

## **Risk reduction intervention:**

Intervention in reducing risk taking behaviour is a set of seven half day, weekly, training and interactive knowledge and skill building sessions, using behaviour change communication, participatory training and learning action tools. An eighth session is ‘reassessment’, three months after the seventh session.

Training of recruited current users/peer volunteers shall provide:

### *Knowledge:*

Problems faced by drug users – with a focus on health hazards:

- Concept of infection, disease and disease causing micro-organisms, modes of transmission;
- Basic information about HIV/AIDS and modes of transmission;
- Risk-behaviour in relation to drug abuse and HIV/AIDS and other health hazards in the context of the current user’s reality;
- Assessment of risk-behaviour.

Introduction to risk behaviour:

- Risk related to injecting drug use;
- In sharing drug paraphernalia: direct sharing and indirect sharing;
- Risk related to unsafe sex;
- Multiple sex partners;
- Myths related to ability of identifying HIV safe sex partner;
- Risks associated with drug overdose.

Strategies to minimize risk behaviour related to drug use and HIV/AIDS in the context of the current user’s reality:

- Use of bleach to clean injecting equipment for Injecting drug users;
- Reducing the risk of sexual transmission of HIV;
- Correct use of a condom;
- Introduction to drug substitution.

Obstacles to altering risk behaviour.

Services available in the community for status of current user in relation to HIV/Hepatitis B/ C, Tuberculosis, STI.

Accessing services.

Self-help/support groups:

- For maintaining reduction in risk-taking behaviour;
- For maintaining abstinence (sobriety).

Introduction to changing behaviour and practices.

Role-modelling.

Relapse, recognising relapse and relapse prevention.

Legal status of current drug use and relationship with law enforcement

*Skills:*

- Life skills:
  - o Communication skills:
    - § Conversation skills,
    - § Assertiveness,
    - § Information and advice giving.
  - o Leadership skills,
  - o Decision making skills:
    - § Negotiation skills,
    - § Refusal skills.
  - o Problem solving.
  - o Graded goal setting.
  - o Dealing with emotions and stressful situations.
- Motivating and Training others.
- Training in how to minimize danger to self:
  - o Demonstration and rehearsal/practice sessions in condom use (and using bleach to clean syringes/needles for injecting drug users).

*Attitudes*

- Sensitivity to the problems faced by family and other users/PLWA.
- Commitment to train others in the peer group and role-model risk-reduction behaviour.

**Methodology for training:**

The intervention model relies on behaviour change communication and participatory learning and action (PLA) methods to impart the training. The guiding sequence for training of peer volunteer

starts with an assessment of where the person is in the following hierarchy, and tailoring graded goals for each individual to move down the hierarchy:

Unaware  
Aware  
Concerned  
Knowledgeable  
Motivated to change  
Practicing trial behaviour change  
Practicing sustained behaviour change

The use of debriefing through experiential learning cycle is relied upon throughout the training.

A training manual for peer volunteers accompanies this training of trainers' manual. The sessions for Peer Volunteers are tabulated below:

### **Pre-training session:**

This pre-training session is conducted by the trainer and consists of:

Baseline Assessment using the KAP assessment questionnaire,  
Explaining the service cycle for peer volunteer,  
Needs assessment,  
Role modelling as inducers of health-seeking behaviour,  
Motivation to train peer group members and act as a role model.

#### *Baseline assessment*

The questionnaire for baseline assessment of knowledge, attitudes and practices has been translated into the local language. Then a person not familiar with the original instrument, to check the correctness of the local translation, translates it back into English. Review the instruction manual for the baseline assessment questionnaire. Rehearse the administration of the baseline assessment with peer outreach workers.

### **Structure of a session**

Each session is structured in the following manner:

1. *Recap of the previous session.* (In the first week's session, this is replaced by an introduction to the training programme);
2. *Debriefing* of the previous week's experience in training others, behaviour change in self and peer group members (In the first session, this part of the session is replaced with an *introduction* of the training programme and meeting strangers);

3. *Knowledge*: new knowledge or building on previous knowledge, clarifying distortions or myths;
4. *Demonstration* of a risk-reduction method or how to manage difficult situations/emotions (skill building);
5. *Practice* (mock-session/rehearsal): of a risk-reduction method, of training others, or managing difficult situations (skill building)- where possible.
6. *Graded goal setting and commitment* (in bringing change in self, training others/ bringing change in others).

Throughout the training, the peer volunteer is encouraged into *playing the role* of a person practicing safe, risk-free behaviour (*acting as if*).

<b>Sessions</b>	
<p><b>Pre-assessment:</b>  <i>Baseline Assessment</i></p> <p>Explaining the service cycle for peer volunteer          Needs assessment;          Diagnosis of where in BCC hierarchy the peer volunteer is in;          Motivation to train peer group members and act as a role model.</p>	
<b>First Week's sessions</b>	
<p>Meeting strangers.          Objectives of the training programme.          Problems faced by the drug users – with a focus on health hazards.          Basic concepts: infection, disease and disease causing micro-organisms, modes of transmission.          Basic facts about HIV, Hepatitis B, Hepatitis C.          Role modelling – concept – acting as if.          Demonstration of acting like a role model – role play.</p> <p>Winding up:</p> <ul style="list-style-type: none"> <li>· Motivation to train peer group members and act as a role model</li> <li>· Goal Setting for service to peer group over the next week</li> <li>· Goal setting for change in self - based on behaviour change communication hierarchy</li> </ul>	

