

Seventh Week's Sessions

Seventh week's sessions	Time
Recap of previous session.	15 min
Debriefing experience of training peer group members through the experiential learning cycle – positive reinforcement by recognition.	30 min
Accessing treatment for substance abuse.	25 min
Forming Self-help/support groups for risk-reduction.	25 min
Alternate session for those who have sought treatment with a goal of abstinence: Forming Self-help/support groups for sobriety after getting treatment.	25 min
Practice of motivating others – rehearsal sessions – on accessing help and forming self-help groups.	40 min
Winding up: <ul style="list-style-type: none"> • 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. 	15 min

Activity 1: Recap of previous session.

Objectives:

- To begin the day with a prayer reinforcing one's limitations,
- To revise the previous week's sessions and correct any misperceptions,
- To sharpen one's presentation skills,
- To develop leadership skills.

Material needed: None.

Time: 15 minutes.

Methodology: Group activity followed by a presentation and discussion.

Procedure:

1. Request a volunteer to lead the group in the serenity prayer.
2. Request the participants to hold hands and repeat each line of the serenity prayer after the leader.

3. The group members greet each other.
4. The group member who volunteered to recapitulate the previous week's sessions is requested to make his / her presentation.
5. Members clap in appreciation of the presentation.
6. Group members are encouraged to add what is missed/correct any inaccurate narration.
7. The facilitator corrects any incorrect narration, and requests anyone to ask for clarification.

Debriefing and Recognition

Activity 2: Debriefing experience of training peer group members through the experiential learning cycle – positive reinforcement by recognition.

Objectives:

- To debrief the experience of each participant in narrating previous week's lesson to his/her peer group members,
- To debrief the experience of each participant in acting as a role model of change,
- To elicit information about change in self or others,
- To give genuine appreciation of the positive role-played by select participants.

Material needed: None.

Time: 30 minutes.

Methodology: Debriefing following the experiential learning cycle.

Procedure:

1. The facilitator explains the purpose of this session to the participants.
2. Each member is requested to relate his/her experience in narrating previous week's lesson to his/her peer group members, followed by his/her experience in acting as a role model of change.
3. The facilitator enquires about change in self or others from each participant.
4. The group claps in appreciation of each member's sharing.
5. While debriefing, the facilitator focuses on the feelings generated in the peer volunteer while educating peer groups members and acting as a role model.
6. The facilitator recognises and expresses appreciation for genuine efforts made by selected group members and encourages all to make sincere efforts towards the success of the programme.

Activity 3: Accessing treatment for substance abuse

Objectives:

- To recapitulate the treatment options available for substance abuse,
- To identify possible problems in accessing treatment services,
- To find ways of overcoming problems in accessing available services.

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

Time: 25 minutes.

Methodology: Brainstorming followed by discussion and information given.

Procedure:

1. Request the participants to name the treatment options available for substance abuse, completing the list.

Notes for the facilitator:

Treatment services with abstinence as a goal:

Detoxification under the supervision of a medical practitioner trained in detoxification,
Possible use of drugs that help in deterrence of substance abuse (e.g., disulfiram, naltrexone),
Short-term rehabilitation,
Longer-term rehabilitation,
Support groups for maintaining abstinence.

Services with harm reduction as an interim goal:

Drug substitution under the supervision of a medical practitioner trained in drug substitution,
Risk-reduction training,
Needle syringe exchange programs, where legal,
Using bleach for disinfecting needle-syringes.

2. Enquire about the difficulties faced by users in accessing these services. Introduce topics from the list below if these topics have not been brought up by the participants.

Notes for the facilitator:

Before the training, have the following information handy:

- Availability of services,
- Affordability of services,
- Accessibility of services (geographical accessibility),

- Relevance of available services to the needs of the users,
- Lack of coordination between services,
- Attitudes of service providers to substance users,
- Attitudes of users in need to seek help or seeking help,
- Attitudes of substance users to relapse,
- Attitudes of service providers to relapse,
- Attitudes of family members and support group to relapse,
- Attitudes of stigmatisation of drug users and its relevance to seeking help,
- Problems with law enforcement authorities to seeking service.

3. Discuss ways of overcoming the difficulties.
4. Inform drug users of treatment services available with names of contact persons. (Each centre has prepared a referral network in phase one of the peer-led intervention).

Activity 4A: Forming self-help/support groups for risk-reduction

Objectives:

- To acknowledge the support provided by group members to each other over the past six weeks,
- To understand the advantages of a support group,
- To inform that the group can continue meeting every week at the same time in the centre for continued support to each other,
- To encourage group members to invite their peer-group members to join this support group.

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

Time: 25 minutes.

Methodology: Personal sharing followed by group discussion and information given.

Procedure:

1. Request each participant to share his/her experience of getting support from members of this group. A recorder records the main points on the board.
2. Discuss the advantages of support given by the members to each other.
3. Inform the group that the centre is offering its space regularly each week at the same time as these training sessions are being held for group members to assemble and continue supporting each other in maintaining healthy behaviour learned during this training programme. Inform further that the trainer/peer outreach workers would be available for a few more months to continue supporting these group members.

