

Footprints

Issue 2 August 2007

FOOTPRINTS IS A REGISTERED CHARITY OFFERING SUPPORT TO FAMILY AND FRIENDS OF THOSE SUFFERING FROM DEPENDENCY ON DRUGS OR ALCOHOL



Pride of Gloucestershire Award

As a finalist in the category for which she had been nominated Carol did not get first place but we all know she is number 1 for us. She did however receive a well-deserved prize, which she is displaying in the photograph. It was a lovely event at Cheltenham Town hall with just under 400 people present.

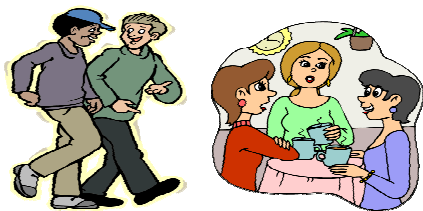
The main guest of honour was Jenny McClane who plays Fizz in Coronation Street. The audience was disappointed that she hadn't brought Chesney with her and that she isn't back with Kirky. She did give some hints on what is to come on Coronation Street but Carol is giving nothing away here. There were six of us from Footprints and it was such an enjoyable day. This was an inaugural session for the awards and it is hoped it will become an annual event. Also seated at our table was a male nominee accompanied by three young girls. The wine provided for the meal, 3 bottles in all, were consumed by the three girls who eventually were quite drunk. Each bottle they opened they urged us to have a drink. Always seems to be the case that if some is drinking they want everyone else to drink too. I think they must have missed the fact that they were on a table with Carers for Alcoholics. As we refused a drink each time I didn't dare look at Carol. The concept of situation was quite amusing but sad to think that they could become victims of the trend of our times. We all hope these youngsters wise up to their folly before this happens. Margaret

Food Parcel for Carol from the United States Air Force!!

Yes, really! As most of you know by now, my home was badly damaged by the recent floods. I can sympathise with any of you out there who suffered damage as well. It was a frightening experience and it will be some months before my home can be restored. And quite naturally I felt very low looking at the damage, and knowing my activities would be restricted as I could not use my home for entertaining, or workshops or meetings. But it is amazing how a small gesture can make the biggest difference and lift your spirits. Some time ago we had been talking at a Footprints meeting about the things I miss from America, one of which is peanut butter and jelly sandwiches. I can buy peanut butter here, but it is not the same as Skippy peanut butter in America. Neither can you buy the grape jelly here to put with the peanut butter in a sandwich. This last Tuesday Nick walked into the meeting with a box he presented to me and a letter. In the box were two gi-normous jars of Skippy peanut butter (smooth and crunchy!) and a large bottle of Smuckers Grape Jelly (the very best!). Nick had contacted the USAF in Lakenheath to see if he could buy the peanut butter from them, but they said it was not possible, and they asked Nick for his name and address, making Nick feel like he was being suspected of being a spy!! Then this package was delivered to Nick and his wife with a letter from the Brigadier General of the USAF saying that regulations prevented them from selling the stuff to Nick, but they have sent the items to him and his wife and ask that they be presented to me with their compliments. They also asked that their condolences be conveyed to me and to our community for the severe losses caused by the flooding.

It was such a kind gesture from the United States Air Force to have spent the time gathering these items and then posting them at their expense. But also a wonderful, thoughtful gesture from Nick and his wife which so brightened my day. What bliss! Peanut butter and jelly sandwiches to last me for quite some time!! I have to add that Nick did find 3 small jars of Skippy peanut butter in a local supermarket. I am not telling you which supermarket as I might need the future supply for myself and not for any non-Americans out there! I did email my brother and sister with the story and they shared it with all their friends, so I think I might be okay for a future supply!

A Day Just for Us



Footprints Friends United

This day for us is booked for Sunday September 30. It will be at the Highnam Community Centre. I'll give directions nearer the time, but it is very easy to find and a really great place! This is where the Carers' Festival was in June, hosted by Carers Gloucestershire. It's a wonderful venue. The times are yet to be confirmed, but I expect the start to be around 10 in the morning, finishing by 5 at the latest. Louise Taylor-Brown has been booked for the first session. If you remember, she was at our event in February, giving consultations on image, colours to wear, styles etc. She is a lovely, and lively lady and many of us missed her presentation, so I invited her to our day. She will give each of us a personal consultation. We might split into two groups, depending on numbers. For the group waiting for their consultation, David will present his Magic Lantern show, something I am looking forward to very much! There will be lunch, followed by lovely, long therapy sessions with our usual therapists. I am not sure yet what form lunch will take. The caterers we usually use do not work on Sunday, and I am reluctant to book other caterers in case it is not up to standard. So I will see if I can get recommendations from somewhere.

