
Phase Three: Formation of support groups - access to services

Phase three builds in the sustaining mechanisms for continued risk-reduction in those intervened through formation of self-help groups and assists in access to services. It is a stage for reassessment of change in risk-practices of those trained in phase two (Peer Volunteers) and an optional assessment of those members of the peer group who are trained by the peer volunteers

Objectives of Phase Three:

- ◆ To study the effect of training (intervention) delivered by the trained peer outreach workers on the KAP in risk taking behaviours related to drug users and HIV/AIDS among young drug abusers at selected sites in south Asia.
- ◆ To study the feasibility of using peer volunteers (current drug abusers) in imparting change of risk taking behaviour among their drug abusing peers.
- ◆ To establish mechanisms for sustenance of project activities beyond project life by setting up support groups.
- ◆ To facilitate drug users' access to and retention into the treatment.

Activities

- ◆ Continued field visits by the peer outreach workers to maintain contacts with the peer volunteers
- ◆ Observation of interaction of peer volunteers with their drug using during field visits and guiding peer volunteers in peer education
- ◆ Providing assistance to drug abusers in formation of self help groups and referral to treatment whenever required.

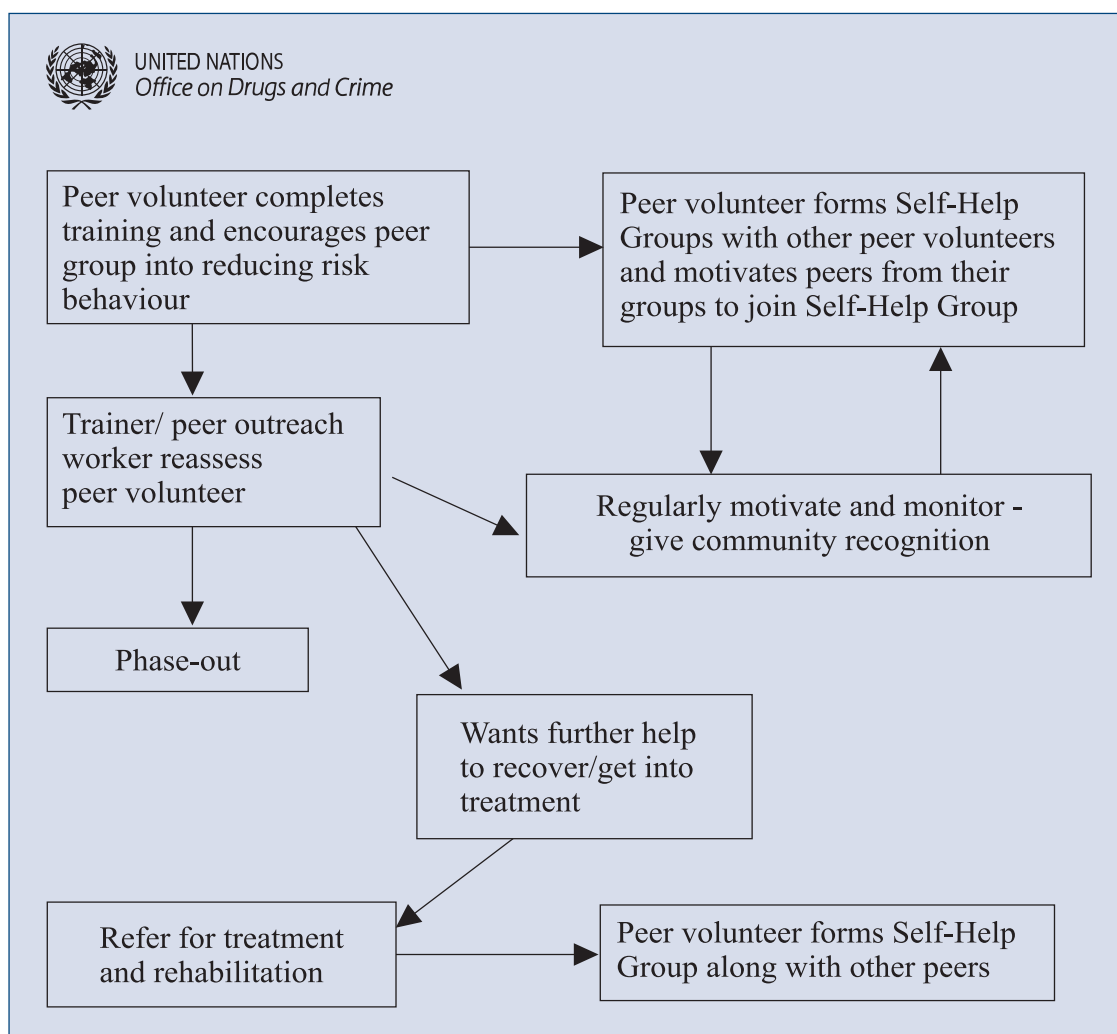
At the end of three months from the date of last training session, those drug users who have functioned as peer volunteers will be reassessed through the same questionnaire by the SSP. The data so collected will than be compared with the data collected as a baseline assessment of KAP, to study the change in KAP on receiving training to function as peer volunteer. This comparison is intended to provide information regarding the change in KAP of the whole group and will not provide information about change in KAP of an individual peer volunteer.

During this period of three months the peer outreach workers will maintain contact with the peer volunteers and will keep providing the booster training, and further clarification on certain issues (if any). They will also keep motivating the peer volunteers to form self-help groups, and to seek help from a facility in the organized and formal sector available in the community (identified in phase one). Whenever required, the peer volunteers will be provided referral services for treatment. The peer volunteers will be actively assisted in formation of self-help groups of peer

volunteers and other drug using members of the community (who have not been enrolled as peer volunteers). Guidelines and training for formation of support groups is found in the “Manual for Peer Volunteers” - a training manual in the Peer-Led Intervention Toolkit.

A flowchart of activities in this phase is shown below.

Flow Chart of activities in Phase Three



Linking peer-led intervention to the existing basket of services in the community

The intervention agency will assist in linking this intervention to 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

If substance users find it difficult to access services, please review the set-up of the referral system in Phase One ensuring that the referrals are made by name to persons instead of to institutions. A referral directory for each site, when updated regularly becomes a valuable resource for the community.

Community Meeting in Phase Three

Community meeting in this phase forms an important component of the intervention model. Substance users who have been successful in attaining abstinence or significant risk reduction relate their recovery in this community meeting. The relief to family members from the recovery of the substance user and their family's acceptance of the substance user reinforces the reduction in stigma and discrimination. Common features of this recovery process, e.g., increase in self-esteem of the recovering user, reduction in violence and petty crime, and safety of the non-using young people in the community are reinforced. The peer volunteers are then recognized and seen as positive agents for social change in the community.

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, 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 practising risk-reduction behaviour. The second is of those who have been successfully discharged from de-addiction cum rehabilitation centers (DRCs) and want to maintain abstinence.

It is seen that there are sufficient resources available in communities to start support groups. A co-ordinated effort is required to establish and set-up support groups with the networking of non-governmental organisations (NGOs), community based organisations (CBOs) and the religious institutions on the one hand, and DRCs on the other.

Suggested agenda in support groups

- ♦ “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;
- ♦ 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;
- ♦ 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 groups or self-help groups

- ♦ *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 a meeting of support or self 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, church/mosque/temple youth centres and youth centres in educational institutions can become available for holding support / self help group meetings. In this regard, the influence of members of COC assumes importance. During field trails of this intervention, in Bangladesh, an Imam had offered the mosque for a support group meeting, in India a police-official who was a COC member 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.
- ♦ *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.
- ♦ *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.
- ♦ *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.