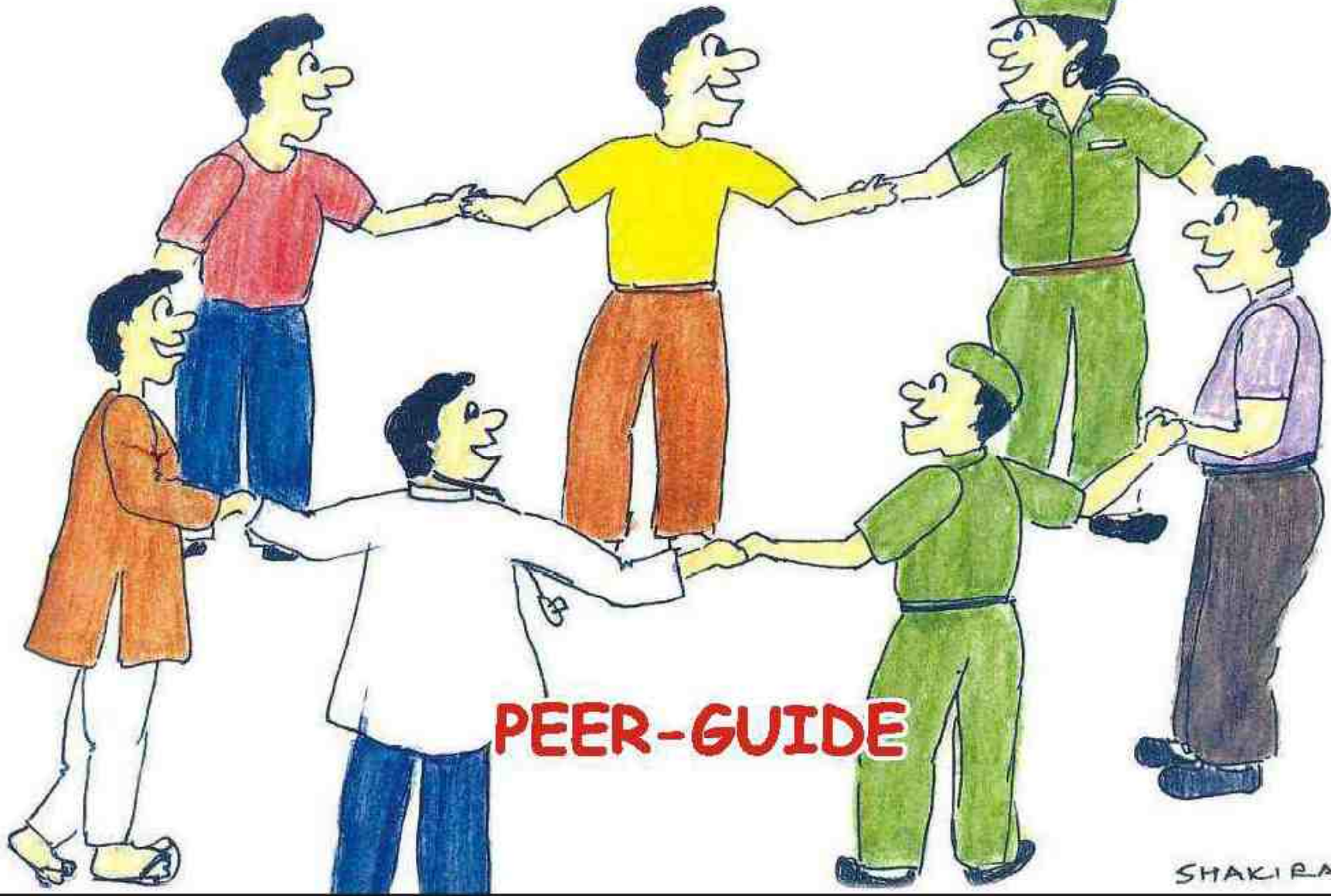




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Office on Drugs and Crime

Regional Office for South Asia
Project RAS/H71



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PEER GUIDE

This peer guide is a part of the prison toolkit which aims to facilitate the training of prison staff and inmates.

The peer guide includes:

- ★ The prison intervention design.
- ★ Key messages on drugs, HIV and life skills.

We hope this peer guide will help people to make healthy choices...and help others in doing so...



THE INTERVENTION DESIGN

The intervention will include the following elements:

- ★ **Post detoxification** - Creation of a therapeutic community (TC) - 6 months.
- ★ **Peer led intervention** - Creating awareness and providing risk reduction and life-skills training to inmates (to enhance their coping skills) and ultimately to empowerment-3 months.
- ★ **Social re-entry phase** - Preparing for post release rehabilitation-3 months.

These 3 phases will be followed by the post release social networking phase.





THERAPEUTIC COMMUNITY (TC)

Is a place where people with psychological, social and behaviour problems are helped through a highly structured and highly supervised recovery programme.

The criteria for a drug user to enter into the therapeutic community are as follows:

- ★ Anyone who reports usage of drugs even once in the last one month prior to arrest.
- ★ Those who don't report a debilitating physical or mental illness or a major communication handicap.
- ★ Those who don't show acute withdrawal symptoms.

The TC is for a period of 6 months.

- ★ The basic philosophy for this is that individuals can change within an environment conducive to personal growth.

Stages of the TC process

- ★ New members are inducted into the community and oriented towards the programme.
- ★ Emphasis is given to abstinence and then psychological growth through value-based behaviour modification.
- ★ Preparation of residents for actual re-entry into the wider community.

In the TC the thrust on knowledge, skills, attitude and behaviour would include 50% information, knowledge and skills for drug prevention; 25 % for HIV/AIDS prevention and life skills and 25 % for empowerment of the inmate.

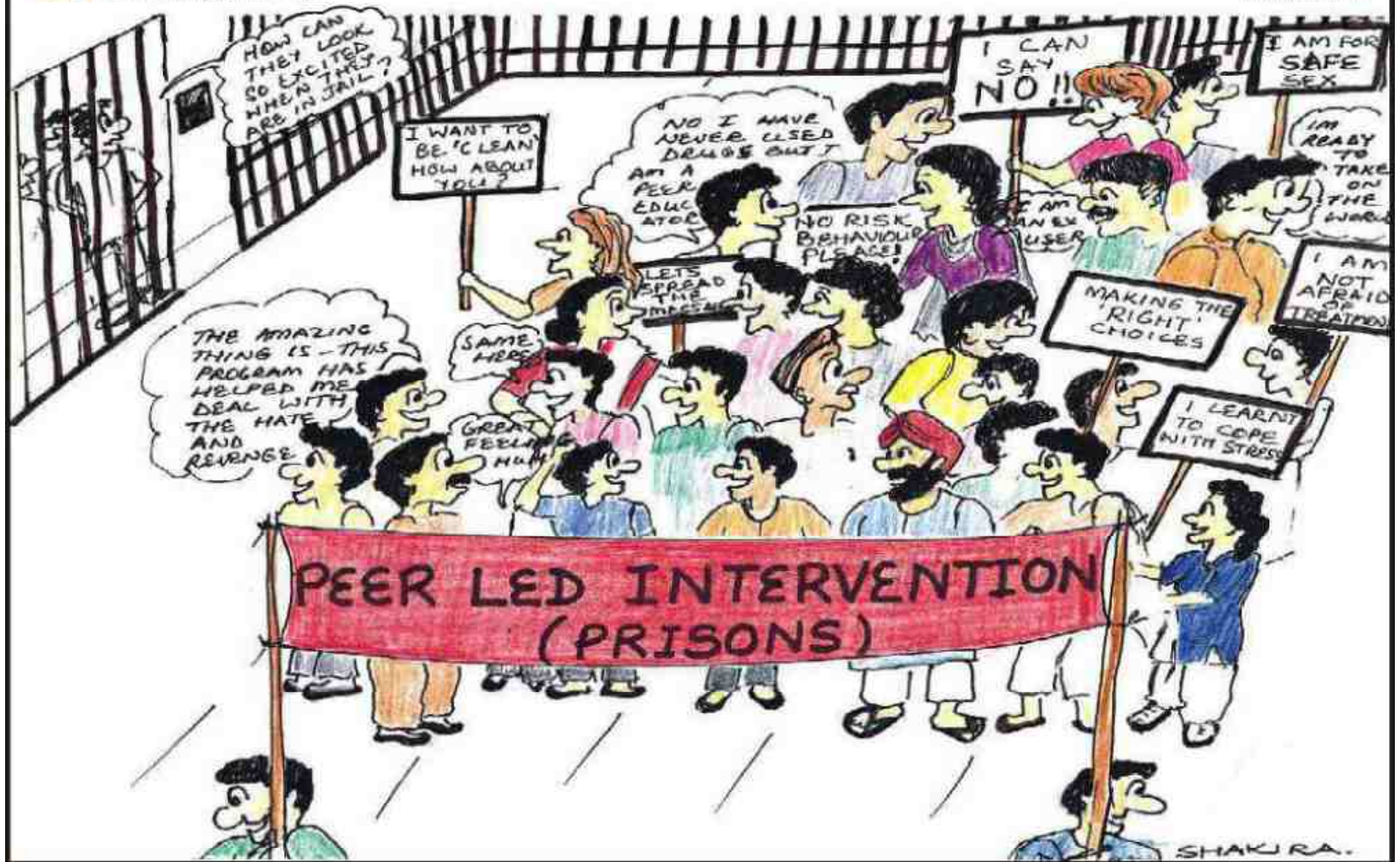




PEER LED INTERVENTION (PLI)