Please ring me or email me to book your place for the day. We can arrange lifts for those with no transport. It's perfectly okay if you just want to come for the afternoon therapy session, but we need numbers for catering and for the therapists. Nearer the time, I will have a list of the therapies available, but likely to be Indian Head massage, neck/shoulder massage, back massage, reflexology, facial, and nails.

Safe. Sensible. Social. The Next Steps in the National Alcohol Strategy.

I have not yet read through the entire strategy, but have looked at the summary. It is a very interesting document, especially the summary on page 80. I am not going to duplicate it here, but you can read it on our website, under the News section. It is certainly worth a look.

The government's new strategy goes beyond criminal justice measures to tackle anti-social behaviour and underage drinking. The document targets 'harmful' drinkers – the pub regulars and home drinkers who do not monitor their alcohol intake accurately, or do not see why they should.

In 2005, 4,160 people in England and Wales died from alcoholic liver disease – an increase of 41 per cent since 1999, costing an estimated £1.7 billion in healthcare a year in England and Wales. It is easy to see the economic sense in tackling alcohol related harm. With research indicating that the total cost could be in the region of £20 billion a year, if crime and disorder and loss of work productivity are added to healthcare costs, the resources needed to improve education and awareness and provide treatment and support for all stages of alcohol misuse look extremely modest by comparison.

Around 8.2 million people in England are drinking more than is good for them, according to the Alcohol Needs Assessment Research Project (ANARP). At the furthest end of the scale, 1.1 million people are dependent on alcohol – but only 63,000 people were receiving treatment for alcohol related disorders when the survey was carried out. The new document summarises areas of progress since the Alcohol Harm Reduction Strategy for England was launched by the Prime Minister's strategy unit in March 2004. It mentions campaigns tackling 'irresponsible' advertising and promotions from the drinks industry; education and awareness initiatives, including TV adverts against drink driving; and measures that have been implemented to deal with alcohol-related crime and disorder. It outlines specific strategies currently being targeted at prison and probation services, pregnant women, those who come into contact with A&E, and at those at risk from alcohol-fuelled violence by partners or parents.

But there is much to do: deaths caused by alcohol consumption have doubled in the past two decades, with more people becoming ill and dying younger. The alcohol treatment field is desperate for resources to help those who need support now, and for whom early interventions are too late.

The new document focuses heavily on tackling our complacent drinking culture. National Media have picked up the message that 'middle-class wine drinkers are at risk' and Government wants to change the public's attitude that it's acceptable to drink to get drunk. But it remains to be seen whether campaigns planned for next year, such as teaching the public how many units are in their drink, will have any impact.

Drinking Yourself to Death

This was a documentary on Channel 4 on 18 June. It is by far the best documentary I have seen so far on alcohol. It is factual, up to date without the usual scare tactics, although the content is quite frightening. I am going to be using parts of it for the presentation I give to the Drink Drive Rehabilitation courses at Shire Hall. In fact, my colleagues there are going to put the documentary onto a DVD for me. At the moment it is on video. But if you know someone who can put the video onto a DVD for me, I would be grateful, as I don't know how long it will take them! A mobile unit was taken around the country to give liver function tests to the public. The result was frightening. About 4 out of 5 people had counts above the normal level. These were not alcohol-dependent people, but, yes, were binge drinkers. All too often people feel safe if they binge just once a week, but drinking above the recommended limit can cause damage. Also included in the documentary was information about the messages, which should be put on bottles of alcohol. Here is an excerpt from the documentary, which I think you will find interesting:

Getting drunk is a European-wide problem. So last year the European Commission published a huge report which concluded that cheap alcohol was a key factor. And yet the British Government has just announced that it will repeat the exercise next year to look at prices, discounts, and advertising all of which were covered in the European report. That report also shows how hard the industry fights any attempts to restrict the amount they sell. At the centre of the storm, is the British doctor who wrote the report for the European Commission.

Peter Anderson is internationally known as an expert on public health. "The fact that the industry would react did not come as a surprise. What did come as a surprise was the ferocity of the attack."

