

# **ON-LINE**

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# **THE DRUGS LEARNING PACK**

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# **'On Line'**

## **The Drugs Learning Pack**

A pack of training activities and information for  
training people who work with young people



# Credits

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# Acknowledgements

We are especially grateful to the Canadian International Development Agency (CIDA) for their generous financial contribution which made the production of these materials possible.

**Note:** Where known, we have indicated the source of materials developed by other organisations. Should we have inadvertently used material developed by others without an acknowledgement, we apologise, and will be pleased to make necessary corrections.

# Foreword

The Drugs Training Pack is a collection of 40 activities and information sheets for training people who work with young people on issues concerning drug abuse. The pack has been produced by us as a result of the Commonwealth Youth Programme Conference on drugs issues held in Malaysia in 1989.

A small group of people called the On-line Project, comprising myself, Phil Hope of Framework and four staff from the Commonwealth Youth Programme, Thom Sandyford, Padma Ratnayake, Kawaka Obbo and Augustine Meti, attended the conference and collected information from participants during the formal and informal sessions of the conference. As the On-line team, we covered the conference comprehensively, recording the exhibition materials, sitting in on group sessions, attending the regional meetings, interviewing participants and meeting as a team to identify the key issues that were emerging and a variety of people to talk with.

The initial draft of training activities and information in this pack were written by myself, drawing on all the ideas and information gathered by the On-line team. This was revised on the basis of comments from the rest of the On-line team, members of the Conference Planning group and other staff of the Commonwealth Youth Programme. My thanks go to everyone who helped and particularly to the CYP staff for their invaluable support and advice.

Phil Hope  
On-line Project

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# Introduction

## General Description

On-Line is a pack of 40 training activities and information sheets about drugs for trainers of people who work with young people. The activities are primarily designed for trainers who wish to develop the knowledge, skills and attitudes of workers in a variety of settings who work with young people. They have developed from information and ideas discussed at a 5-day conference on drug abuse held in Malaysia involving over 70 people from all Commonwealth countries.

Some of the training activities have been taken or adapted from existing published training materials on drug use that were exhibited at the conference. Where this is the case, the source is given as a reference number to the complete list of references and further reading in Appendix 1. The pack is not a comprehensive set of training materials on all aspects of drug use. However, it is intended to be a useful package of resources to help people develop their training programmes on drug use.

Drug use is a sensitive subject and there are many different views about effective ways of tackling it in training. Consequently, this pack seeks to use a wide variety of training methods, to be innovative and to be challenging. Many of the training activities are designed to enable participants to explore issues rather than have trainers simply give information. They seek to open up different viewpoints not close down or conclude with the 'right' answer.

## Target group for the material

The people who could be 'trainees' that experience these activities could come from a wide range of backgrounds: youth workers, teachers, youth leaders, community workers, social workers, police officers, government officials involved in drugs work and so on. It will, of course, be up to the trainer to be clear about which activity to use and how to adapt them to suit their particular requirements.

Young people could also be on the receiving end of these materials. A deliberate attempt has been made to design many of the activities so that they could also be used with young people themselves. The fifteen activities that are particularly relevant for use with young people are marked with a tick in the summary in Appendix 2. In addition, 13 brief descriptions of ways of working with young people to prevent problems associated with drug use are given in the Handout accompanying Activity 26.

## Structure of the Pack

The pack is divided into twelve sections covering different aspects of drug use and each section contains a number of training activities. This structure is closely linked to that of the Commonwealth Conference on drug use from which many of these materials originated.

A comprehensive summary of all the activities is given in Appendix 2 and this is a useful checklist when initially assessing which parts of the pack you may want to use. As the table on the facing page shows, the pack is focussed on prevention and early intervention strategies for tackling problems associated with drug use. There is less emphasis on training activities concerned with drug dependency or controlling the supply of drugs. This balance reflects the perceived training needs of the target audience for the materials and the need generally to develop more improved practice on prevention and early intervention work.

## The style of the materials

A variety of techniques have been included but throughout the pack there is an emphasis on participative learning through group discussion, through experiential learning—doing something and reflecting on that experience through providing relevant information in a variety of ways—hand-outs, mini lectures, case studies and so on and through providing 'tools' to help the learner undertake analysis of issues, solve problems or plan for the future. In nearly all the activities, people are asked to work or discuss topics in pairs or in small or large groups to encourage participation.

Some particular points to note about the training activities are:

- The activities **vary in their length and complexity** from short, simple awareness raising activities to detailed skill or knowledge development. This range and complexity of activities is deliberate so as to provide materials that could be used by a variety of trainers including those with a good understanding and a sound background knowledge of the area and those for whom the topic and the issues is relatively new.
- It has been a real challenge to design a pack of training materials that is of direct relevance to all of the countries in the Commonwealth. It is inevitable that the pack will feel more

**Table 1: The Sections of the pack**

Section	Title	No. of exercises	Numbers	Pages
1	Facts about drugs	6	1-6	11-36
2	Attitudes to drugs	4	7-10	37-50
3	Why people take drugs	2	11-12	51-56
4	Planning drugs policies	3	13-15	57-76
5	Preventing the use of drugs—An overview	4	16-19	77-88
6	Preventing the use of drugs—Practice ideas	7	20-26	89-110
7	Making early intervention among drugs users	6	27-32	111-128
8	Managing people who are dependent on drugs	1	33	129-138
9	Controlling the supply of drugs	1	34	139-144
10	Minimising the harm drugs do	3	35-37	145-160
11	Support for drugs workers	2	38-39	161-166
12	Evaluating success in drugs work	1	40	167-172

relevant to some countries than others but all trainers will need to **introduce relevant local examples, experiences or case studies**, alongside the material in the pack.

- In some of the card game activities it is suggested you complete relevant cards to suit your situation. To assist this, Appendix 3 is a blank sheet of cards for you to complete.
- Many of the activities involve using flipchart paper—large sheets of paper to record notes or views of a group. However, this may not be possible and you may need to find other resources more appropriate to your circumstances.
- A summary of the training techniques used in the pack, and in which exercises, is given in Appendix 4.
- A list of the handouts included in the pack is given in Appendix 5.

### Selecting activities to use?

It is not intended that you should use each of the activities in this pack. Rather, you should dip into the pack to select activities and methods that will achieve your objectives as a trainer for the group you will be working with and in the circumstances in which you find yourself. To help you choose which activities the pack contains:

- A summary of all the activities, including the purpose and methods, in Appendix 2.
- At the beginning of each section there is a summary of the problem that the training activities seek to address.

- At the beginning of each training activity there is a short description of the purpose of each exercise.

It is intended that you should feel free to modify and adapt activities to suit your situation as well as doing them in the way described, if appropriate. And, of course, you may want to use the training technique in one activity to work on a topic covered by other activities. Go ahead! There are no limits to the possible combinations you could try.

### Being ready to train others

The key questions you must ask yourself are:

- Why do I want to do drug education?
- What areas of my knowledge, skills or activities do I need to work on or improve before training others?
- What particular training dilemmas am I likely to encounter when working on drugs issues and how will I deal with them.

To help you—the trainer—be most effective it is strongly suggested that you take the time to think through these questions. Some ways of doing that include:

- Undertake the activity entitled 'Why you want to do drug education?' in Appendix 6. This activity could also be used as a starter activity for a group you are training.
- Many of the exercises rely on working with people in groups. As a refresher on issues about working with groups, try doing Activity 29, 'Groupwork with Young People', but applying it to yourself on groupwork with adults on drugs issues.

- Think through your own training needs and choose activities in the pack you could do to help you meet them. Issues concerned with attitudes to drug use are particularly useful for everyone to be reminded of, and activities recommended are:

Activity 7 'The Opinion Game'

Activity 11 'Reasons and Excuses'

Activity 23 'Scare Tactics'

Activity 28 'Intervening In the Lives of Drug Users—Ourselves'

Activity 31 'Groupwork with Young People'

Activity 35 'Harm Minimisation in Practice'

- Discuss with a colleague what you will do if participants disclose information about their previous or current use of drugs. Or how you will respond if they ask you about your use of drugs previously or now:

—Will it be kept confidential?

—What groundrules will be agreed in advance?

—What would you do if a parent or a police officer demanded to know what someone had told you?

Activity 15 looks at this and other dilemmas for drugs workers by examining the content of guidelines for the conduct of staff who work with young people.

## Planning a drugs training event

There are many different approaches to planning training and a variety of factors to take into account. A brief description of the key steps you might follow in choosing which activity to use is given in Appendix 7. When deciding which of the activities in the pack to use in your training consider:

1. What learning objective are you trying to achieve?
2. What are the participants like? An example of a pre-course questionnaire to send out is given in Appendix 8. It will, of course, need to be amended to suit your particular situation.

3. What kinds of activities will achieve the learning objectives?

4. What specific training activities will you use and how can they be adapted?

5. What groundrules need to be established with the training group at the beginning?

## Evaluating your training

Evaluating training is often difficult. But how do you know if you have achieved what you set out to achieve? How do you know whether there were any unintended, but useful, outcomes from your training? What training methods and styles worked best? What didn't work so well? Two ways of evaluating your training are:

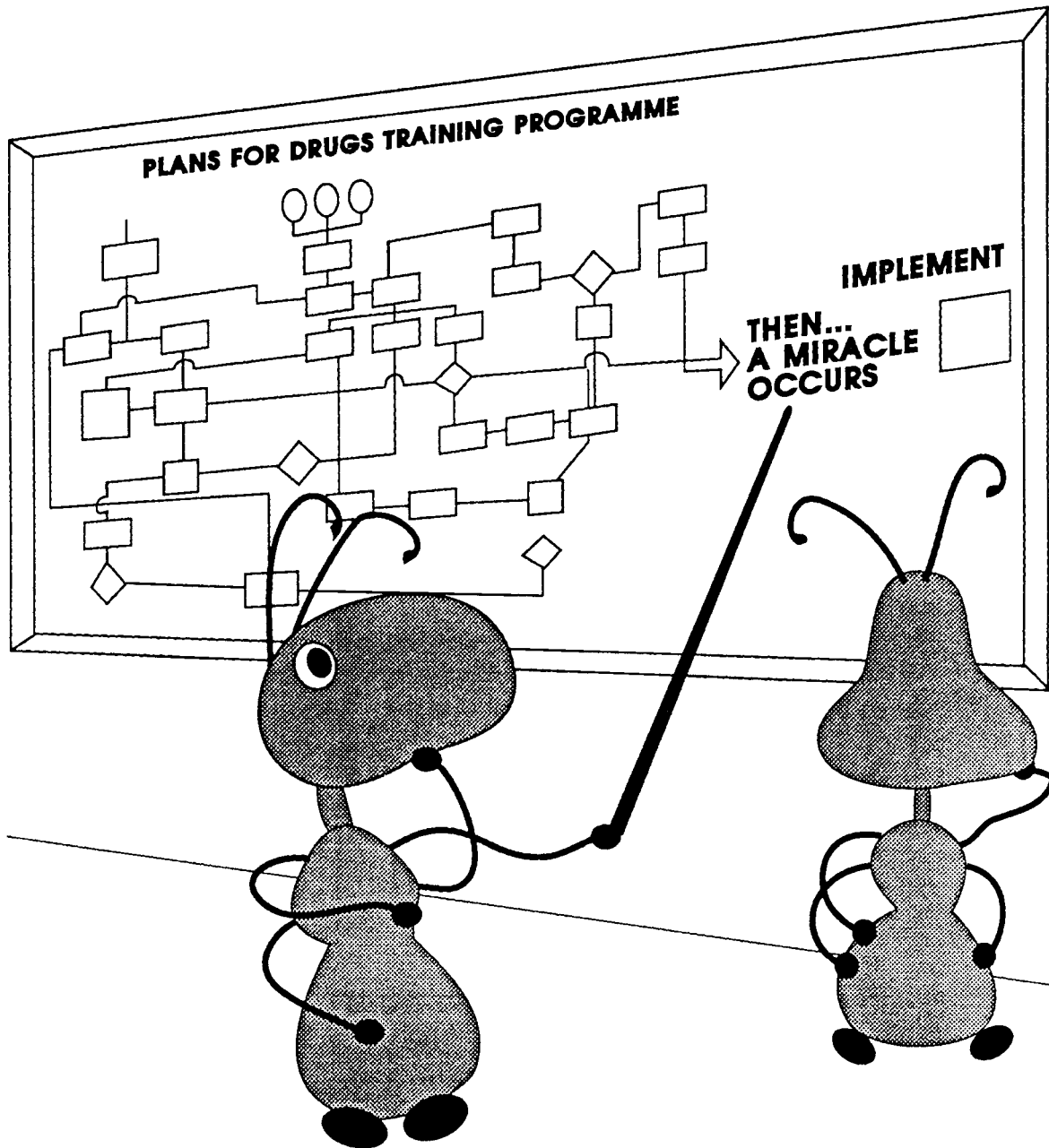
(a) An end of course questionnaire (Appendix 9)

This will not tell you whether you've actually achieved any change in the person's behaviour or attitudes at work. Rather, it is a 'happiness sheet' to judge how people are feeling in the end, what learning they feel they have achieved, and what has made most impact on them at the time. You will need to amend it to suit your situation and the group you are working with.

