



SPODA is a registered charity that works to help families and carers of substance users within Derbyshire

Criminals Cash Helps SPODA!

SPODA has received £1,000 from Derbyshire Constabulary and Derbyshire Police's Drug Market mapping Project.

The money donated to SPODA had been confiscated from criminals in Derbyshire under the Proceeds of Crime Act (POCA). Under this act, people who have earned money by drug dealing can have the cash taken from them.

The money is split between the police, court services, the Treasury and the Crown Prosecution Service. Detective Superintendent Terry Branson made the cheque presentation. He said " We often look for deserving local groups who would benefit from money from POCA, and we're pleased to be able to make the donation to SPODA".



Left to right:

Terry Branson, Dot Inger & Steve Holme, of Derbyshire Police's Drug Market Mapping Project.

Ways To Cope More Effectively

- * Let go of trying to change the user
- * Learn to think positively and realistically
- * Allow yourself to have some hope
- * Focus on what you can achieve
- * Accept that you have no control over the user's choices
- * Make the most of yourself rather than blaming the user
- * Stop and think about what you are being asked to do
- * Be supportive and encouraging of the user's recovery attempt
- * Access services and information for yourself
- * Respect yourself, your needs and your values

**Remember you cannot change the user
but you can change the effect they
have on your life**

Naloxone and Overdose Training

You may remember within the last newsletter, we were asking for interested families and carers to take part in a trial with the National Addictions Unit on overdose and naloxone training.

The training took place on the 14th of April and all that participated enjoyed the event and left feeling confident and empowered that they now had the skills to deal effectively with a possible overdose. There is now a second training session arranged for the Friday the 18th June.

Naloxone is a medication that can be given easily into a muscle to reverse the effects of a heroin/methadone overdose. Paramedics administer the drug when they arrive at the scene of an overdose. We need to work to save lives through getting carers and families to have the medication in their possession to administer before the paramedics arrive as time is so important in these incidents.

For more information please call Mary on 07734 82226 or Dot on 07736 973076 or call our free phone number on 0800 068 5718

All travel costs are reimbursed and you will be given a £10 payment for your time.

Mephedrone (M-CAT)

Also Known As: 'Meow Meow' 'Meph' 'MCAT' '4-MMC' 'Drone' 'White Magic' 'Plant Feeder' 'Bubbles'

Spoda have seen an increase in calls to our help line from families concerned about Mephedrone (M-Cat), as you are aware there has been a lot of coverage of this drug within the national press. We thought that an article about the drug may be beneficial to improve your knowledge and understanding.

There have been numerous deaths linked to Mephedrone (M-Cat); however some of these deaths may be caused by other drugs or alcohol being used with the Mephedrone (M-Cat). Within the East Midlands there were two reported deaths, these may have been caused by the drug user using Methadone to come down from the high of the Mephedrone (M-Cat). It can be very confusing as the names of the two drugs are very similar. Methadone is used in the treatment of people with heroin dependencies.

Methadone to a non heroin user can be fatal and we always need to be vigilant around safe storage of methadone and it not getting into the hands of people other than the person it was prescribed to.

What is Mephedrone (M-Cat)?

It is a stimulant drug with gives effects similar to 'Cocaine', 'Amphetamines' and 'Ecstasy'. The drug (when legal) could have been bought for as little as £10-£15 a gram, It is likely to cost more from a dealer. It comes as white powder, capsules and pills or can be dissolved in liquid. It is completely different to 'Methadone' used to treat heroin addicts.

The effects are often described from users as a feeling of being alert, confident, euphoric and talkative, and some feel greater empathy with those around them

The Law:

Mephedrone was legal until recently when it became controlled as a Class B drug on the 16th April 2010. This means it is illegal to have, give away or sell. Possession can result in up to 5 years in jail. Supplying someone else, including friends, can result in up to 14 years in jail and an unlimited fine.

Side Effects:

There has not been enough research done on Mephedrone at present therefore the long term side effects are unknown. However, short term side effects are:

- Black / Purple Limbs
- Loss of sensation in Limbs (usually knees and hands)
- Headaches / Blurred Vision / Muscle Tension
- Highly addictive
- Compulsive re-dosing known as "fiending"
- Low Mood /Depression / Irritability
- Hot flushes / Anxiety / Fits
- Nose Damage (burning sensation, scabbing & nose bleeds)
- Regular or heavy use ,may result in psychological Dependency



above powdered Mephedrone

The Risks

- There is an increase risk if alcohol is combined with any substance that causes a 'high', including the risk of death
- Mephedrone can over stimulate the heart and nervous system
- Likely dangers associated with Mephedrone are becoming clearer as more reports emerge
- Mephedrone has been identified as a possible contributor to a number of deaths in the UK

If you are worried about someone using this or any other drug call our helpline on

0800 068 5718.