There's a mass of scientific evidence on the harm alcohol can do and how to reduce it. Peter Anderson evaluated it all and published his findings last summer. "The effective policies are those which make alcohol less easily available, that is, the price of alcohol, you need to put the price up; the availability of alcohol, don't make alcohol available all the time, everywhere; and the advertising and marketing of alcohol, you have to limit it if not ban it completely."

All these policies the industry rejects. They aimed at reducing overall consumption rather than targeting problem drinkers.

There was fierce opposition to the findings of Dr Peter Anderson from The Brewers of Europe organisation. They hired a PR consultant to write a rival report, which concluded that we shouldn't penalise all drinkers by making alcohol more expensive or less available.

The industry contributes £30 billion a year to the economy, so the politicians listen to their views!

Doctors fear Britain is facing an epidemic of alcoholic liver disease.

The industry say that people can make their own decision about how much they drink, it's about giving them the right information. Yet they just objected to plans to do exactly that.

The Department of Health has been holding meetings for 18 months about what sort of health warnings might go on bottles and cans. One of the groups consulted was the British Liver Trust, who sent them some quite strong, pithy messages: Avoid alcohol if you are pregnant, don't drink and drive, alcohol abuse can destroy families, alcohol can spoil your complexion, alcoholic cirrhosis can kill the under 30's. alcohol kills, too much alcohol can raise blood pressure, long-term heavy use of alcohol can cause heart failure, and breast cancer is linked to alcohol abuse.

***All** of these were rejected. The Government stated that people only respond to messages about units, but not about health, so the only message that will be on labels will be that telling women to avoid alcohol if pregnant or trying to conceive.*

Supposedly the above suggested messages from the British Liver Trust were not specific enough! For example, too much alcohol can raise blood pressure.....how much is too much? Long term heavy use of alcohol can cause heart failure....what does long term mean? They felt the statements were too vague!

The Government believes that the industry must take the lead in educating people to drink sensible and responsibly, but health campaigners say that it clearly hasn't worked.

British Liver Trust (www.britishlivertrust.org.uk)

This organisation works to:

- support people with all kinds of liver disease
- improve knowledge and understanding of the liver and related health issues
- encourage and fund research into new treatments
- lobby for better services

Although we tend to link alcohol dependency to liver disease, there are other causes of liver disease. The British Liver Trust has a wealth of information available. They have regular bulletins, which you can subscribe to.

The BLT has long expressed the view that everyone (not just binge drinkers) should be made aware of the increased health risks associated with excessive drinking. A new group of medical experts has been established to raise the level of activity around this issue. The group comprises specialists, liver patients, Royal College of Physicians, British Liver Trust who bring together expertise and lobbying capacities in one voice, Alcohol Liver Action (ALA).

Chief Executive Alison Rogers says: 'The evidence of alcohol-related health harms in the UK is growing all the time. As cirrhosis and cancer take years to develop, flattening the curve and actually reducing health harms will be like turning the Titanic around. This group will present a concerted voice representing liver patients' and doctors' views on alcohol.'

'There is much to be done,' adds Alison. 'The Trust is concerned that in the last few weeks, Health Secretary Patricia Hewitt has written to the Chancellor Gordon Brown proposing a considerable increase in taxation, particularly on alcopops, but met with a rebuff. We are also disappointed that the new labelling recommendations, perhaps the most immediate point of reference for the consumer, have so far only been a subject for discussion between the drinks industry and the Department of Health. We have also expressed disappointment that the key website backing the recent binge drinking campaign has been provided by the drinks-industry funded Drinkaware Trust.'

On the website, it asks what you thought of the documentary on Channel 4, Drinking Yourself to Death. I did send an email telling them about us and our work and my opinion of the documentary.

Two Pints of Calpol and a Packet of Crisps..... Please

A few days ago, one of our members, Vicki, and I were talking about the availability of drink and that you can buy as much as you like, no warnings on alcohol.....except the meek warning which is coming only telling women to avoid

alcohol if pregnant or trying to become pregnant. She told me that you can only buy three paracetamol-based products in the supermarket, in one go. If you try to buy more, they will refuse. But you can go back and buy some more, just not in the one shopping trip. I was so shocked by this, I had to do some research. I couldn't find out much about it, especially about who made the rule, but I did find something interesting. I found the following 'blog':

"I've just returned from my local supermarket where I went for a bit of shopping and to buy some cold and flu remedy for the family, which remedy consisted of two boxes of Calpol (paracetamol for kids), some Nurofen, a Lemsip soluble (for me) and one of those new Lemsip snortables (for the wife). Imagine my surprise when I got to the till and was refused the Calpol – apparently one is only allowed to purchase three paracetamol based products at any one time due to risk of abuse.