- ★ PLI is for prisoners who have either graduated from TC or belong to the general category (i.e., even those who are not part of the TC or PLI). The PLI is for 3 months.
- ★ Emphasizes using peer-to-peer contacts to disseminate knowledge and skills.
- ★ Is an ongoing process having a multiplier effect to disseminate information.
- ★ This peer-to-peer networking aims to foster group security among inmates and protect the vulnerable ones from the "bullies" in the prisons.
- ★ It is crucial for all inmates to possess basic knowledge and awareness about the risks of drugs and HIV.

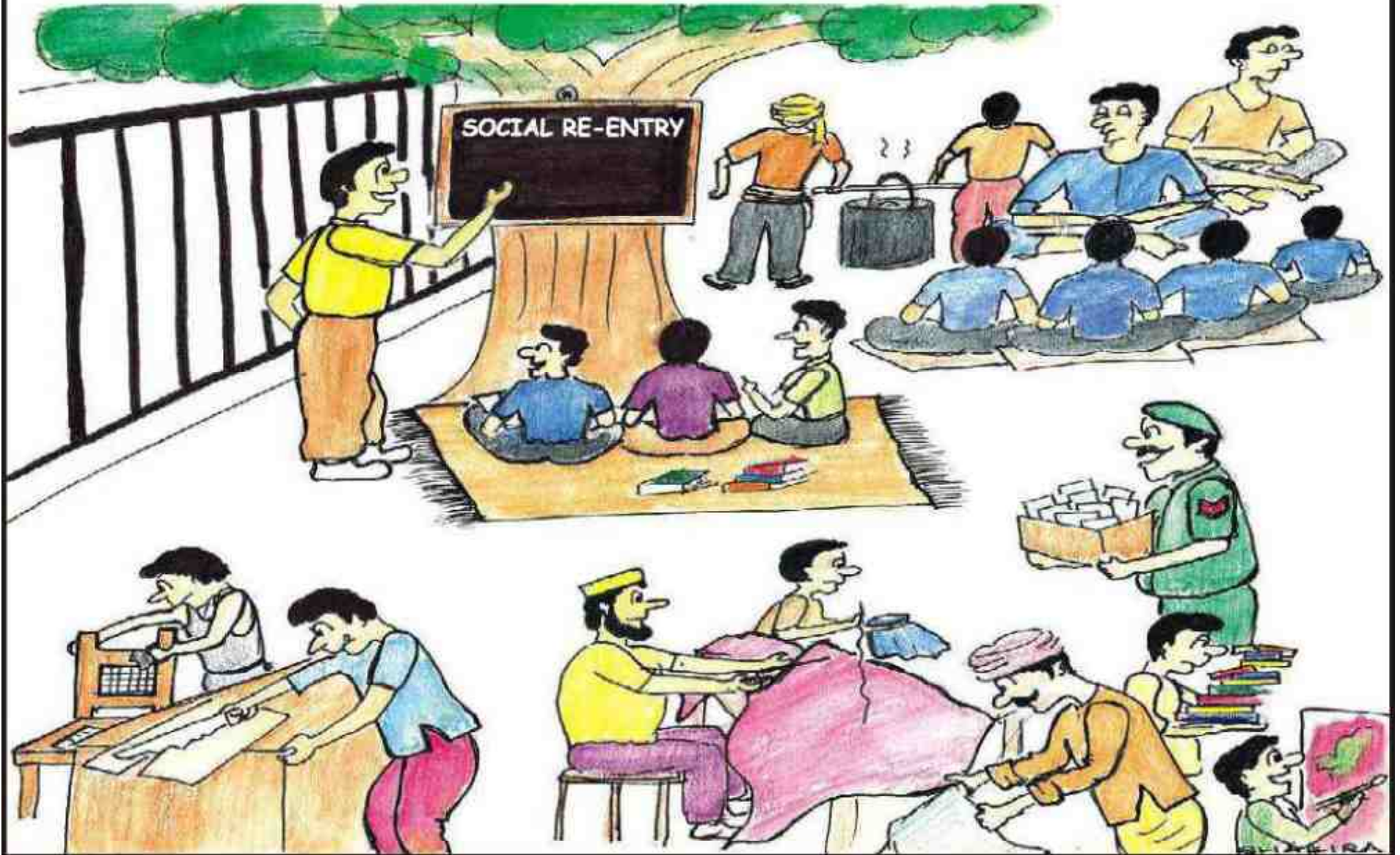
The PLI phase for 3 months will address HIV/AIDS information and skill building, drug prevention and empowerment. Out of 3 months, the components will focus on 50% HIV/AIDS prevention and life skills; 25% drug prevention and 25% empowerment.





SOCIAL RE-ENTRY

- ★ The residents are inmates who are likely to be released in the near future (including those graduating from TC and PLI) along with inmates from the general category (i.e., even those who are not part of the TC or PLI).
- ★ The social re-entry phase will be ideally for a minimum duration of 3 months. Out of 3 months, the components would be delivered in the following manner: 50% of the total focus would be on empowerment (education, vocational and recreational training etc.), 25% on life skills and prevention of HIV/AIDS and 25% on drug awareness and prevention.
- ★ The aim of social re-entry is to form a replication of an ideal society as it exists outside the prison. The 3 important elements of this model are:
 - Bringing the community into the prison
 - Formation of a self contained community in the prison
 - Participative management
- ★ Prepares the peers for re-integration into society.
- ★ Increasing linkages with family and community (NGOs).
- ★ Family counselling is a crucial component of this phase.





POST RELEASE SOCIAL NETWORKING

- ★ Aims at equipping the individual with the
 - requisite knowledge, skills, attitude and behaviour to 'face the world' upon release from prison.
 - provide resources to help them secure employment, access substance-abuse treatment.
 - Access HIV services and re-establish family and community ties.
 - Encouraging individuals to manage time effectively and productively (building social relationships, recreational activities).
- ★ The combination of these pre-release preparations coupled with follow-up on the outside (via NGOs, faith institutions, family, or friends) might reduce the risk of recidivism or drug relapse and improve the odds of successful reintegration after release.
- ★ Linking intervention phases to the existing basket of services in the community (Link the nearest governmental and non-governmental agencies in the field of drug demand reduction and HIV/AIDS prevention to provide a basket of services available to substance users).
 - Assistance in accessing services through a referral directory (which is updated regularly) for each site needs to be provided by NGOs.
- ★ Community Meeting: All ex-prisoners would have a choice to attend a community meeting under the broader umbrella provided by Government/ NGO to support each other and access existing services.
- ★ Support Groups: Very similar to Narcotics Anonymous/Alcoholics Anonymous type self help groups. The support groups would encourage sharing and supporting each other.





MANAGEMENT STRUCTURE OF PEER NETWORKING IN THE PRISON

Peer - a prison inmate

Peer volunteer - an inmate who is responsible for training/ delivering messages to his/her peers. He is also a 'protector' and 'guardian' of fellow peers. May be addressed as elder brother/ sister by other peers.

Senior peer volunteer- An inmate who is chosen by and from among the group of peer volunteers to be the leader. May be addressed as Father or Mother by others in the group. Each enclosure/ barrack / ward may have 1 senior peer volunteer and a number of peer volunteers under him/ her.

Peer patron - the peer patron is a field level prison official (Head Warder/Senior Warder) who forms an important link between the jail authorities, community and prison inmates. He is like a 'father figure' for the peer groups. He also takes regular feedback from the peer volunteers and a 'damage controller'.

