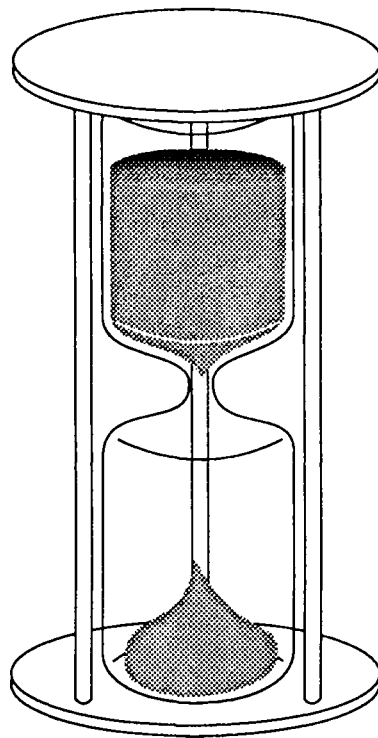


Section 7

Making early intervention



among drug users

Section 7: Making early interventions in the lives of drug users

Problem:

It appears to be easier to reduce drug use among people who are at the early stages of drug use rather than later on when they may be fully dependent on the drugs. But there are difficulties and dilemmas in making interventions early on in drug users' behaviour:

- Who decides that the use of drugs is a problem that needs intervention?
- How can we avoid interventions that confirm the drug use of a person who reacts against someone interfering in their life?
- How do we avoid the danger of focussing on the drug as the problem when it is really the factors behind the drug use that are most important?

Number	Title	Purpose	What To Do	Use with Young People
27	Intervening in the lives of drug users—ourselves	To increase understanding of the issues/dilemmas about early intervention strategies and how they can be resolved.	Assessment of drug use and planning for intervention in small groups. Presentation of findings and small group discussion.	
28	Early intervention in practice	To increase knowledge of early intervention strategies in practice.	Discussion of interview on early intervention. Identifying questions. Brainstorm and group discussion of ideas.	
29	Communication and counselling skills	To improve communication and counselling skills, develop guidelines and understand different styles.	Experiential communication and counselling exercises, group discussion on guidelines.	
30	Dealing with difficult drug situations as a user	To develop skills and knowledge for dealing with difficult situations where you use drugs.	Role plays of drug use, simulations of real life scenes with 'coaching'.	✓

Number	Title	Purpose	What To Do	Use with Young People
31	Group work with young people	To increase knowledge and understanding of key elements of group work with young people.	Self analysis of approaches, using handouts. Produce guidelines. Reflection on personal practice and groupwork in the training event.	
32	Dilemmas for youth workers	To explore dilemmas and options that youth workers face in working with young people	Individual responses to dilemmas, using 'dilemma boards'. Group discussion and simulation of real dilemmas.	

Activity 27: Intervening in the lives of drug users ourselves

Purpose

To increase understanding of the dilemmas about early intervention strategies and how they can be resolved.

What to do

1. Divide into two groups (A) and (B). Each group is given the task of finding out
 - i) the nature of drug use among themselves;
 - ii) the nature of drug use among members of the other group.

This activity can be done with people being themselves, in which core issues of confidentiality need to be thoroughly talked through and agreed. Or people can make up a character who they will be during the exercise.

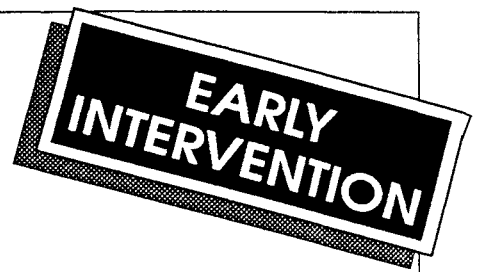
2. Each group report back their findings to the whole group and compare results.
 - What methods did the two groups use to assess themselves and each other?
 - Do the descriptions of drug use among ourselves match the descriptions of our drug use by the other group?
 - How did it feel doing a self analysis and being assessed by somebody else?
 - What does this experience tell us about how to establish the nature of drug use among groups of people before making an intervention?
3. In the same two groups again discuss and plan ways they could
 - i) work together as a group to reduce the drug use among themselves;
 - ii) intervene in the lives of the individuals in the group to reduce their drug use.

