

FOOTSTEPS

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DRUG REHABILITATION 

Problems with drugs

by Dr Taha Baasher

THROUGHOUT THE HISTORY OF MANKIND, nearly all countries and cultures have had problems with the use and abuse of drugs. Since the earliest recorded times, drugs have been used for different reasons – mainly religious, medicinal and pleasure. For example, alcohol and opium were both well known in ancient Egyptian culture. Cannabis was commonly used in Hindu ceremonial rites as well as in Indian and Chinese medicine. Drug related problems, therefore, are not new.

Today, drug problems have become more varied, becoming both more complicated and more global in character. Natural drugs – such as cannabis, cocaine, khat (*qat*) and opium – which had previously only been used in certain cultures and within traditional ways of life, have been increasingly exploited and their use now reaches epidemic level. Also, manufactured drugs such as amphetamine, barbiturates and a wide range of sedatives and tranquillisers have become more easily available, both through legal and illegal markets.

Added to these is the growing habit among young people in some countries of sniffing solvents in paints and glues.

Levels of drug abuse are rising in most countries. Drugs are taken more often and in greater quantities. There is also a trend towards using a mixture of different drugs or combining drugs with alcohol.

Cocaine misuse needs special attention. It is the most dependence-producing drug available. Currently its misuse is

reaching epidemic levels in some parts of the world and it is rapidly spreading to other areas. Traditional coca chewing in the Andes is being replaced by coca paste smoking in cities in South America. Opium eating among rural cultures in South Asia has developed into the much more dangerous use of heroin in the form of smoking or by injection.

The drug scene brings with it a wide range of social and economic problems, including crime, violence and neglect of family life. Concern is growing in many countries over levels of drug abuse.

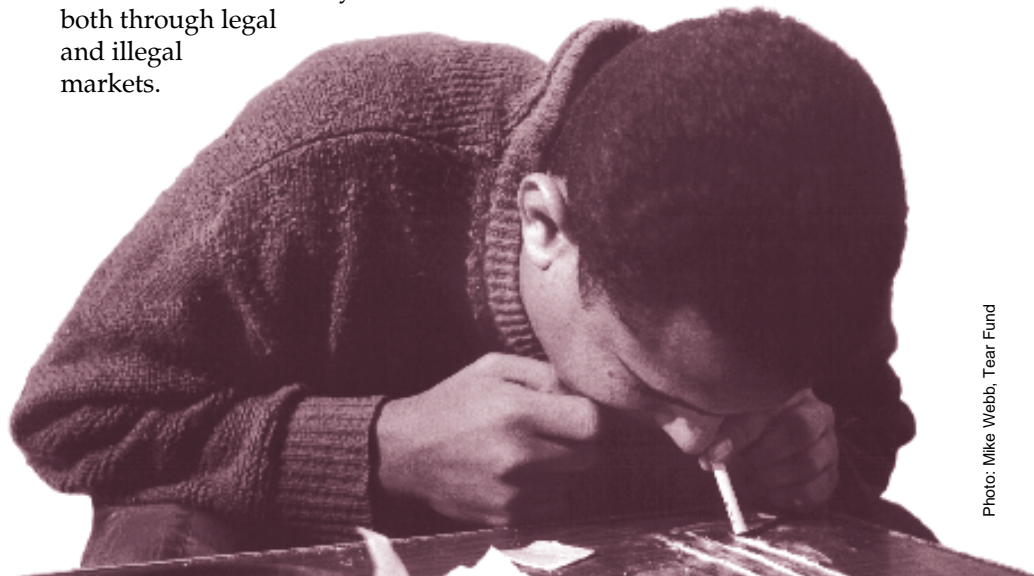
In order to prevent drug abuse it is important to identify the main reasons for using a drug. Next, practical efforts should be made to overcome this motivation. The reasons for using drugs are very varied within each culture. Even within the same country, preventative programmes may need to vary according to local problems.

In north east Afghanistan and in some areas of Pakistan, India, Myanmar and

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Photo: Mike Webb, Tear Fund



FOOTSTEPS

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Footsteps is a quarterly paper, linking health and development workers worldwide. Tear Fund, publisher of *Footsteps*, hopes that it will provide the stimulus of new ideas and enthusiasm. It is a way of encouraging Christians of all nations as they work together towards creating wholeness in our communities.

Footsteps is free of charge to individuals working to promote health and development. It is available in English, French, Portuguese and Spanish. Donations are welcomed.

Readers are invited to contribute views, articles, letters and photos.

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Photo: Santosh Verma, Tear Fund

Thailand where rural health services are lacking, opium is used as a household remedy and for overcoming pain and discomfort caused by cold weather and the hardships of life. Emphasis must therefore be given to these priority needs before the drug problem can be dealt with.

What should be prevented? Who should do the preventing? On an official level there are international agreements to control the movement and export of drugs. On a national level, control depends on the police and customs and government measures. On the whole, the best preventative measures are those which are developed by people within their own

culture and social life. Religious groups can play an effective preventative role against the abuse of alcohol and tobacco through their teaching about moral values and self discipline.

Drug abuse problems are among the most damaging menaces of modern life. Their effective prevention calls for huge efforts from government authorities, widespread education and awareness-raising campaigns and active community participation.

Dr Taha Baasher is a consultant in mental health. He was formerly Regional Adviser in Mental Health for WHO in Alexandria. This article first appeared in WHO's publication, World Health.



FROM THE EDITOR

PEOPLE ADDICTED TO DRUGS are a very challenging section of society to work with – difficult, unresponsive and often depressing. Rehabilitation work is very demanding. The most successful projects need more than simple concern: they need huge extra resources of patience and love – which usually only come through faith in a loving God. In the industrialised world rehabilitation often begins with detoxification – using a cocktail of substitute drugs to help the body gradually off its dependence on hard drugs. However, this method is expensive and often not available to many groups. So we have included case studies of groups who use ‘cold turkey’ – coming off drugs without the help of any substitute drugs.

Drug abuse is a huge and rapidly growing problem. It is easy to ignore it – until it reaches your own community. All of us – and particularly young people – need to be fully aware of the dangers and risks involved in order to prevent this enormous problem from ruining still more lives. The abuse of nicotine is also covered. However, we have not had space to look at the abuse of alcohol – another addictive drug which wrecks countless lives and families.

We hope the ideas for using puppets to communicate will help raise discussion and debate of this and other issues. Next time we will be looking at various issues concerning women's health.

A recent review meeting of *Footsteps'* committees has given us plenty to think about as we make plans and set aims for the future. Priorities include making the French, Spanish and Portuguese translations more widely known and to encourage groups who are translating *Footsteps* into local languages. We're particularly keen to hear about ideas from *Footsteps* which you have tried out.

Isabel Carter

WHAT IS IT that encourages people to begin taking addictive drugs? We all have things in our lives which bring special pleasure, things that we want to experience over and over again, things that we would struggle to give up. We all lean on something – the only difference is that drugs and solvents (glue) are very harmful, both physically and mentally.