Sometimes a questionnaire like this is an inappropriate way of ending an event. An alternative is to put up flipcharts with key headings such as 'How relevant was it?'; 'Elements you found most useful', etc. and ask participants to write on sticky labels their views for each heading. These are then stuck on the relevant flipcharts and everyone can see how people have found the course.

(b) A post-course questionnaire (Appendix 10)

Ideally this should tell you whether anything has actually changed as a result of your training. Of course, it is difficult to account for other variations affecting people after the course but this will give you some idea of what's happening. Telephone interviews with a sample of the participants can be another way of doing this instead of, or in addition to, the questionnaire. Don't forget to amend the questionnaire to suit the group you have been working with.



“Good work... but I think we need just a little more detail right here”

# Section 1



## Section 1: The facts about drugs

### Problem:

Most people have views and opinions about drugs, in particular the effects they have. But these are sometimes factually wrong—myths that have been passed on but never checked. Both young people and those who work with young people need to know the facts, not the fantasies.

Number	Title	Purpose	What To Do	Use with Young People
1	Facts About Drugs	To improve knowledge of the effects of drugs and the physical risks involved.	Brainstorm and group discussion of Fact Sheets.	✓
2	Facts About Drugs	To improve knowledge about the effects of drugs.	Small group presentations based on Fact Sheets.	✓
3	Facts Game Show	To improve knowledge of the effects of drugs and the physical risks involved.	Game Show based on Fact Sheets.	✓
4	Uppers and Downers	To improve knowledge of the effects of drugs, the physical risks involved and the law.	Board game based on Snakes and Ladders.	✓
5	Face Down	To improve knowledge of the effects of drugs, the physical risks, the law and attitudes to drugs.	Card game using drug name cards.	✓
6	The Law on Drugs	To improve understanding of the law on drugs and the legal processes.	Court scene role play on various drugs charges.	✓

## Activity 1:

## Facts About Drugs

### Purpose

To improve knowledge about the effects of drugs and the physical risks involved.

### What To Do

1. Ask the group to call out the official and 'street' names of as many drugs as they know and write these up as two lists side by side. In a 'brainstorm' of views of this kind, don't challenge people or question them until everyone has finished. If you have more than seven people in your group arrange them into smaller groups of three to four people to do the task. Point out that everyone knows some 'official' and some 'street' names of drugs but not everyone knows what each of them do.
2. Now ask the group(s) to discuss the lists, identifying what they think the effects are of each drug. Write up their opinions about the effects beside each drug.
3. Give out the drugs fact sheets (Handouts 1-12), (one or two per pair) and ask each pair to lead a discussion with the whole group comparing the group's earlier opinions and the facts on the sheets.
  - Were they right?
  - What wrong answers were given?
  - What surprised people?
4. A blank fact sheet is provided for you to fill in for other drugs not included here that might be of particular importance in your area.

Facts References: 2,8 and 9

## Activity 2:

## The effects of drugs

### Purpose

To improve people's knowledge about the effects of drugs.

### What To Do

1. Explain to the whole group the purpose of the activity which is to increase people's knowledge about the effects of different drugs.
2. Break the group into pairs and give each pair one or two drugs fact sheets (Handouts 1-12). Ask each pair to plan and carry out an imaginative verbal or written presentation to the whole group, showing the effects of the drugs.
3. At the end of the presentations have a discussion, in the whole group, about the effects of different drugs.
  - What effects did people know already?
  - What surprised people?
  - What drugs were not harmful?
  - What drugs create most dependency?
  - What drugs have the worst withdrawal symptoms?

### Activity 3:

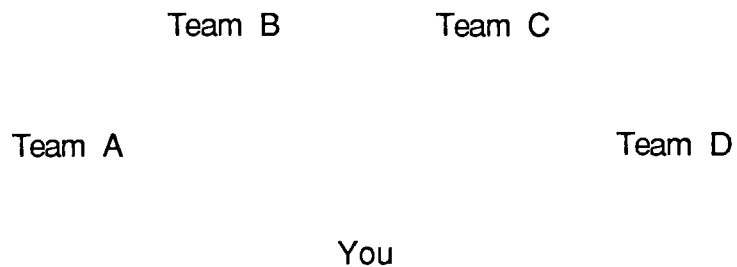
### Facts about drugs

#### Purpose

To improve people's knowledge of the facts about drugs, their effects and the physical risks involved.

#### What To Do

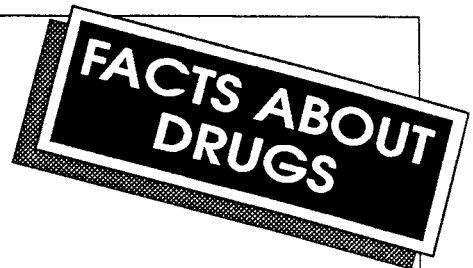
1. Divide the group into four teams. Each team is given a set of Fact Sheets about drugs (Handouts 1-12) and asked to devise 20 questions about drugs based on those facts, writing the questions and their answers on a piece of paper.
2. Place the questions into four containers. Layout the room as shown below:



Run the game show as you think most entertaining.  
Ways include:

- Asking each team three questions, one taken from each of the other three teams.
- Having a quick-fire round with the first team to shout the right answer getting the point (remember to eliminate the team whose question it is!)
- Asking one team to ask another team questions.
- Asking a team to draw out three questions, one from each container (not their own) that you then ask.
- Each team nominating one member of their team to answer five questions.
- Asking each member of a team to answer a question without conferring.
- If a team gets a question wrong, passing the question over to another team.

Handout 1



# Fact Sheet: An overview of drugs

Drugs can be grouped into the 3 main groups:

## Depressants

Drugs which slow down the activity of the mind, such as alcohol, tranquillisers, solvents and heroin.

## Stimulants

Drugs which speed up the activity of the mind, such as caffeine, nicotine, amphetamine and cocaine

## Hallucinogens

Drugs whose main effects are not straight-forward sedation or stimulation—instead they have profound effects on the way that people perceive, think and feel. They include LSD and Ecstasy.

### Some useful definitions of jargon words

**Psychological Dependence** is a condition in which a drug produces a feeling of satisfaction and a psychic drive that requires periodic or continuous administration of the drug to produce pleasure or to avoid discomfort.

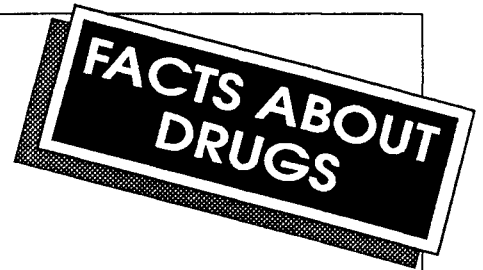
**Physical Dependence** is an 'adaptive state that manifests itself by intense physical disturbances when the administration of the drug is suspended'. These disturbances or withdrawal symptoms are characteristic for each type of drug.

**Tolerance** is the necessity to increase the dosage of a drug in order to obtain the initial effect. It develops over days and weeks but once administration of the drug stops it wears off quickly.



Handout 2

# Fact Sheet: Alcohol



## Main Method Of Use:

- Drinking

## Effects:

- Starts to have an effect within 5-10 minutes and can last up to several hours depending on dose.
- Small amounts (2 pints of beer)—feel less inhibited and more relaxed.
- Larger amounts (4 pints of beer)—unco-ordinated physically and slur words; staggering, double vision, loss of balance.
- A few more drinks impair performance at anything that requires co-ordination or concentration: driving skill is severely affected.
- May lead to coma and death.

## Likelihood Of Dependence:

- Low-medium chance of physical and psychological dependence.

## Specific Physical Risks:

- Blackouts
- Accidents whilst drunk
- Damage to heart, liver and brain in long-term use.

## Withdrawal Symptoms:

- Convulsions (fits)
- The shakes or 'delirium tremens'—being delirious and hallucinating (dis-orientated to time, place and person) with vivid, chaotic and bizarre hallucinations, tremor, restlessness with paranoid ideas.

## Signs Of Use:

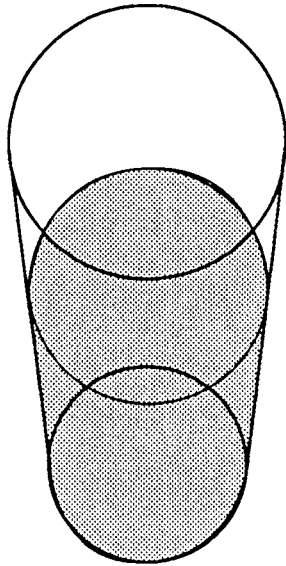
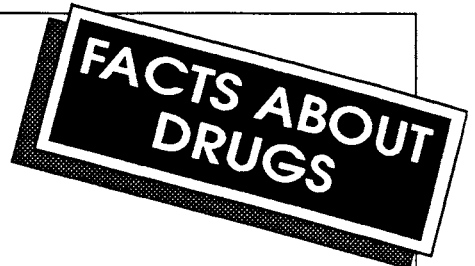
- Bottles/cans in open use, broken glass, spillage.
- Slurred speech, clumsiness, breath smells, hangovers generally.



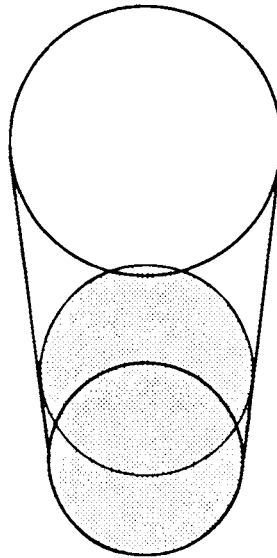
Handout 2 (continued)

# What is a unit of alcohol?

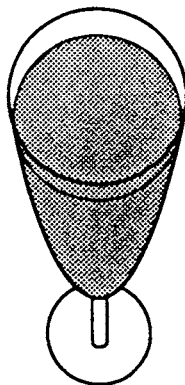
Each unit contains 10 ml or 8.0 g of absolute alcohol



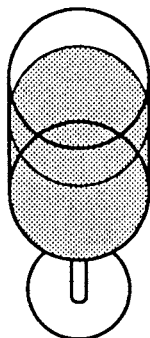
1/2 pint of beer  
or  
cider



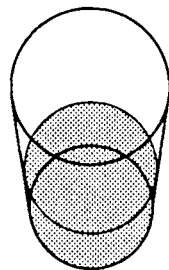
1/4 pint of strong  
lager



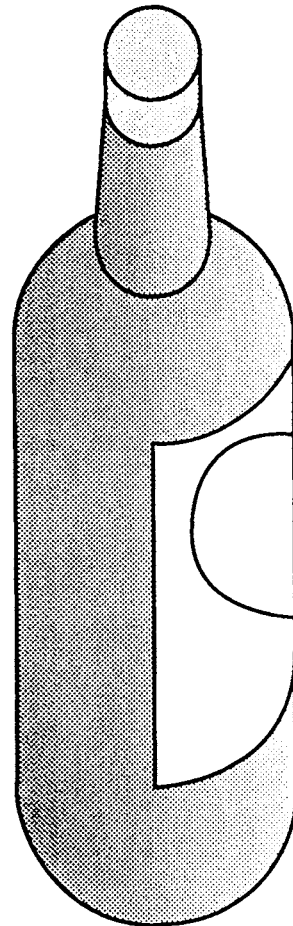
1 glass of table  
wine



1 glass of sherry  
or fortified wine



1 single whisky



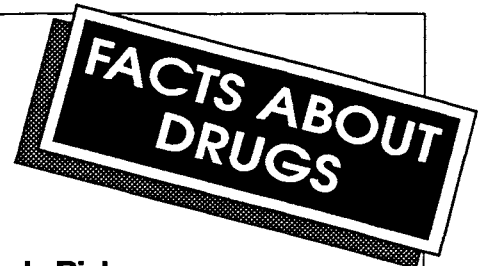
1 bottle of spirits  
(brandy, whisky,  
gin etc) contains  
30 units

Source: Redrawn from Royal College of Psychiatrists. Alcohol: our favourite drug.  
London: Tavistock, 1986.