Give each person the Handout 40 to prompt their thinking.

4. In pairs—one person from each group—describe the suggestions for intervention. How do they react to the other group's proposals for intervening in their lives?
 - What ideas would feel supportive and encourage change?
 - What suggestions feel unjust and making things worse?
5. In the large group draw out a list of key points about ways of making early intervention in the lives of drug users they could be working with.

Reference 7

Early intervention: Key points



Intervening in the lives of drug users

Some ideas to think about when developing proposals for making an intervention in the life of a person who has just begun taking drugs.

- Check that their perception of the problem is the same as yours.
- Take into account the nature and situation of the person:
 - where do they live?
 - what difference does their gender make?
 - what difference does their culture or racial background make?
- What factors might lie behind the drug problem?
- How can awareness of the risks be raised and alternative options presented in a way that engages them in discussion rather than lecturing at them?
- How can the person involved be fully involved in the decision-making about what happens?
- How can they be encouraged to set their own goals for reducing their use of drugs as opposed to having you set goals for them?
- How can you involve them in identifying and discussing ways of resolving the factors influencing their use of drugs, eg:
 - peer group influence;
 - family problems
 - media coverage
 - boredom
 - lack of money
 - too much money.
- How can you help them to help each other?
- What alternatives to drug use can you encourage?
- How can you get them to assess themselves?
- How can you avoid confirming that person's use of a drug because they may resent your interference?



Activity 28: Early intervention in practice

Purpose

To increase knowledge of early intervention strategies in practice.

What To Do

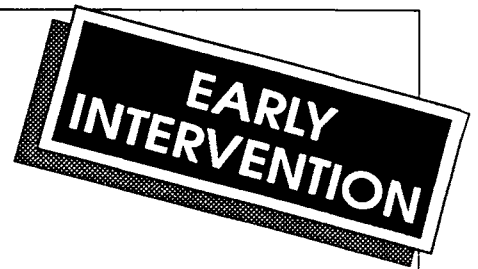
1. Give each individual Handout 41 which is an interview about early intervention with a participant at the Commonwealth Youth Programme Conference.

Ask people to write down 3 questions they would like to ask the person being interviewed.

2. In the group take it in turns for people to ask the question and for the group to provide possible answers based on their reading of the case study, their own experience and other sources.
3. Brainstorm a list of possible early intervention ideas relevant to the group's situation. Then work in small groups to examine possible early intervention strategies that could be developed.

Handout 41

Early intervention in practice

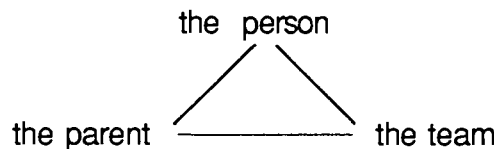


What is early intervention?

"Early intervention should occur when it is felt appropriate to change a consistent pattern of behaviour that is becoming destructive. Early intervention is not doing something in response to a crisis or an isolated incident. Early intervention should be based on a proper survey of behaviour and of patterns of behaviour".

Can you give me an example?

In a school early intervention would go through three main stages. Firstly, a student assessment team comprising students and teachers would be formed. Next, this group would gather together information about the person or people whose consistent pattern of drug use was causing concern. This could include visiting the home and would, of course, involve the person themselves. Lastly, the team would draw up some options for the individual and draw up a 'contract' between



The contract would be drawn up with the person and would include where support from friends could be given, how the school resources could be used, what goals would try to be achieved and so on.

What skills are needed for all this?

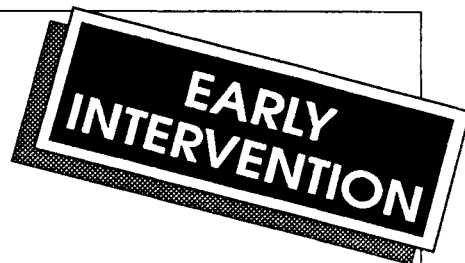
Effective early intervention relies fundamentally on good communication.