All of us look for fulfilment, contentment and satisfaction. An addict looks for, and finds, contentment in using drugs – but in the end it always fails, and often

results in death. In our troubled world there are growing numbers of people who turn to the brief though overwhelming pleasures found through addiction to 'hard' drugs such as cocaine and heroin. The first steps into the spiral of drug addiction are very hard to move back from. For the families of drug addicts there is the misery of watching someone destroying their health, whilst at the same time usually destroying the well-being of their families.

Unreality

Addicts need a complete change of life. They need someone to help them change, because they do not have the resources within to change themselves. The things that addicts build around themselves to bring security, belief and feelings are based on lies and unreality and must be knocked away. In their place must come a lifestyle that will help them work through conflict and difficulty, growing towards maturity.

Why turn to drugs?

by David Partington

We live in an age where people are often made to feel worthless and rejected by what they see around them. Most hard drug users are intelligent and sensitive people. The main thing they have in common is feeling rejected, though other things – such as lack of satisfaction with life, rebellion and feeling worthless – come into it as well. Perhaps one of the hardest things for an addict to come to terms with, is their guilt. Not just guilt about what they have done to themselves, but guilt about what they have done to others.

Basic disciplines

Many addicts develop self-centred lifestyles at an early age. They do not want to take responsibility for their actions. They fail to learn some very basic disciplines. These disciplines (which many other people learn quite naturally and take for granted) include: living an ordered life, perseverance, the value of honest work, the wise use of money, respecting and obeying authority, consideration for others. Ignoring

these disciplines causes people to become continually irresponsible. Drugs can quite naturally become an added option. When life demands too much or gives too little, the invitation to 'turn off' and 'turn on' becomes too strong to resist.

Distorted outlook

Eventually they develop a philosophy of life which justifies their way of life – in their own minds at least. This will include some of the following ideas:

- *The world owes us a living.*
- *Getting something for nothing is success.*
- *It's more blessed to receive than to give.*
- *The end justifies the means.*
- *What's yours is mine.*
- *What's mine is my own.*
- *Don't trust anyone aged over 30.*

They become so convinced of their beliefs that they see the law, order and authority as their number one enemy. Most of these young people long for happiness and peace, but they usually recognise too late that their 'freedom' has 'made them slaves' and their rebellion has ruined them. They need to learn what to do instead of taking drugs.

To learn a new way of life – or not to learn? It's a life and death matter. Thankfully, I have seen God transform enough lives to know that a **new** life is a very real option.

David Partington has worked for many years in drug rehabilitation and is based at Yeldall Christian Centre, Hare Hatch, Reading, RG10 9XR, UK.

Changing Lives

DRUG REHABILITATION CASE STUDIES: 1

The dictionary describes the word *rehabilitation* as 'to restore to effectiveness through training'. There are many different types of rehabilitation projects available for those who are seeking help in recovering from drug dependency. In these pages and also on pages 12–14 we look at some case studies of different approaches to drug rehabilitation.

The Deliverance Programme

Cairo, Egypt

by Dr Ehab El Kharratt

HEROIN abuse has plagued Cairo streets since 1980. Before that the drug scene was mainly concerned with milder drugs. Opium and hash have been used for several decades, while tranquilliser and amphetamine use rose rapidly in the 1970s.

The number of heavy drug users is estimated to be 400,000–500,000, mostly young men. If we add regular

hashish abusers, then we are talking about 2 million people out of a total population of 58 million Egyptians. The drug problem is causing major damage to the lives and finances of Egyptian families.

With no drug rehabilitation program functioning in the whole country, private and government mental hospitals have success rates for rehabilitation of less than 1%.

Small beginnings

Many people in our church felt a great concern for the friends and relatives of young people stricken by addiction. In 1989 Adel, a heroin addict, totally broken financially and psychologically, was introduced to me. We offered medical help through detoxification and a course of Bible study with young volunteers. After 18 days of this program Adel, our first addict, received the Lord in tears. He began

praying for his friends and four addicts attended a Christian retreat for young people.

On the third night of this meeting, I was to preach about 'Jesus delivers from bondage'. Did I really believe Jesus could liberate these addicts? I knew that these were really hard cases – some had been admitted more than ten times to hospital and most had serious problems with the law. No, I admitted that in myself I did not believe these people could be delivered. But how could I preach a gospel I did not believe? Struggling, I took a step of faith in prayer and preached with confidence. The place was filled with the presence of the Lord in a way I have rarely encountered, either before or since that night. Three of these four addicts received the Lord in tears and intense joy overwhelmed them. We started a special daily discipleship-therapy

Some Definitions

WITHDRAWAL – Stopping drug-taking after regular drug use. As the body has become dependent on these drugs, this is a painful process.

COLD TURKEY – Stopping drug-taking without any medication to relieve the symptoms

DETOXIFICATION – Stopping drug-taking with the help of medication. This can relieve the symptoms a lot. The drugs used are usually expensive.



Photo: Mike Webb, Tear Fund

Ghattas, an ex-addict now working full time for us, with a group of residents during a time of prayer and meditation.

group after this meeting. On returning to Cairo, a fifth addict joined them.

One of their first steps was to return a car which they had stolen just before the retreat and were planning to sell in order to buy drugs. The Holy Spirit helped to change totally the lives of these young men. They have never relapsed. One now works full time with us; one has just returned from Christian work in a refugee disaster area; two work in business and the fifth is preparing for his wedding and working as a pharmacist in Kuwait.

Rehabilitation work today

Since June 1991 we have rented an apartment which acts as a temporary rehabilitation centre for five residents at a time. Addicts first have the opportunity to meet the leaders, our ex-addicts and therapists, and get to know our programme. If they want to join they begin a one year programme. Until the programme is over, they must keep away from their old friends who are addicts. At first they are isolated for two months, spending their time in the apartment – in Bible studies, house work, sports and personal and group meetings with the

leaders. Gradually they spend more and more free time outside. By the sixth month we encourage them to begin part time work or study.

Because of our lack of space, we have so far taken only 22 'hard' drug addicts into our programme. These are mostly people who have already 'hit bottom', having lost their jobs, family support and all financial resources. Out of these 22, 14 have finished the programme successfully – now abstaining totally, with their lives completely changed. This success rate is not achieved anywhere else in Egypt.

In addition, we also do drug awareness campaigns in schools, sporting clubs, universities, youth camps and churches. The testimonies of ex-drug addicts are very powerful in helping young people to avoid the road of destruction.

Future plans

Our vision has been for a farm where we could eventually accommodate 100 addicts. We have been given 30 hectares of desert land in Wadi-El Natroon. We have drilled a well and

installed irrigation. So far, 4,000 olive trees and 200 date palm trees have been planted. 8 hectares are used for vegetable production and we have already harvested three crops. Work started on the buildings in September 1994. Much of the funding has come from local support and two Nile cruises which we organised!

In addition to the work with drug addicts, we plan to help the local people to establish primary health care, a literacy programme and small home industries making the traditional carpets and rugs of the area.

The Programme Director has been invited to speak to the Egyptian Psychiatric society four times. Recent interest has been overwhelming – particularly into the spiritual core of the work.

We recognise the grace of God as the source of all healing, change and power. We trust that all that is happening in this work gives him the glory and praise that he is worthy of.

Dr Ehab El Kharratt is the Director of the Deliverance Programme, PO Box 1333, Cairo, Egypt.