Coordinator peer patron - A middle level prison functionary (i.e., Assistant Superintendent/ Jailor) responsible for

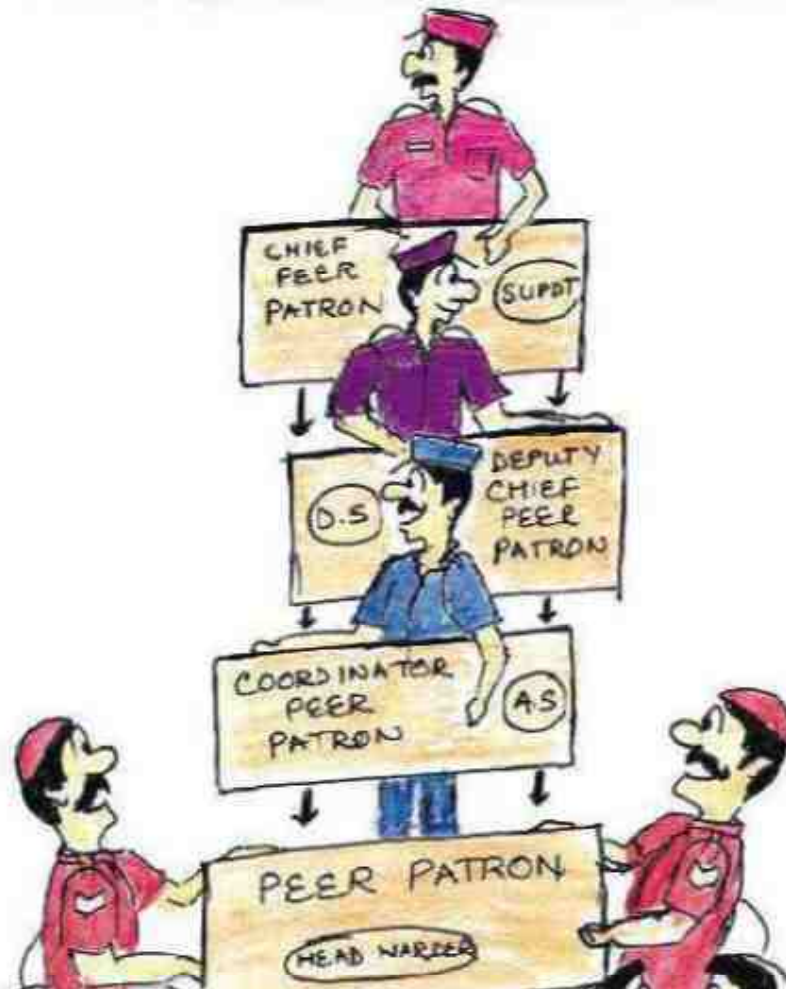
Chief Peer patron - The superintendent/ Governor of the prison who is in-charge of overall superintendence and control of the prison. He/She is facilitator and a nodal point for networking and advocacy with community, Government and policy-making levels.

The **NGOs** and **social welfare officials** including medical, vocational trainers and rehabilitation officers associated with the prisons will be facilitators for training peer volunteers.

This is essentially a "supervised" or guided peer driven intervention. The reason behind this is that the inmates are a 'floating' population moving in and out of the prison. Most of the prisons in South Asia have a majority of under trials/ remand prisoners with short and unspecified lengths of stay in prisons. In a condition like this the role of the field level supervisory prison official is that of a key facilitator and guardian. He/ she is responsible for supervising the group



MULTIPLIER EFFECT OF PEER EDUCATION IN PRISONS





DYNAMICS OF PEER NETWORKING IN PRISONS

In a particular prison setting, some enclosures will be part of the TC/ peer led and social re-entry phases of the interventions whereas the other enclosures may not be covered under the intervention.

The **PEER TRAINING** will rollout in the following manner: the peer patrons train the senior peer volunteers /peer volunteers with the help of rehabilitation professionals and NGOs (wherever applicable) in risk reduction information, safer practices and life skills through participatory training methodologies. These volunteers, in turn, train their peers. The peer training will be organised on a daily basis. Each peer volunteer is expected to train at least 5 peers.

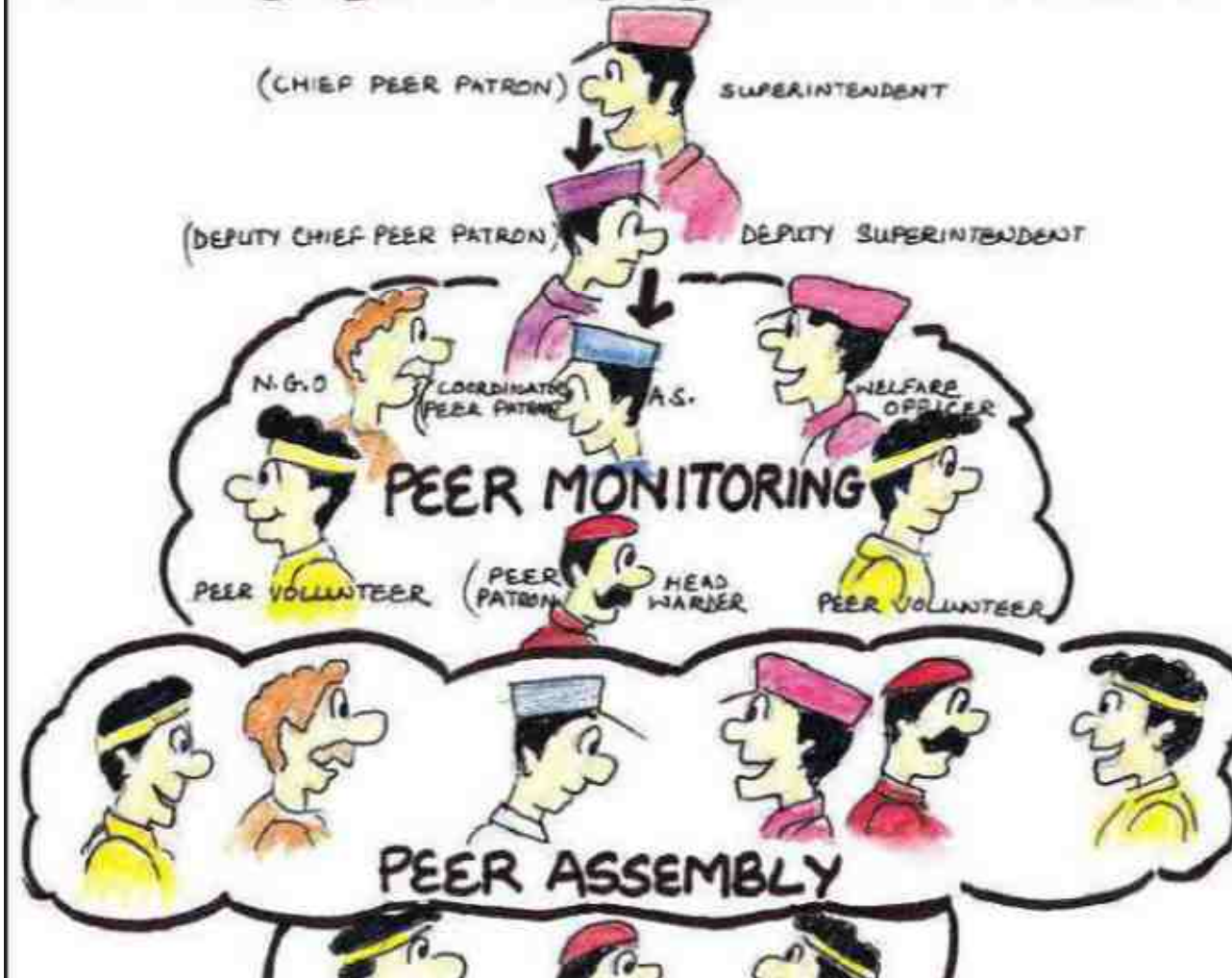
The **PEER ASSEMBLY** is a 'clearing house' of suggestions and grievances for inmates in the peer groups. It will be an advisory body for taking important decisions about peer

PEER MONITORING: The Chief Peer Patron and Deputy Chief Peer Patron will monitor the intervention every month. Coordinator peer patron, welfare officers, NGO, peer patron and senior peer volunteers and peer volunteers will attend the peer monitoring. Remedial action, if any will be taken on the basis of feedback and suggestions. The line of communication will be maintained with the set chain of command to facilitate speedy intervention in emergency situations (including medical and law and order problems). Deliberations in the peer assembly and the feedback received in peer trainings will be taken into consideration and a GAP analysis would be conducted leading to necessary modifications, if any.