Handout 3

# Fact sheet—Tobacco



### Main Method Of Use:

- Smoking cigarettes, cigars or pipe.

### Effects:

Tobacco smoke consists of droplets of tar, nicotine, carbon monoxide and other gases. Nicotine is the drug in tobacco which causes dependence and that affects the heart, blood vessels, digestive tract, kidneys and the central nervous system. First-time users often feel sick and dizzy.

Many people who smoke regularly say they find it relaxing and yet stimulating at the same time, and experience great satisfaction on inhaling. The effect of nicotine lasts for only 30 minutes to an hour.

### Likelihood Of Dependence:

People who begin to smoke tend to increase their consumption until they smoke regularly.

High risk of dependence both physical and psychological.

### Specific Physical Risks:

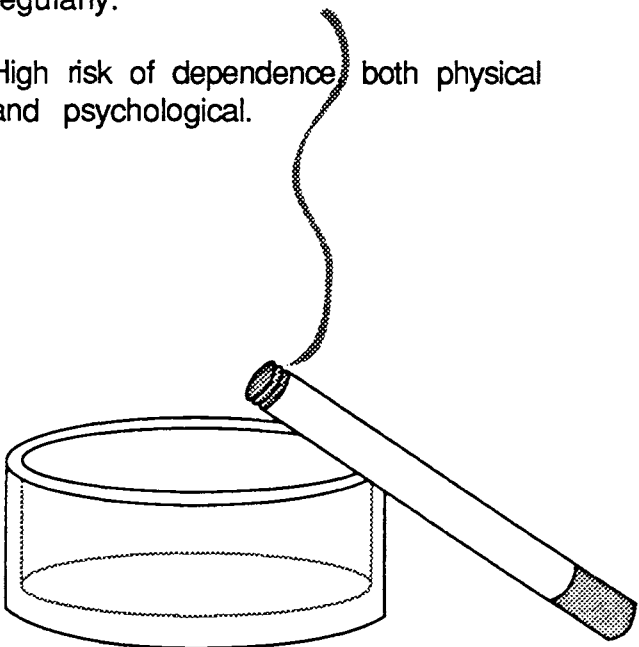
The more you smoke, the more you are likely to suffer from heart disease, blood clots, heart attacks, lung infections, strokes, impotence and sterility, bronchitis, bad circulation, lung cancer, cancer of the mouth and throat, and peptic ulcers. Women who smoke during pregnancy tend to have smaller babies and run a greater risk of losing the baby around the time of birth.

### Withdrawal Symptoms:

If people stop, they may feel restless, irritable and depressed, craving for another cigarette, and suffer from insomnia.

### Signs Of Use:

Cigarettes, pipes, smoke!  
People with chronic coughs (bronchitis), yellow nicotine stain on fingers.



Handout 4

# Fact Sheet—Cocaine

**FACTS ABOUT  
DRUGS**

## Main method of use:

A powder that is sniffed or snorted up the nose.

May be dissolved and injected intravenously.

May be smoked in the form of 'crack'.

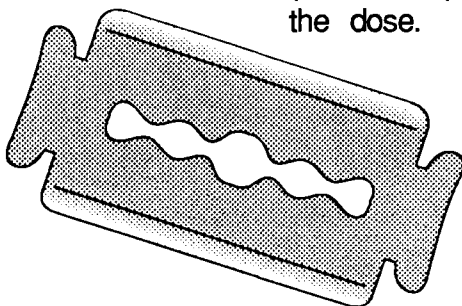
## Effects:

Physiologically aroused and alertness, accompanied by euphoria, decrease in hunger, indifference to pain and fatigue and feelings of great physical strength and mental capacity.

Effect is short-lived and may have to be repeated every 20 minutes to maintain the effect. A 'run' of quickly repeated doses can lead to bizarre, erratic and violent behaviour, characterised by agitation and anxiety and perhaps hallucination. Chronic frequent use can lead to unpleasant symptoms such as nausea, insomnia, weight loss and a similar state of mind to paranoid psychosis.

## Likelihood of dependence:

Medium when sniffed or injected. High when smoked. May develop strong psychological dependence or grandiose feelings of physical and mental well being and often tempted to step up the dose.



No physical dependence or tolerance with repeated use.

## Specific physical risks:

Acute paranoid psychosis.

Infection if injected via dirty syringe.

Can cause death from respiratory or heart failure.

Repeated sniffing damages the membranes lining the nose and may also damage the structure separating the nostrils. Rapid and dramatic increase in blood pressure may result in strokes and seizures, coma.

## Withdrawal symptoms:

- Withdrawal syndrome has been demonstrated in regular users with depression and lethargy. Some tolerance may occur. In some individuals a reverse tolerance may occur where they are more sensitive to smaller doses with repeated use.
- Symptoms are only mild

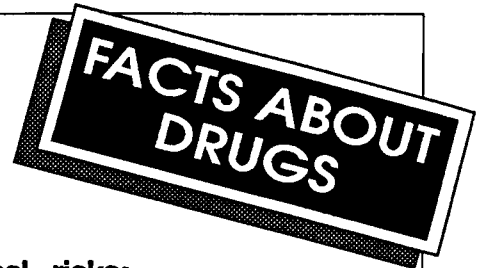
## Signs of use:

Users may carry mirror and razor blade to cut the powder finely. Alert when using, may be quiet, depressed later. Pupillary dilatation, agitation.



Handout 5

# Fact Sheet—Heroin



## Main method of use:

- Dissolved in water and injected under skin ('joy popping') or into a vein ('mainlining').
- Sniffed.
- Smoked.  
(Intravenous injection maximises the effects).

## Effects:

A large proportion of people report the initial heroin experience as drowsiness, warmth, well-being and contentment. Euphoria is associated with heroin as it induces relaxed detachment from the impact of pain and anxiety and from desires for food, sex, etc. There is a sense of being 'wrapped up in cotton wool'. First use (especially injection) is often accompanied by nausea and vomiting.

## Likelihood of dependence:

Psychological dependence—moderate/ marked. Physical dependence—marked. Tolerance develops so someone in search of euphoria must increase the dose.

## Specific physical risks:

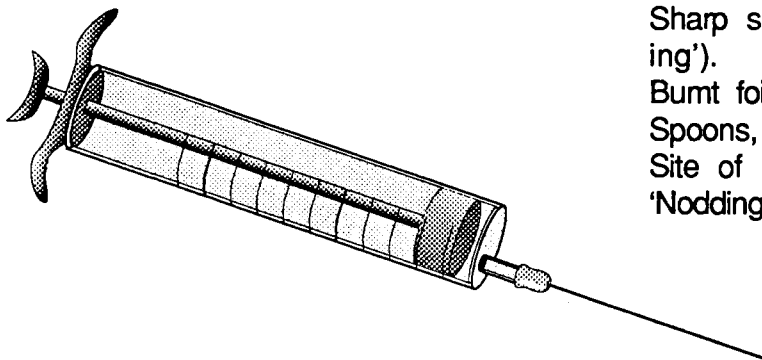
Repeated heroine sniffing may cause nasal damage. Reduced appetite and apathy contribute to disease caused by poor nutrition and self-neglect. Death from overdose as a result of respiratory depression (stops breathing). Overdoses often happen when users take their usual dose after a break during which their tolerance has faded. Physical damage associated with repeated, often unhygienic injecting and with the injection of adulterants, is common amongst those dependent on the drug. This may cause AIDS, liver, heart and lung disorders.

## Withdrawal symptoms:

Like 'flu—aches, tremors, sweating and chills, sneezing and yawning, muscular spasms. These will fade but feelings of weakness and loss of well-being last for several months. Withdrawal only mild, rarely requires medication.

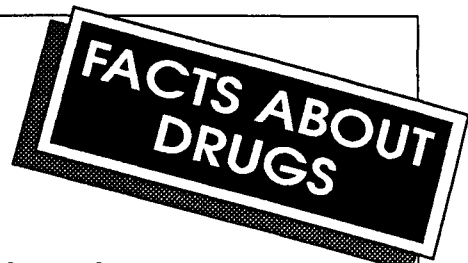
## Signs Of Use:

Sharp smell when heated (called 'chasing').  
Burnt foil and matches left behind.  
Spoons, syringes used by injectors.  
Site of needle injection.  
'Nodding off' and constricted pupils.



Handout 6

# Fact Sheet—Caffeine



## Main method of use:

Drinking in coffee, tea and soft drinks (eg: some cola drinks), chocolate.

## Effects:

- Allays drowsiness and fatigue and postpones the onset of sleep.
- Performance of simple or well learnt motor skills is improved.
- Perform physically exhausting work longer.
- More rapid and clearer flow of thought.
- Higher stomach acidity.
- Increases excretion of urine.

Excessive use (eg. 15 cups of instant coffee in one go) can cause increased sensitivity, insomnia, sensory disturbance, muscle tremor, high heart-rate, gastrointestinal irritation.



## Likelihood of dependence:

Dependence is mainly psychological and can develop to the extent that people find it hard to stop drinking coffee.

## Specific physical risks:

People drinking seven or more strong cups of coffee a day may feel anxious and irritable and experience muscle tremor and headache.

Can also cause chronic insomnia  
Over 8 cups a day could lead to increased risk of peptic ulcers, heart disease and of developing cancer in the kidney or bladder  
High blood pressure.

## Withdrawal symptoms:

Withdrawal symptoms are feeling less alert and relaxed, more drowsy and irritable and possible headaches.

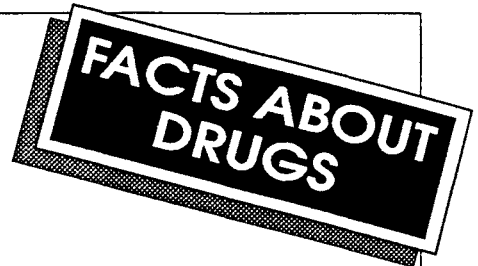
## Signs of use:

- Jars of coffee
- Tea bags
- Empty cups
- Empty cola bottles.



Handout 7

# Fact Sheet—Amphetamines



## Main method of use:

- Tablets that are swallowed.
- Powder dissolved in water and injected.
- Sniffed.
- Smoked.

## Effects:

- Arouse and activate the user.
- Faster breathing and heart-rate.
- Feeling more alert, energetic, confident and cheerful, and less bored and tired.
- Some people may experience feelings of anxiety, irritability and restlessness.
- High doses can produce delirium, panic, hallucinations and feelings of persecution.
- They do not improve intelligence.

## Likelihood of dependence:

- Medium chance of physical dependence.
- High risk of psychological dependence because of its effects.
- Marked tolerance present.

## Specific physical risks:

- High doses can cause a temporary psychosis with paranoid feelings, active hallucinations and irrational behaviour.

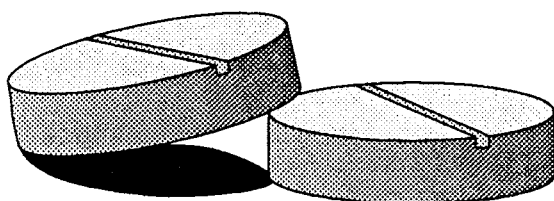
## Withdrawal symptoms:

- Period of prolonged sleep with extreme lethargy. This is followed upon waking by ravenous hunger and irritability. Then there is a period of apathy and depression.

## Signs of use:

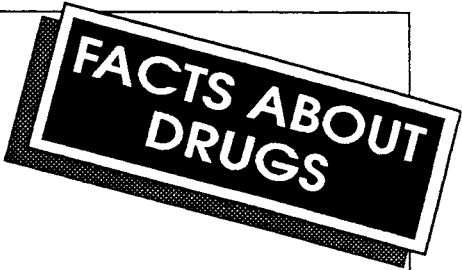
- Highly active when using; quiet and depressed afterwards.
- Dilated pupils.

Overdosage with amphetamine is uncommon but when it occurs it can present with severe convulsions (fits), strokes and heart failure.



Handout 8

# Fact Sheet—Volatile Solvents (Inhalants)



## Main method of use:

- Sniffing glue from bags.
- Sniffing solvents from containers.
- Aerosols sprayed in mouth.

## Effects:

- An initial intoxicating 'rush' followed by alcohol-like sedating effect.
- Initial effects also include nausea, sneezing, coughing, nosebleeds.
- Dizziness.

## Likelihood of dependence:

- Medium chance of dependence (psychological).
- Little if any physical dependence. Tolerance likely to develop.