Uses and effects of drugs

Substance	Effects last	Methods of use	Effects	Overdose symptoms	Withdrawal symptoms
NARCOTICS					
Opium	3–6 hours	chewed, smoked	euphoria, drowsiness,	slow/shallow breathing,	insomnia, watery eyes, loss of
Heroin	3–6 hours	injected, sniffed, smoked	nausea	clammy skin, convulsions	appetite, trembling, cramps, nausea, vomiting, chills, diarrhoea
DEPRESSANTS					
Barbiturates	1–16 hours	by mouth	slurred speech, drunken	shallow breathing, clammy	anxiety, insomnia, trembling,
Tranquillisers*	4–8 hours	by mouth	behaviour, sluggishness	skin, coma, possible death	delirium, convulsions
STIMULANTS					
Cocaine	1–2 hours	sniffed, smoked, injected	increased alertness, excited	agitation, increase in	apathy, long periods of sleep,
Amphetamines	2–4 hours	by mouth, injected	behaviour, insomnia, loss of	temperature, hallucinations,	irritability, depression
			appetite	convulsions, possible death	
CANNABIS					
Marijuana	2–4 hours	by mouth, smoked	euphoria, increased	change in personality, altered	insomnia
Hashish	2–4 hours	by mouth, smoked	appetite	sense of time, lack of interest	
				in achievements or goals	

* eg: Diazepam

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An animator's work

I SEE REAL PROGRESS beginning when people learn to take over their responsibilities. Always start with people first. Help them to understand the issues thoroughly. Usually a slow start will mean a better end. Visiting and talking with people takes a lot of time – there may be little time for office work! People may need to visit other areas and learn from the choices which they have made. They need to make decisions for themselves – not have them made for them by the 'experts'.

For example, we obtained funding for a water project in one of our areas recently. We helped some of the villagers visit other shallow wells and bore wells in the district. The experts then provided all the options to the people. The choice was mainly between three bore wells which could be provided or 20 shallow hand-dug wells which would need help from the community. Training in the skills needed to build and repair the shallow wells would be provided. The people took time to make their decisions and to decide how to spend the money available. They chose to help with building shallow wells. Now there is real pride as people tell their children, 'My bricks made this well'. And the community now have the skills to pass on to their children.

Communities which discuss things together openly can make real progress. The same goes for families too. Families which discuss together – and pray together – stay together.

Francis Gonahasa
Zonal Coordinator – Church of
Uganda PRD Dept
PO Box 4
Mukono
Uganda

Burning less wood

I ENJOYED reading your article about environmental sustainability in *Footsteps 20*. Many of the problems mentioned can be linked to deforestation. While it is important to think about planting new trees, we also need to think about how we can use less wood.

In Uganda, people traditionally cook on three stones. Though easy to use, this system burns a lot of wood. One way to use less firewood is to build a simple stove around the three stones. Place your cooking pot on the stones and pour a little water over the stones, the pot and the surrounding ground. Make up a mixture of clay and cow dung and build up a mud wall around the stones to the top of the pot. The walls should be about 8–10cm thick with a gap of about 3cm between the pot and the mud wall to allow air to flow through the fire properly.

Leave the mud to dry until firm but not hard and then cut out a door for the firewood using a wet knife. This should be about 10cm wide and 15cm high. After the stove has dried out, you can smear it to cover any cracks. It is now ready to use.

You will find that now you will use much less firewood – about half as much as before. That's good news for trees, the environment and for women and children who don't need to spend so much time collecting firewood. Within a month of building the first stove, every family in our village was using one!

Alistair Seaman
43 Weavers Way
Tillicoultry
Scotland
FK13 6BD



Rubbish ideas?

I WAS RECENTLY INTRODUCED to *Passo a Passo* (Portuguese *Footsteps*) and I found its purpose of stimulating new ideas and encouraging people working with their communities, very interesting.

Last year we organised a seminar which brought together leaders from various projects concerned with World Vision to look at issues of land ownership and our environment. We had the support of the town council and staff from the University here. One staff member has a great sensitivity to social questions and has supported a 'community forum' to obtain the use of a large warehouse where poor people can collect and sort various types of rubbish for recycling.

I would like to receive *Footsteps* as it will help us in our discussions with the community leaders about environmental issues. We are living with many questions concerning our environment – recycling rubbish, community vegetable gardens, channelling small streams that pass through villages, the lack of rubbish collection in many places, etc. If any *Footsteps* readers can help us with ideas concerning these issues we would be pleased to hear from them.

Léa Beray Andrade
ACMG – World Vision
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30161-970 Belo Horizonte
MG – Brazil

EDITOR:

Roof-top and urban gardening and using worms in recycling rubbish, are ideas planned for issues later this year.

Caring for the earth

I AM A REFUGEE from Somalia, living in a refugee camp in Mombasa. On this earth, what matters most to mankind is the health of the earth, without which we cannot survive. However, environmental tragedies are taking place in many parts of the world. We often learn from our newspapers about dangerous chemicals, filthy rubbish, poor drainage and many other problems. Environmental groups often put pressure on scientists and warn them about what is happening. Companies



This chimney in a Mombasa refugee camp is for burning the rubbish.

Photo: Siad Hussein Sh Mohamed

who exploit our planet with suicidal policies should be prevented from their actions by Ministers and City Councils.

Who knows what would have happened to our earth today, if it were not for the struggles of environmental groups who care about our earth! In this camp, refugees have built a chimney to burn all the rubbish from the camp – we are doing what we can here.

*Siad Hussein Sh Mohamed
PO Box 98588
Mombasa
Kenya*

Benefits of agricultural training

CONCEPTION ALVAREZ is a 68 year old farmer from the community of Ojo de Agua in Honduras. He has nine children. He began to farm independently at the age of 22, wanting to control his own life with God's help. He had some good results, more thanks to God's mercy than his agricultural skills. His way of farming was very traditional, including burning all stalks and planting with a stick. There was nowhere that new ideas or techniques could be learnt.

He was the first farmer to try sowing sesame (*ajonjolí*) in the area. But soon his land began to lose its fertility. For many years he struggled with inadequate housing and little money, unable to improve things.

He continues the story: 'In 1988 the group DIACONIA Nacional was established and began teaching new techniques to local farmers. Here I learnt various agricultural techniques which improved the life of my family.

Some of the techniques were controlling pests, green manures, applying organic materials, minimum cultivation of the soil, growing sesame, corn and yucca. These new ideas have produced changes in my life that everyone can see. Thanks to the planting of sesame, our economic situation has improved considerably. We now have a big house with a cement floor and brick walls and we run a small shop.

I thank God especially because he gave me the opportunity to begin this process which quickly changed my life. I would encourage everyone involved in similar activities to continue because they contribute to the development of farmers and so with the development of the whole country.'

*Mauricio R Orellana
DIACONIA Nacional
CONSEDE
Apdo 4339
Tegucigalpa
Honduras*

Be observant!

DEVELOPMENT WORKERS and animators must not work in the dark. They need access to sources of information which can help answer the needs of their communities, as well as improving their political, social and cultural awareness. The political climate can either encourage or prevent effective development work.