- Listening to people carefully;
- Not making assumptions;
- Not imposing decisions;
- Assisting the person to make decisions and discuss the different consequences;
- Exploring options;
- Negotiating agreements about action.



Handout 41 (continued)

Early intervention in practice



What if drugs are not really the problem?

The early intervention we do is behaviour focussed. If the drug use is only a presenting problem and there are other problems to be worked on, then early intervention would work on those problems. That's why listening is a key skill and asking good questions is crucial.

Who decides that someone is at risk and needs early intervention?

There are a number of indicators of someone's behaviour being consistent and problematic—dropping out of school, poor hygiene, evidence of drug use, low coping skills, history of family with alcohol problems and so on. But looking for symptoms is only the first stage. You need to be clear about what to do next. You need to have policy guidelines in place, and assessment teams trained and ready to go, so that people know what to do. Essentially though, the decision that someone is at risk and needs early intervention lies in the negotiation between the workers and the person.

So how do you get started?

I think people should try things out on a small scale to begin with. Maybe work in one or two schools. Or, if they are in a youth or community agency, set up a pilot project in their own agency, try it out and evaluate it. Then move on to broader strategies.

Any other comments?

Yes. You can apply this process to parents, community groups, schools, universities, anywhere. We worked with a group of parents where we took them through a process of developing as a group, and they then planned and took action on the problems of concern to them. This is just good groupwork where you focus on the people in the group, you start with fun and enjoyment so people take away something right from the start, you focus on topics and issues that are about their everyday lives, provide up-to-date information, listen to them and work to support them, identifying problems and situations, come up with solutions, plan action and do it.



Activity 29: Communication and counselling skills and styles

Purpose

To improve communication skills, develop guidelines on counselling, improve counselling skills and to understand different counselling styles.

What To Do

1. Intervention among the lives of people who are early on in their use of drugs requires effective communication skills.

- (a) Ask people to form pairs and to discuss their views about hanging as a penalty for drug trafficking. But this conversation must be conducted so that:

Person A gives his/her view;
 Person B repeats back a summary of person A's view **before** they give their own view/reply;
 Person A repeats back a summary of Person B's view before they give their reply.

And so on.

Warn that this will be a very stilted conversation.

- (b) After five minutes, stop the discussion and ask people what it felt like to have a conversation in that way. Note up key points: eg.

I had to really concentrate on what they were saying;
 It stopped me jumping in; It made sure I listened.

2. Form new pairs and ask people to decide who is A and who is B. Ask all the 'B' people to leave the room. Tell the 'A' people that they will be having an ordinary conversation when their partner returns and that they must think of a topic about drugs that they are unsure about to talk through.

Go out and tell the 'B' people to rejoin their partner and have an ordinary discussion about the drugs topic chosen by their partner. BUT they must avoid any eye-to-eye contact.

Allow the discussion to happen for five minutes and then in a whole group ask the 'A' people what instruction they thought the 'B' group had received.

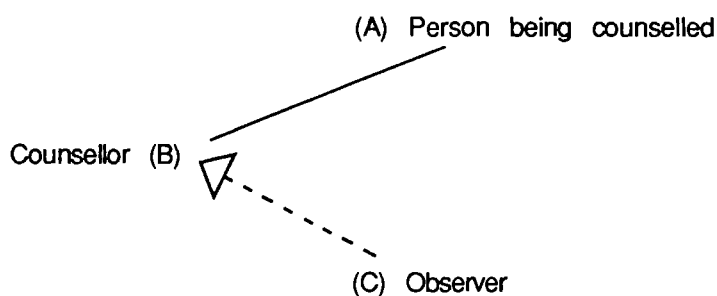
From this discussion draw out issues of non-verbal communication, eg:

- different cultural patterns of non-verbal behaviour, including eye-to-eye contact can create miscommunication.
- sending verbal messages that match non-verbal signals.
- body 'language'.