## Specific physical risks:

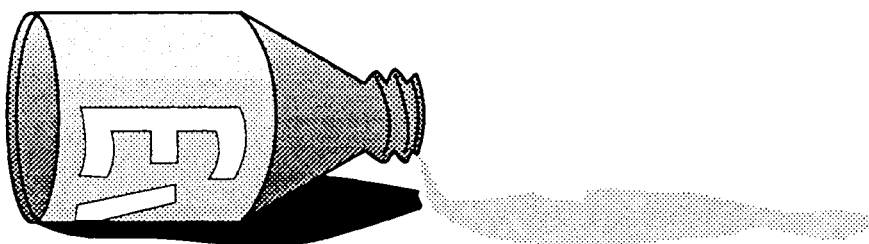
- High concentration of inhalants can cause death due to heart failure or suffocation.
- Accidents e.g. head injury.
- Repeated sniffing causes weight loss, fatigue followed by permanent damage to the nervous system.
- Brain damage, seizure, coma.

## Withdrawal symptoms:

- Minimum withdrawal symptoms.

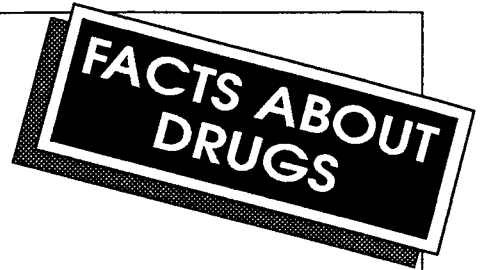
## Signs of use:

- Bags, rags or containers held to mouth.
- People acting 'drunk' but more suddenly for a shorter time.
- Examples of inhalants include model aeroplane glue, nail polish remover, cleaning fluids, gasoline and petrol, paints and hair spray.
- Bad breath.



Handout 9

# Fact Sheet—Tranquillisers



## Main method of use:

- Capsules and tablets swallowed.
- Injected intramuscularly or intravenously.

## Effects:

- At normal doses, there is sedation with impairment of memory, anxiety is reduced and sleep facilitated.
- With higher doses there is increasing impairment of consciousness, thought and speech are slowed down and muscle co-ordination impaired, resulting in slurred speech, clumsy movements and unsteady gait.
- At even higher doses some types (especially barbiturates) can cause coma and death.

## Likelihood of dependence:

- Medium chance of dependence (psychological and physical).
- Increasing tolerance so people

increase the dose and increase the risk of dependence.

## Specific physical risks:

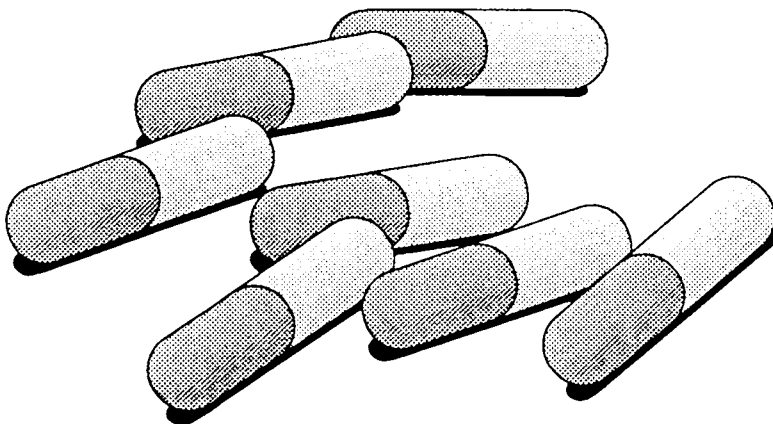
- Poor co-ordination, accidents (head injury, motor vehicle accidents).
- Death following an overdose with barbiturates.
- Anxiety disorders e.g. agoraphobia—fear of open spaces.

## Withdrawal symptoms:

- Unable to cope 'without a pill', insomnia, anxiety, nausea, vomiting, tremors.
- Abrupt stopping of these drugs may cause severe fits, disorientation, hallucinations, coma and even death.

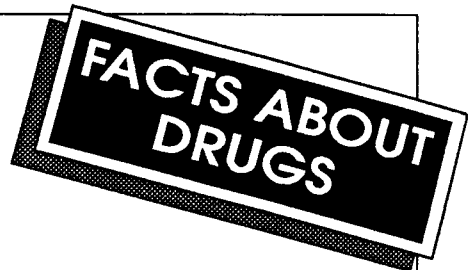
## Signs of use:

- Drowsiness.
- Lack of emotions and loss of interest.
- Slurred speech.



Handout 10

# Fact Sheet—Hallucinogens (e.g. LSD)



## Main method of use:

- Swallowed as tablets or capsules.
- Absorbed on paper, gelatine sheets or sugar cubes and swallowed or absorbed through the skin.
- Eaten (e.g. magic mushrooms).

## Effects:

- Visual effects such as intensified colours, distorted shapes and sizes and movement of stationary objects.
- Distortions in hearing and sense of time and place occur.
- Heightened self awareness and mystical or ecstatic experiences.
- Feelings of disassociation from the body are common.
- Can have 'good' and 'bad' trips, often dependent on the person's mood.

## Likelihood of dependence:

- No physical dependence.

## Specific physical risks:

- Psychological problems inducing anxiety and in some cases serious adverse reactions.
- Feelings of disorientation and distress can occur.
- Accidents like self-mutilation are secondary to hallucinations and 'flash back'.

## Withdrawal symptoms

- Mild
- 'flash backs' may occur sometime after stopping use.

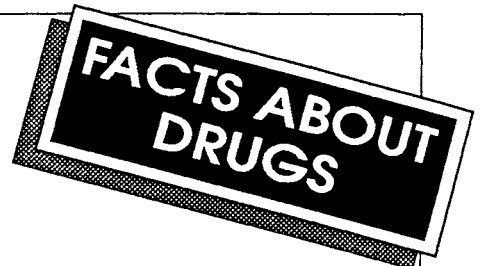
## Signs of use:

- Bizarre behaviour, appears retarded—may be hallucinating.



Handout 11

# Fact Sheet—Cannabis (Marijuana)



## Main method of use:

- Smoked
- Cooked in foods and ingested.

## Effects:

- In low doses its effects are similar to those of alcohol.
- In higher doses the drug is an hallucinogen.

## Likelihood of dependence:

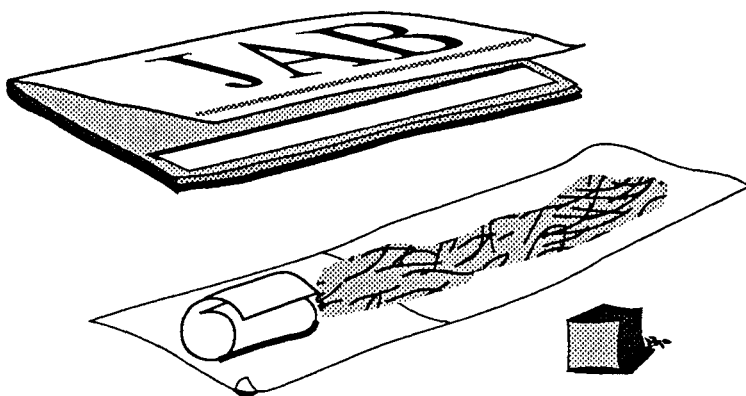
- Mild immediate psychological dependence.
- Little if any physical dependence.
- Tolerance is present when high doses are taken.

## Specific physical risks:

- Chronic abuse leads to greater risks of lung infection, lung and throat cancer.
- Poor social judgement, poor concentration, poor attention span, poor short-term memory, paranoid ideas and depression.
- Cannabis psychosis can occur.
- Can cause abnormal foetal development.

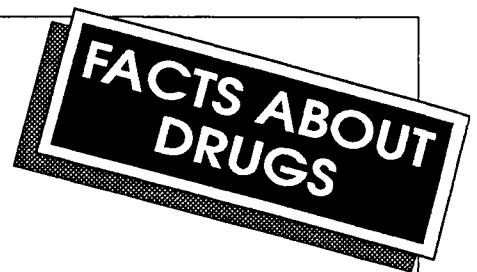
## Signs of use:

- Reddening of eyes.
- Tobacco like material, which is rolled into filtered cigarettes—joints.
- Cannabis sativa plant.



Handout 12

# Fact Sheet



Main method of use:

Specific physical risks:

Effects:

Withdrawal symptoms:

Likelihood of dependence:

Signs of use:



### Activity 4:

### Uppers And Downers

#### Purpose

To improve knowledge about the use of drugs, their effects, the physical risks and the law.

#### What To Do

1. In small groups play the snakes and ladders game 'Uppers and Downers'. The board, the instructions and a number of questions to go with the game are in Handout 13. Players will need counters and a dice.
2. You should add your own questions and answers to those on page 31 relevant to the issues of greatest concern to the group you're with and to include legal facts appropriate to your country. Some examples of legal questions are given below as a case study. Many other questions can be devised using information in the pack or other sources. And, of course, you should introduce any local language variations to suit your country.

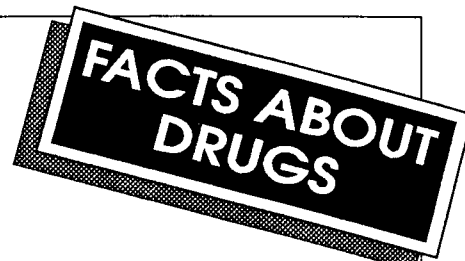
Question	Case Study Answer	Answer in your country
Which of these kinds of drink can someone of 16 years legally drink with a meal in a restaurant—wine, lager or rum and coke?	Lager. A 16-year-old could also drink cider with a meal without breaking the law.	
Can people who push drugs be given the death penalty if caught?	No. But they may get long prison sentences and heavy fines.	
Is it an offence to sniff glue?	No. Sniffing glue or any other solvent is not illegal. But it is illegal for shopkeepers to sell solvents to young people to sniff.	
At what age can a young person go into the bar of a pub if they are not intending to drink alcohol?	14 years old—but landlords can refuse to serve anyone if they want to.	
If someone tries to sell you an illegal drug, are you legally obliged to tell the police?	No, you do not have to tell. But you may still decide to tell someone about it.	
If you knew that a friend was smoking heroin, are you legally obliged to tell the police about it?	No, although to help your friend you might decide to talk to someone about it.	

Question	Case Study Answer	Answer in your country
<p>If you go to your doctor with a drug problem, he has to tell the police if you are using illegal drugs—true or false?</p>	<p>False. The doctor should not tell the police. But he or she may contact your family.</p>	
<p>Is it illegal for people under 16 to buy cigarettes?</p>	<p>No, although it is illegal for shopkeepers to sell cigarettes to young people under 16 years of age.</p>	
<p>Which of these things is it illegal to do—                      (a) advertise cigarettes on TV?                      (b) advertise cigarettes in magazines for young people?                      (c) advertise cigarettes at the cinema?</p>	<p>Only (a) is illegal. There are only voluntary agreements to restrict (b) and (c).</p>	
<p>Which is the most common stimulant drug (speeds you up)—cocaine or amphetamines?</p>	<p>Amphetamines are more common. Cocaine is more expensive and quite rare.</p>	
<p>When did tobacco first come to this country?                      (a) It's always been here.                      (b) 15th century?                      (c) 18th century? or                      (d) 19th century?</p>	<p>(b) An explorer brought it back in the 15th century.</p>	
<p>One in five women take tranquillisers at some time during the year, but how many men take them? Is it                      (a) one in five?                      (b) one in ten?                      or                      (c) one in fifty?</p>	<p>(b) In any year, one in ten of adult males use tranquillisers.</p>	

This game is taken from 'High Profile', material for youth workers, published by the ISDD.

Handout 13

# The Uppers & Downers Game



## Equipment

To play Uppers and Downers you will need:

- The Uppers and Downers playing board with snakes and ladders printed on it.
- The Uppers and Downers Question and Answer Cards, cut up and put into a pile, face down.
- Counters—one for each player.
- A dice.

## How To Play:

The person who gets to the finishing square first is the winner. If you can play Snakes and Ladders—then you can play Uppers and Downers. You need about three players, not more than five because too many players makes the game too slow.

To start, each player throws the dice—the person with the highest number begins. Taking turns, each player puts their counter on the **Start** square. Throw the dice and move your counter the number of squares shown on the dice.

## Snakes And Ladders

Has anybody landed on a square containing the bottom of a ladder, or the head of a snake? If so, then another player takes an Uppers and Downers **Question and Answer** card and reads out the question aloud. The player who is on the head of a snake or the bottom of a ladder tries to answer the question.

## Right Answer?

If the player answers the question correctly, then they are rewarded: if they are at the bottom of a ladder, then they can go up it! If they are on a snake's head, then they do not have to go down it, but they do have to stay where they are until their next go.