In the Sahel, new developments in technology and science have helped research stations to reclaim some desert areas. However, politics prevents the results of this exciting work being transferred to the villages.

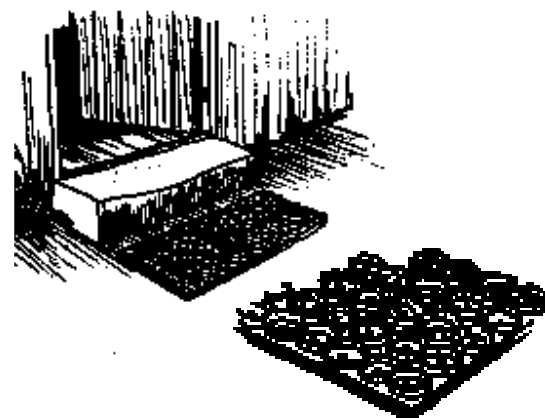
In this area farmers have used the *farro* practice for many generations. This means that at the end of a long, dry period the soil is prepared and farmers sow the millet seed, hoping it will germinate when the rains come. We now have many years of drought and often the seeds rot and a new sowing has to be done. This traditional method is now often unsuccessful because the climate is changing. Scientists now know that a certain humidity is needed for the seeds to germinate. But although we have a meteorological station (weather station) in our area, they never pass essential information on to the farmers so that they know the best time for sowing millet. Again, politics prevents the passing on of useful information.

It is said that farmers in a rural environment are unwilling to change. Instead, I see that there is a real need to train farmers who are open to new ideas and techniques and to channel the results of research work through them. They need to bridge the gap between farmers and research stations. We need farmers trained in awareness to consider what is helpful to farmers in their communities and to provide them with the skills to pass on this information.

*Nohoune Leye
PO Box 10
Khombole
Senegal Republic*

A tough doormat!

HERE'S A GOOD IDEA seen on the doorstep of a small hotel in Gulu, Uganda. Simply collect plenty of soda bottle tops. Nail them, sharp side up, to a strong piece of wood as closely as possible. Result – one very effective and tough doormat to keep mud out!



Puppets

HOW TO MAKE AND USE THEM

WHEN A HEALTH WORKER or animator tells people that they are ignorant or wrong in their way of life, their natural reaction is to disagree. They become defensive about their way of life. A barrier to learning is created. But what if the same problems are raised in a story, drama or puppet play? Hearing a story about a similar person or community with the same problems as the audience, helps the listeners to identify with the characters – and with the solutions they find for their problems. When people listen to a story, they discover the truth for themselves. Stories and plays are usually more interesting than lectures!

Stories and plays can be shared with groups of people in hospitals, clinic waiting rooms, market places, churches and schools. They are a useful way too, of teaching about sensitive issues such as AIDS, family spacing or drug abuse. Anyone with simple health or farming knowledge can make up stories and dramas. Decide what the main messages are that you want to pass on. Then make up a story in which the characters discover these messages. Include lots of local interest and maybe some amusing situations. Don't try and pass on too much information in one play. If you do it well, people will always come back for more another time.

A puppet show attracts more people than a speech or a discussion. Recently a group of rural health promoters in Chiapas, South Mexico, were trained in puppet making and puppet shows. Whenever they arrived in a community with a puppet show, a crowd of all ages gathered. This is ideal for trainers from outside the community who find it difficult to win people's trust. If you become known as a puppeteer, people will look forward to your arrival!

Some things are told better by puppets than by a person. They can help adults to look at difficult social issues. Some issues people may find too

embarrassing even as drama. But when puppets talk about these issues, people relax and laugh.

Puppets are practical. You can make them with cheap and simple materials. The show can be light and easy to transport. One person can play many characters in the same story. There are so many possibilities in puppet theatre. And the best part is that while they are learning, the audience are having a good time!

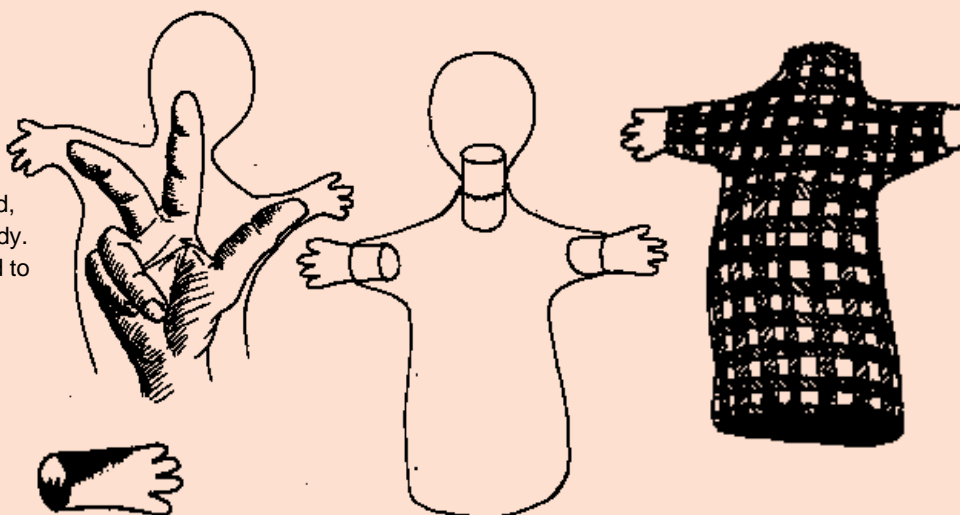
Here are some ideas for making simple puppets to tell stories. Let us know how you get on!



Making glove puppets

Make a pattern out of newspaper first. Use your hand as a rough guide to size, but allow plenty of room for your hand to move about. Cut out two pieces of material and sew them together. If you are using a gourd, you can stick the head straight onto the body. Otherwise, make a small tube of cardboard to help stick the head onto the body.

You can add hands if you like (see below). Make a small tube of card. Glue one end together and cut out the hand shape.



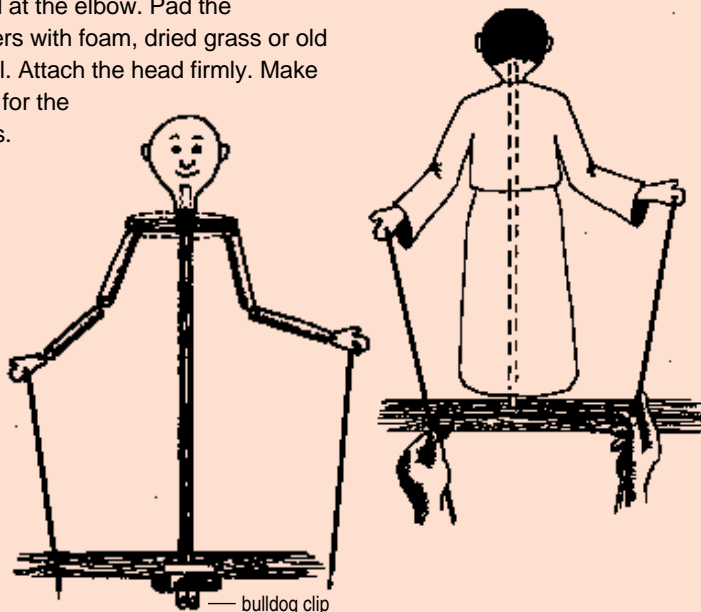


Information from Cathy Stubington, DCFRN and David Hilton, World Vision, Australia.

