

# news letter

March 2013 Issue

## Dear Reader

Youth exclusion around the world needs our attention, and here is why. Recently, I heard from four adults – an actor, a doctor, a teacher, and a theology student – how, as young children they became addicted to alcohol. They spoke of a childhood of suffering and loneliness and even of involvement in criminal activities. Fortunately, when they reached adulthood they became aware of their alcohol dependence, sought therapy, and became completely abstinent.

These four people are indeed exceptional. They managed to change their lives after a devastating childhood and more than 15 years of alcohol abuse. But such a turnaround is not always possible, because young people, with their hope of a promising future, often face harsh realities in finding work. Faced with fewer opportunities for suitable occupation, they can easily slip into a life of antisocial behaviour and substance abuse.

Research by Eurocare (European Alcohol Policy Alliance) in 29 countries has uncovered a serious increase in binge drinking by young people aged 12 to 16 years. Binge drinking is not a one-time event for young people as their nervous systems are more vulnerable to psychoactive substances than those of adults and they can quickly develop a lifetime of dependence. Alcohol dependent young people, however, do not always ask for help because they lack confidence, are isolated and lonely, and harbour feelings of shame and guilt. So, how can we help them develop the confidence and courage they need to seek support and help?

As adults, we have an important responsibility to work with children and youth so that they gain the strength to seek help, and learn from their mistakes. Young people need both unconditional love from their caregivers, and a safe place to receive help. Only then will they feel secure enough to make well-informed life decisions.

I believe that it all starts with us – you and me. Let's take on this challenge and ask what this means for me – as the International Blue Cross's slogan says: [We can do it together!](#)



[Anne Babb, General Secretary](#)

## PROJECT NEWS WORLDWIDE

### The Blue Cross Project Approach

Through its worldwide activities, the International Blue Cross seeks to implement effective and sustainable projects at a grass-roots level. Our projects – whether carried out by volunteers or professionals, big or small Blue Cross organisations – aim to contribute significantly to the prevention and reduction of alcohol- and drug-related harm among the most disadvantaged individuals, families, and communities around the world. Many of these projects focus in particular on assisting young people at risk of exclusion.

We are conscious that in order to achieve our goals, our international project management approach must conform to a number of core principles:

- project concepts must be robust and integrated
- local ownership must be strong and be a source of sustained support and commitment
- project implementation must be well-planned and make efficient use of resources
- sound leadership and project management principles must be in place
- projects must have the support of local networks and partners
- project activities must be guided by evidence-based best practices
- professional and practice-oriented knowledge must be culturally adapted and used
- there must be a strong commitment to continuously learn from experience

### Featured Project

#### Blue Cross Namibia Motivates Students for a Drug-free Lifestyle

“Were it not for the Blue Cross, I do not know where I would be now.” These are the words of a 16-year-old student who has participated in the School Prevention Programme of Blue Cross Namibia. Thanks to the programme, his life has changed. Drug consumption is no longer a part of it.

According to a Blue Cross survey carried out in 12 partnering high schools in Windhoek, over 80% of students aged 13 to 20 consume drugs occasionally. Those polled are by majority from the city’s most disadvantaged areas where drug consumption and drug-related crime are wide-spread. In 2009, Blue Cross Namibia initiated an integrated school prevention programme to prevent students from slipping into addictive behaviour.

#### Life-skills, Youth Clubs, and Art Workshops

The objective of the Blue Cross Namibia Programme is to enter with students into a close and lively dialogue on their personal experience with alcohol and drugs. It aims to introduce them to practical tools, life skills, that allow them to make informed choices and handle the challenges they face in their daily life. To this end, Blue Cross Namibia developed a blend of activities:

- **Life-skills:** Blue Cross field coordinators work alongside regular teaching staff to provide daily life-skills classes. In addition, Blue Cross Namibia works with high-school students who are already consuming drugs by offering counselling sessions at their centres.
- **Blue Cross Youth Clubs:** Young Blue Cross collaborators have created chess, theatre, dance, and football youth clubs in partnership with local high-schools enabling students to spend their leisure time in meaningful ways. Charles Eichab, four time national chess champion, and Norman

Job, theatre expert from the Youth Ministry of Namibia, lead some of the club activities which greatly motivate students to participate!

- **Arts Workshops:** Blue Cross Namibia recently carried out an Arts Workshop in collaboration with the National Gallery of Art. Over 150 students from disadvantaged areas of Windhoek participated in the workshop. Guided by qualified artists, the students were able to playfully explore their imagination and creativity.

**Key Achievements of the Programme in Brief:**

- The initial number of 3 high-schools involved in the Blue Cross School Prevention Programme increased to 12.
- Over 10,000 students benefit from the programme.
- 1,700 students participate in the activities of the Blue Cross youth clubs.
- “Addiction” became a central theme of the life-skill lessons provided by the 12 partnering high-schools.



