

## First Week's Sessions

First week's sessions	Time
Meeting strangers.	30 min
Objectives of the training programme.	30 min
Problems faced by the drug users – with a focus on health hazards.	30 min
Basic concepts: infection, disease and disease causing micro-organisms, modes of transmission: <ul style="list-style-type: none"> <li>• Basic facts about HIV, Hepatitis B, Hepatitis C.</li> </ul>	50 min
Role modelling – concept – acting as if.	
Demonstration of acting like a role model – role play.	40 min
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>	15 min

### Activity 1: Meeting strangers

#### Objectives:

- To make participants comfortable with one another ('breaking the ice'),
- To sensitise participants to the basic difficulties faced by a drug user when approaching services etc.,
- To explore difference in attitudes, which will exist in any group.

**Material needed:** nil.

**Time:** 30 minutes.

**Methodology:** Group activity followed by discussion.

#### Procedure:

1. Welcome the participants and thank them for volunteering to train their peer group members.
2. Ask participants to pair up with one person they do not know.

3. Explain to them that they will be given 5 minutes each to introduce themselves to their partners (name, where they work, what kind of work they do, hobbies, or any other information they would like to share).
4. After they have exchanged information, call each pair to the front of the room and ask each person to introduce his / her partner to the group. The person is not supposed to read from a piece of paper but recall from memory.
5. Once a pair has completed the introduction, ask each person how they felt being introduced.
6. Ask questions like ‘was it comfortable to strike a conversation with a total stranger?’ ‘what were the barriers they faced while getting to know one another?’, etc.
7. Ask them to apply this exercise to their day to day working and explain the analogy between this and how a user would feel while approaching them or vice versa.
8. Have a discussion on how difficult (or easy) it is to meet and talk with a stranger.
9. Highlight that a person who is a drug user / HIV positive may experience more discomfort on being approached or while approaching a service provider.
10. Emphasise that talking about ‘sensitive issues’ like sex, sexuality and drug abuse can be a difficult task for most people in the field.

## Activity 2: Objectives of the training programme

### Objectives:

- To introduce the participants to the objectives and structure of the training programme,
- To familiarize the participants with the role expected from a peer volunteer,
- To familiarize oneself with the expectations participants have from the training programme,
- To introduce the participants to the expected outcome at the end of the training programme,
- To inform the participants that assistance for access to services is available at any time during the training programme,
- To introduce the phase of the intervention that follows the training programme.

**Material needed:** Blackboard/whiteboard/flip chart with appropriate markers.

**Time:** 30 minutes.

**Methodology:** Presentation followed by a brief discussion.

### Procedure:

1. A brief account is given of the objectives of the training programme.
2. An outline of the sessions over the next seven week’s sessions is presented.
3. The participants are familiarised with the role expected to be played as a peer volunteer.

4. The participants are asked about their expectations from the training programme.
5. The participants are introduced with the expected outcome from the training programme.
6. Participants are informed that assistance for access to services is available at any time during the training programme.
7. The phase of the intervention that follows the training programme is introduced.

### **Activity 3 : Problems faced by the drug user – with a focus on health hazards**

#### **Objectives:**

- To introduce the participants to problems faced by the drug user with a focus on health hazards,
- To introduce the participants to risks taken by the drug user and his or her peer group members.

**Material needed:** Flip chart with appropriate markers.

**Time:** 30 minutes.

**Methodology:** Mind-mapping followed by discussion.

#### **Procedure:**

1. Draw a circle with the word ‘drug user’ inside.
2. Ask the participants about the problems faced by the drug user.

#### **Notes for the facilitator:**

The facilitator records the responses unchallenged and unmodified in different areas of the board reserved for different areas of concern, knowing that the responses would be in the areas of health, family problems, legal problems, problems with the community, problems of obtaining drugs, etc.

3. Keep listing responses on the flip-chart according to a pre-determined area for topics.
4. With a focus on the area of health, further brainstorming brings out the health consequences of drug use.
5. At the end of the exercise, suggest any health hazard that has not been enumerated by the group.
6. Ask for ways health hazards can be reduced/prevented.
7. Ask for possible ways of seeking help, and the available health services in the community.
8. Save this flip chart for the fifth week’s session.