Rod puppets

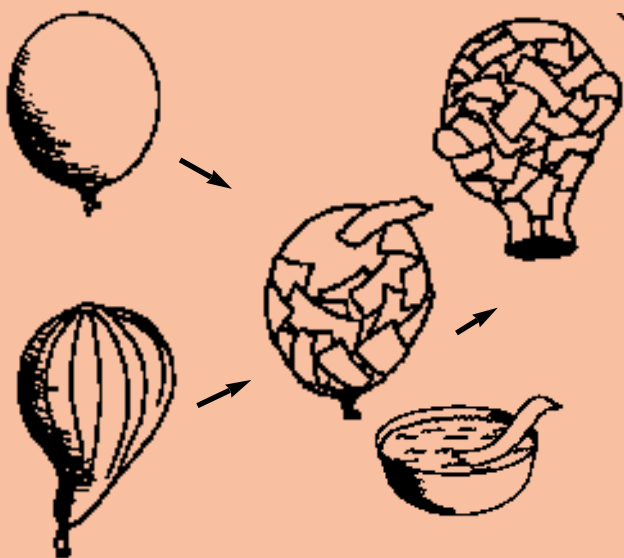
Make the head in just the same way. Rod puppets can be made much larger than hand puppets. The body frame is made out of two pieces of wood tied firmly together. Make the arms out of thin pieces of bamboo, cardboard tubes or rolled up newspaper and tie them together with string. Or you could use a cloth tube, stitched at the elbow. Pad the shoulders with foam, dried grass or old material. Attach the head firmly. Make clothes for the puppets.

When performing, it may be helpful to fasten a piece of wood just behind the theatre. Then you can either clip the puppet with a bulldog clip or place the rod into ready-made holes when the puppet is not moving about. Both hands are then free to move the hands.



Making the head

Use a small balloon, a gourd (cut off the end) or tied up grass to get the shape of the head. Make a paste of flour and water or use paper glue. Tear up strips of newspaper and dip them in the paste and then shape the head with lots of paper strips. Leave to dry and then paint the head. Stick on fur, wool or straw to make hair.



Building the theatre

The simplest theatre is simply a piece of cloth tied up to chairs, trees or furniture to hide the puppeteers. Portable wooden theatres can be built. Keep the puppets in a strong box or suitcase to protect them.

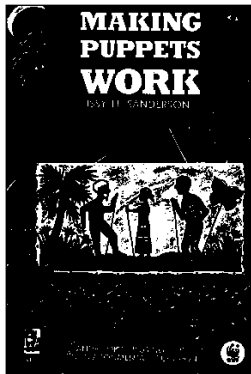


Making Puppets Work

by Issy Sanderson

This is a handbook which describes how to make and use three types of puppet: shadow puppets, rod puppets and body puppets. Though written to help communicate messages in environmental education, it is a useful guide for anyone wanting to use puppets to communicate. It is practical and well illustrated, with plenty of imaginative ideas. The booklet contains 36 pages and costs £6.50 (including postage) from...

WWF-UK
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Communicating with Children Helping Children in Distress

by Naomi Richman

Published by Save the Children
ISBN 1-870322-49-5 106 pages

This manual is based mainly on the experiences of a programme in Mozambique set up by the Ministry of Education to help children affected by war. All over the world children suffer from traumatic experiences – through war, disaster and emergencies. This manual aims to help those working with such children. It deals only with emotional needs – not physical health needs. It is written to help people who are developing services and training others to help children in situations of conflict or crisis – in refugee camps, with their families or foster parents, with street children or in hospital.

The manual deals with understanding the problems and needs of such

children – building trust, listening, communicating, guilt and anger, accepting disability, etc. All through the book are case studies and practical exercises for group discussion and role play. Details of how to run a training workshop are provided.

A very helpful and practical manual for those working with children in distress. Cost (including surface postage) £4.50. Order from...

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JAMKHED

A comprehensive rural health project

by Mabelle and Rajanikant Arole

Readers who found the article about JAMKHED in *Footsteps* 22 of great interest, may like to learn more from

Puppets

A CASE STUDY

The Lardin Gabas Rural Health Programme in Sierra Leone has been training health workers for over 20 years. During the three month training course they use stories as the main way of teaching. This is how they carry out most sessions:

- The trainer tells a health story from memory.
- The trainees are asked questions about what they have learned.
- One student is chosen to repeat the story to the class, with help from others when needed.
- The class divides into small groups and each person tells the story to the others.
- Each small group makes up a drama about the story and presents it to the class.
- The best drama is presented to the community.
- Trainees are asked to make up songs about the ideas in the story and to teach them to the class and community.
- They are also asked to make riddles, such as this one about malaria: 'I am a tiny animal with wings, hardly making a whisper, but my bite can be as deadly as that of a snake. Who am I?'

Try making up some stories or puppet plays for teaching awareness of the use of drugs. Here are a few ideas to help get you thinking:

Troublemakers

A group of residents in a shanty town in Lima are very concerned about the activities of a group of young men in their community. They are threatening their children as they go to school, abusing women waiting to collect water and there is a lot of theft. It is well known that the group take drugs. What can they do?

The Teenager

Jane is worried about her son. He is 14 and they have struggled to pay for his school fees at high school where he is now in the third form. Until last year he was doing well. Now he is moody, rude and spends his evenings away from home with his friends. Last week she found him stealing from her purse. What should she do?

The Violent Husband

Sita's husband Ali was out of work. Unable to find work, he got depressed and started drinking. Now he spends much of the time drunk. He beats Sita when he cannot find any of the money which she earns to feed and clothe the family. Sita asks her friends for advice...



this recent book. It tells the story of two dedicated doctors who established health care in one of the poorest districts of India and made it one of the best primary health care projects in the world. The book describes how they helped rural communities acquire skills to collect and analyse health information and support health workers. It also describes how poor illiterate men and women radically changed the health of their villages through discovering new skills and knowledge and the sharing of values.

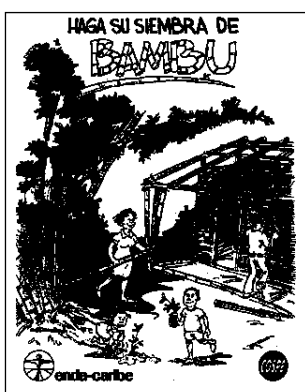
JAMKHEd costs £7 (including postage) and is available from...

TALC
PO Box 49
St Albans
Herts
AL1 5TX
UK.

Haga Su Siembra de Bambú

A simple booklet with instructions for propagating and growing bamboo. Clearly written, with plenty of illustrations, this is one of a series of booklets (only available in Spanish) published by Enda-Caribe. Write to...

Enda-Caribe
Apdo 3370
Santo Domingo
Dominican Republic
C America.



Namna Ya Kutumia Mbegu Ya Soya?

How can I cook Soya Beans?

This is a new edition in Swahili of this useful booklet which provides good ideas for growing, cooking and eating soya beans. Copies are available for \$1 from...