A number of issues leaped to mind here – firstly, how much Calpol would you need to take to abuse yourself? If it's okay for a two-month old to take four sachets a day, how much would need to be consumed to take down an overweight data architect? Secondly, why, if I had decided that the general poor state of enterprise data quality was just too much to bear and had come to the conclusion that a self-induced Calpol-based demise was the only option left to me, would I have bought the rest of the week's groceries at the same time? Thirdly, was this draconian measure in response to a spate of attempted Calpol-based self-abuse incidents in North East Lancashire – I know Burnley lost at home on Saturday but things can't be that bad? Lastly, who decided the limit of 3 items – surely the delineation should be based on the total quantity of paracetamol rather than the number of paracetamol-based medicinal remedies in my shopping basket?

Anyway, I'm not usually one to get flustered and start shouting about these things, rules are rules after all so I left the Calpol with the check-out assistant, paid for the rest of my groceries, dropped the shopping off in the car, walked back into the store, picked two new boxes of Calpol from the shelf and went to a different till.

Let's, at this point we, put the store's principles to the test. If they are really concerned about Calpol abuse, surely measures would be in place to prevent me making the purchase? But make the purchase I did, same card, same me, same products. No alarm, no crisis, no refusal, easy as pie. Presumably I could have gone round and round all day buying three paracetamol-based products at a time."

Crazy, isn't it? To limit paracetamol-based products, but walk out with a trolley-load of alcohol?

Counselling Services

We are very lucky to have secured the services of a counsellor for Footprints' members. Her name is Chrissie Grice and we recently had a meeting. Chrissie has already completed two years study in counselling, at intermediate and advanced level and in September is beginning a two year diploma course at Bristol City College. The counselling is 'person centred', which means it is not just one type of counselling, such as Cognitive, but uses various types of counselling according to the needs of the client. Chrissie spent 18 months as a student with ARA (Addiction Recovery Agency), in Bristol and is very aware of how addiction affects families, carers and friends.

As part of her course, Chrissie needs to secure a placement, where she can counsel perhaps 2 or 3 clients. There is no fee to pay. The counselling would not begin until mid or end September, when the college term starts. We thought it might work best to introduce clients gradually, so would start with one client, then shortly thereafter introduce another client and so on. If several prospective clients come forward from Footprints, we would have to look at the priority of each individual.

Chrissie and I had a great meeting, she is very approachable, understanding and compassionate and is keen to work with us. So, if you would benefit from counselling, let me know as soon as possible, so we can get everything in place to start in September. We are looking for a venue we can use (free of charge, of course!), preferably in Stroud, but could be elsewhere. The best way of working would be for counselling sessions to usually take place on the same day, at similar times.

Please give me a call if you would like counselling.

Foundation Trust Status

By now you will know that we have achieved FT status and on 1 July became a Gloucestershire Partnership NHS Foundation Trust. This means that my role as one of the Public Governors for Gloucester will start in earnest! I know

that not everyone agrees with me, but I have always been convinced that it can only be a good thing, especially for carers.

NHS Foundation Trusts are still part of the NHS. The difference is that they are run locally, not by Government, and so will be able to work closely with the community to develop services that best suit the needs of local people. NHS Foundation Trusts are different from existing NHS trusts in three important ways. They:

- have a new freedom to decide locally how to meet their obligations
- are accountable to local people, who will become members and Governors
- are authorised and monitored by an Independent Regulator for NHS Foundation Trusts

I believe that things have dramatically changed for carers, for the better. Over the last few years, our opinions have been sought, people are listening to us and gradually services have improved for us. If this can happen without a specific structure in place, imagine how things will improve with plans in place to specifically include carers and service users?

I look forward to my role as Public Governor, and am already inundated with opportunities to become more involved within the Trust. I am a member of the Membership Committee, which will encourage and strengthen membership (that shouldn't surprise you as I got you all to be members!).

Under-Age Drinking

At a recent meeting, we heard that compliance nationally, regarding selling alcohol to minors, is rising, with few incidents of retailers selling to those under age. But, under age drinking is rising as kids are getting alcohol through their parents or finding other adults to buy it for them. Teachers are reporting that children are coming to school drunk. It may be that parents are not necessarily giving the kids alcohol, but that alcohol is freely available in the home, so the kids only have to help themselves when parents are not around.