## Wrong Answer?

If the player answers wrongly, then they have to pay a penalty: if they are on a snake's head, then they must go down it! If they are at the bottom of a ladder, then they are not allowed to climb up it. They have to stay where they are.

## Five Special Squares

Have any players landed on the five special squares on the board?

**Cafe**—Any player who lands on this square can invite another player to join them for coffee. If another player is invited to the Cafe square, then they must move to there from wherever they are on the board.

**No Smoking Area**—Any player who is a smoker must miss a turn if they land on this square. Any disagreements about whether or not someone is a smoker should be settled by a vote among the players.

**Busted!**—Anyone who lands on this square has been caught by the police in possession of illegal drugs. Return to the Start square.

**Out For The Count!**—anyone who lands here has stupidly sniffed glue the same evening as drinking alcohol. Because both drugs slow the body down, the person has become unconscious. They need help, and must be put into hospital.

**Hospital**—Anyone who arrives here from the 'Out for the Count' square must miss two turns. But when their third turn comes up, they throw the dice and double the score shown on the dice.

## Finishing Uppers And Downers

An exact number must be thrown on the dice to finish on the finishing square.

If you do not get this exact number, then you wait where you are. (If you are 'waiting' on a snake's head square, then you only have to be asked one question, the first time you land there.) If you run out of cards before you finish, then you can either shuffle the cards and put them back, or the players can make up their own questions.



## Question And Answer Cards

Cut up these Question and Answer cards to play the Uppers and Downers game.

<p>Question: You only get dependent on heroin—want to take it again and again, and find it difficult to stop—if you inject it. True or false?</p>	<p>Question: Women's bodies are more vulnerable to the effects of alcohol than men's—true or false?</p>
<p>Question: People who drink a lot of coffee and then stop suddenly can get headaches—true or false?</p>	<p>Question: Drinking a lot of strong black coffee helps to sober up someone who is intoxicated—true or false?</p>
<p>Question: Which method of taking drugs carries a risk of AIDS?</p>	<p>Question: What do more people die from each year—using heroin or smoking cigarettes?</p>
<p>Question: Which contains more alcohol—a pint of ordinary beer or a single whisky?</p>	<p>Question: You are more likely to get lung cancer if you smoke cigarettes. But can you name one other health risk of smoking?</p>
<p>Question: What does the term 'chasing the dragon' mean?</p>	<p>Question: The last third of a cigarette produces more tar than the first two-thirds combined—true or false?</p>
<p>Question: When Coca-Cola was first invented it contained cocaine—true or false?</p>	<p>Question: Drinking alcohol warms you up—true or false?</p>
<p>Question: What do we mean by 'passive smoking'?</p>	<p>Question: Which two of these are stimulants—things that pep you up—coffee, alcohol, cigarettes?</p>

Answer: True, because women's bodies are generally smaller, and have a lower proportion of water in them. This means that the alcohol is not diluted so much in women's bodies, and so has more effect on them.

Answer: False. The caffeine in coffee (and tea) speeds up the circulation of alcohol and drugs around the body, increasing the intoxicating effect.

Answer: Cigarettes kill more people. For every one person who dies from causes relating to the use of illegal drugs, hundreds die from tobacco-linked causes, says the British Medical Association.

Answer: Smoking increases the risk of heart disease, strokes, bronchitis (bad chest), heart attack, and cancers of the mouth, throat and bladder.

Answer: True.

Answer: False. In fact you cool down because the blood vessels in your skin expand and you lose body heat.

Answer: Coffee and cigarettes. Alcohol is a sedative—something which slows you down.

Answer: False. You can get a habit of using heroin however you take it. But injection is the most dangerous way of using heroin, partly because sharing an injection syringe can pass on diseases like AIDS.

Answer: True—it's the body's reaction to suddenly not getting its regular dose of caffeine, the drug contained in coffee.

Answer: Injecting—when people share injection syringes.

Answer: A pint of ordinary beer—roughly twice as much alcohol as a single whisky.

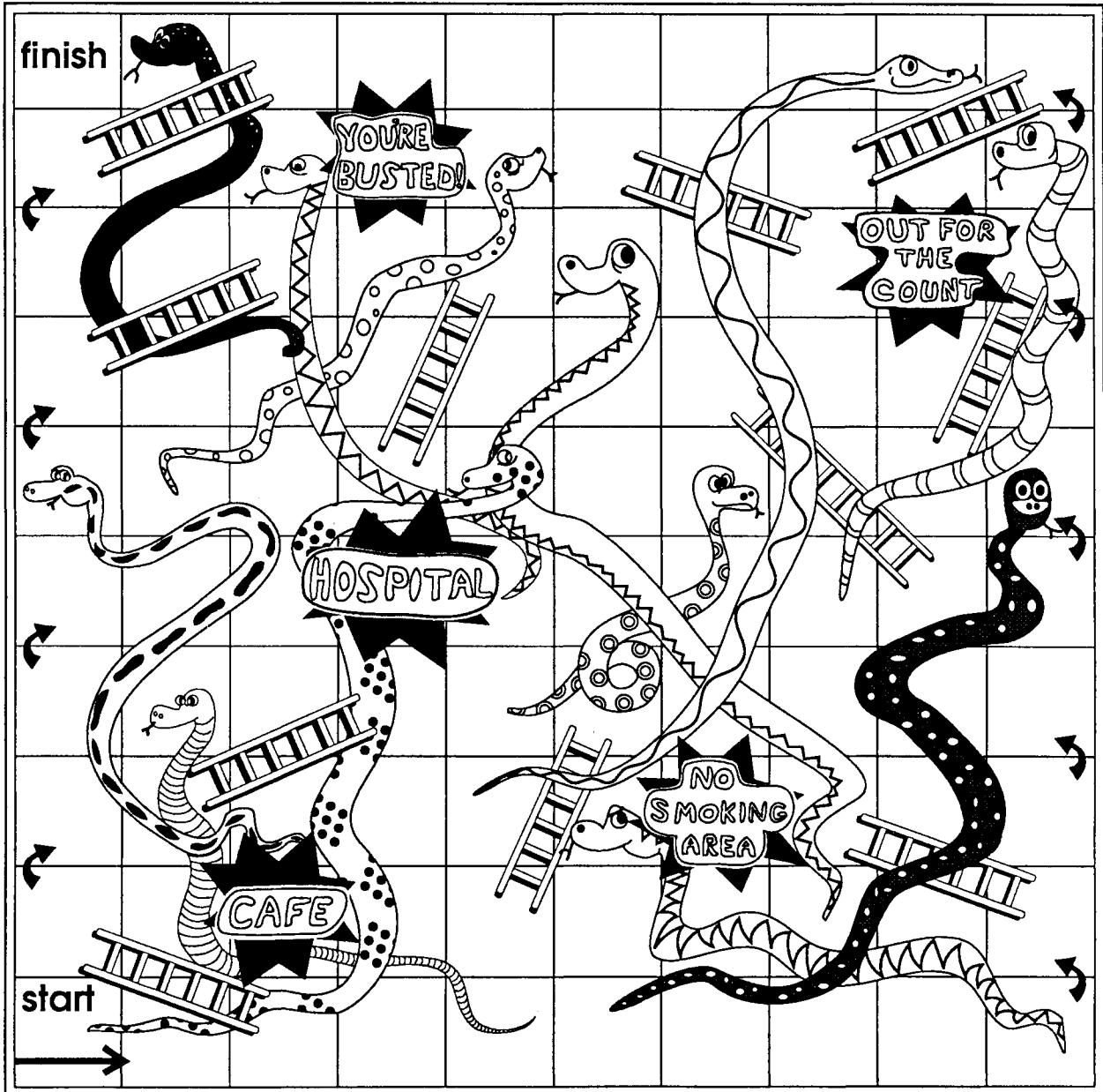
Answer: Inhaling the fumes or smoke of heroin which has been heated.

Answer: True—although it doesn't any more. Now it contains caffeine, the coffee drug, which is also in some other fizzy drinks.

Answer: 'Passive smoking' means breathing in the smoke from other people's cigarettes.

# FACTS ABOUT DRUGS

## THE UPPERS & DOWNERS GAME



Full-sized colour versions of the Uppers and Downers game are available as part of a pack of newspaper-style materials and posters available in lots of twenty for £48 including postage by seairail from: Publications Unit, Institute for the Study of Drug Dependence, 1 Hatton Place, London EC1 8ND, UK.



## Activity 5:

## Face Down

### Purpose

To test participants' ability to relate their knowledge about drugs to different types of drugs.

### What To Do

1. Cut out all of the cards in Handout 14. Please add your own cards with the names given to local drugs and change the names on the cards if they have better known names.
2. On a table or the floor, place all of the cards face down so that they cannot be seen.
3. Divide the group into pairs or threes. You will need a maximum of four teams playing. If there are more than 12 people, make copies of the cards and have two games going at once.
4. Inform the group that you are going to give them a number of categories and you want them to identify drugs which fall within each category. They are to do this by turning the drug cards over, one at a time. If the drug on the card fits the category, this is written in a list under that heading.

#### Example:

*Category*—Three drugs which are illegal.

Participants turn over three cards. If they agree, as a team, that all of those are illegal, they write the names of these drugs on a list under the heading 'illegal drugs'. The cards are then turned face down again, and the next group takes its turn. Some drugs will appear on more than one list.

5. The more the game progresses, the more people know which drugs are on which card, and the more they use their knowledge about the drugs to get the categories.
6. There are no winners and losers. Each group should complete each of the categories. However, there will always be some competition to complete the categories first.

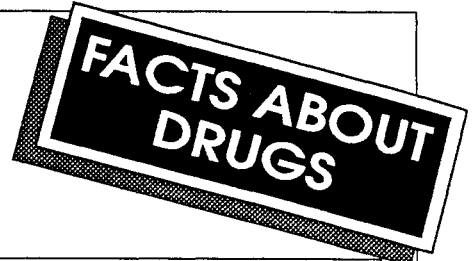
#### Examples of Categories:

1. Three drugs which are illegal
2. Two drugs which are chemically made
3. Three illegal drugs which come from a form of plant life
4. Two drugs which are commonly injected by use of a syringe
5. Four drugs which would be commonly found in any household
6. Three depressants
7. Three stimulants
8. Three Hallucinogens
9. Three drugs with a high likelihood of psychological dependence

There are a number of variations of this game. Each team could have different categories. Teams could keep their answers secret or they could share them with the other team. And so on. It is basically an interesting way to test knowledge.

Handout 14

# Drug Name Cards



BEER	BARBITURATES
WHISKY	ECSTASY
MARIJUANA	GLUE
HEROIN	SOLVENTS
COCAINE	COLA DRINKS
CRACK	TRANQUILLISERS
LSD	OPIATES
MAGIC MUSHROOMS	COFFEE
CIGARETTES	TEA
CAFFEINE	SEDATIVES
AMPHETAMINES	

## Activity 6:

## The law on drugs

### Purpose

To improve people's understanding of the law on drugs and the legal processes.

### What to do

This activity is a role play of a court scene whereby participants re-enact trials of people who have committed drugs related offences.

1. Firstly, explain the purpose of the activity, and what will happen in general terms, to the group. Stress that it is role play but that people should be as true-to-life as possible.
2. Secondly, divide the whole group into five groups:
  - Young people who have committed the offence.
  - Parents.
  - Police and prosecution.
  - Defence lawyers.
  - Jury.

You can choose to be the magistrate or judge yourself so as to keep control of the role play or ask one or more of the participants to play this role.

3. Thirdly, you or the group as a whole should decide what type of drug related crime to work on. Choose one that is of most use or relevance to the participants. Examples might be:
  - Found in possession and under the influence of amphetamines.
  - Drunken driving, responsible for knocking down and injuring a pedestrian.
  - Drinking while under age.

Having decided what the crime is and having sketched in some of the background that is true-to-life (e.g. age of the person involved, circumstances at the time, etc.) each of the group should separately decide what evidence or case they will put in a simulated court trial. This may need some research. The jury should be thinking about what evidence or issues they want to hear about.

4. Now do the role play and have a court trial. Make it more true-to-life by arranging the furniture to look like the real thing. It might go something like:

The magistrate opens the proceedings.

The prosecution would then outline the case.

The young people would then be cross-examined by the prosecution.

The parents would give a character reference.

The jury would discuss the case and give their verdict.