Sonja Hoekstra-Foss
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Solar Electricity

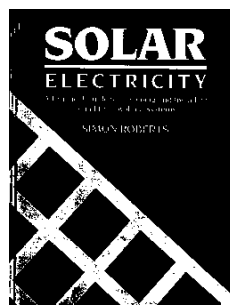
A practical guide to designing and installing small photo-voltaic systems
by Simon Roberts

Published by Prentice Hall
ISBN 0-13-826314-0 424 pages

Solar electrical systems are becoming increasingly common around the world. They are suitable for any place that has plenty of sun and are ideal where there is no mains electricity. Some are available as complete packages. But there are often problems in repairing and expanding already existing systems. This book will provide plenty of good advice in such situations for both non-technical users and electricians. Part I provides an introduction to all kinds of solar electricity systems. Part II gives information about installing systems and Part III gives details of how to build a number of useful electronic units not usually available as packages.

The book costs £19.50 (including surface postage) and can be ordered from...

IT Bookshop
103-105
Southampton Row
London
WC1B 4HH
UK.



Drug Dependence and Alcohol-related Problems

A manual for community health workers with guidelines for trainers

Published by WHO 1986
ISBN 92-4-154212-8 34 pages

This book provides guidance for health workers facing the long and difficult process of treating drug and alcohol dependence. CHWs are ideally placed, not only to recognise cases of early misuse, but also to offer help and support to individuals and families and to educate the community. Part 2 provides guidelines for trainers of community health workers in

developing a curriculum and learning the special skills needed.

Price £4.75 from...

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PO Box 276
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EIRENE Internacional

EIRENE is a Latin American Group with a concern for pastoral care and improving relationships within the family. They produce a great variety of booklets – some aimed at children, some at counsellors and health workers. Here are just two examples of their material – which is available in Spanish and Portuguese only.

Consolación y Vida

A booklet which helps people to understand how people react to crises of various kinds in their lives. It gives details of all of the many reactions and stages which people pass through and advice on how to help people through such crises. It is biblically based with practical exercises.

¿Qué va a ser de mi?

A booklet for children who are going through the trauma of parents separating or divorcing. It is divided into 30 short lessons with plenty of discussion questions and practical examples to help children talk about their feelings.

For more details of these and all the other booklets available, write to...

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Casilla 85-56
Quito
Ecuador
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Changing Lives

DRUG REHABILITATION CASE STUDIES: 2

The La Roca Community

Viña del Mar, Chile

by Roberto Parra

LA ROCA began after much discussion and prayer as concerned Christians in Viña del Mar, Chile saw young people turning away from their drug addiction when they became church members, but later leaving the church and going back to drugs. They felt these young people were not supported enough in their everyday lives. Their spiritual growth was not sufficient to keep them from falling back into old ways.

In 1982 the La Roca community was founded – at first with seven adults and five children – as a community of faith, love and work. Since then we have helped hundreds of youngsters to overcome their dependency. Our success is based on a combination of our Christian faith and professional expertise. We know that well-being is more than just the absence of illness. All-round good health involves spiritual, emotional, physical and social well-being. As we say in our publicity leaflets, 'a person can only be healthy if they are in harmony with God, with themselves, with those around them and also with their environment'.

We take in young men between the ages of 16 and 25 who have a clear desire to be free from drugs and are of normal intelligence. They must complete a questionnaire and come for a personal interview before being accepted. We know we can only help and support them if they really want help. We run an 'open door' system, not a prison.

Once accepted, they stay for a minimum of six months as residents in the community. This is based on two foundations:

Spiritual inspiration – in which, through prayer and Bible study, they can find trust and strength in the love and power of God to help them solve their problems.

Support therapy Through group-work they find the acceptance and support needed to look at their problems and find solutions. Sometimes the group can work as a kind of 'theatre'



Residents of the La ROCA Community in Viña del Mar, Chile.

where each person can practise new ways of behaving before needing to try these out in the outside world. On the one-to-one basis the young people receive medical attention, counselling, follow-up and family therapy.

As one of our ex-addicts said, 'We must find God and find work.' We provide a programme for work rehabilitation, which involves working as a community, learning to use free time, and helping each member to discover and use their skills and gifts. This helps to provide a source of income, both for individuals and for the community. We run a variety of workshops, such as carpentry, shoe-making and baking. At first, members try them all – then choose the one they prefer and learn the skills necessary

for that work. Our methods help them get back into the routine of work. This is very important as they have often lost even the most basic personal discipline.

We also try to arrange activities that will encourage the spiritual, cultural and social development of each member of the community. So we bring them into contact with art, drama and literature. We arrange visits to other groups and to families.

Meanwhile, we actively participate in the prevention of drug addiction in the wider community. Members give talks and short courses in churches and schools. We also prepare written material about drugs and their consequences for individuals and society.

We find it best to work in a team, combining people with professional and technical skills with ex-addicts who show from their own experience how people can really change. We follow the advice of Dr Doris Amaya, who with 30 years of experience in this field says, 'The most successful programmes have a treatment team made up of professional people, some of whom are ex-addicts and some of whom are not. The symptoms of addiction are easy to reactivate if the staff are all ex-addicts. To avoid this, it is better to balance the two types of professionals. The ex-addicts should have been rehabilitated for at least five years.'

Dr Amaya also believes that, 'The programmes which combine science

with belief in God have had the most success. Some programmes use only the Bible and prayer to obtain the addict's recovery. They think that if a person becomes a Christian, that person will no longer take drugs. However, programmes which use only religion to obtain recovery, do not always function in the long term. The power of God has to do with being guided by his hand with

scientific knowledge so that recovery occurs.'

We are an open organisation and welcome visits from churches, academics and others. We also encourage exchanges between our staff and those in other drug rehabilitation projects.

Why do we call ourselves 'La Roca'? The words...

- Reflexión (Reflection)
- Oración (Prayer)
- Comunción (Communion)
- Amor (Love)

...together make *ROCA* – the Rock which is Christ.

Roberto Parra is the Director of La Roca, which runs several projects in Chile for the rehabilitation of drug addicts. La Roca, Anwandter 77, Viña del Mar, Chile.

Ibtida

A community-based drug rehabilitation programme: a project of the Diocese of Karachi, Church of Pakistan

THE OFFICIAL NUMBER of heroin users in Pakistan was 1.5 million in 1994. 80% of the West's heroin now comes through Pakistan, with Karachi as the main city for shipments. The opium from which the heroin is made is grown along the Afghan border (the Golden Crescent). In Karachi about one in six adult males uses heroin. Despite being illegal, drugs are cheap to buy and in many parts of the city are used openly on the streets. Part of the problem is the lack of a sense of purpose among so many young men. Boredom and frustration cause many to turn to heroin.

Foreign governments are assisting in programmes to introduce substitute crops. The law and order agencies try to prevent distribution. However, the enormous profits make their work

very difficult. Hospital detoxification is provided for addicts on a limited basis, but there is little follow-up and a high rate of relapse.