There doesn't seem to be much publicity aimed at the adult suppliers, concerning the harm alcohol will do to under developed livers in the young. It is likely that material will be developed.

Where's My Soapbox?

Okay, here I go again! One of my favourite subjects, 24 hour drinking. I heard on the news this morning that a hospital in London reported a 3-fold increase in alcohol-fuelled admissions to its Accident and Emergency Department, since 24 drinking was allowed. Unfortunately, I searched afterwards to find details of this news but found nothing, so I don't have details of the hospital mentioned. The Government rejected this statistic, stating that there was not enough of the 'right sort' of evidence to back it up!

However, there are a number of people who really feel that binge drinking will gradually die out. As the health implications become more widely known and accepted, binge drinking will reduce, in the same way as the use of tobacco has declined.

I'm not so sure. Maybe over a period of many years, binge drinking will decline, but I am more worried about the damage it is doing right now!

Back in February, there was an article in Drink and Drug News about the new Licensing Act and whether it was effective. The Act was meant to reduce alcohol-fuelled crime and disorder, but measuring to what extent this has happened has been extremely difficult. Here are some points made in the article:

- An area of increasing anxiety is the degree to which the large supermarkets are lowering their alcohol prices and fuelling the rise in home sales – up 50% in the last 20 years.
- There is still very little point-of-sale information in bars, pubs or supermarkets promoting the sensible drinking message.
- Despite the industry's reassurances, drinks promotions are still rife throughout the country in both on and off-licences.
- Pricing alcohol so inexpensively means young people can afford to buy it and are often able to.
- The greater affordability of alcohol has resulted in the consequent rise in excessive alcohol consumption at home and, in some instance, on the street.

- The rise in youth drinking and its associated links with unsafe sex, teenage pregnancy, mental illness, school exclusion and youth crime is creating a dangerously high level of underage drinkers who require treatment interventions and services which in many areas just do not exist.
- It has been stated by many that the prophecy of mayhem once 24-hour drinking was introduced did not materialise. It could be argued that the mayhem already existed and the Act has done little so far to combat it.
- There is no evidence that the Act has reduced alcohol-related crime and disorder and all other indications are that overall consumption, health problems and youth drinking are increasing.
- The Act in itself has not created Britain's drinking crises, but it has possibly compounded an already critical situation, allowing the industry to increase its profit while the health burden from alcohol misuse becomes further exacerbated.

So, can the situation be improved? How about some more adventurous ideas?

- Why not provide incentives for pubs and bars to sell more food, cheaper soft drinks and to have more chairs?
- Why can't the industry use some of their profits on buses to get everyone home safely?
- What's stopping us making it mandatory to have safer drinking messages in all pubs and clubs?

Note: Since writing this piece, I have read that Gordon Brown is reviewing the 24 hour licensing policy. Apparently this is due to pressure from people like us who are concerned about it.

Conservatives' Breakthrough Britain

I have read part of this report, which is to do with addictions, and I can only hope that the Conservatives are serious about taking on the recommendations. Even so, just reading the recommendations and the Executive Summary makes for interesting reading with some frightening statistics. I have put this report on our website on the News page but am reproducing a bit of it here to tempt you to read more:

"A true reflection of the strengths of a society should lie in its ability to care for each other, look after the ill, disabled or those with drug and alcohol problems. Unlike life in the jungle, the wounded and disabled should not be annihilated.

Drugs of abuse have enormous power over the lives of people who are addicted who are often slaves to the brain structures responsible for the pursuit of pleasure. However we can offer hope and help break the chains that shackle them.

I believe that our society and the state have a responsibility to give a clear message to young people: 'I do care about you, and would like to help you with your predicament, but I would like to bring the issue of responsibility back on to your shoulders'.

Dr Kah Mirza, Hon. Senior lecturer and Consultant Adolescent Psychiatrist, Institute of Psychiatry, London and South London and Maudsley NHS Trust

Over the last 10 years the British government has spent more on its war on drugs than on its combined operations in Iraq and Afghanistan. UK spending is relatively generous and reflects the scale of the problem we face – one of the largest in Europe. Even so, we are spending less per head than those countries (such as Sweden and Holland) that are today more successfully facing the problems of drug abuse.