The proceedings of the peer training, peer assembly and peer monitoring would be documented and recorded. Every event and



MULTIPLE EFFECT OF PEER EDUCATION IN PRISONS





**DOES WHAT YOU SEE BELOW,
HAPPEN IN PRISONS ???**





DRUGS

Any chemical that alters the physical or mental functioning of an individual is a drug.

A drug may or may not have medical uses and its use may or may not be legal. The use of a drug to cure an illness, prevent a disease or improve health is termed 'drug use'.

When a drug is taken for reasons other than medical, in an amount, strength, frequency or manner that causes damage to the physical or mental functioning of an individual, it becomes 'drug abuse'.

Drug abuse can lead to drug addiction with the development of tolerance and dependence. Tolerance refers to a condition where the user needs more and more of the drug to experience the same effect. Slowly drug dependence develops.

Alcohol

A depressant, it slows the activity of the central nervous system and brain.

Heroin (smack; brown sugar)

A powerful central nervous system depressant; very addictive.

Pharmaceutical preparations (like cough syrups)

Often available illegally, i.e., without a doctor's prescription from chemist shops.

Cannabis (marijuana; bhang; charas; ganja)

A mild hallucinogen and depressant.

Cocaine (crack; coke)

A powerful stimulant.

SIGNS AND SYMPTOMS OF SUBSTANCE ABUSE

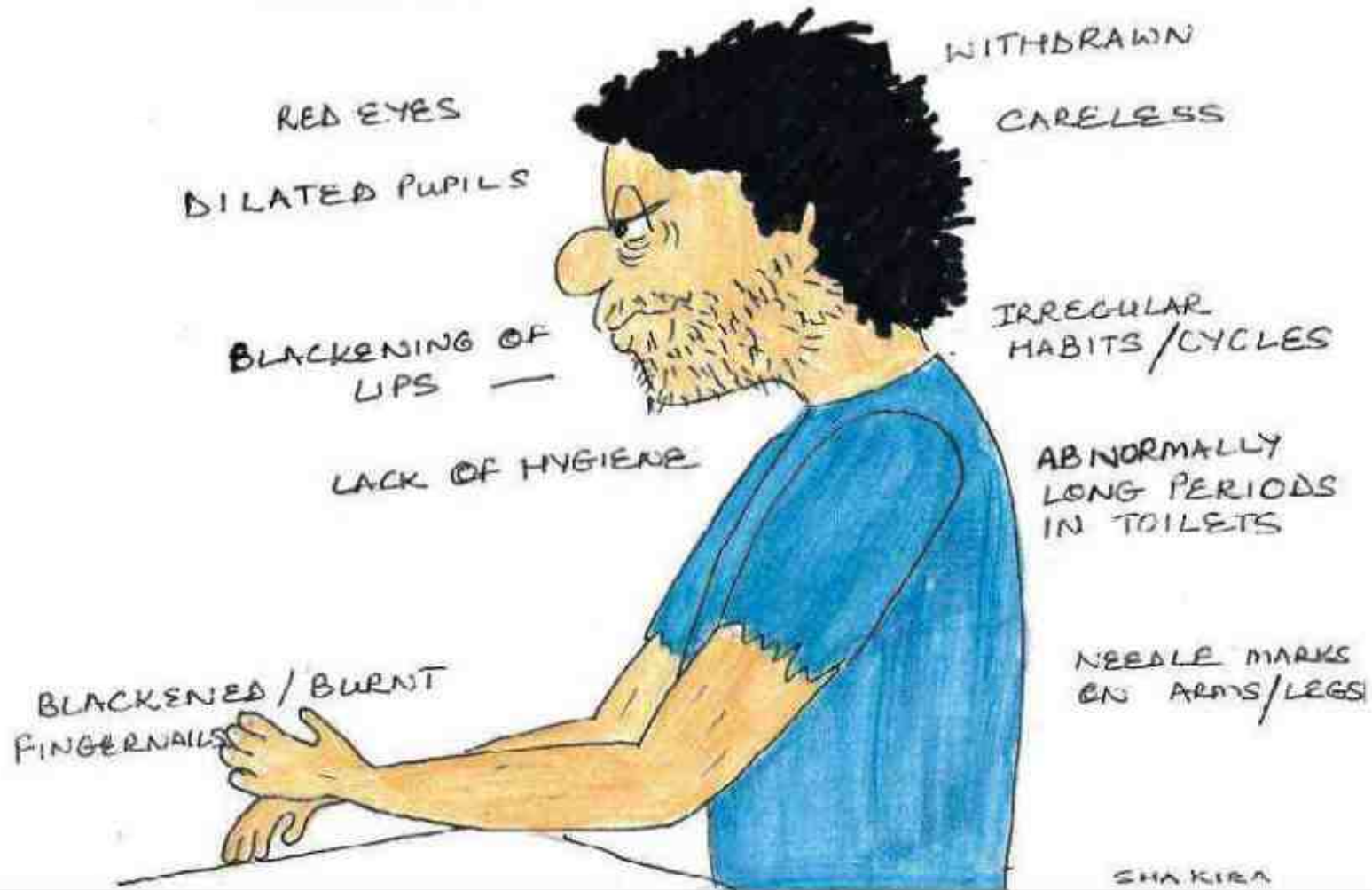
A person abusing drugs may show the following signs

- ★ Long, unexplained absences.
- ★ Long periods spent in self imposed isolation.
- ★ Lying and stealing.
- ★ Involvement on the wrong side of the law.
- ★ Deteriorating family relationships.
- ★ Obvious intoxication, delirious, incoherent or unconscious.
- ★ Changes in behavior and attitude.
- ★ Redness of eyes.
- ★ Dilated pupils.
- ★ Lack of hygiene.
- ★ Abnormally long periods in toilets.
- ★ Needle mark on arms and legs (in case of injecting drug use).

Always remember that any one of the above signs may not be enough to indicate substance abuse but should be enough to suggest that there may be a problem. There are several other signs and symptoms that relate more specifically to the mental and physiological effects of substance abuse.



SIGNS AND SYMPTOMS OF SUBSTANCE ABUSE





Recognizing withdrawal symptoms

After the user becomes dependent, if the intake of drugs is abruptly stopped, withdrawal symptoms occur. The withdrawal symptoms depend on the drug of abuse.

Withdrawal symptoms range from mild discomfort to convulsions. Some withdrawal symptoms are:

- ★ Yawning
- ★ Restlessness
- ★ Irritability
- ★ Stomach cramps
- ★ Excessive sweating
- ★ Loss of appetite
- ★ Stomach upset
- ★ Chills
- ★ Anxiety
- ★ Insomnia
- ★ Vomiting

What is a Relapse?

Relapse needs to be viewed as a process- as a series of maladaptive responses that eventually lead to a renewal of the act of taking drugs or alcohol. Changes in thought patterns, shifts in attitudes, feelings and behaviour patterns can be noticed before the client actually resumes the taking of alcohol/drugs. Relapses can be managed through effective intervention.



RECOGNIZING WITHDRAWALS

FREQUENT YAWNING

WATERING OF EYES

VOMITING

BODY PAIN

STOMACH PAIN

DIARRHEA

MUSCLE CRAMPS

INSOMNIA

COLD SWEAT

LOSS OF APPETITE



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Common Myths and Facts associated with drug use

MYTH "I can quit whenever I want."

FACT

- ★ It is very easy to give in to the urge to try these things. But it is not so easy to stop once you start.
- ★ Anyone who feels obliged to say "I can quit when I want to!" usually has a problem, and this assertion is evidence of that.

MYTH Drug addiction is voluntary behavior.

FACT

- ★ A person starts out as an occasional drug user and that is a voluntary decision.
- ★ However, as time passes, that person may go from being a voluntary drug user to being a compulsive drug user.
- ★ Over time, continued use of addictive drugs changes the way your brain operates..

MYTH Drug addiction is a character flaw.

FACT

- ★ Drug addiction is a brain disease.
- ★ Each type of drug causes changes in the brain in its own way.
- ★ These changes have a huge influence on all aspects of a person's behaviour.

MYTH Treatment for drug addiction should be a one-shot deal.

FACT

- ★ Like many other illnesses, drug abuse is a chronic, relapsing disorder.
- ★ Most of those who abuse drugs require longer-term treatment and in many instances, repeated treatment.

Remember, drug addiction is a disease and there is treatment for it. The first step in making a change is to realize that there is a problem. Do not hesitate to admit it, try to make a change...