Ibtida has been working with drug addicts since 1984. *Ibtida* is Urdu for *beginning*. The programme helps people of all faiths to come off drugs, believing the best way to stay drug-free is through transformed lives. The government and private sector place their emphasis on providing detoxification services. Ibtida offers a new approach to drug abuse, emphasising community-based rehabilitation and a spiritual response to their message of repentance. 'We find that more and more addicts respond to our message of repenting from the sin of drug taking, whether they are Christian, Muslim or Hindu,' says Philip Simpson. 'We pray in Jesus' name and people recognise the power of his name, whatever their own faith.' Many who have come off drugs with Ibtida say that prayer is more powerful than medicine. 'We know that most drug addicts will stop taking drugs for a short while, and then start taking drugs again. We aim to work with people until they are strong in their new life.'

Most people come off heroin at home. There needs to be three people to take someone through the initial trauma of withdrawal...

One who desires – the addict himself, who must want to come off drugs.

One who watches – a member of the addict's family who is prepared to be with him 24 hours a day

One who helps – a worker or volunteer who has come off drugs, who knows the pain and the feelings experienced because he has made the same journey.

But as all addicts know, the task is not completed just by coming off heroin. A new life has to take shape in which drug taking plays no part. There are five aspects to the Ibtida programme:

Deliverance Addicts are visited in their community to search out those who are serious about giving up. Withdrawal is usually home based and done without medication (cold turkey). Ibtida also runs quarterly withdrawal camps.

Discipline Addicts are encouraged to attend follow-up meetings regularly for three months, where they receive both social and spiritual help. There is a monthly 'ladies' meeting for female relatives of drug addicts to support and encourage them. Individuals are encouraged to set goals and plan their use of time. Drug-free 'birthdays' are celebrated with small gifts – at one month, three months, six months and a year. A new idea has been the 90 day Intensive Recovery Group, run on a day centre basis.

Discipleship Individuals are placed into small groups 'cell groups' for learning and sharing from the Bible and each other and for one-to-one counselling. They are later encouraged to accompany

The Ibtida touch – Semmey, an Ibtida worker, encouraging Rafiq who was coming off heroin (and is now completely drug-free).

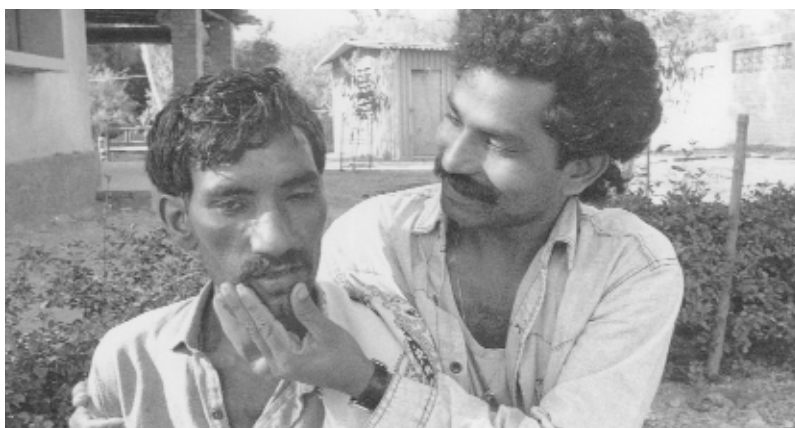


Photo: Philip Simpson, CMS

the field workers on home visits. This is important, as they learn from their experiences – workers are training more workers. The testimony of someone who has just come off drugs is also very important. Addicts will think, 'If he can do it, so can I'.

Dissemination Information about drug rehabilitation is shared by giving talks to various groups and by producing leaflets, booklets and a magazine in Urdu – *Payyam-e-Ibtida* – from our low-cost resource centre.

Development A network of contacts – DAWN, the Drug Addiction Workers Network – is developing with other groups in Pakistan for mutual support and encouragement. There is a training camp once a year for addicts and volunteers.

Apart from the camps, Ibtida's work is all community based. Unlike residential centres, they are able to distribute their resources among a large number of people, so that when

addicts are ready to respond positively, they already have some involvement with the project.

Since its beginning, Ibtida has established contact with thousands of addicts. In 1993 it worked with about 750 individuals. Of these, 250 were off heroin, about 100 were off all drugs and over 50 had been drug-free for between six months and nine years. Our hopes for the future are to see:

- a project in every diocese
- a worker in every parish
- a teacher in every school, teaching awareness of drug abuse.'

Though Ibtida is a tiny group facing an enormous problem, they are optimistic. We have a saying in Urdu, '*Diye se diya jela'* – 'One light lights another.'

Philip and Rachel Simpson are CMS Mission Partners who have worked with Ibtida for nine years. Ibtida, PO Box 10433, Karachi 75530, Pakistan.

Viewpoint

by David Partington of Yeldall Manor

The process of change in an addict's life begins when we start to love them. The drug addict is a difficult person to deal with – deceitful, awkward and often sick. They are beyond self treatment, but not beyond God's help. We read in Ezekiel 36: 26–27, 'I will give you a new heart and put a new spirit within you. I will remove from you your heart of stone and give you a heart of flesh. And I will put my Spirit in you and move you to follow my rules and keep my laws.'

Years of experience in drug rehabilitation have taught many important lessons – not least, that it needs the support of the whole church. The church has the full resources necessary to bring complete hope and healing to a person with addiction problems or personality disorders. It is the only place where there is the resource of 'tough love'. We need 'tough love' because real love and discipline are essential to help people with addiction problems.

There will come a point where addicts have to decide whether to change or die. The addict always has the option of using drugs to make themselves feel better. That will only have one result in the end unless deep changes take place very quickly. Many addicts have never fully experienced the security of a caring family life. Few have known the blessing of being loved and accepted simply for themselves. So the church needs to become that family – giving not only acceptance, but also loving discipline. The church should be a healing community, sharing the hope of the gospel through their lives and welcoming folk in trouble!

BIBLE STUDY

Security in God's love

by David Partington

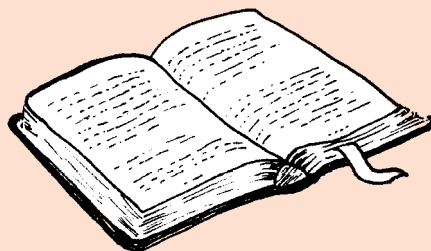
We can help people to face up to huge problems in their lives, without feeling insecure, by remembering always that God is in control. He wants the person we are helping to be totally free. Being honest about our own life and weaknesses can bring great freedom for someone else to be honest about their own life. Security in God's love helps us to have the security to let others fail.

Read Matthew 19:16-23. What would you have done in this situation?

How do you respond to people who do not respond when you share your faith with them?

Why do you think that Jesus let the 'rich young ruler' walk away, instead of trying to persuade him to follow his teaching?

I believe there are several reasons why Jesus let him walk away...



- He knew God loved this man and would go on doing so.
- He had clearly stated the conditions and actions necessary to find life and love.
- He loved him.
- He loved him enough to leave the choice to him.

In our own strength, few of us would have the courage to act as freely as Jesus did in this situation. However, we can learn from this story. If we have tried hard, with God's grace and love, to show someone the right way, then the choice must be theirs. We have to be prepared to let them go and to leave them to God's ongoing love and justice.

Pray for those that you know who are making decisions about their faith. Pray, too, for all those that you have shared with in the past who – like the young ruler – left to make their own decision.