3. As a group discuss and try to reach consensus on groundrules or guidelines for counselling someone, eg:

- confidentiality;
- being non-judgemental;
- avoiding interruptions;
- work towards action that can be taken.

4. Form people into threes to undertake the following:



- a) As a group of three, agree the groundrules for the session (10 minutes).
- b) Person (A) talk about a personal dilemma they have had in regard to drug use. (10 minutes)
Person (B) counsel person (A).
Person (C) observe and keep time.

After one counselling session, reflect on B's performance as a counsellor in the following sequence:

- Person (B) say how they thought they did.
- Person (A) say how it felt being counselled.
- Person (C) say what they observed. (10 minutes)

Repeat three times so that everyone has been in position (A), (B) and (C).

5. Large group discussion on counselling in practice with reference to:

- guidelines (eg. confidentiality);
- skills (eg. listening);
- styles (eg. giving information/advice, helping people solve own problems, etc.).

6. At the end of this long sequence of training, people should be encouraged to think about the use of communication and counselling skills and the further training of:

- them as individuals
- the people working in their organisations
- young people counselling each other
- others in the community—parents, neighbours and so on...

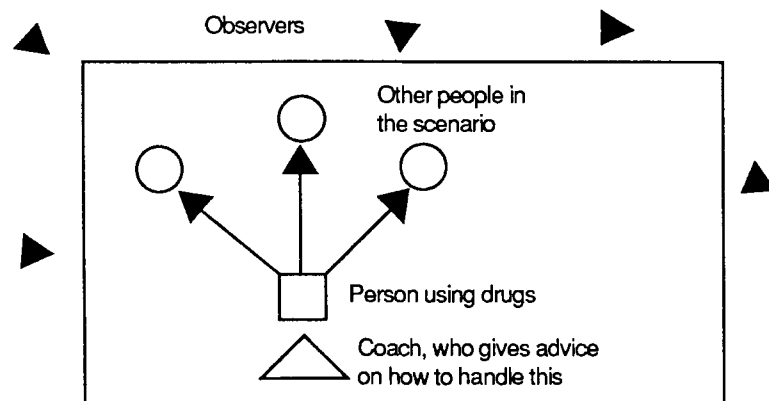
Activity 30: Dealing with difficult drug situations

Purpose

To develop skills and knowledge for dealing with the difficult drug situations in which people find themselves.

What To Do

1. Divide into small groups. Each group choose a drug—preferably one within their own personal experience or that they have observed others use—and design a role play around its use. The role play should examine:
 - The effects of the drug on the users
 - The effects on the family
 - The effects on friends
 - After-effects of the drug
 - Short and long term consequences of the drug.
2. Each group perform their role play to the whole group and discuss the implications of the role play for their behaviour now and in the future.
3. If appropriate, individuals could identify a real situation that they commonly get into and role play different ways they could handle it in future. Another participant could act as 'coach', stopping the action and discussing with the person what to do next (as shown in the diagram below).



Activity 31: Groupwork with young people

Purpose

To increase knowledge and understanding of key elements of groupwork with young people.

Early intervention can be done with individuals or groups of young people. The effect of peer group influence on drug use can be high, so working with groups of young people can be an appropriate approach.

Note—many of the group activities given in Handout 37 for prevention can also be adapted and used for early intervention.