YES YOU ARE AN OLD
BUDDY, AND HENCE KNOW
MY PROBLEM. BUT
HOW CAN I ADMIT
IT TO ANYONE
ELSE?

OF COURSE YOU
CAN—THAT IS
THE FIRST
STEP TOWARDS
HELPING
YOURSELF

ADMITTING MY
PROBLEM HAS
HELPED CHANGE
ME FOR THE
BETTER.

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RISK RINGS



RISK RINGS



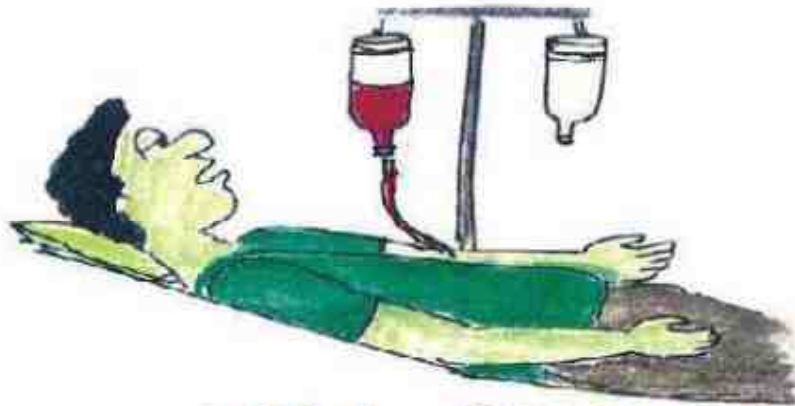


Basics of HIV/AIDS

- ★ Everyone is vulnerable to HIV infection especially young people.
- ★ The main routes of transmission of HIV are:
 - Unprotected sexual intercourse (vaginal, anal or oral) with a person infected with HIV.
 - Transfusion of infected blood (using contaminated blood products).
 - Infected pregnant mother to her child.
 - Sharing of needles and syringes with a person infected with HIV.
- ★ Abstinence and protected sexual intercourse are the best form of protection from sexually transmitted infections.
- ★ Anybody can get HIV but everybody can prevent it
 - HIV does not differentiate according to economic or social status .It is the behaviour that puts you at risk of infection.
 - not your age, occupation or social grouping.
- ★ Looks and appearance do not indicate the presence of HIV infection.
- ★ Do not be afraid to ask questions, to parents, teachers or someone you trust.
- ★ Avoid sharing tooth brushes, shaving blades, tattooing equipments and other sharp instruments.



TRANSFUSION OF INFECTED BLOOD



SHARING NEEDLES



HIV SPREADS LIKE THIS!



THROUGH
UNPROTECTED
SEX

FROM INFECTED
MOTHER TO
CHILD



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You CANNOT get HIV from:

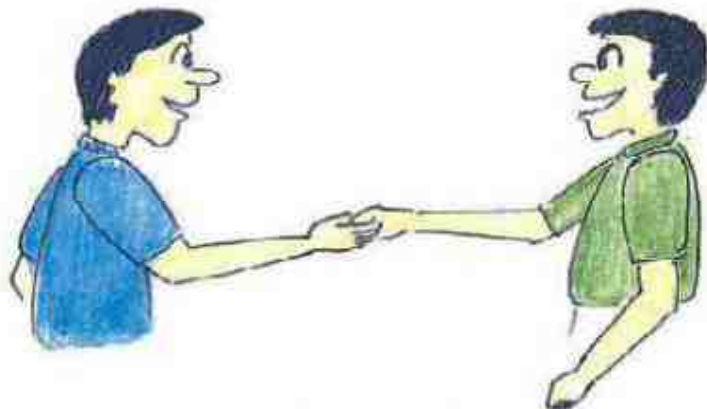
- ★ Hugging and kissing (saliva).
- ★ Shaking hands or touching.
- ★ Sharing food, clothes or eating together.
- ★ Sharing toilets.
- ★ Living together.
- ★ Mosquito bites.

How can one protect oneself from HIV/AIDS?

- ★ Abstain from sexual intercourse.
- ★ Use condoms during sex- practice safe behaviour.
- ★ If you use needles make sure they are clean, and do NOT share needles.
- ★ Consult a doctor before planning a baby in case of an HIV+ woman.
- ★ Make sure that blood / blood product is tested before transfusion.



SHAKING HANDS OR TOUCHING



HUGGING AND KISSING



HIV DOES NOT SPREAD LIKE THIS!



SHARING FOOD OR EATING TOGETHER



SHARING TOILETS



How do you know if you have HIV?

- ★ You can't tell if a person has HIV by how they look or feel.
- ★ A blood test is the only way to find out if you have HIV.

What are the symptoms of HIV/AIDS?

- ★ There isn't one symptom of HIV/AIDS.
- ★ Symptoms depend on which opportunistic infection is in the body.
- ★ Common symptoms can include: weight loss, extreme fatigue, diarrhea, swollen glands, night sweats and headaches.

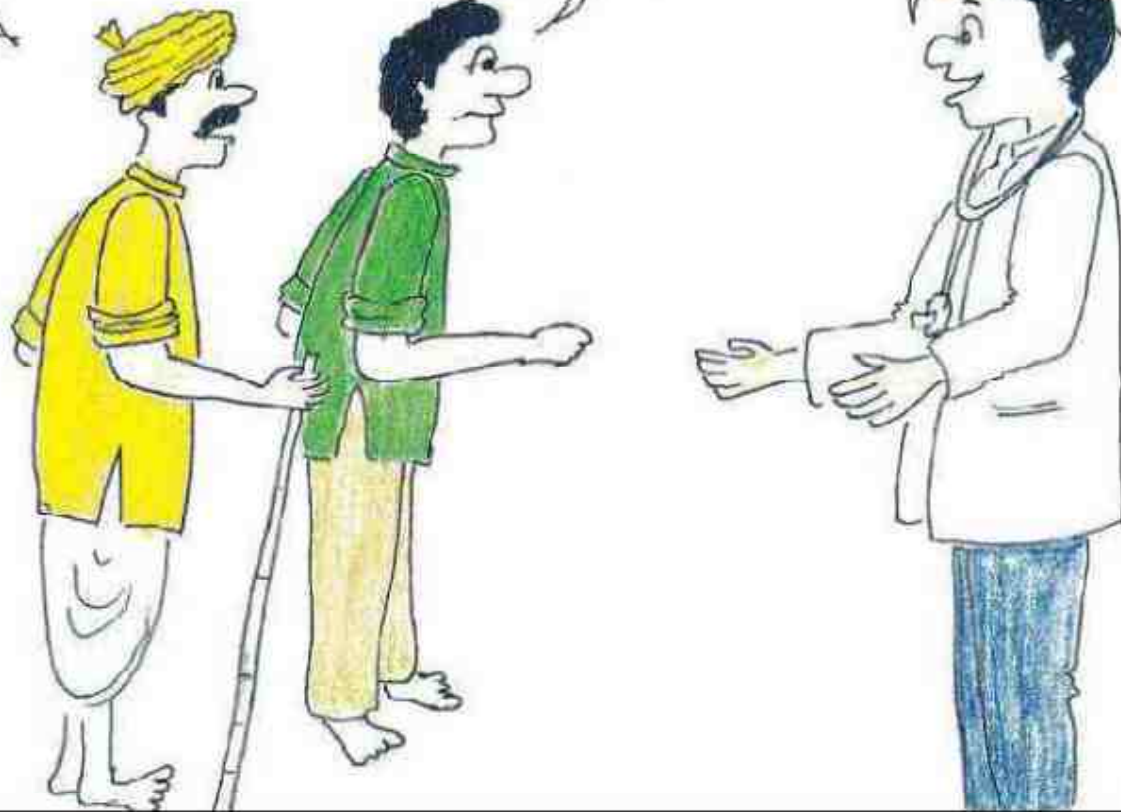
Traditional healers/medicines cannot cure HIV or AIDS



IN MY VILLAGE THEY SAY
HAVING SEX WITH A VIRGIN
CURES ONE OF ANY
SEXUAL PROBLEM OR
INFECTION

OH! MAYBE
I SHOULD
GET MARRIED!

HOLD IT THERE!
THAT IS A MYTH -
NOT A CURE FOR
ANY SEXUAL PROBLEM
INFACHT IF YOU
DONT TAKE
PRECAUTIONS - YOU
CAN INFECT
YOUR
PARTNER!



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What is AIDS?

Acquired Immune Deficiency Syndrome.

What causes AIDS?