<b>Second week's Sessions</b>	
<p>Recap of previous session.</p> <p>Debriefing experience of training peer group members through the experiential learning cycle – positive reinforcement by recognition.</p> <p>Behaviour Change Communication – Stages of change:</p> <ul style="list-style-type: none"> <li>· Graded goal setting.</li> </ul> <p>Introduction to risk-behaviour: Risks taken by drug users.</p> <p>Identification of Risk-behaviour:</p> <ul style="list-style-type: none"> <li>· Denial of risk-taking behaviour in peer group members;</li> <li>· Situations where risk behaviour occurs.</li> </ul> <p>Practice of training others – Rehearsal sessions – on change hierarchy.</p> <p>Winding up:</p> <ul style="list-style-type: none"> <li>· Motivation to train peer group members and act as a role model,</li> <li>· Goal Setting for service to peer group over the next week,</li> <li>· Goal setting for change in self based on behaviour change, communication hierarchy</li> </ul>	
<b>Third week's Sessions</b>	
<p>Recap of previous session.</p> <p>Debriefing experience of training peer group members through the experiential learning cycle – positive reinforcement by recognition.</p> <p>Life skills:</p> <ul style="list-style-type: none"> <li>· Leadership skills – Identification of a leader;</li> <li>· Communication: <ul style="list-style-type: none"> <li>o Passive, assertive and aggressive communication.</li> </ul> </li> <li>· Problem solving;</li> <li>· Decision making;</li> </ul> <p>Winding up:</p> <ul style="list-style-type: none"> <li>· Motivation to train peer group members and act as a role model,</li> <li>· Goal Setting for service to peer group over the next week,</li> <li>· Goal setting for change in self based on behaviour change communication hierarchy.</li> </ul>	

**Fourth week's Sessions**

Recap of previous session.

Debriefing experience of training peer group members through the experiential learning cycle – positive reinforcement by recognition

Sexual Risk and Prevention – The use of condoms - Demonstration on correct use of a condom.

Practice of training others – rehearsal sessions – on condom use.

Negotiating safe sex.

Refusal skills for risk-related behaviour.

Winding up:

- Motivation to train peer group members and act as a role model,
- Goal Setting for service to peer group over the next week,
- Goal setting for change in self based on behaviour change communication hierarchy.

**Fifth week's Sessions**

Recap of previous session

Debriefing experience of training peer group members through the experiential learning cycle – positive reinforcement by recognition

Problems faced by a drug user with a focus on social consequences.

The following sessions need to be structured depending upon the composition of the group. Discuss the risks associated with the drug(s) used by the group.

**Opioid users:**

Risks associated with opioid use. Self assessment of risk.

Overdose of opioids – introduction to first aid and transfer to emergency health care.

*Alternate session for injecting drug users:*

Risks associated with Injection Drug Use - Risks associated with non-aseptic injecting in general, risks of direct and indirect sharing.

Risk reduction (Using bleach – demonstration and practice).

*Alternate session for opioid users:*

Self-assessment of risk.

Introduction to drug substitution.

**Alcohol users**

*Alternate session for alcohol users:*

Consequences of alcohol/cannabis use - Risks associated with alcohol use, overdose, consequences of use of spurious alcohol (e.g., methanol).

Self-assessment of risk.

Introduction to drugs as deterrents to alcohol use.

Winding up:

<ul style="list-style-type: none"> <li>· Motivation to train peer group members and act as a role model,</li> <li>· Goal Setting for service to peer group over the next week,</li> <li>· Goal setting for change in self based on behaviour change communication hierarchy.</li> </ul>	
<b>Sixth week's Sessions</b>	
<p>Recap of previous session.                  Debriefing experience of training peer group members through the experiential learning cycle – positive reinforcement by recognition.                  Obstacles to altering risk behaviour.                  Managing stress situations.                  Managing emotions: grief and anger.                  Winding up:</p> <ul style="list-style-type: none"> <li>· Motivation to train peer group members and act as a role model,</li> <li>· Goal Setting for service to peer group over the next week,</li> <li>· Goal setting for change in self based on behaviour change communication hierarchy.</li> </ul>	
<b>Seventh week's Sessions</b>	
<p>Recap of previous session.                  Debriefing experience of training peer group members through the experiential learning cycle – positive reinforcement by recognition.                  Accessing treatment for substance abuse.                  Forming Self-help/support groups for risk-reduction.                  *****                  Alternate session for those who have sought treatment with a goal of abstinence:                  Forming Self-help/support groups for sobriety after getting treatment.                  *****                  Practice of motivating others – rehearsal sessions – on accessing help and forming self-help groups.</p> <p>Winding up:</p> <ul style="list-style-type: none"> <li>· Motivation to train peer group members and act as a role model,</li> <li>· Goal Setting for service to peer group over the next week,</li> <li>· Goal setting for change in self based on behaviour change communication hierarchy.</li> </ul>	

### **Reassessment**

Reassessment using the KAP assessment questionnaire – positive reinforcement by recognition. This is to be done three months after the last training session.

Peer volunteers are trained in batches of 10-12 to focus intensely on each person. After each session, each peer volunteer trains members of his/her peer group at the end of each session. The trainees are motivated to form a self-help group and invite members of his/her peer group to self-help group meetings. This is illustrated in the following page.

A companion publication titled “Training programme for reducing risk-taking behaviour among young drug users: Manual for Peer Volunteers”, based on the sessions listed above has been published separately.