4. Encourage group members to invite members of their peer-group to join this support group.
5. Inform the group members to cooperate in the reassessment of change in knowledge, attitudes and practices related to substance abuse after three months.

Activity 4B: Forming self-help/support groups for sobriety after getting treatment.

This is an alternate session for those users who opted for treatment and require support to maintain their sobriety.

Objectives:

- To share one's experience of a life on drugs, and awareness of change in self after giving up drugs.
- To understand the advantages of sobriety and a support group to maintain sobriety,
- To inform that the group can continue meeting in the centre for continued support to each other,
- To identify relapse and seek early treatment after a relapse,
- To encourage group members to invite their peer-group members to seek treatment and join this support group.

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

Time: 25 minutes.

Methodology: Personal sharing followed by group discussion and information given.

Procedure:

1. Request each participant to share his/her experience of a life on drugs and awareness of change in self after giving up drugs. A recorder records the main points on the board.
2. Discuss the advantages of sobriety and support from the members to maintain sobriety.
3. Inform the group that the centre is offering its space regularly each week to assemble and continue supporting each other in maintaining their sobriety. Inform further that the trainer/peer outreach workers would be available for a few more months to continue supporting these group members.
4. Ask, "what does the word 'relapse' mean?"
5. Words such as 'slip' may be used to identify the first instance of drug use after treatment. Identify the experience of a person in the group who has relapsed after seeking treatment.

6. Help the drug user identify that the decision to take a drug may not have occurred on the spur of the moment; sometimes the decision to re-start drug use is taken before the actual intake of the drug, and can be prevented by seeking help and sharing the urge to take a drug with someone instead of seeking the drug.
7. Encourage group members to invite members of their peer-group to seek treatment and join this support group.

Notes for the facilitator:

Support groups or self-help groups

Support or self help groups is a felt need

Maintaining abstinence is an important component of drug demand reduction strategy for communities. After discharge from de-addiction cum rehabilitation centers (DRCs), it has been observed that there is virtually no follow-up or support for the recovering drug users. Left to themselves, they do not reintegrate back into their community or society. They are looked upon with suspicion regarding the genuineness of their abstinence by their spouse or other family members. The non-using peers do not want to associate with them, and they are stigmatized as outcasts. They have no assistance to deal with their shame and guilt for having lived a life of drug dependence. Very often, even the support from their religious leaders or church is not forthcoming. Left lonely and friendless, they are welcomed by drug using peers and having received acceptance, they rejoin the drug using sub-culture and relapse.

The need for support groups or self help groups is felt by recovering drug users. Some recovering drug users readily offer their services to set-up such a service in their community and motivate drug users to seek treatment. Such support coming from peers with whom drug users identify themselves is often seen as a strong motivating factor for seeking recovery. A universal need for support / self-help groups has resulted in formation of groups like Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, etc.

Support groups in this intervention

Two types of support groups are envisaged in this peer-led intervention design. The first is of peer volunteers who are practicing risk-reduction behaviour. The second is of those who have been successfully discharged from DRCs and want to maintain abstinence.

Suggested agenda for support groups

1. “Awareness of change” – Recovering users reporting self-awareness of change acts as both a motivating factor for sustaining change when appreciated by the fellow group members as well as acts as a motivator for others in the group to change;

2. Sharing ones recovery from drug dependence serves both as a motivating factor for continuing abstinence and self revelation in front of a group helps in “breaking the secret” which is a factor for continuing drug use;
3. Focus on the methods used by those successful at maintaining sobriety in recognising cues and early warning signs of relapse.
4. Following the twelve-step program of Alcohol Anonymous/Narcotics Anonymous brings about spiritual healing, and has been found to be self-supporting.

Activities and problems faced in setting-up support/self-help groups

1. *Finding a safe place for a meeting* - Several recovering users leaving DRCs have complained that the police view the collection of drug users as an opportunity to collect funds and disrupt meetings on the pretext of stopping drug use or other illegal activities. Acceptance of the benefit of meeting of support or self-help groups as an activity towards sobriety by community leaders, youth organizations, police, church and other religious institutions, educational institutions, etc., helps prevent such disruptions and reduces stigma. Convinced positively about the need for such groups, community halls, youth centres, churches/mosques/temples, and space in educational institutions can become available for holding support / self help group meetings. In this regard, the influence of members of Commtte of Concern (COC) formed in phase one assumes importance. During field trails of this intervention, for example, in Bangladesh, an Imam had offered the mosque for a support group meeting, in India a police-official had offered the police station while in Sri Lanka at one site a Buddhist priest had offered the temple premises while at another site a school had offered space for support group meetings. NGOs also offered their premises for holding support group meetings.
2. *Location / catchment area for support / self help groups* - Attendance in group meetings increases when meetings are held in areas where drug users reside or collect. Time spent in travelling to meetings and problems of transportation are minimized in this manner.
3. *Timings of support / self help meetings* - To find a suitable timing for a meeting convenient for all is a problem. Alcoholics Anonymous, for example, has selected evening timings (when drinking starts) on weekdays, and midmornings on sundays as an appropriate time. Groups would have to select a time suitable to the majority of members of support / self help groups. In Sri Lanka, evenings after a day’s work were found suitable for most peers.
4. *Informing concerned local support group of discharge of recovering drug abuser from rehabilitation centres* – During networking meetings with DRCs, key personnel would need to informed of the support group situated near the residence of the person discharged from the DRC for necessary follow-up by members of the support group.