- ★ A virus known as Human Immunodeficiency Virus (HIV) causes AIDS.
- ★ HIV attacks the body's immune system and weakens it over time. It causes AIDS by destroying the body's ability to fight various diseases.
- ★ A person with HIV gradually loses the protection of his or her immune system and begins to experience health problems.
- ★ People can live with HIV-infection for many years without developing AIDS.



HOW CAN I BE
HIV POSITIVE, DOC.
I HAVE ALWAYS
USED CLEAN
NEEDLES!

UNPROTECTED
SEX?! WELL
JUST TWICE
WHEN I WAS
DRUNK!

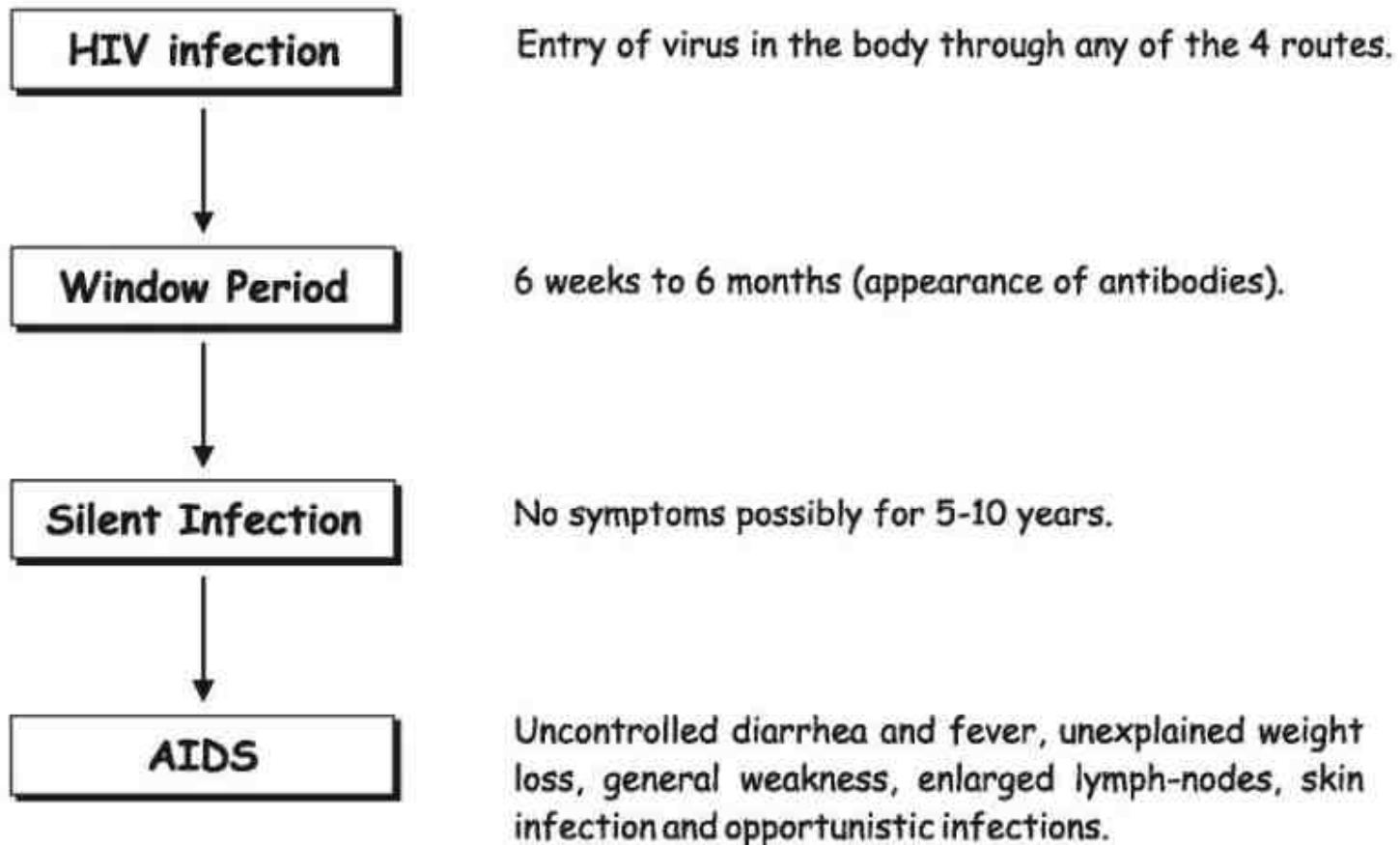


HAVE YOU
INDULGED IN
UNSAFE BEHAVIOUR
LIKE HAVING
UNPROTECTED
SEX?

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Progress of HIV in the body





WHAT?
SEX WITHOUT
A CONDOM??
NO WAY!!

BUT YOU
SAID YOU
LOVED ME -
DIDNT YOU?

OF COURSE I
LOVE YOU -AND
MYSELF TOO!
THATS WHY
WE NEED TO BE
SAFE!!





Living with HIV

Even after HIV, there is hope... there is treatment available.

The recommended treatment for HIV is anti-retroviral (ARV) therapy. This is a combination of several drugs, which usually must be taken at different times with specific directions as to accompaniment with meals or fluids and other such requirements.

A person can live a healthy life for 10-15 years after being diagnosed with HIV.

However there is a lot of fear, prejudice and misunderstanding in society about HIV/AIDS and the people who have this illness.

Do not discriminate against anyone because of HIV or AIDS.



COMMUNITY BASED CARE AND SUPPORT PROGRAMME
FOR PEOPLE LIVING WITH HIV



THERE IS
TREATMENT
AVAILABLE

I TESTED POSITIVE
5 YRS AGO - BUT I
AM LEADING A NORMAL
ROUTINE LIFE

SO DOCTOR
DOES THAT
MEAN I AM
GOING TO DIE
SOON?



PRACTICE
SAFE BEHAVIOUR
FOR SELF
AND OTHERS!

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Reducing Risks of HIV

There are a number of programmes which have proven effective in reducing the risks of contracting HIV. These include education and information, drug treatment; provision of sterile injecting equipment, and condom distribution.

Drug treatment

The best way of reducing transmission of HIV through the sharing of injecting equipment is to reduce the number of injecting drug users. This can be achieved by providing treatment programmes in prison. There are two main forms of drug dependence treatment-

- i) Abstinence based in which prisoners abstain totally from taking drugs, and
- ii) Substitution therapy. This is useful when some drug dependent prisoners are not ready or willing to stop using drugs. If they are dependent on opiates, opioid substitution maintenance therapy has been offered to them in some prisons around the world. This refers to the supervised treatment of individuals with opium dependency, based on the prescription of a substitute drug such as methadone or buprenorphine. Substitute

drugs are administered orally, and if the dose is sufficient, drug users do not feel the urge to inject. The objective of this treatment is to ultimately wean the user off the drug by reducing the dosage over time.

Provision of sterile injecting equipment

Prison-based needle and syringe exchange programmes have been implemented in some prisons around the world. These programmes encourage removal of used and potentially contaminated injecting equipment from circulation, thereby removing the possibility of further use. This coupled with provision of bleach and disinfectant to facilitate cleaning needle and syringes have proven effective in reducing high risk behaviour.

There are different methods of distribution including:

- ★ Hand-to-hand distribution by prison nurse and/or physician
- ★ Hand-to-hand distribution by prisoners
- ★ Hand-to-hand distribution by external non-governmental organizations or health professionals
- ★ Automated dispensing machines



IMAGINE! WE FOUND 10 USED NEEDLES AND SYRINGES AGAIN! NO MATTER HOW ALERT WE ARE, DRUGS STILL FIND THEIR WAY INTO PRISONS

ITS REALLY RISKY HOW THEY SHARE USED AND UNCLEAN NEEDLES!

IF THEY USED BLEACH TO CLEAN THEM WOULDNT THAT HELP?

MAYBE IT IS TIME WE STARTED THINKING ABOUT SOME DRUG SUBSTITUTION IN THIS PART OF THE WORLD

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Condom distribution

Condom use is internationally accepted as the most effective method for reducing the risk of the sexual transmission of HIV. As a result, many prisons across the world provide condoms to prisoners. The methods of distribution can be via

- ★ Health services
- ★ Psychologists
- ★ Civil society organisations
- ★ The canteen
- ★ Visiting areas (or conjugal rooms, if these exist)
- ★ Dispensing Machines

Information on condom usage may prove beneficial to prisoners even after release in order to protect themselves and others from infections and risks.