Photo: Jim Loring



Smoking: a deadly habit

by Isabel Carter

WHY SHOULD THERE BE an article on smoking in an issue on drug rehabilitation? Surely, smoking is a pleasant social habit! Advertisements for smoking lead us to believe that it helps us to feel in control of our lives, it helps us to relax and makes us attractive to the opposite sex!

Eight years off your life

Well, smoking is apparently the most dangerous habit we can have. Nothing else that we choose to do in our lives is as dangerous to our health. Smoking kills one in four people and disables many more. On average, smoking reduces life expectancy by eight years.

The WHO says that about 3 million people are dying each year from diseases caused by smoking tobacco. The harmful effects of smoking take many years to develop. There is no immediate effect on health. Medical experts say that it takes 25 years of increased smoking within a country for the dramatic effects to show on the country's death rate. In developing countries 40–60% of men smoke and 2–10% of women. In the industrialised countries fewer men now smoke (30–40%) and more women – especially young women – (20–40%).

Women who smoke, face greater health risks than men. As well as cancer and heart disease, they reduce their ability to have children and are more likely to have an abnormal baby. The children of mothers who smoke are shorter, slower to learn, and more likely to suffer from chest infections.

They are also more likely to smoke, themselves.

Poison

Cigarettes contain tar and nicotine which are poisons. Nicotine makes your heart beat faster, so just after smoking a cigarette you have extra energy. However, it also narrows the blood vessels, causing heart disease later in life.

Tar can cause cancer – usually cancer of the lungs. It's also the cause of 'smoker's cough'. The tar in cigarettes sticks to the inside of the lungs, trapping dirt and bacteria. The lungs then begin to become irritated and inflamed and 'smoker's cough' results. The lungs become damaged, so it becomes much easier to catch pneumonia and bronchitis.

Passive smoking

Nothing is more irritating to non-smokers (especially if they have struggled to give up smoking, themselves) than passive smoking. This is when other people are forced to breathe in cigarette fumes from smokers when sharing the same bus, train, office or workplace. Passive smoking is now known to damage the health of non-smokers – especially if they regularly breathe in other people's smoke. About 40 countries around the world have so far banned smoking in the workplace. Others are preparing to do the same.

Nicotine addicts

Why are so many people continuing to smoke? Why are so many addicted to this habit? Huge numbers of people see smoking as a social habit, not realising that, in fact, they are addicted to nicotine – the drug contained in

tobacco. Young people smoke because it makes them feel grown up or because their friends smoke. The sale of cigarettes brings in huge income for manufacturers. Tobacco is a major export crop – the eighth largest in the world in terms of agricultural exports. However, most developing countries spend far more on importing tobacco products than is earned in exporting the raw leaves.

In some industrialised countries pressure from health groups has resulted in banning all cigarette advertisements and the sale of cigarettes with high tar and nicotine content. Sadly, this often means that much more pressure for advertisements and sales of higher risk cigarettes is put on other countries, where governments may welcome the extra bonuses promised by tobacco companies, ignoring the long-term effects on their nations' health. Cigarette sales in developing countries are now growing three times faster than in other countries.

What the ads don't say

The advertisements fail to show people dying with lung cancer in hospital beds. They fail to tell you about the damage to children's health, as well as to the smoker's health. They fail to say how unattractive the smell of stale cigarette smoke is for hair and clothes. They fail to mention that smoking leaves athletes short of breath (even though many sporting events are sponsored by tobacco companies).

The good news is that stopping smoking at **any** age, improves life expectancy. How many people do you know who smoke? Are you and your friends aware of the dangers to health in later life? Do what you can to pass on the message...

Smoking kills.



Just a social habit?

Photo: Greenleaf

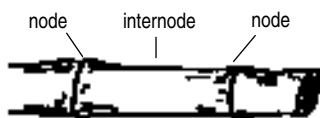
Growing bamboo



THE VALUABLE BAMBOO PLANT has many uses. It can be used to carry water, as building material, for making furniture, craft work and to control erosion on riverbanks. But bamboo is always in short supply because it is not usually cultivated by farmers. It just grows wild. Most types of bamboo grow shoots from underground stems called rhizomes. These shoots grow into tall above-ground stems.

Growing from cuttings

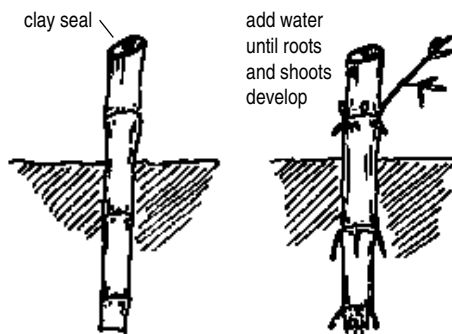
If you want to propagate bamboo it is important to follow the correct method. Take cuttings from tall trunks in a clump that is not more than three years old. You will get the best results if you take cuttings from the middle part of the trunk. A trunk 10 metres high will give about four cuttings.



Each cutting should have two full, undamaged internodes and a half internode.

Planting

Plant the cuttings as soon as they are cut because they are sensitive to



shock, which can result in poor germination or complete failure. Light sandy loam soils are best for bamboo growing.

Allow plenty of space for the cuttings to develop. Plant them vertically, with the half internode above ground. Apply a seal of moist clay to the top cut edge of the bamboo without covering the hole. The clay will act as a disinfectant.

Pour two cups of water into the top of the bamboo cutting. Keep adding water regularly until roots and green shoots develop at the nodes.

Other methods

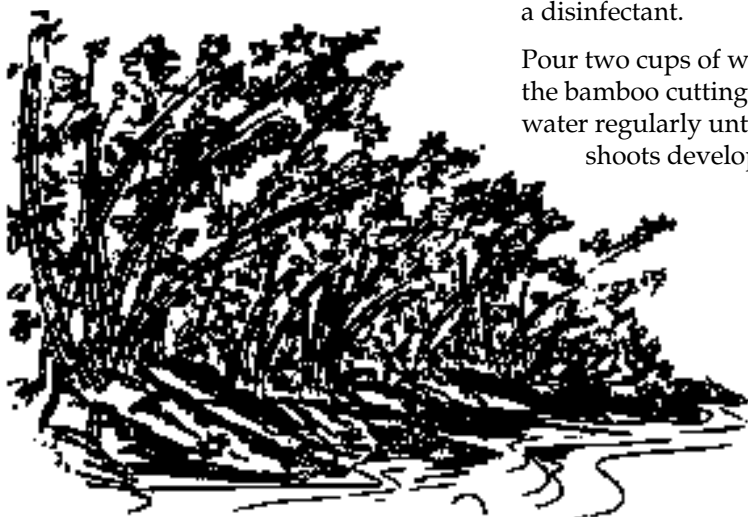
You can also use longer cuttings with four to six internodes (see diagram below). Plant these horizontally, after making a hole in the middle internode. Keep this hole filled with water until the nodes produce roots and new growth.

Cuttings can also be made from aerial shoots that develop on the tall trunks. These cuttings must have at least two and a half internodes.

These methods can be used to establish community forests or in reforestation programmes. Let's keep growing bamboo!



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