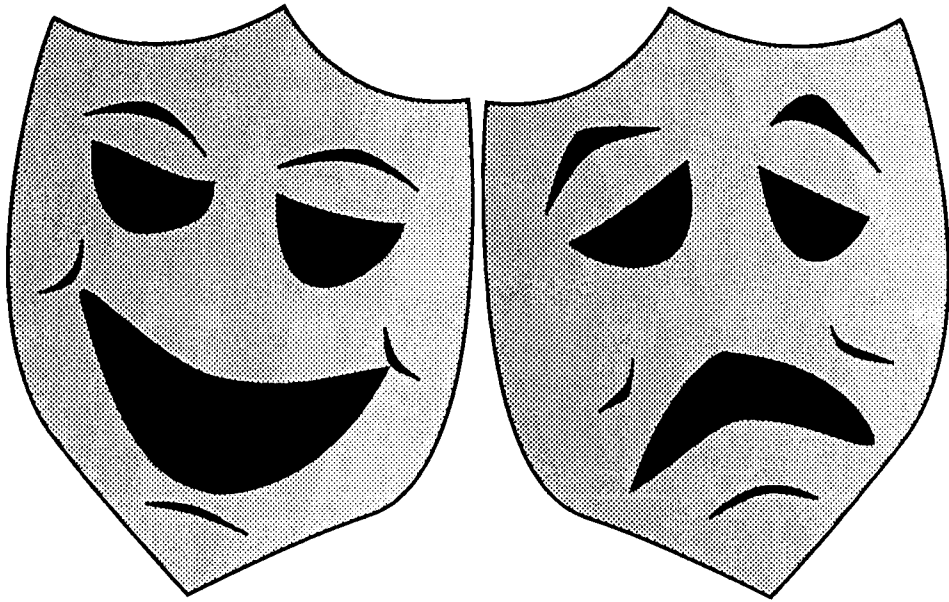
The magistrate would announce the sentence or punishment.

5. After the role play each person should be asked to come out of their 'role' by saying who they are and what they do, in real life. Then have a brief discussion on what took place and clarify any legal questions or legal points that might have been wrong.
6. Then, if there is time, rotate the groups and repeat the role play—this gives a chance to explore a different area of law.

Reference 12

This activity is based on an original by TACADE in 'Locating Drug Education', p. 41. Available from: 1 Hulme Place, The Crescent, Salford M5 4QA, UK.

## **Section 2**



## **Attitudes to drugs**

## Section 2: Attitudes to drugs

### Problem:

Attitudes to drugs, drug use and drug users vary greatly. Cultural variations, class differences, gender, race, age and religion all affect our attitudes to drugs. But if we are not aware of our own attitudes, and the attitudes of others, towards drugs, there is less chance of being an effective influence to bring about a reduction in harmful drug use. Greater self awareness and awareness of others can be a powerful way of bringing about change in behaviour.

Number	Title	Purpose	What To Do	Use with Young People
7	The opinion game	To raise awareness and challenge attitudes to a range of drugs issues.	Card game on statements of opinion.	✓
8	The ranking game	To raise awareness and challenge perceptions about drug use.	Card game on perceptions about drug use (eg. what is socially acceptable).	✓
9	Drugs and male/female assumptions	To raise awareness of gender issues in drug use.	Completing unfinished sentences to establish stereotypes.	✓
10	Drugs, culture and religion	To raise awareness of different cultural and religious attitudes to drugs.	Small group discussion to identify different attitudes, based on participants' experience. Discussion of implications for practice.	

**Activity 7:****The Opinion Game****Purpose**

To raise awareness and challenge different people's attitudes to a range of drug issues.

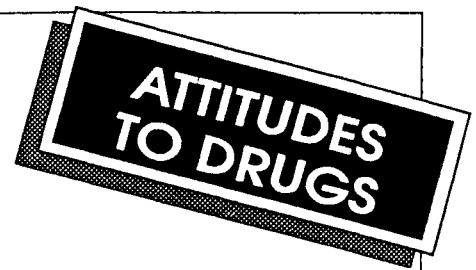
**What To Do**

1. Work in small groups (5/6 people in a group). Give each group a set of opinion cards (Handout 15 ). You can use these statements and/or make up your own to go with them.
2. Each person in the group picks an opinion card off the pile and reads it out loud and places the card down on a point on an imaginary line between Agree and Disagree that represents their view, giving their reasons.
3. Other members of the group now say whether they support where the card lies or think that it should be moved, giving their reasons.
4. When everyone has spoken, the original person chooses whether to move the card or leave it where it is, giving their reasons.
5. The next person should pick up the next card and repeat the process.

A more active version of this is to clear the chairs to one side with two chairs at either end of the room, one labelled agree and the other disagree. Participants must then stand where they want on an imaginary line between the two chairs and say why. The rest of the group should say whether they agree with this and put themselves somewhere on that line.

Handout 15

# Opinion cards

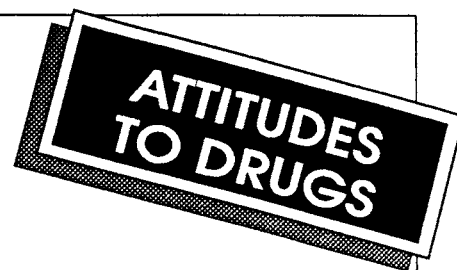


<p>MARIJUANA SHOULD BE LEGALISED</p>	<p>SOME PEOPLE TAKE DRUGS BECAUSE OF POVERTY, DEPRESSION AND LACK OF HOPE</p>
<p>ALL ALCOHOL ADVERTISING SHOULD BE BANNED</p>	<p>USING DRUGS FOR RELIGIOUS CEREMONIES IS O.K.</p>
<p>DRUG TRAFFICKERS SHOULD BE KILLED</p>	<p>ALCOHOL SHOULD BE SEEN AS A 'HARD' DRUG BECAUSE OF ITS HUGE IMPACT ON MOST COMMUNITIES</p>
<p>CIGARETTE SMOKING SHOULD BE MADE ILLEGAL</p>	<p>DRINKING ALCOHOL IN MODERATION IS O.K.</p>
<p>HEROIN DEPENDENTS SHOULD BE MADE TO DO TWO YEARS IN PRISON</p>	<p>TAKING COCAINE IN MODERATION IS O.K.</p>
<p>IT IS NONSENSE TO TRY TO CREATE A DRUG-FREE SOCIETY</p>	<p>MANY 'ANTI-DRUGS' GOVERNMENTS ARE HYPOCRITICAL BECAUSE THEY ALSO MAKE MONEY OUT OF THE SALE OF DRUGS</p>
<p>PEOPLE WHO ARE DEPENDENT ON DRUGS HAVE NO-ONE BUT THEMSELVES TO BLAME</p>	<p>ONE IMPORTANT WAY TO STOP THE SUPPLY OF DRUGS IS TO TACKLE POLICE AND POLITICAL CORRUPTION</p>



Handout 15 (continued)

# Opinion cards



TAKING DRUGS IS NATURAL IN MOST SOCIETIES	PUBLIC CAMPAIGNS AIMED AT DRUG USERS SHOULD USE IMAGES AND LANGUAGE THEY CAN IDENTIFY WITH
WE SHOULD AIM TO MINIMISE THE HARM THAT DRUGS CAN DO TO PEOPLE AND COMMUNITIES RATHER THAN SIMPLY TRY TO STOP DRUGS BEING USED	DRUG EDUCATION AND DRUG PREVENTION WORK SHOULD NOT BE CARRIED OUT IN ISOLATION FROM OTHER SOCIAL EDUCATION PROGRAMMES
THE BEST PEOPLE TO TALK TO YOUNG PEOPLE ABOUT DRUG USE ARE YOUNG PEOPLE THEMSELVES	PEOPLE WHO USE DRUGS LIKE HEROIN AND COCAINE DESERVE PUNISHMENT, NOT HELP
SOME POLITICIANS ARE 'ANTI-DRUG' TO WIN VOTES	PEOPLE SHOULD BE FREE TO TAKE WHATEVER DRUGS THEY WANT TO
TACKLING THE SPREAD OF AIDS IS MORE IMPORTANT THAN REDUCING DRUG USE	THE PEOPLE WHO BENEFIT FROM HEROIN ARE THE PRODUCERS AND PUSHERS SO THEY SHOULD BE PUNISHED AS SEVERELY AS POSSIBLE
DRUG USERS ARE OFTEN BLAMED FOR THEIR HABIT WHEN THE FAULT REALLY LIES ELSEWHERE (e.g. SPONSORED SPORTS EVENTS; LAGER ADVERTS AIMED AT YOUNG PEOPLE)	TO PREVENT THE SPREAD OF AIDS AND OTHER DISEASES, DRUG USERS SHOULD BE ABLE TO FREELY EXCHANGE THEIR DIRTY NEEDLES AND SYRINGES FOR CLEAN ONES
POLICE FORCES SOMETIMES USE NATIONAL DRUG USE AS A REASON FOR UNJUSTIFIED HARRASSMENT OF MINORITY GROUPS	THE PEOPLE WHO BENEFIT FROM CIGARETTE SMOKING ARE THE TOBACCO COMPANIES SO THEY SHOULD BE PUNISHED AS SEVERELY AS POSSIBLE



## Activity 8: The Ranking Game

### Purpose

To raise awareness and challenge different people's perceptions about drug use.

### What To Do

1. The basic idea is for a person to lay out the drug name cards (Handout 14) in a particular order according to an instruction. For example, 'Lay them out from most socially acceptable to least socially acceptable'.

- The individual has to justify why they have put them in that order.
- Others can then give their opinion and try to persuade the person to change the order.
- This will lead to a lot of discussion about the drugs—facts and opinions. There is not necessarily a 'right' answer.

(A variation would be to allow the group to write the names of drugs on to the cards themselves.)

2. The next person can try to put the drugs into a different order using a different criteria. For example, "Lay out the cards from most damaging to the individual to least damaging to the individual". Ideally each person should have a chance to put them into a rank order of some sort. Other rankings could include:

- most damaging to the community as a whole—least damaging to the community as a whole.
- most important to tackle as a problem—least important to tackle as a problem.
- most profit making—least profit making.
- upper-class drugs—middle-class drugs—working-class drugs;
- on the increase—on the decrease.

## Activity 9: Drugs and Male/Female assumptions

### Purpose

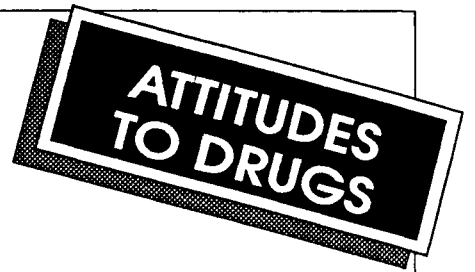
To encourage people to think through the gender assumptions that they make about drug usage. Such assumptions obviously affect the way in which they relate to drug users.

### What To Do

1. Handout 16 is a list of unfinished sentences.
2. Ask people to complete these sentences with their first reactions about the use of drugs by men and women.
3. You may wish to uncover or read these statements one at a time in order to encourage such instant reaction.
4. When completed, ask people to read out their responses and discuss the implications for their work.

Handout 16

## Unfinished sentences



If I saw a table in a pub with wine, beer and whisky glasses on it, I would assume that the men drank...  
and the women drank...

It is only acceptable for a women to get drunk when...

No man in his right mind would order a...

It is mainly men who buy...

Tranquillisers are the only way in which most...

Going to the known club/pub/hotel in the evening is one of the ways in which...

Injecting heroin spoils how attractive you are, so women...



## Activity 10: Drugs, culture and religion

### Purpose

To raise awareness different cultural and religious attitudes to drug use.

### What To Do

1. Explain to the group that they will be analysing the different cultural and religious attitudes to drug use that exist within their own country(ies). Some points you could make in this introduction are:

History is full of the, sometimes disastrous, consequences of 'borrowing' drug-related customs from one culture to another. The introduction of alcohol by European settlers to the North American Indians and Inuits (Eskimoes) are two well-known historical examples.

Members of majority cultures in a country often hold stereotypes about minority groups that are neither accurate nor helpful.

Religious belief is perhaps as important as race in respect of attitudes and customs around intoxication. Many religions offer instructions or guidelines about the use of alcohol and other drugs—either prohibiting alcohol and other intoxicants completely, or allowing them to be used only on special occasions, such as during religious ceremonies.

2. To get the group thinking about what we mean by cultural or religious groupings, ask people in pairs to briefly interview each other to find out the cultural groupings to which they belong.

Some questions to work through might be:

- Do you have a particular religious faith?
- What music do you identify with most?
- What social class would you describe yourself as?