Confidentiality

AIDS-related stigma and discrimination is common in most countries, both inside and outside of prison. People living with HIV/AIDS routinely face social isolation, discrimination, and even violence, as a result of their HIV status. This stigma

results not only in stress and fear for people living with HIV/AIDS, but can discourage people from seeking testing and/or accessing treatment. For this reason, confidentiality about HIV status is of primary importance to many people living with HIV/AIDS.

In the prison environment, absolute confidentiality may be impossible to achieve, and medical information is often shared among both prisoners and prison staff. Communal living arrangements, constant surveillance by staff, and a general lack of information about HIV/AIDS among prisoners and staff alike all contribute to the challenge of protecting prisoners' confidentiality. Yet despite the challenges, policies and practices that maximize confidentiality must be developed as part of a comprehensive HIV/AIDS strategy in prisons.

Voluntary confidential counseling and testing for HIV

Voluntary HIV testing and counselling should be offered and easily available on a confidential basis to all prisoners throughout their sentences, free of charge, and with qualified pre- and post-test counselling. Counselling is necessary and important also in case of negative test results.





Sexually Transmitted Infections (STIs)

- ★ A sexually transmitted infection (STI) is an infectious disease, which is passed through intimate sexual contact.
- ★ Early treatment of STIs is important.
- ★ A lot of people with STI's do not have symptoms.
- ★ Some STI's can have long-term complications such as infertility and cancer.
- ★ Protected sexual intercourse and abstinence are the best form of protection from STIs.
- ★ If one person gets a STI, the other sexual partner must get examined.
- ★ Qualified doctors are the only ones who can give a guarantee of care.

Common Symptoms

- ★ Genital discharge.
- ★ Genital ulcer / sore / blister.
- ★ Pain or burning on passing urine.
- ★ Rash or irritation around genitals.
- ★ Passing urine more often than usual.
- ★ Pain during sexual intercourse.
- ★ Lower abdominal pain.
- ★ Irregular periods/staining.



NO??

YES??

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Life skills

Problem solving/Decision-making (including goal-setting)

- ★ Before making a decision identify the risk in the situation, think about the options/choices, the consequences that happen because of each choice.
- ★ Make a decision and assertively say "no".
- ★ Through this have control over the future life path.
- ★ Values are beliefs, principles or standards that a person feels are important. Your values are what "you think" is right and what you think is wrong.
- ★ Each person needs to be able to sort out and make clear what his or her personal values, beliefs and feelings are.



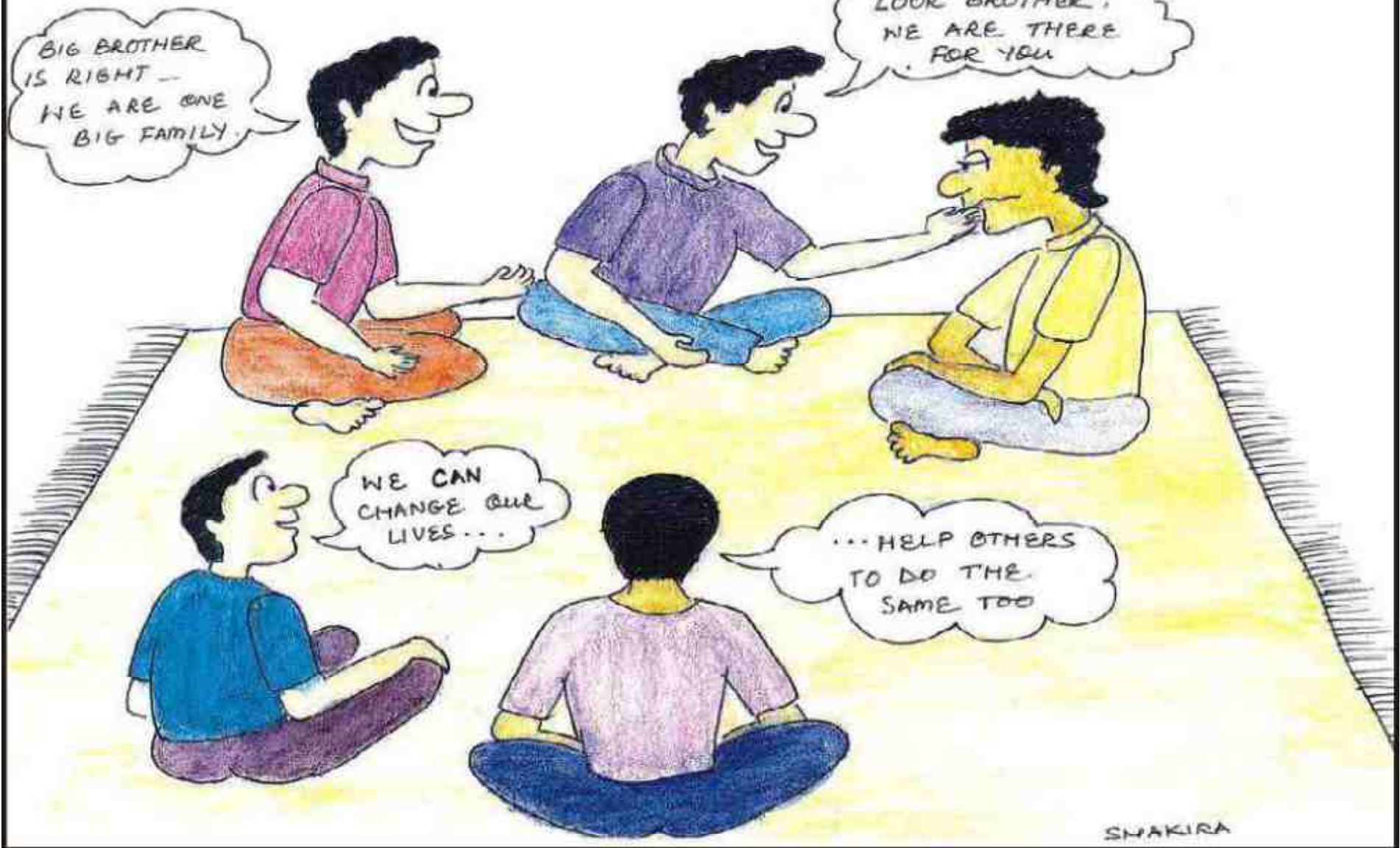
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Social skills

- ★ Appreciate others, build positive relationships with friends and family.
- ★ Listen to others and communicate effectively.
- ★ Build social skills to enable us to be accepted in society and to accept social norms.
- ★ Learn to be assertive and negotiate effectively.
- ★ Learn to say 'no' to drug use or other harmful behaviour.
- ★ Enhance our self-esteem and self-confidence.
- ★ Improve interpersonal relationships.
- ★ Make informed choices.
- ★ Develop thinking and decision making skills.

In life, we are faced with many choices, some good,
some harmful...make healthy choices



BIG BROTHER IS RIGHT - WE ARE ONE BIG FAMILY.

LOOK BROTHER, WE ARE THERE FOR YOU

WE CAN CHANGE OUR LIVES...

...HELP OTHERS TO DO THE SAME TOO

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- ★ Focusing on "positive self esteem", is essential, it affects how we view others, and ourselves and the way we approach almost every aspect of our life.
- ★ It is essential for all people to have a sense of appreciation and respect for self.
- ★ When you respect yourself, others will respect you.





COMMUNICATION AND RELATIONSHIPS

- ★ We communicate to give information, express our feelings, solve problems/arguments/conflicts, to show that we care.
- ★ Ensure that communication is open.
- ★ Use appropriate body language and eye contact.
- ★ Listen empathetically to what is being said to you and then respond.

ASSERTIVENESS

- ★ Look at the person.
- ★ Use a neutral, calm voice.
- ★ Remain relaxed and breathe properly.
- ★ Listen to the other person.
- ★ Clearly state your opinion or disagreements. Avoid emotional terms - Say "No I do not want...".
- ★ Remain calm but serious.
- ★ Thank the person for listening.





**Let's not discriminate against a person
because he or she is or was in prison.**



ALAS! THEY ARE THE
'PRISONERS' - OF THEIR
OWN MINDS!
THE STIGMA
DOESNT
BOTHER ME!

BE CAREFUL
OF HIM - HE
IS AN EX
DRUG USER
AND AN
EX CON TOO!

A REAL LIFE
CRIMINAL
HUH?

SURE HE HAS
A 'PAST'
BUT THAT DOES
NOT MEAN
THAT HE
HAS NO
'FUTURE'!