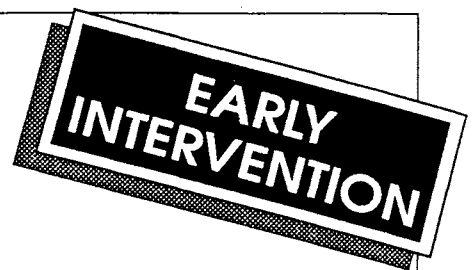
What to do

1. Ask individuals to say what their views are about working with groups of young people by completing Handout 42. Alternative(s) to this way of starting are:
 - a) Ask someone who knows your work to complete the handout about you (if necessary this could happen before the course and you bring your sheets with you to the course).
 - b) Ask people to provide an example that is evidence for your case for each ranking.
2. In small groups talk about each continuum with people saying what their views are and why. The group should identify:
 - three aspects of groupwork they think are most important;
 - three about which they could not agree.
3. Large group—report back and write up two lists of the most important agreements and disagreements about groupwork and discuss them as a group. Draw out underlying principles and concrete examples. Try to reach consensus about a list of guidelines for good groupwork.
4. In pairs take it in turns to reflect on what areas of their groupwork people would like to change, and how.
5. Ask a large group to discuss what kind of groupwork they think they have just been experiencing and what they felt about it.

Reference: 18

Handout 42: Groupwork

Groupwork with young people



Draw a circle round the number that most closely resembles your view when working with groups of young people on drugs issues.

1 Share my perceptions with young people	1	2	3	4	5	Tell young people what's 'right' and 'wrong'
2 Treat group members as children	1	2	3	4	5	Treat group members as adults
3 Am humorous whenever possible	1	2	3	4	5	Am strict whenever possible
4 Relate to young people on their cultural level	1	2	3	4	5	Relate as a wiser adult
5 Am open and accepting of young people's values wherever possible	1	2	3	4	5	Am critical of young people's values wherever possible
6 Confront young people regularly	1	2	3	4	5	Am 'non-threatening'
7 Put young people at ease wherever possible	1	2	3	4	5	Put young people under pressure wherever possible
8 Am relaxed	1	2	3	4	5	Am guarded
9 Take risks in a session	1	2	3	4	5	Run a 'tight ship' in a session
10 Am directive	1	2	3	4	5	Am non directive
11 Share personal information about myself	1	2	3	4	5	Give no personal information
12 Avoid difficult subjects	1	2	3	4	5	Discuss difficult subjects
13 Encourage freedom of group members to make decisions	1	2	3	4	5	Change young people's behaviour
14 Form strong opinions about young people in the group	1	2	3	4	5	Form no strong opinions about anyone



Activity 32:

Dilemmas for youth workers

Purpose

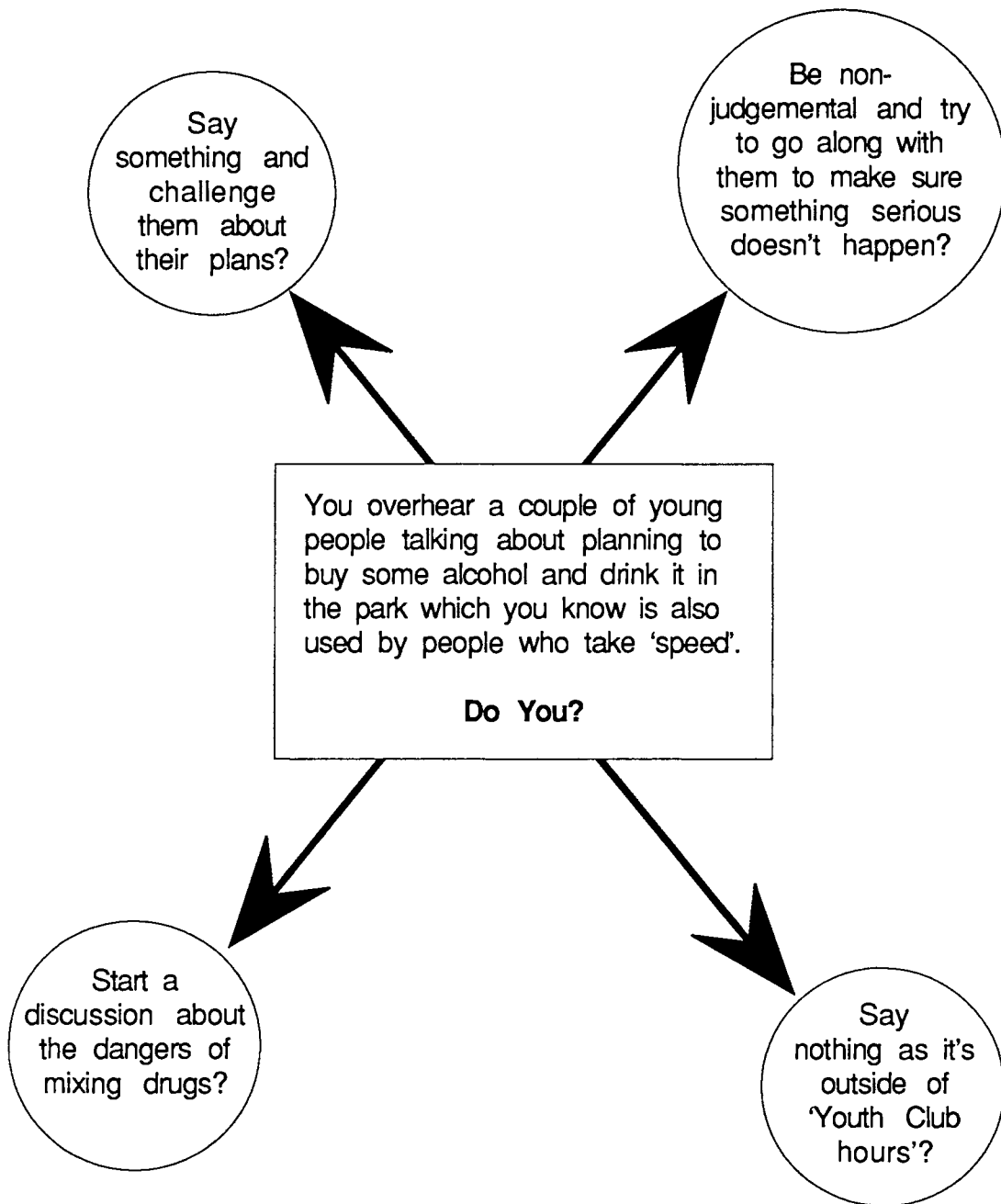
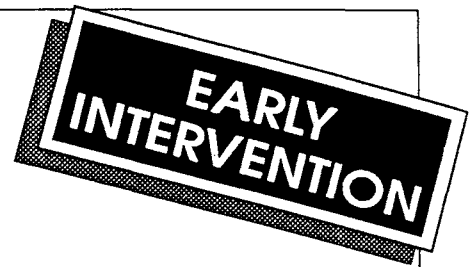
To explore dilemmas that youth workers face in working with young people at the early stages of drug abuse.

What to do

1. Draw five or six Dilemma Boards on flipchart paper and pin them around the room. Four examples of dilemma boards for youth workers are given on Handouts 43, 44, 45, 46. You can use these and add to them or replace them with dilemmas relevant to the situation of those you are working with.
2. Ask people to walk round and put their initial in the option they would choose when faced with that dilemma. Encourage people to talk with each other as they do—seeking help, talking it over, challenging someone, etc.
3. The exercise can end there.
or:
Talk through each dilemma board in turn, asking people to say what option they chose and why, and relating this to their real life situation.
4. Ask people to identify a real dilemma that they face and to simulate the situation.