3. In the large group, brainstorm a list of the cultural or religious groupings that the group know exist in their county(ies).

eg

- |                  |                 |            |
|------------------|-----------------|------------|
| • Youth cultures | • Middle Class  | • White    |
| • Elders         | • Working Class | • Colonial |
| • Rastafarianism | • Muslim        | • European |
| • Asian          | • Upper Class   | • Hindu    |

4. Ask each participant to choose three items from the list which combine to define the culture they identify with, for example, White, Female, Middle Class or Asian, Male, Muslim. Each person should then write each of the three relevant cultural or religious descriptions on separate cards, and pin the three cards to their clothing.
5. Divide the group into smaller groups, as follows:
  - a) Ask the participants to 'mill around' for a short time, studying each other's cards.
  - b) Ask each person to find a partner who shares the most number of common cultural/religious identities. In a multi-cultural group, it is possible that some people will find this difficult or impossible. You should explain that this will not hinder the exercise.

- c) Each pair should then remove the cards describing the cultural groups they do not share, so that each person is left with only those cards which describe the cultural or religious identities they have in common.
  - d) Each pair then tries to find another pair or individual who shares the most cultural identities with them.
  - e) At this stage, there will be a number of groups of three or four people, each of whom share at least one cultural or religious identity.
  - f) There may be a number of people left who share no cultural/religious identities with each other. These can be grouped together to form a 'multi-cultural' group. Explain to this group that they should decide on two of the identities 'owned' by the group members, which they would be prepared to discuss.
  - g) Each of the other groups should now identify one cultural/religious identity they have in common, and one other identity they feel they know something about.
  - h) At this point, you should check back in the large group that there is a wide spread of cultures or religions to work on in the different groups.
6. Ask each group to discuss the same four drugs. You should choose a selection of drugs you think highlight the most differences among the 'cultures' being looked at in the small groups. Ask each group to say what their two chosen cultures' attitudes are to each of the drugs by writing their responses to the questions on Handout 17 for each drug, on a sheet of flipchart paper.
7. Pin up the flipcharts so that the charts for each drug are grouped together. Ask everyone to read all the charts and then discuss the different cultural attitudes to different drugs and drug use.
8. Hold a debate with people speaking for and against the view that:

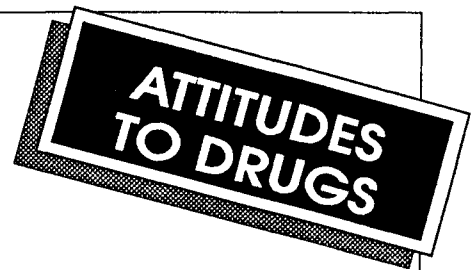
*"Actions to reduce the harmful use of drugs should respect different cultural and religious values within a society."*

**or**

Ask the group to do further research on particular cultural/religious attitudes to drug use where ignorance or stereotypes have hindered learning and understanding in the group.

Handout 17:

# Drugs, culture and religion

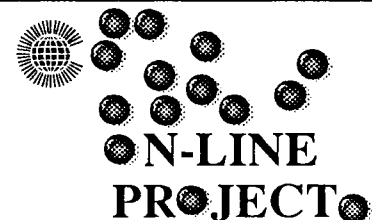


Complete the following questions on a separate sheet of flipchart paper for each drug being discussed. You should respond to each question for your own culture, and another culture you feel you know something about:

1. Do they approve or disapprove of its use for
  - a) medical purposes?
  - b) social/recreational purposes?
2. Why do they hold that view?
3. Given their cultural/religious perspective, what controls over its use would they like to see, and why?
4. What views do they hold about other cultures' attitudes to drugs?

Example:

Drug: .....		
Question	My Culture	Other Culture
1. a)		
1. b)		
2.		
3.		
4.		



# Section 3

Why do people take drugs? ●

### Section 3: Why people take drugs

#### The Problem

Many young people would like to believe there is a single cause as to why young people take drugs—find that cause and we can find a solution. But research suggests that there are many reasons why different people take different drugs at different times. Looking at the reasons for taking drugs needs to happen at the specific real level of why I took drugs at that point in time and at the generalised level of why people generally take drugs.

Number	Title	Purpose	What To Do	Use with Young People
11	Personal reasons and excuses	To develop an understanding of different personal reasons and excuses for taking drugs.	Self-assessment using handout and group discussion.	✓
12	A structural analysis of reasons for drug use	To improve understanding of why people take drugs.	Role plays of drug-taking scenes based on a 4-point analysis of drug taking.	

## Activity 11: Reasons and excuses

### Purpose

To develop understanding of different personal reasons and excuses for taking drugs.

### What To Do

1. Ask each member of the group to mark on Handout 18 the reasons or excuses that they think made them take drugs (of any sort) on the last three occasions.
2. Then ask them to put a star by three phrases they think are the first three most important reasons for taking drugs; and three that are the most important excuses for taking drugs.
3. Write up everyone's top three reasons and top three excuses on two sheets of paper.
4. Discuss these.
  - what's the difference between a reason and an excuse?
  - what are 'good' reasons or excuses?
  - what could be done to get rid of these reasons or excuses?
  - what might happen if you can get rid of them?

## Activity 12: Why do people take drugs?

### Purpose

To improve people's understanding of why people take drugs.

### What To Do

1. Work in 4 groups. Each group has a copy of Handout 19, "Why Do People Take Drugs".

Each group is asked to:

(a) discuss the four reasons and, if possible, come up with examples from their experience of those things happening in reality.

(b) Prepare a 5-minute role play showing a scene illustrating the most important influences.

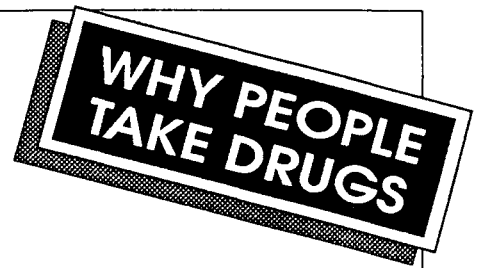
2. Each group act out their role play to the rest of the group. The rest of the group make a note at the end of the role play of the reasons/ influences they thought were being acted out and who they thought was the person responsible for the drug abuse being acted out.

Have a group discussion in which:

- the reasons for drug taking in each role play as seen by the group are written up;
- the differences and similarities in people's views are raised about why people take drugs;
- the implications are drawn out about who is responsible for people taking drugs

Handout 18

# Why I took drugs: Reasons and Excuses

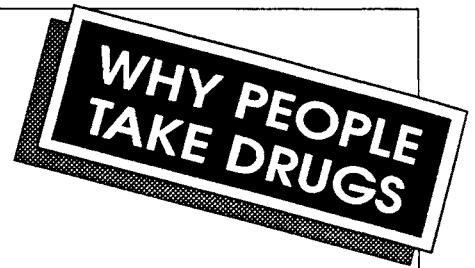


Tick the statements below that were reasons or excuses for you actually taking drugs.

- My parents use it/them.
- I really don't know why.
- It's what all the gang were doing.
- I had a headache.
- It made me feel good the first time.
- We had arranged to meet at a local pub.
- I wanted to get through the day.
- I wanted a buzz.
- I wanted to take the risk.
- Someone passed me a joint to smoke at a party.
- When you're down-and-out, what else can you do for kicks?
- Everyone takes drugs, so why not me?
- It goes with my 'image'.
- Someone dared me to do it, so I had to.
- I was unhappy.
- It was just a phase I was going through.
- It was advertised on telly so I thought I'd try it.
- I was bored.
- It was cheap.
- I wanted to prove I wasn't scared.
- It was on impulse.
- To have a laugh.
- I just got caught up with a crowd that took drugs.
- Everyone else was getting 'high' and I didn't want to be left out.
- I wanted to do something different.
- To control my nerves.
- I didn't know I was breaking the law.
- To get in touch with my inner self.
- I was depressed.
- To see what it was like.
- To rebel against my parents, the school, the law.
- I didn't know what it was.
- I wanted to harm myself.
- Other—please specify.



# Reasons For Taking Drugs



## Why Do People Take Drugs?

1. Because they want to change how they are feeling

- To relieve pain (eg. caused by disease or fatigue)
- To enjoy pleasurable effects
- To obtain new sensory and perceptual experiences
- To enhance feelings of self-esteem through a drugs 'high'.

2. Because of the influences on them

- It is easily available (eg. in inner city areas)
- Mass media (eg. advertising for legal drugs, stories in the paper of drug abuse incidents)
- Life is so appalling because of poverty, poor conditions, lack of facilities
- The price dropped
- There is no feeling of a personal future
- Escape boredom and use up spare time
- Peer group pressure (eg. be in with the in-crowd)
- Cultural/religious norms.

3. Because of how they were brought up

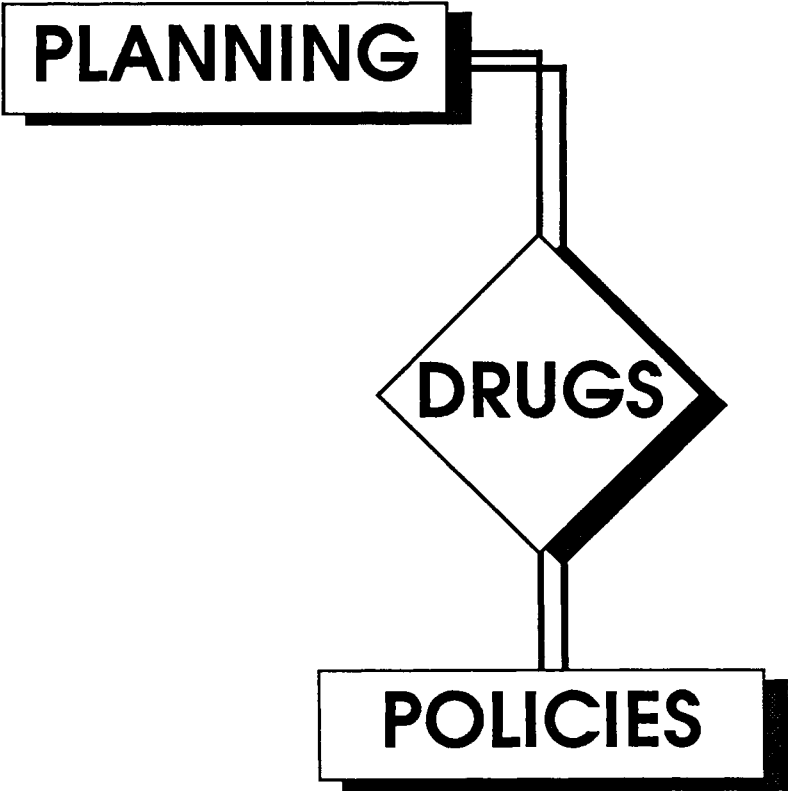
- Family life experiences
- Way looked after as a child
- Cultural/religious norms

4. Because of their personality

- Curiosity
- Seek thrills, take risks
- Way of experiencing independence
- Way of rebelling against 'the establishment'
- To hurt myself



# Section 4



## Section 4: Planning a drugs policy

### The Problem.

Many countries are investing major resources to fund new initiatives to tackle the growing problems associated with drugs use. But each country is different—economically, socially and politically. Each country's drug problem is unique and requires a clear set of aims and strategies relevant to its culture and situation. What broad framework can countries use to develop a national drugs policy that is relevant to their needs and circumstances?

This problem is no less true for organisations. What key questions do they need to answer in order to develop an organisation policy towards drug abuse?

Number	Title	Purpose	What To Do	Use with Young People
13	A National Framework	To increase understanding of a national framework for a drugs policy and to begin the planning of that policy.	Presentation and discussion of a national framework and a case study with a participative planning exercise.	
14	Key National Policy Issues	To identify ways of resolving some key national drugs policy issues.	Creative activities in large and small groups.	
15	An Organisation's Drug Policy	To assist the planning of an organisation's drug policy and develop a code of conduct for staff.	Use of planning 'tool' and an example 'code of conduct' in small groups.	

### Activity 13:

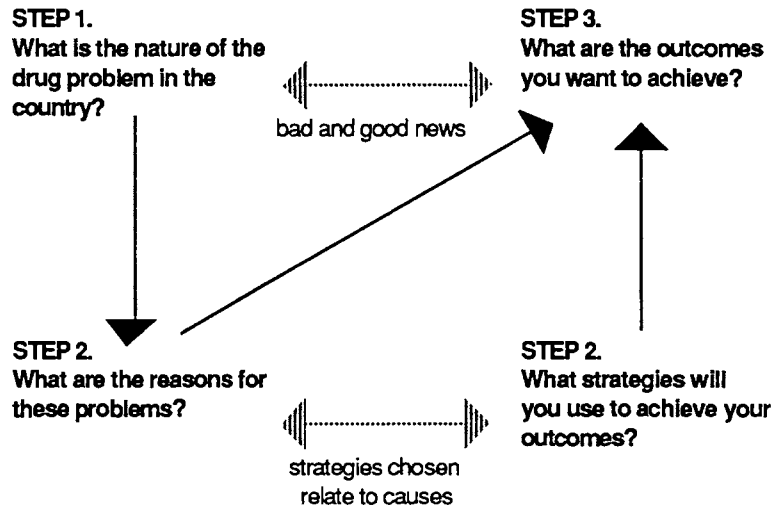
### A national framework

#### Purpose

To increase people's understanding of a national framework for a drugs policy and to begin the process of planning that policy.