The statistics are now well known: with 327,000 problem drug users of opiates and cocaine alone we have a significantly higher percentage of the population addicted than any of our immediate neighbours. Our mean alcohol consumption is higher than theirs too, costing the nation some £23 billion as the outcome of alcohol harm.

Some 350,000 children have drug addicted parents and one million have alcohol addicted parents. Of the 77,928 drug dependent parents surveyed for the 'Hidden Harm Report', 54% had children living elsewhere.

"It's often seen as parents losing their children, but if you are a child care worker, I am sorry, but it is the child losing a parent".

Tom O'Loughlin, Bolton 360 service

The most widely used drug, cannabis, is now known to involve significant mental health risks and to affect cognitive functioning.

"I went from having no money to having a wage every Friday. So then, I started buying cannabis in bulk, and I started selling it to my friends. This was at the age of 16. I smoked cannabis daily; I was smoking twenty joints a day, every day."

Eddie, recovering addict, Glasgow

The philosophy, purpose and practice of drugs policy, particularly in the treatment domain, historically has been dominated by an ethos of management and maintenance.

We need to challenge the hegemony of harm reduction over other models and reflect on its philosophical and ideological undercurrents. It has been argued, for example, that provision of lifelong methadone or injectable heroin would help reduce crime, especially crimes against people. I often wondered what message this gives to young people with addiction: "We don't really care about what would happen to you, as long as you do not kill or mug anybody. You may go along and shoot yourself to oblivion in our Heroin Galleries and live in the land of your bliss as long as you like". Harm reduction has a place in treatment. But it should open many other doors including the path towards abstinence."

Dr Mirza, Senior Lecturer and Consultant Adolescent Psychiatrist at Institute of Psychiatry

By contrast with its highly interventionist approach to drugs policy, the Government's approach to the 'alcohol problem' has been remarkably *laissez faire*. Whilst willing to legislate on alcohol to liberalise licensing laws, it has given no signal that it views alcohol as a potentially dangerous commodity.

From a public health perspective this is disturbing: under the Labour Government we have seen increasing levels of harm due to alcohol, and a growing culture of drinking especially amongst young people. Yet there has been no equivalent government spend on, or policy commitment to, either the treatment of alcohol dependency or to the control of its harms.

"My GP was aware of what I was doing, how much I was drinking. There were times that I was on my diazepam prescription too. I didn't want to stop at the time, you know. There are many people who don't want to stop, and there are many people who wouldn't find out treatment centres – and, more to the point, there's many people who won't know they suffer from a disease, of addiction, and they'll die from it."

Former addict and repeat offender

The alcohol strategy exists on paper only. Many health areas across the country have no alcohol treatment provision at all. Yet neither the NHS, nor the statutory social work services use Alcoholics Anonymous as effectively as America does, if at all. (*Interesting, we must find out how America uses AA.*)

Further, there has been little attempt by government to control supply or availability of alcohol. Government policy has, perversely, been to work with the alcohol industry relying on its promises of self regulation while liberalising the main drivers of consumption: the regulation and taxation of alcohol. Yet the rising levels of alcohol misuse in recent years, the state's power to sanction the manufacture and sale of alcohol, its potential for controlling the availability and price of alcohol, give government the responsibility to minimise the harm it causes – not least because of its cost to the public purse.

I could go on for so many more pages, but I will leave you to read through it all on our website if you like. It makes for interesting reading, and I want to know a lot more! What do you think?

Work and Boredom Help Reduce Occasional Heroin Use

(From Drink and Drug News 16 July 2007)

The desire to hold down a job and growing boredom with the routine of getting hold of drugs were two of the main reasons why occasional heroin users had either stopped using or reduced their use, according to a report from the Joseph Rowntree Foundation.

Exploring user perceptions of occasional and controlled heroin use followed on from a previous study that found many users were able to regulate and manage their heroin use so that it caused them relatively few problems. Of the

original 32 interviewees, most had either reduced their use or stopped using altogether. Reasons included the need to focus professionally and boredom with the routines of use and withdrawal, particularly around acquiring the drug. Many had deliberately made it as difficult as possible to get hold of, such as by deleting the numbers of nearby drug dealers, forcing them to travel long distance and most were sceptical about the benefits of treatment services. Very few were involved in crime and many felt that their heroin use was less problematic than their use of alcohol or cannabis, and most were sceptical about the benefits of treatment services.

