
PROFESSIONAL BOUNDARIES OF “ACCEPTABLE” OUTREACH WORK

Handout for Day Three

Peer outreach workers are not trained counsellors, and need to be guided into some fundamental rights of the substance user, elements of safety for the outreach worker, and boundaries within which a ‘professional’ relationship can be built.

Confidentiality

While drug use is a crime in most countries of South Asia, and while there would a considerable degree of interaction with the police/law enforcement agencies, and while narcotics control/police officials might be members of the Committee of Concern, information given by the drug user is confidential within the implementing agency.

Anonymity

While the knowledge, attitude and practices (KAP) questionnaire may have identification data of the drug user contacted and may be used for the purpose of re-contacting the user for a KAP reassessment, it may not be revealed to a law enforcement agency.

Informed consent

The KAP questionnaire has a specific section which ensures informed consent conducting the interview and before recording the interview. This must be read out and efforts made to ensure that the drug user has understood what he/she is consenting to. Please refer to the KAP questionnaire instruction manual for more details.

Safety while doing outreach

Working in ‘pairs’, ensuring that the outreach team does not engage further in the outreach site on sensing hostility, and taking permission from the police for carrying on intervention work are a part of the safety measures deigned in this peer-led intervention for reducing risk-behaviour. Discuss difficult situations with the implementing agency staff and your trainer. The implementing agency staff and trainer should visit the local police station at regular intervals and introduce the outreach workers to the beat constables. The terms of reference for the implementing agency has specified getting insurance for each trainer and peer outreach worker involved in this intervention. The implementing agency is also responsible for early treatment for a peer outreach worker who has relapsed.

Do's and Don'ts for Peer Outreach workers

Do's

Introduce your self and the organisation that you work for.

Request the drug user to introduce himself/herself.

While having a conversation with clients, listen attentively without undue interruption, with an attitude of empathy and concern.

A friendly non-judgmental, non-critical, non-coercive approach is to be practiced while in training and under the supervision of the trainer in mock-sessions. Maintain this approach while working in this programme.

Inform the drug user what your project does or does not provide, and how long your service can continue.

While exploring risk-reduction options (according to the risk-reduction hierarchy, do not display any favourable or pet choice; follow this hierarchy faithfully), there should not be any coercion in imposing options.

Do respect the drug user's wish to continue taking drugs or not choosing to continue meeting the outreach team.

Do respect the drug user's wish to leave your programme; however, do attempt to make re-contact.

Patently hear the problems stated by the drug users in attending your programme. Discuss these problems with your supervisor to find out a possible options/solutions.

At any time the drug user requests for assistance for accessing services, this request takes precedence over the rest of the intervention.

Do maintain regular contact with the drug user.

Don'ts

Do not lend/take money, drugs, drug paraphernalia or goods/belongings from the drug user, not even 'temporarily', no matter how compelling the reason given by the drug user. This may negatively affect the professional relationship with the drug user.

Do not buy anything for the drug user; often requests for money for food have to be turned down. This may negatively affect the professional relationship with the drug user.

Do not protect the drug user from the law if a crime has been committed. The outreach team cannot, for example, stand surety or offer bail for the drug user.

Do not disclose information given confidentially by the drug user except in a court of law upon a formal request made by the court.

Do not give false hopes/promises to the drug user about outcome of treatment/what the programme has to offer.

Do not get 'emotionally attached' to the drug user. Do not make any sexual advances towards the drug user or have any sexual relationship with the user.

Do not get into arguments with the drug user, or try to prove the drug user wrong.

Do not judge the drug user by norms or values, which are contrary to the norms or values of the drug user.

Do not get carried away by stories of how the drug user has been a 'victim'.