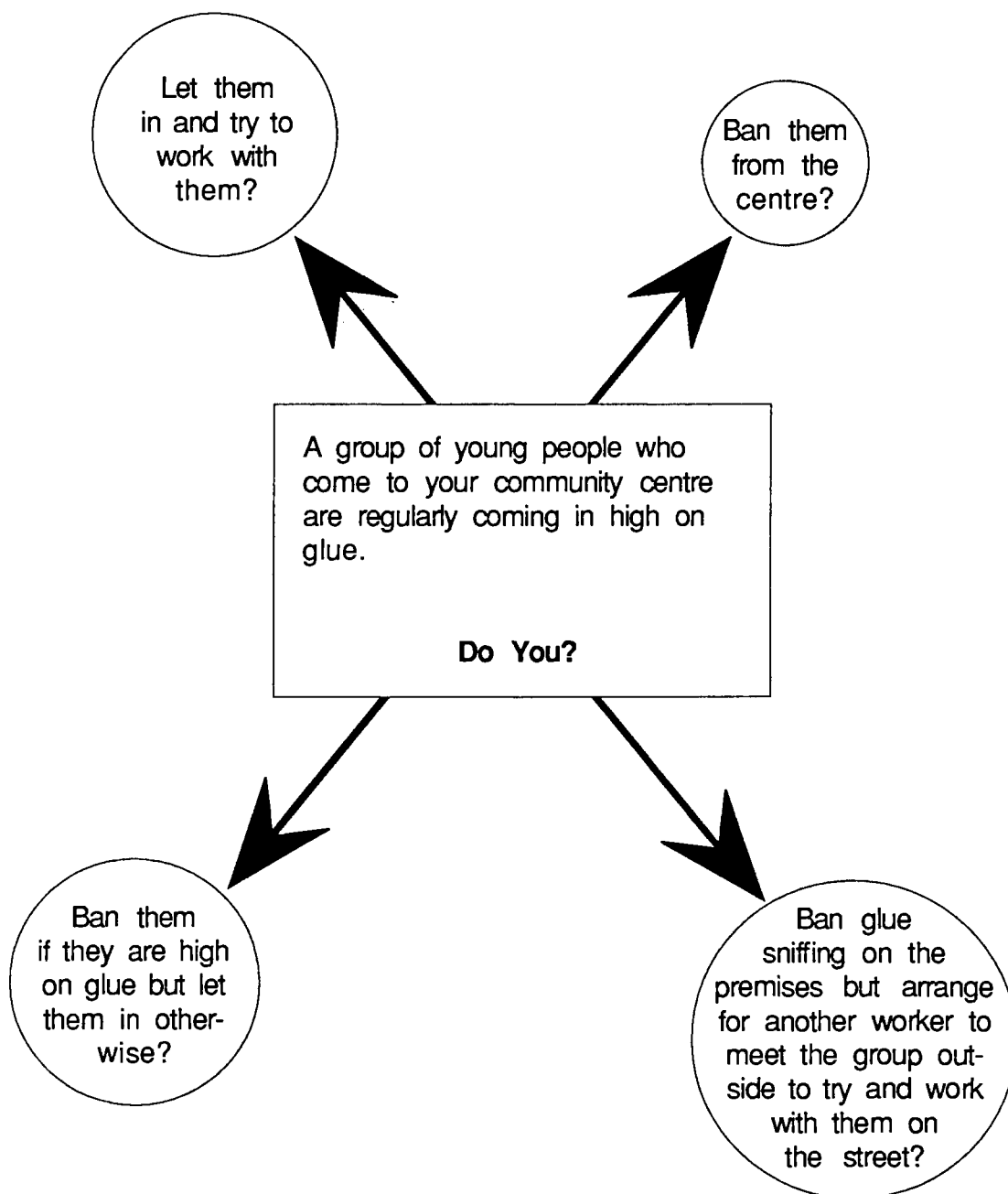
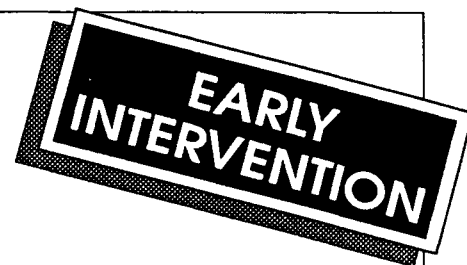
Handout 43

