spend my time usefully when I saw QAAD's advertisement in the Friend inviting interest in the post of Treasurer, which carried an honorarium. I expressed an interest in the post but not the honorarium. I was interviewed by the Clerk of Nominations, dear Michael Crewdson, who told me that my main qualification was as husband of Eleanor Barden. I had not been involved in work relating to addiction other than at work when dealing with members of staff who had a drink problem.

QAAD had recently received a very large legacy, and the Trustees had been much engaged in discussing how it might be used. As they could not come to an agreement the income was being used to make grants to groups involved in work relating to addiction. We decided to fund a project to research how Meetings and Friends were concerned with and dealt with problems relating to alcoholism and drugs. This found that many Meetings had been looked to for help by individuals who had or were recovering from a form of addiction, and by relatives and friends. This resulted in the decision to appoint a director, Helena Chambers, with a remit to work with Friends,

Meetings and other faith groups with similar concerns. Helena subsequently wrote a book about Quaker views on these issues, published in 2006.¹

We operate an annual deficit met by drawing down from our assets, which are sufficient together with donations from Friends and Meetings to support our work for many more years.

The danger for QAAD is that there will not be those who are willing to get involved as trustees after our present number (just six) move on.

I have now shed all my posts in the Society but continue with QAAD as it meets all my criteria: achievable aims, prudent use of monies, and a body of trustees who work well together.

If you are considering trusteeship and would like to find out more about the role, please ring or email our Director, who will be happy to discuss this informally with you.

¹ 'To Use or Not to Use – Quaker Views on Alcohol, Drugs, and Gambling', QAAD (2006)

'For each new morning with its light,
For rest and shelter of the night,
For health and food, for love and friends,
For everything Thy goodness sends.'

Ralph Waldo Emerson



Women and Alcohol: New ways forward



In part two of her article, Patsy Staddon (Bristol Central LM) describes the work of Bristol's Women's Independent Alcohol Support (WIAS) which was inspired by her own road to recovery and was active between 2012-2019. WIAS' motto was 'No Blame, No Shame', with the guiding principle that women often face different issues to those faced by men. WIAS supported women by helping them to look into the social causes of their condition and identifying new ways forward.

In part one of this article (QAADRANT Autumn), I wrote: *'Women who drink can be seen as greedy, immoral, and shamed.'* It was indeed painful, agonising shame that particularly characterised the phone calls WIAS received. Immense courage had been required to make that call. Several volunteers had been in that position themselves and all had been trained in the best ways to respond and help dispel that shame. Sometimes the client never became more than a first name, phoning us several times to talk about her situation. However, many did agree to meet one of us and attend our courses or groups. Others were really looking for counselling and we put them in touch with our counsellor, a Quaker volunteer who worked for us one day a week.

We developed WIAS activities in response to what our callers said that they needed.

We felt that we offered an accessible, safe listening environment, with the chance to share experiences with other women and to learn some ways of dealing with the need to drink. We emphasised our 'women only' approach for several reasons. We knew from both academic research and our personal experiences that it was really hard to talk about intimate issues in a mixed sex environment and that, in our society, over-drinking had different meanings for men and women. These included higher expectations of women's behaviour and the different perceptions of the public, the medical profession, and treatment providers. Callers were seeking advice from women who had recovered, help in acquiring new ways to deal with life's problems, and ongoing friendship and support.

WIAS activities included weekly helpline sessions, but most phone calls came in the daytime, when women were more likely to have a chance to talk privately on the phone. Our team included women with expertise in such areas as the sociology of health, teaching, counselling, and mental health. Many of us had also been addicted to alcohol.

We held an informal two-hour weekly Drop By when two of us would get to the coffee shop early and secure a couple of small booths opposite each other. Sometimes too many women came for this to work, and we would take up a small table as well - the café owners never seemed to mind, so hopefully we purchased enough coffee and cake to cover! Advantages included women being able to walk by and have a look at us without saying anything—there would just be a small, inconspicuous sign on the table—and I had told callers what the two women on duty looked like. Serious issues might be discussed, but women also came for company - they knew we'd be



there. If anyone wanted to talk privately, one of us would stay on at the end or go to another table. Some women would come most weeks, others just the once. We took printed information with us about our other meetings, useful phone numbers, and a list of 'top tips' to help beat alcohol issues. We made it clear that we did not advocate one particular road to recovery, but that we did have an active and ongoing relationship with Southmead Hospital's Drug and Alcohol Unit, should anyone want support in pursuing professional help.

Our courses were usually run three times a year, mainly in term-time to make it easier for mothers, and we varied the times of day and the areas where we held them. We hired church and library rooms, and sometimes organisations invited us to use their premises for the benefit of young women who were based there. The concept of alcohol management 'courses' was devised to encourage women to find out more about alcohol and issues associated with over-drinking. They could also meet in small groups, discussing problems and solutions, without necessarily admitting to 'a problem'. For example, one course was called 'Alcohol management: help for women'. This course offered sessions covering: 'What alcohol does for me - fears about losing a friend'; Pressures to drink and tactics for dealing with these; Alcohol use and your health: a chance to learn more from a specialist alcohol nurse; Alcohol and 'mental health: acknowledging sadness and loss and fighting back; Regaining self-worth - recognising our worth and developing ways to celebrate it; Different ways of drinking management: long-term survivors describing their successes and answering questions. About ten women would decide to come on each course, of whom about six would actually turn up. It ran for six weekly sessions after which a private Facebook group was set up to help members who wanted to keep

in touch. All sessions began and ended with an informal chat about how we were all doing, and what we planned to do in the coming week.

In addition, WIAS gave talks to other organisations and, in 2014, we ran a one-day conference with Bristol Women's Voice, which included presentations from experts in this and related fields such violence against women and prescribed medication. It concluded with an address from Alison Comley, Bristol City Council Strategic Director for Neighbourhoods. Our clients donated what and when they could, and we got a grant from Bristol City Council's Neighbourhood Partnership Well-Being Small Grants Fund. We often went out onto the streets with collection buckets which could be quite challenging but did offer good publicity as we handed people leaflets whether they donated or not. Our team included an efficient treasurer, so we did keep out of the red, but it was an ongoing struggle.

As time has gone by, many of our clients have kept in touch with us and with each other, and confirm consistently that WIAS helped them - as a stepping stone or safer space, between 'illness' and 'being recovered'. After seven years, we felt amply reassured of the ongoing need for an easily accessed central point, where women could obtain same sex support, advice and activities, with a wide focus, including help with domestic abuse, and access to both non-directive counselling and alcohol treatment. They needed to be confident of retaining anonymity, while not feeling in any way pressured to follow particular courses of action. We could no longer do all this and raise the funds as well. We can only hope that perhaps a seed has been planted.

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.

QAAD events in 2023: We are planning to hold some more online meetings over the next few months. If you would like to be added to the events mailing list, please contact our Director, Alison. Details will also be posted 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 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: **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.

Gift Aid enhances donations by 25p for each £ given. If you would like to do this, please complete the form below and return it with your donation. Alternatively, a copy of the form is available on our website.

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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We can also claim tax repayment on cash donations of £30 or less made at Meeting Houses or community centres. It is not necessary for donors to sign individual Gift Aid declarations. We would need to know the postal address where the collection was taken and the date (or the last date if there have been several collections).

I understand that I must pay an amount of Income Tax and/or Capital Gains Tax for each tax year that is at least equal to the amount of tax reclaimed on my donations in the appropriate tax year. I understand that if I pay less Income and/or Capital Gains Tax to cover the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay back any difference.

Name Signature Date

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..... Postcode