Activity 5: Practice of motivating others - rehearsal sessions - on accessing help and forming support groups.

Objectives:

- To motivate peer group members in accessing help,
- To practice motivating peer-group members to join the support group,
- To recognise the change in behaviour of select group members.

Material needed: Blackboard/whiteboard/flip chart with appropriate markers and printed copy of the case situations.

Time: 40 min.

Methodology: Role-play followed by de-briefing.

Procedure:

1. Relate the purpose of the session to the participants.
2. Divide participants into groups of four.
3. Circulate copies of one the following situations to each group. (Alternate situations are provided to suit the group being trained):

Situation I

A peer volunteer shares his risk-reduction training with his peer group members. These members ridicule the peer volunteer and ask him to leave their group. On returning to the support group, group members help deal with grief.

Situation II

Rohini, a peer volunteer, has returned from a treatment centre. Knowing the chance of relapse, she decides to join a support group. Encouraged by the support group, she approaches a drug using friend to seek treatment.

Situation III

Tariq feels confident that he can change the risk-behaviour of his fellow peer group members. He approaches his peers and asks them to join the support group.

Situation IV

Mahmud has reduced his risk-taking behaviour. His drug using friends ask him to accompany them to a sex worker after taking drugs. He refuses saying he would not mix sex with intoxicant use.

4. Invite each group member to voluntarily participate in the role-play. It is necessary to call forth for volunteers and refrain from nominating particular members.

5. While one group enacts the role-play the other group observes. While briefing the observers emphasise that they are not to focus on the quality of acting displayed. Stress that the focus should be on what is being said and done.
6. Present instructions to the role-players of the two groups.
 - (a) Instruct them about the principles of this role-play. Emphasise that the role-play is built around the case situation of the drug abuser / alcoholic with a focus on motivating group members to reduce risk-behaviour, the emotions being felt by the role-players in the situation and appropriate ways of handling emotions.
 - (b) Provide copies of one case situation to each of the groups so that each will work with a different situation.
 - (c) Request them to designate roles amongst themselves and discuss an outline about how they intend to proceed. Allow only five minutes for discussion. This will ensure spontaneity in their presentation and permit them to improvise as the role-play progresses.
 - (d) Request the role player to wear badges, which says 'Rohini', 'peer group member' etc. for easy identification by the observers.
7. Request the observers to sit in a semi-circle and watch the role-play without causing any disturbance/distraction to the enactors.
8. The enactors will now enact the situation. If the role-play proceeds to a point where the expected situation has developed and feelings have been expressed intensely and completely, you may call 'out'. Otherwise permit it to end on its own.
9. Ask the enactors to remove their badges that define their roles to signify that they are now stepping out of the role. Tell the enactors that the role-play is over and that the debriefing will start.
10. Ask the enactors one by one about how they felt. Help them focus on:
 - (a) Their feelings during the session,
 - (b) The elements that triggered their response helping them recognise what made them feel or act in a particular way,
 - (c) Their feelings now, after the session,
11. Proceed to ask the observers what they observed in the session. Help them focus on the:
 - (a) Sequence of events,
 - (b) The manner, in which each person in the role-play influenced, supported or resisted the other,
 - (c) Feelings generated in the observer,
 - (d) Make sure that each and every group member shares. Help participants recognise emotions in all the case situations.
12. Identify common emotions such as fear, grief and anger.
13. Ask if the observers could identify any such emotion portrayed in the enactment?

14. Move on to see if the role-play observations matched real-life situations. Ask the group if similar situations have occurred in their lives.
15. Ask if they can recognise these emotions occur in their peers or their families?
16. Request each member of the group to identify similar emotions in himself/ herself.
17. Discuss appropriate ways of handling fear, grief and anger.
18. Help them relate the messages at three levels:
 - (a) Knowledge level – contextualise the role play situation to the theoretical inputs provided,
 - (b) Attitudinal shift - recognise the intensity of problems faced and feelings involved examining the value of the present role-play in helping them deal with these problems,
 - (c) Skill development – focus on their ability to handle similar situations in real life.

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. Reinforce the concept of graded goal setting as a method of behaviour change.
4. 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 in all peer group members and sharing today's lesson with all persons in the peer group.
5. 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.
6. Encourage those that have begun trial behaviour change to sustain the changed behaviour and recognise those that have sustained behaviour change.
7. Ask someone to volunteer to recapitulate the day's sessions at the beginning of the next week's support group meeting.
8. Form a circle with every one holding hands. Bid good-bye with the phrase: "keep coming back". Encourage all participants to bring their peer group members for support group meetings regularly.