Stimulant Drug Users Wanted for Research Study

- 1. Do you know anyone using cocaine, crack-cocaine, or amphetamines?**
- 2. Do they have a brother or sister who doesn't take drugs or drink alcohol heavily?**
- 3. Are they both aged 18-55 years?**
- 4. Are they available to spend about 5½ hours in a research study?**

Researchers at the University of Cambridge are currently seeking stimulant users and their non-drug using brother/sister to participate in a research study investigating the causes and effects of chronic stimulant use.

Participants will be asked to undergo a brain scan, fill out some questionnaires and perform some computerized tests. A blood sample will also be drawn for genetic analysis.

All information will be kept strictly confidential!

Participants will be compensated for their time and inconvenience, and receive a picture of their brain. Travel expenses will be paid additionally.

For more information please contact Dr Karen Ersche or a member of her research team by phone (01223 336587 or 01223 760665) or email: ke220@cam.ac.uk

Support Group Dates

CHESTERFIELD GROUP DATES 2010

Wednesday Evenings 6.30pm – 8pm

MAY 12th

May 26th (Special Guest Dr Deep Sirur

Consultant Psychiatrist, Derbyshire

Drug Treatment Services)

JUNE 9th & 23rd JULY 7th & 21st

SWADLINCOTE GROUP DATES 2010

Monday Evenings 7.00pm – 8.30pm

(First Monday of every month)

MAY 10th JUNE 7th

ILKESTON GROUP DATES 2010

Wednesday Afternoons 1.00pm– 2.30pm

MAY 12th JUNE 9th

GRANDPARENT/KINCARER GROUP DATES 2010

**Held on a Wednesday Afternoon on a
quarterly basis 12pm—2.00pm**

Next Group MAY 19th

BELPER GROUP MEETING DATES 2010

Thursday Afternoons 1pm—2.30pm

(First Thursday of every month)

MAY 6th JUNE 3rd

If you have not attended one of our session before and would be interested in meeting other people in the same situation as yourself for informal chats and discussions, please call us for more information on:

FREEPHONE: 0800 068 5718

What is NA?

Narcotics Anonymous is a non-profit fellowship of men and women for whom drugs had become a major problem - Recovering addicts who meet regularly to help each other stay clean.

The Narcotics Anonymous Programme

Narcotics Anonymous is a completely voluntary organisation. Membership is open to anyone with a drug problem seeking help, regardless of what drug or combination of drugs have been used, and irrespective of age, sex, religion, race, creed or class.

The only requirement for membership is a desire to stop using drugs

Narcotics Anonymous is a **non-religious** fellowship, encouraging each member to cultivate an individual understanding, religious or not, of a 'spiritual awakening'.

An Open Letter To My Family

This powerful letter is used to help families and carers of drug users to understand an addiction and how best to help their loved one from the users point of view:

"I am a drug user. I need help. Don't solve my problems for me. This only makes me lose respect for you and myself.

Don't lecture, moralise, scold, blame, or argue whether I'm stoned or sober. It may make you feel better, but it only makes the situation worse.

Don't accept my promises. The nature of my illness prevents my keeping them, even though I mean them at the time. Promises are only my way of postponing pain. And don't keep switching agreements; if an agreement is made stick to it.

Don't lose your temper with me. It will destroy you and any possibility of helping me.

Don't let your anxiety for me make you do what I should do for myself.

Don't believe everything I tell you. Often I don't even know the truth, let alone tell it.

Don't cover up or try to spare me the consequences of my using. It may reduce the crisis, but it will make my illness worse.

Above all, don't run away from reality as I do. Drug dependence, my illness, gets worse as my using continues.

Start now to learn, to understand, to plan for recovery. Find support from groups that exist to help families in just your situation.

I need help, from a doctor, a psychologist, a counselor, from people in a self help program who've recovered from a drug problem themselves, and from a power greater than myself."

The 12 Steps Programme



The core of the Narcotics Anonymous programme is a series of twelve steps, adapted from the recovery programme of Alcoholics Anonymous. These steps include admitting to a drug problem; seeking help; self-appraisal;

confidential self-disclosure; making amends when possible, where harm has been done; achieving a spiritual awakening and supporting other drug addicts who want to recover.

Step 1 & 2

Step 1: We admitted that we were powerless over our addiction, that our lives had become unmanageable.

Step 2: We came to believe that a Power greater than ourselves could restore us to sanity.

NA Meetings

Meetings are held throughout the country including Derby and Nottingham and details of all meetings can

be found on the website – www.ukna.org

or by calling the NA helpline on

Tel: **0300 999 12 12**

Taken from Families Anonymous.