## Blue Cross Projects and Stories from Europe

### Alexandra – a Story from the Field



Alexandra is 38 years old and is an 'Adult Child of Alcoholics'<sup>1</sup>. She is currently attending therapy at the Blue Cross Poland counselling centre in Zywiec (Silesia). She has kindly agreed to tell the International Blue Cross her story:

I have a past of heavy drinking. I came to the Blue Cross counselling centre ten years ago. I was pregnant and had to decide whether I would continue to be an alcoholic or whether I would start fighting; I decided to fight. I went to the social services, and they told me about the counselling centre. When I came to this place, I was at a low point. I felt dirty, I was smelly and sweaty. I had strong withdrawal symptoms. But there came the therapist and shook my hand. This simple hand shake changed my life. It was the first time for years that I felt human. Ever since, I have gone a long way – and have been a regular client of the Blue Cross centre.

One year ago, I had strong suicidal thoughts. So I returned to the centre for help. The centre was about to create a new offer for 'Adult Children of Alcoholics' (ACA). I was told that I might be an ACA and should attend the new group therapy. I tried to explain that I was not an ACA because I was raised in an orphanage. At my meeting with the Blue Cross therapist I hoped that I would be rejected. But I was asked to come back the week after. The therapist gave me homework: to write something positive about myself. I thought that this would be very easy. When I was walking to the bus station I started thinking about it. I discovered that sometimes people told me nice things but that I always thought they were wrong. At the end, I realised that it would be very difficult for me to write something positive about me.

The beginning of the ACA therapy was very hard because it was accompanied by nightmares. I could not sleep well anymore. It was as if I had opened a door to my inside and my past. I realised very quickly that it was difficult for me to speak about my problems and personal history in public. When the therapy group started, I acted as if I was only an observer. I was really good in giving advice to other people, but I was not ready to talk about myself. Then we received homework: we had to write down our life story. I wrote for more than ten days. I started to recollect all the bad things that had happened to me. It was very painful to write it down.

*The first question that came to my mind when I started writing the testimony was: why do I always want to be surrounded by people? I then remembered the orphanage. Often the caretakers would leave me*

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<sup>1</sup> Adult Children of Alcoholics are at three to four times at risk for developing alcoholism than a child without an alcoholic parent. They are also at an increased risk for many additional problems throughout their lives. ACAs report increased difficulties at work, more interpersonal problems and higher levels of emotional distress than other adults.

*alone, locked up in a dark room while they would leave for supper. Then the toys started to appear like living creatures. Maybe this was why I was so attracted to crowds?*

*I was also wondering why I would always take baths with very hot water. I then remembered that my grand-mother, who lived in a small village, sometimes picked me up at the orphanage. She had the obsession to clean me with cold water. She rubbed and scratched my skin until it would hurt, repeating again and again that I was dirty. So I always thought I had to be clean for people to love me.*

*I then asked myself why I was always adapting to circumstances and people. If a person cried, I would cry as well. If somebody was good, I would be good as well. If somebody behaved badly, I would behave the same. I discovered that, in order to 'survive' at the orphanage, I had to constantly adapt to the teachers and caretakers. I had to feel their mood in order not to attract their anger when they were in a bad mood. If I misjudged the situation or did not follow the rules, I would end up punished in the isolation room.*

*I asked myself why I would always be attracted to older men and I discovered that I was just looking for a father figure. I could be with a man who treated me badly – it did not matter to me. For me all that mattered was that the man was with me.*

*And finally - I was wondering why I felt so strangely about religion. I then remembered that my grand-mother would make me copy for hours parts of the Bible. How could my grand-mother who mistreated me in many ways, including physically, be a devoted and church-going Christian? This hypocrisy marked me. I believe in God but I don't go to church. Religion for me has to be sincere and lived.*

When I wrote my life story, I knew that the whole group would read it. Interestingly, this somehow freed me. After the testimony was read in the group, I had no secrets anymore. I was now able to open up to the group.

It is thanks to the ACA therapy that I decided to start a new life and stop blaming the past. I realised that the hatred inside me had destroyed me. I started to think about me in a more positive way. I started to take care of my looks, to use make-up even though I am still not very good at it. Even the way I speak has changed. It is maybe difficult to imagine, but I used to behave like a man. I was very aggressive, cursing a lot. Today I am at peace. I sleep well and I finally live in a happy relationship – with a man of my age.

ACA is the best thing that has ever happened to me. I had participated in many therapy and self-help groups before, but ACA was different. The other groups had all focused on addiction. This was the first time I was in a group where we talked about ourselves and our lives. We started to open up what we tried to hide. In the beginning I was not even sure whether I was talking or dreaming. In this group I have rediscovered my soul.