Dilemma Board



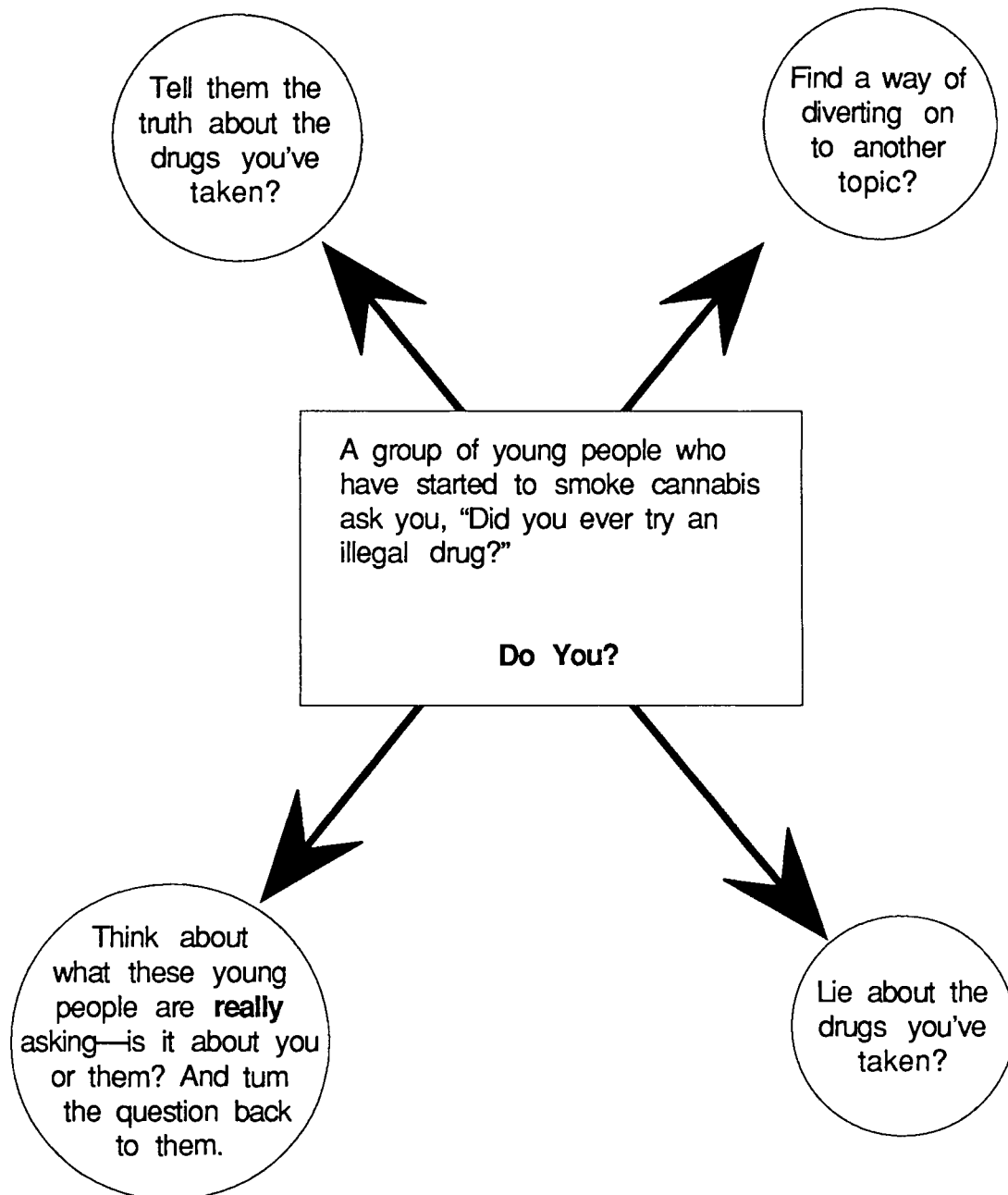
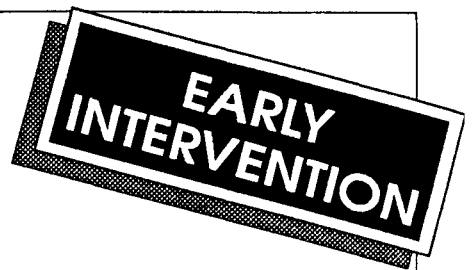
Handout 44

Dilemma Board



Handout 45

Dilemma Board



Handout 46

Dilemma Board

**EARLY
INTERVENTION**