Alcoholics Anonymous Celebrate 60 years

Alcoholics Anonymous has recently celebrated its 60th anniversary. From a meeting of five members at London's Dorchester Hotel in 1947, the fellowship has grown to 4,000 groups across the country.

AA's ethos of one alcoholic helping another started with a doctor and a stockbroker in America in 1935. More than 2 million members now meet in 150 countries to reclaim their lives from alcohol addiction.

"The great fact is that AA works," said their spokesperson John. "It works through one alcoholic talking honestly to another, those who have recovered passing on the message of recovery to those who are still suffering."

AA is a great organisation and has helped many, many people. It is entirely independent, does not work in partnership with anyone, so that it can keep its independence. Would we like someone from AA to come and talk to Footprints?

Generation GAP

(From Drink and Drug News 16 July 2007)

No one knows how many grandparents are bringing up their grandchildren because of their children's problems with drugs or alcohol, but it could run into hundreds of thousands, according to the Mind the Gap project.

So how big a problem is it? According to Grandparents Plus there are around 500,000 grandparents raising their grandchildren and it is estimated – based on information available – that 10 per cent of those will be because of parental substance abuse. But it could be ten times that for all we know. The key policy implication of the project is the sheer financial hardship faced by the grandparents – having to raise a family at a time when incomes are severely reduced. This is not something that's necessarily part of a social services structure and it was often found that – unless they were willing to go down the formal adoption or fostering route – there was very little the grandparents were entitled to in terms of state benefits. A lot don't want to do that, because it might cause conflict with their other children or grandchildren.

The grandparents feel out on a limb. There's a lack of both financial and emotional support. How do they cope with being a parent all over again? How do they deal with having a daughter or son who's a drug and alcohol user? There's a whole range of problems. Unsurprisingly, the project found that financial hardship and social isolation go hand in hand. Most have little idea of where to turn for information and advice and very few have any contact with anyone in a similar situation. That sense of isolation can be compounded by what is seen as a wall of local authority bureaucracy and lack of help from official agencies. If these children went into foster care, the council would be paying £400 per child per week. As a grandparent, you'd be lucky to get £50 per child.

A grandparent could be classed as a kinship carer and take out a residency order which grants parental responsibilities. But even so, there is no guarantee that any local authority will grant financial support.

Mind the Gap wants to see payments to kinship carers standardised and on a comparable level with payments to foster carers in recognition of the ongoing support they provide. Another policy recommendation is for grandparents to have access to appropriate respite care and childcare arrangements.

You can read more at www.mentorfoundation.org

Women Drink Drivers are on the Increase

(From The Citizen 22 June 2007)

The number of women found guilty of drink or drug driving has risen by almost 60 per cent since 1995, figures obtained by Liberal Democrats show.

The research shows a 58 per cent increase in women of all ages from 6,793 in 1995 to 10,765 in 2004 – a rise of 3,972 – compared with a slight fall among men.

There has also been an increase of almost 50 per cent in women aged under 30 from 2,636 to 3,863 over the period, an increase of 47 per cent. There was a drop of .25 per cent for men of all ages and a rise of 4 per cent for under 30's. The figures apply to England and Wales.

Our Bude Branch

Julie, Lynne, and Jolene will be putting in a piece for our next newsletter. They have been extremely busy getting involved in local events. Julie attended a conference in Truro, where several people have expressed a wish to work in partnership with Footprints. We look forward to hearing more in the next newsletter!

And finally.....

A Prayer for the Stressed

Grant me the serenity to accept the things I cannot change
The courage to change the things I cannot accept
and the wisdom to hide the bodies of those I had
to kill today because they got on my nerves.

Help me to be careful of the toes I step on today as
They may be connected to the feet
I may have to kiss tomorrow.

Help me always to give 100% at work...

12% on Monday
23% on Tuesday
40% on Wednesday
20% on Thursday
5% on Friday

And help me to remember...

When I'm having a bad day and it seems that
people are trying to wind me up, it takes 42 muscles
to frown, 28 muscles to laugh and only 4 to extend
my arm and smack someone in the mouth.

Footprints Group Meetings

Date: Every Tuesday Evening

Time: 7.30 to 9.30

Venue: Countywide Specialist Substance Misuse Service

44 London Road

Gloucester

44 London Road is opposite the Radio Gloucestershire building. It is a large green building surrounded by a brick wall
A map is available on the Footprints website or telephone Footprints for detailed directions

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Carol Dass, Director and Founder

Footprints

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