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Self Awareness

SELF RESPECT

- ★ By being able to like ourselves we feel good around other people and we are more sure of ourselves and more able to accomplish things.
- ★ No matter what the disability, what the situation/personal issues each person is precious, has specific personal attributes, is valued and has equal rights, dignity and is worthy of respect as any other person.
- ★ Life is the first gift we receive. It is the most basic and fundamental gift.





**We have to use our life to the
best of our ability, developing
it to its full potential and
protecting it from every danger.**



POST RELEASE SUPPORT GROUP





COPING WITH EMOTIONS

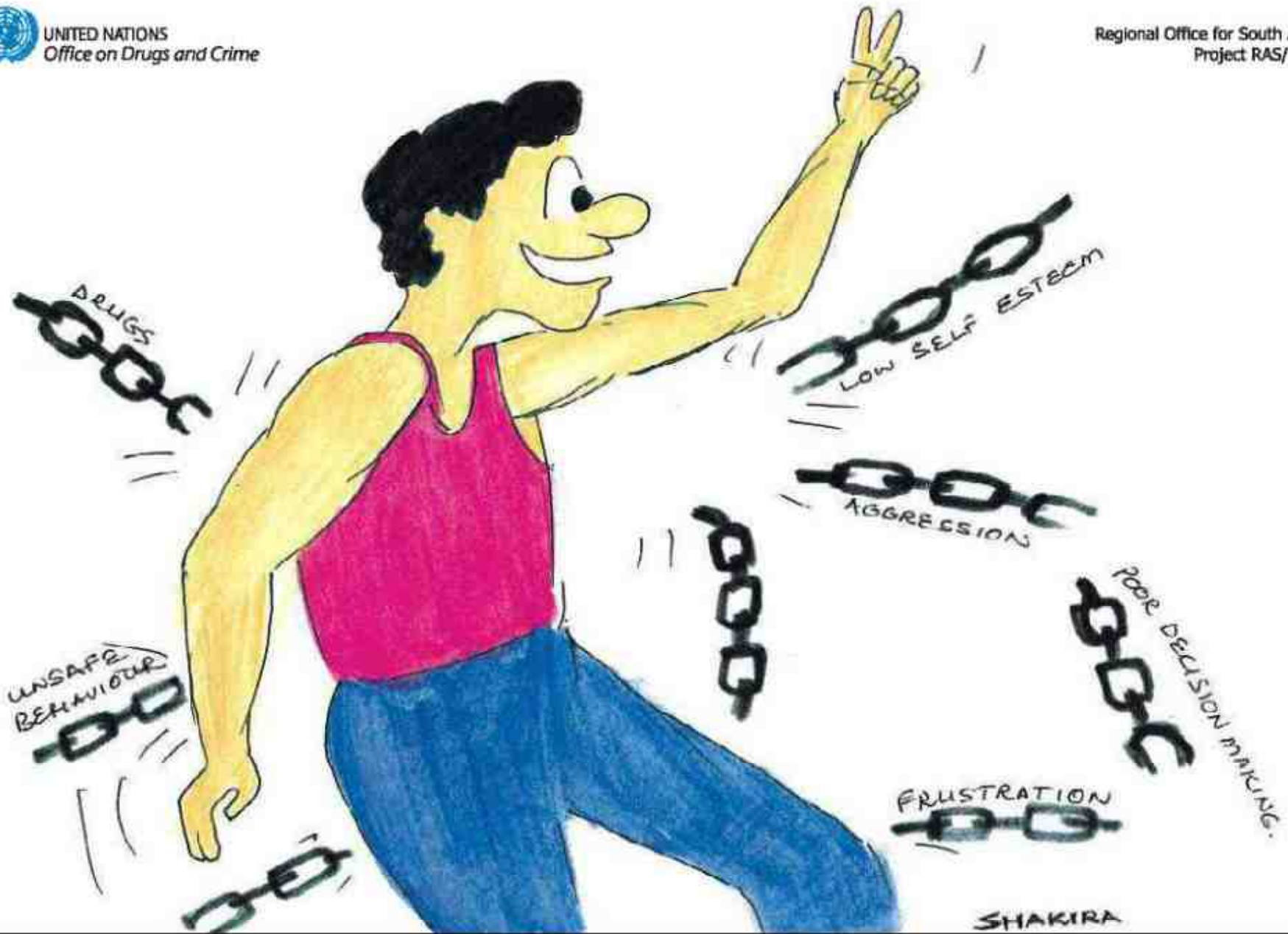
- ★ Understanding our emotions is the first step in having more control over them.
- ★ Cultural norms, family upbringing, gender, social expectations are some of the factors that affect the expression of our feelings.
- ★ Feelings if bottled up-tend to have negative consequences, learn positive and safe ways to understand and express feelings.

People who have experienced grief and sorrow need to be supported by a safe and supportive environment. It is important to link "life skill programme" with other programs such as counseling, health and recreation services.



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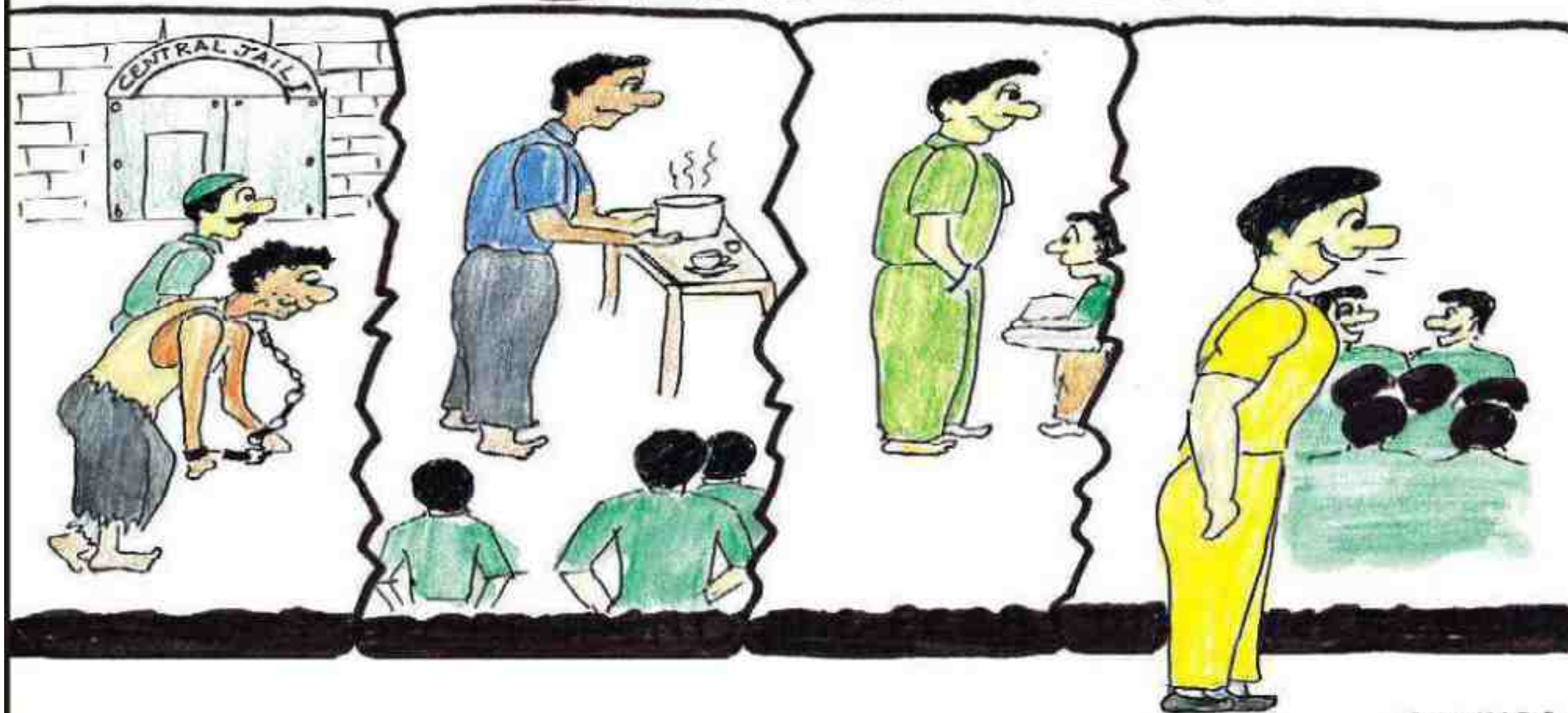
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EVOLUTION



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“Prevention of spread of HIV amongst vulnerable groups in South Asia”
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“Prevention of HIV Amongst Incarcerated Substance Users”

PEER-GUIDE