Basic concepts: pathogens, infection, disease, and modes of transmission of pathogens, body fluids, and contaminated fluids

#### **Activity 4: Basic concepts: infection, disease and disease causing micro-organisms, modes of transmission: Basic facts about HIV, Hepatitis B, Hepatitis C.**

##### **Objective:**

- To introduce the participants to the concept of pathogens, infection, disease, modes of transmission of pathogens, body's resistance to pathogens, HIV, AIDS, Hepatitis B/C.

**Material needed:** Blackboard/whiteboard/flip chart with appropriate markers.

**Time:** 50 minutes.

**Methodology:** Brainstorming, followed by discussion.

##### **Procedure:**

1. Ask the participants to name a few common illnesses/diseases (e.g., common cold, tuberculosis/food poisoning, "white" vaginal discharge).
2. Ask how illness is caused. Name a few illness causing germs/pathogens (common cold: virus, tuberculosis/food poisoning: bacteria, "white" vaginal discharge: fungus).
3. Ask how these germs/pathogens are transmitted to another human being? Explain concept of transmission of disease through droplet infection, contact, contaminated water/food, etc.
4. Ask whether everyone in whom pathogens enter would get an illness.
5. Introduce immune system explaining that the body protects itself from disease.
6. Ask the following: 'would you share a toothbrush? Why? What is the chance of getting disease by sharing a tooth-brush? Does one not share a tooth-brush because of a social norm?'
7. Explain the presence of pathogens in body fluids.
8. Introduce the concept of transmission of pathogens by blood transfusion, contaminated transfusion equipment.
9. Ask if there is a chance of getting a disease by sharing contaminated syringe/needle/injecting equipment.
10. When taking about transmission by contact, explain concept of healthy skin acting as a protection from pathogens; then explain vulnerability as a result of a wound and loss of protection when there is a broken skin as a result of an injury/ulcer.
11. Introduce sexual transmission of disease.
12. Explain the chance of getting a disease through healthy vagina/ulcerations in vagina/tears in the vagina because of forced sex. Ask why anal sex is more injurious.
13. Introduce HIV as a pathogen, AIDS as a disease.

14. Introduce modes of transmission of HIV.
15. Introduce Hepatitis B and Hepatitis C and modes of transmission.
16. Discuss how HIV does not get transmitted.
17. Ask whether or not one can recognize if one's potential sexual partner has HIV/AIDS.
18. Query situations for risk of HIV/AIDS, asking can this transmit HIV?

<b>Situations to query:</b>	<b>Situations to query:</b>
<ul style="list-style-type: none"> <li>· Multiple sexual partners.</li> <li>· Casual unprotected sex (without using condoms).</li> <li>· Sex with a faithful partner.</li> <li>· Sex with male or female sex workers.</li> <li>· Breastfeeding by a HIV positive mother.</li> <li>· Celibacy (abstinence from sexual activities).</li> <li>· Using condom during every sexual act.</li> <li>· Having sex under the influence of drugs.</li> <li>· Homosexual encounters.</li> </ul>	<ul style="list-style-type: none"> <li>· Intravenous drug use.</li> <li>· Using disposable needles.</li> <li>· Injecting drug users having sex with faithful spouse.</li> <li>· Persons who receive blood transfusion with untested blood.</li> <li>· People needing multiple blood transfusions due to haemophilia, thalassaemia, etc.</li> <li>· Ear piercing done for many people using an unsterilised lancet.</li> <li>· Sharing shaving blades/razors.</li> <li>· HIV tested blood for transfusion.</li> <li>· Tattooing.</li> </ul>

**Notes for the facilitator:**

Brainstorming is one of the simplest yet most effective techniques for working with groups. Using a whiteboard/blank piece of flipchart paper and a single topic or heading, the group leader or facilitator notes down as many ideas as possible that are generated by the participants in the group. The technique is designed to help with the flow of ideas. To allow this, there are important rules, such as, no editing, no qualifying, or no restricting. The concept works because one person's thoughts often stimulate others and, by not interrupting or restricting, the ideas flow very quickly. Discussion and analysis can take place later.