I still do not know whether I am an ACA, since I do not know my parents. But during therapy, I discovered that I had all the symptoms of a typical ACA.

### **'Green Care': Blue Ribbon Finland Develops Innovative Paths to Care**

Blue Ribbon Finland strongly believes in the importance of an integrated approach to care. Part of this approach is to offer clients the opportunity to spend their leisure time meaningfully. Within the framework of its 'Green Care' project, Blue Ribbon Finland invites the beneficiaries of its supported houses and treatment programmes – children, adolescents and adults – to participate in recreational activities that take place in nature such as fishing, farming, and gardening.

Through these activities, Blue Cross Ribbon wishes to offer its clients a spark of hope – an activity around which they can build their life, something they can look forward to, and that helps them break their loneliness.

Heikki is 57 years old, and suffers from social anxiety disorders. He is part of one of Blue Ribbon’s Finland supported housing programmes and, together with some colleagues, chose to cultivate a farm plot. This pastime gives him much pleasure and satisfaction: “Our [weekly] trips to the farm are like a breathing-hole to me. It is so nice to see all that grows on the plot within a week! What I appreciate in particular is that we can work in our own pace, according to our strength. It is easier to talk to and joke with people while working here. It feels good to be close to nature and other people. Our togetherness is as important to me as the work we do.”



The ‘Green Care’ project offers its clients the following activities:

- For families and people suffering from mental health disorders: farming, including farming of animals
- For women living in supported housing: gardening
- For men living in supported houses and dormitories: fishing

Today, eight Blue Ribbon organisations are involved in the ‘Green Care’ project. The project concept is continually assessed and reworked by two full-time employees in order to guarantee its effectiveness and sustainability. It is the hope of Blue Ribbon Finland to expand the project to a larger number of Blue Ribbon organisations in Finland – and hopefully beyond Finland, within the International Blue Cross network worldwide!

### Blue Cross Norway Promotes Alcohol Policy Initiatives in Developing Countries

“Drink responsibly” is one of the key messages of the alcohol industry, signifying that the responsibility for healthy drinking patterns lie with the individual. The alcohol industry denies any liability to participate in the enactment or implementation of laws and regulations regarding the availability and affordability of alcohol. However, experience clearly shows that evidence-based alcohol policy is highly effective in preventing the harmful use of alcohol among populations around the world.

Blue Cross Norway, in cooperation with the International Blue Cross and the Norwegian development organisation FORUT, has been conducting a training programme on alcohol policy since November 2009. The objective of the programme is to contribute to the development of legal alcohol policy frameworks in selected African countries. It helps convey information drawing from internationally recognised research in alcohol policy – as presented, for example, in the WHO Global Strategy to Reduce the Harmful Use of Alcohol (2010).

In 2009, a pilot training was successfully held in Malawi. More recently, the programme has been expanded to Botswana, Namibia, Chad, Lesotho, Madagascar, and Zambia in partnership with NGOs, Ministries of Health, and the WHO.

### Trainings that Make a Difference – the Example of Madagascar

When Blue Cross Norway and FORUT conducted the 2011 alcohol policy training in Madagascar, the local Blue Cross had already been working towards the development of an alcohol policy draft at the national level for several years. The training aimed to transfer solid knowledge on best practices in alcohol policy making to Blue Cross Madagascar and key policy stakeholders from both the civil society and government. It tackled, amongst others, themes such as taxation, pricing mechanisms and the availability and affordability of alcohol.

Following the training, Blue Cross Madagascar and its partners have further developed the initial alcohol policy draft to prevent the harmful use of alcohol. Importantly, the draft is comprehensive, public health focused and cross-sectoral in its approach.

### Blue Cross Madagascar strengthens its position within the Southern Africa Alcohol Policy Alliance

Two members of the committee working on the alcohol policy draft in Madagascar participated in the Southern Africa Alcohol Policy Alliance Forum (SAAPF) held in 2012 in Johannesburg, South Africa. Around 45 delegates from the region, many of whom attended the alcohol policy trainings in their respective Blue Cross centres, were also present. SAAPF 2012 proved to be an ideal place for the representatives from Madagascar to link in with other civil society organisations from the region working on similar issues.

Fanjanirina Holiarisoa Rasolomanana from Blue Cross Madagascar was elected as a new Alliance board member by the delegates. It is the hope of Blue Cross Madagascar and its partners that, with the support of the Alliance, the alcohol policy committee will have a much stronger voice.

### International Blue Cross

Gesellschaftsstrasse 78

3012 Bern

Switzerland

Tel. + 41 31 301 98 04; Fax + 41 31 301 98 05

E-Mail [office@ifbc.info](mailto:office@ifbc.info)

<http://www.ifbc.info>

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