Women in drug treatment: what the latest figures reveal

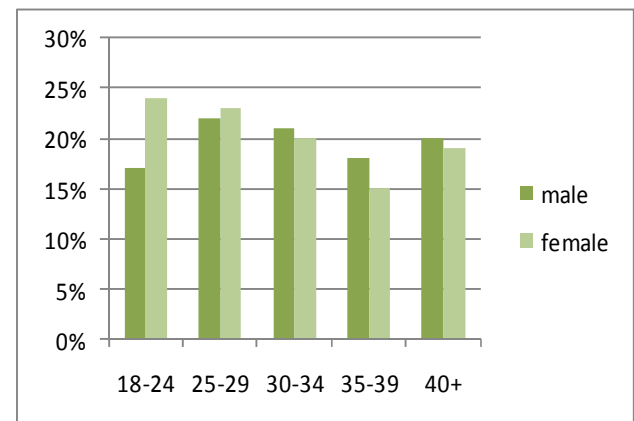
There has been a big drop in the numbers of young women entering drug treatment addicted to heroin. For those under 25, the number fell by a quarter between 2005 and 2009.

Women make up over half the adult population. However, only a quarter of the adults in drug treatment programmes are women.

Here are some of the key findings from data researched in 2008-09:

- The number of woman in structured drug treatment has remained stable over the past few years; women have made up around 25% of the total adult population in treatment for the past 5 years.
- The number of women successfully completing treatment for their drug problem has doubled since 2005-06. Over the same period, the number dropping out of treatment has fallen by a third.
- While women start using drugs at an older age than men, they are more adept at seeking help for themselves and tend to come into treatment earlier.

Age of Women and men accessing treatment in



2008-09

These findings suggests that not only do fewer women need help but those who get into treatment are more effectively engaged and have better outcomes.

Given the number of parents in treatment, a key focus of the 2008 national drug strategy is to protect families, and particularly children, from the impact of drug use.

The 'Think Family' approach has come out of this, and aims to improve the support offered to vulnerable families and children. Hopefully, this approach will carry on and SPODA can continue to offer the

Your Voice!

Please let us have any articles or stories that you may have produced that we could publish in our future newsletters.

My Grandson, My Life

I have had my grandson living with me under a residence order since he was 3 years old, he is now age 13, but I have been there for him since birth. Both his parents were and still are substance users, both used drugs and alcohol.

I am 71 years of age and registered disabled; I do one morning per week voluntary work in the community to keep my brain active! And now I am also beginning to enjoy having my grandson around, now I can see the signs of him settling down.

When he first came to me he had violent outbursts, smashing everything in sight, he hid under the table and howled like a wounded animal. From the age of 4 he would scream at me, pull my clothes, tip furniture over, shout at me and throw anything he could get his hands on, I suppose he was like a monster of sorts. And then when he was exhausted he would cry 'why am I doing this Grandma?'

Continues...

Continues...

I knew I had to find a way to help him but I was lost! All I knew was that he was emotionally upset, fearful and feeling inadequate.

When he started school his outbursts continued and he had them in school, everyday at 1pm the phone call would come from school for me to go to school and collect him AGAIN. He was excluded, put outside in the yard and locked in classrooms. To me the school was hopeless to them he was just a very naughty child.

I contacted CAHMS and had many meetings with school and the authorities. But nothing changed so I had to find a way to help him and I did!

I stopped being upset with him and I walked away from him when he had tantrums and outbursts, I ignored his shouting and just kept telling him calmly lets have a hug and I love you, it is not your fault, you are a victim, your parents also love you but they have problems and cannot care for you. I tried to explain simply why he was with me and that he was safe and loved.

The police and Social Care were out of touch and caused more upset when they decided to give him an ABC order for bad behaviour. This really worried me as the next step was an ASBO order and if that happened we could have been evicted from our home.

By the age of eleven my grandson went to the local secondary school and the first term he had exclusions as usual, then I decided I had to fight back for him he was statemented and identified with special needs but where was the help and support?

The only support I got was from SPODA they were always there for me, if I had any questions they would find the answers for me and they came and listened and did not judge me or my family.

I arranged a meeting with the school and they listened to me and accepted my full co-operation on the understanding that they worked with my grandson using advice I offered that was working for us at home. At last things began to settle down, the phone calls stopped and I dared to leave the house again at lunch time.

My grandson goes to a special unit in school of his own free will so there is no pressure on him, it's gone away. He still struggles with emotions and confrontation but he is getting there.

He often asks what will happen to him when I die, I tell him he will be ok, I will make sure of that. He has a friend and he would like to live with him and his Mum and I will do my best to see that happens, it would break my heart if he had to go into the care system.

He went to respite foster care for 2 weekends a month and although they were lovely people, I missed him and he missed me and he asked 'why do I have to go, don't you want me?' so I stopped the visits as his wellbeing is more important to me. He says 'I only have you' but I remind him that he does have a Mum and Dad and he must not feel inadequate because of the situation.

When he wants to talk I will explain simply and honestly and answer all his questions and I always do it with a sense of humour! He is thirteen going on fifteen, he laughs with me and cries with me but I hope I have provided a foundation he can survive on.

To all Grandparents I would like to say 'Good Luck' and I for one know we have given our life for these children to support, love and nourish them, these are our children's children and hopefully with our guidance and new knowledge they wont let themselves down as our children did.

Written by a SPODA Client.