## Role Modelling

### **Activity 5: Role modelling - concept - acting as if. Demonstration of acting like a role model – role play.**

#### **Objectives:**

- To introduce the participants to the concept of playing a role; role modelling,
- To explore attitudes towards helping others,
- To enact the role of a person with a mission to reduce risk taking behaviour.

**Material needed:** Case-lets for the role-play.

**Time:** 40 minutes.

**Methodology:** Role play followed by debriefing.

#### **Procedure:**

1. Ask the participants about their favourite movie/hero/heroine. Is the hero/heroine acting a role? Inform the group that they will be enacting a scenario, where one person is playing the role of a person determined to reduce risk-taking behaviour in drug users.
2. Divide the group into role players and observers.
3. Narrate one of the following role-play scenarios/case-lets to the role-playing group and give them 5 minutes to discuss and prepare for the role play.
4. Case-lets:
  - a. Nadeem is a recovering injecting drug user. His best friend has died of an overdose after a relapse. He meets a group of drug users sharing a syringe. His mission is to save the other drug using friends – five role players are needed – Nadeem, three drug-using friends, a counsellor who helps Nadeem stay in recovery.
  - b. Nafisa is the wife of an injecting drug user and is HIV positive. Her husband has passed away. Now she is determined to save the lives of spouses of injecting drug users. The wife of her husband's drug using friend tells her that lately, intercourse is becoming painful.
5. Enact each role-play..
6. Ask each observer to describe what happened in the role-play and how he or she felt while watching the role-play.
7. Ask each role-player how he or she felt while enacting the assigned role.
8. Explore from the group why the scenario turned out the way it did.

9. Explore from the group if such a similar scenario has happened in real life – allow the group members to relate a real life instance – focus on the feelings generated in each one narrating his or her experience, and how it affected the person.
10. Ask what lesson comes out of the role-play and if it is relevant to their lives.
11. Having lived through this experience, ask how they would react differently in real life.
12. Ask the following questions: how does it feel to play a role of someone with a mission to reduce risk-taking behaviour? Would they also like to play such a role in real life?
13. If time permits, repeat steps 3 to 11 with the second case-let.

#### **Notes for the facilitator:**

While a person plays a role, he or she acts “as if” he or she is the person portrayed in the role. In the context of behaviour change, repeatedly behaving in a given way ‘internalises’ the behaviour. Change in behaviour by repeatedly playing the adopted role, in this intervention model, precedes the insight gained .

#### **Notes for the facilitator:**

##### **Life skills**

Skills are required by all of us to negotiate the road of life. These are broadly divided into two types: those skills that one needs for self-development (personal skills) and those needed to relate to others (inter-personal skills). Through the development of these skills an individual learns to actively interpret and respond to external influences on his /her behaviour.

A positive self-concept, being able to refuse others, cope with stress, manage one’s time, think positively, act productively and set achievable goals contributes to success in drug treatment and rehabilitation. Skills include goal setting, positive thinking, handling stress and managing time, asking for help and building relationships. Inclusion of these skills in this training programme reflects the holistic view of the individual in the skills approach and addresses the influence of social and environmental factors on an individual’s behaviour. Throughout this training programme, special attention is paid to development of these skills.

The first of personal skills being dealt with is goal setting. This is not taken at the knowledge level to start with; through the winding up sessions and debriefing in the subsequent week’s sessions, a gradual experiential understanding of graded goal setting is developed in substance users.

## Winding up

### **Graded goal setting:**

1. Motivate peer volunteers to train their peer group members and act as role models.
2. Motivate peer volunteers to get their HIV status checked at the nearest VCT centre.
3. Goal setting for service to peer group over the next week: obtain a commitment from each participant to play the role of a person with a mission to reduce risk-taking behaviour and sharing today's lesson with at least one person in the peer group.
4. Goal setting for change in self - based on behaviour change communication hierarchy: obtain a commitment from each participant to reduce risk-taking behaviour in himself / herself.
5. Ask someone to volunteer to recapitulate the day's sessions at the beginning of the next week's training.
6. Form a circle with every one holding hands. Bid good-bye with the phrase: "keep coming back".