#### What To Do

1. Give a presentation on the possible framework of the national drugs policy (Handout 20). In presenting this, make clear the importance of the sequence and links in the first four steps.



It may be useful to illustrate the sequence by using an example: Handout 21 summarises the national policy for one country.

2. Lead the group through questions of clarification and identify areas for further debate and discussion — eg.
  - Do you agree with the country's policy aim of minimising the harm drugs do rather than creating a drug-free society—what are the arguments on both sides?
  - Do you agree with the country's approach to controlling the supply of drugs?

3. Ask the group to draw up the basic outline of a national strategy that would be appropriate for their country.

Divide into small groups and ask each group to draw up a national policy using the key headings. Depending on the time available, you could either—

- give them some relevant basic factual information about drug use in the country and existing programmes
- or
- ask them to carry out the necessary research over a period of time.

4. Each group should present its findings. This could be followed by further debate and discussion with a view to creating a consensus proposal for a national drugs policy. Focus on what the right balance is between:—
  - strategies to reduce demand versus strategies to control supply versus strategies to minimise harm;
  - prevention/early intervention/treatment and rehabilitation;
  - help and advice versus threats and punishment.

Handout 20

# National Drugs Policy Framework

**PLANNING  
DRUGS POLICIES**

## The Framework of a National Drugs Policy

① What is the nature of the drug problem in the country?.

- The drugs being used and the demand for drugs?
- People using drugs—ages, gender, ethnic groups, employment status
- The supply of drugs into the country
- The damage or impact that drugs and drug-related problems are having.

② What are the reasons or causes for these problems?

- Reasons why certain drugs and not others are used in a harmful way
- Reasons why particular groups of people are using them
- Reasons why drug use is having the impact it is
- Reasons for the current nature of facilities/services provided.

③ What outcomes do you want to achieve?

- A drug-free society?
- Reducing demand for drugs?
- Controlling the supply of drugs?
- Minimising the harm drugs do?

④ What strategies will you use to achieve your outcomes?

At national, local and community levels, what will be actively done concerning:

**Reducing the demand for drugs**

- Prevention strategies
- Early intervention in the lives of drug users
- Treatment and rehabilitation of drug dependents

**Controlling the supply of drugs**

- Improved customs procedures
- Harsher penalties
- Better international cooperation

**Minimising the harm drugs do**

- Needle exchange schemes
- Controlled drinking programmes
- Family support groups

Handout 20 (continued)

# National Drugs Policy Framework



⑤ Resources to implement and support the drugs policy

- Which agencies are implementing and will implement the policy?
- How much money is being spent and will be needed?
- What training, information and support is and will be required to implement the policy?

⑥ Management of the policy.

- How is the policy being managed or co-ordinated now at national and local levels and in the future?
- What systems for communication will be developed?
- Who is and will be making decisions about resources at national and local levels?

⑦ Evaluation of the policy

- How will the changing nature of the drug problem be monitored?
- How will the success of the various current and future programmes be evaluated?
- How will the efficiency of the implementation of the current and future programmes be monitored?



Handout 21

# National drugs policy case study

**PLANNING  
DRUGS POLICIES**

## ① The nature of the drugs problem

Surveys of drug use by young people have been conducted in the country since 1971. These surveys show that in the fourteen to nineteen year age group the main drugs used are alcohol, tobacco, analgesics and marijuana. Opiates are only used by a very small percentage of young people.

## ② Causes of the drugs problem

Research has shown that the use of illicit drugs only occurs after use of legal drugs has taken place. This has meant that the main emphasis of the country's work in the drugs and youth area has been with legal drug use.

## ③ Aim of the country's drugs policy

A national campaign against drug abuse has been in operation since 1985 with the aim of minimising the harmful effects of drugs, both licit and illicit, on society.

## ④ Strategies for achieving outcomes

### i) Strategies for minimising the harm drugs do

The current strategy emphasises activities aimed at reducing demand for drugs through prevention and treatment services while maintaining and selectively enhancing drug supply control measures. Whilst it is necessary to maintain both treatment and preventive education services in a comprehensive national policy, most benefit in the longer term would flow from an increase in preventive strategies. The major emphasis in the next triennium will be placed on prevention, and that the special requirements and circumstances of young people be addressed in all drug programmes and campaigns.

Handout 21 (continued)

## National drugs policy case study



PLANNING  
DRUGS POLICIES

### ii) Methods for reducing the demand for drugs

- Each of the regions are involved in a **variety of programmes** for young people ranging from drop-in and counselling centres to education programmes, peer leadership programmes, tertiary student programmes, training of youth workers in drugs and alcohol, families-in-action, smoking cessation programmes and assertiveness training.
- **Videos and other resources** have been made which are used as part of overall approaches to drug education.
- Programmes are to be placed within a broad framework of **health education**, linked to other activities and to be part of ongoing programmes.
- Ensuring that all other **government departments** who make policies and conduct programmes which may affect youth consider their activities in light of youth needs, including drug-related issues.
- **A major alcohol and youth media campaign**, including television commercials, magazine inserts and posters and the development of a computer software programme on alcohol.
- Many **schools** are involved in drug education programmes from early years until the end of schooling and into the post secondary years.
- **A pilot study** aimed at producing a statement/framework to include drug education as part of the curriculum in order to make sure the process will be ongoing. This pilot stage will be completed in 1990.
- **A Youth Workers Training Programme** has been developed over the past two years. It was developed in consultation with youth workers around the country and is based on dealing with workers' attitudes towards drug use and their own dependency situations.
- **A peer programme** which works with youth leaders who then teach other young people about drug issues is based on research which shows that peers learn best from their own age levels.
- **Families In Action** is a programme run by a non-government organisation. It implements community-based activities which enhance young people's ability to make choices about drug taking which are conducive to health and/or promote healthy home and community environments. Activities include workshops, street theatre, drug information media campaigns, lobbying, etc. In many instances these activities are initiated by young people.

Handout 21 (continued)



# National drugs policy case study

## iii) Methods for controlling the supply of drugs

- Customs controls provided by the Customs Service.
- Collecting intelligence about drugs by the Criminal Intelligence Bureau
- Coastal protection and surveillance.
- Air cargo security.
- Tracking the proceeds of illicit drugs activities.
- Access to tax files.
- Waterfront security.
- Security of drugs in community pharmacies.
- Drugs squads employed by the State Authorities.
- Mutual association with other countries on trafficking, extradition, etc.
- Legislation on control of designer drugs, forfeiting of assets, telephone and mail interception, detention and search, control of barbiturates.

## ⑤ Resources to implement and support the policy

A total of \$32 million was made available in 1985-86 for expanded and 5 new initiatives in attacking drug abuse. The total allocation for 1985-86 was:

	\$m
Treatment and rehabilitation (contribution to cost-shared programmes)	18.5
Education (contribution to cost-shared 6 programmes)	2
Media/Information Campaign National Education Initiatives Research and Evaluation	3
Centres of Excellence Information and Monitoring	1.5
<b>TOTAL:</b>	<b>15</b>

A total of \$500 million was provided for the ongoing National Drug Education Programme in 1985-86.

Handout 21 (continued)



# National drugs policy case study

## ⑥ Management of the policy

Chain of Responsibility	Membership
Premiers' Conference	The Head of Government and each Regional Premier.
Ministerial Council on Drug Strategy	Two Ministers responsible for either health, law/attorney-general's or police portfolios from each Region.
Standing Committee of Officials of the Ministerial Council on Drug Strategy	Senior executives of the departments responsible for the relevant portfolio areas
Committees Sub-Committees Working Groups	Officials, expert advisors drawn from academics, professionals and community

## ⑦ Evaluation of the policy

The campaign against drug abuse has been evaluated by an independently led Task Force and concluded that it had moved a long way towards its goal of minimising the harm caused by drugs in society. The campaign was assessed as a major success having established a sound base on which to build.

More quality data on drug use are needed to identify the most appropriate targets for action, and to measure progress in achieving the objectives of the campaign.



## Activity 14: Key national policy issues

### Purpose

To identify ways of resolving four key national drugs policy issues, namely:

- a) on researching the nature of drug use;
- b) achieving drugs goals;
- c) making drugs programmes relevant and effective, and
- d) government social policies.

### What To Do

1. Four of the issues raised at the Commonwealth Youth Conference on tackling drugs are given on Handout 22:

- ① The need for proper research of the nature of the drugs problem as a starting point for planning a response.
- ② The choice between the overall goals of seeking to achieve a drug-free society versus seeking to minimise the harm drugs do to society.
- ③ Ensuring that programmes aimed at reducing the demand for drugs are relevant to the needs, concerns and positions of drug users.
- ④ Recognising that other government policies on homelessness, unemployment, and so on may be contributing to problems of drug abuse and needing action to prevent this happening.

(If the group feel that other major areas are more important to discuss and work on, then substitute these issues and adapt the rest of the exercise accordingly.)

2. Work in four groups.

Group One: Produce a set of proposals for ways of finding out the real nature of drug use among different groups in their country.

Group Two: Write a dialogue between two people on the arguments in favour of aiming for a drug-free society and arguments in favour of seeking to minimise the harm drugs do.

Group Three: Produce an action plan for ensuring that new programmes aimed at reducing the demand for drugs are relevant to the target groups concerned and not just ideas someone thought might work.

Group Four: Write a newspaper article that criticises the government's general social policies for making the drugs problem worse; and a press release produced by the government saying how well the government's overall social policies help to reduce the demand for drugs.

Each group should then decide how they will present the outcomes of their work to the group in a way that involves the whole group in a participative way.

For Example:

1. If Group One feel that youth workers could conduct a street survey among young people, then this idea could be presented by asking the group to role play doing a street survey.
2. The dialogue produced by Group Two could be copied out and people in pairs asked to read it out and then carry on when the script runs out.
3. Members of the group discuss the action plan but do so whilst acting out the roles of the different target groups for drugs programmes.
4. The group are asked to write 'letters' to the newspaper in response to the article and the press release.

### Activity 15: An organisation's drug policy

#### Purpose

To assist people to plan their organisation's policy and work on drug use, and to develop a code of conduct for their staff.

#### What to do

1. Distribute Handout 23, which is a planning tool to assist workers in an agency develop their organisation's drug policy, and Handout 24, which is a draft code of conduct for workers in an organisation.
2. Lead the group through the first handout explaining what the questions mean. Deal with any questions to help clarify what is being asked for.

Divide the group into pairs and ask people to try to fill in the policies.

Note— If people are from the same agency, they can fill it in together or do it separately and compare different outcomes!

If people are from different agencies, they can take it in turns and help each other.

3. In the whole group ask each pair to report back:
  - (a) key issues arising from trying to complete the task.
  - (b) how they could use the handout in their own agency.

Reference 10

Handout 22

# National drugs policy issues



Some key issues in developing a national drugs policy

## Research: How to find out what's really going on

What methods can be used to get an accurate picture of the drug problem in our country? Sample survey (like opinion polls) in local communities. School based surveys? Surveys and reports by local people who work in the community? Reports by doctors and treatment centres, crime statistics.

## Aims: Drug-free or harm minimisation?

Is aiming for a drug-free society an unachievable goal? Would a more realistic, achievable and acceptable goal be to minimise the harm drugs do to individuals, families and the community as a whole? Or should we not surrender our ideals and aim for a society free of all (illegal) drugs.

## Methods: How to make drug programmes relevant

How can we be sure that the methods and programmes used for reducing the demand for drugs are relevant to the needs, concerns and positions of drug users?

## Government Policies: Who's to blame: the government or the individual?

Should a national drugs policy make the government assess how much its housing, employment, education and social security policies are creating conditions that will lead to increases in drug use and policies? For example, if homeless people steal to get money to buy drugs to help pass the day quickly, then policies that create homelessness lead directly to increases in drug use. Or is it an individual's responsibility for taking drugs so people should not pretend it is someone else's fault? Who will implement the policy on drugs—the government, other organisations?



Handout 23



# Developing my organisation's drug policy

1. What is the nature of the problem in the geographical area covered by my agency?

The drugs that raise most concern are:

①

The problems in our area:

Draw a rough map of the area covered by your agency and write in the situation as you see it.

Handout 23 (continued)



# Developing my organisation's drug policy

The main problem is:

②

Health problems:

Legal problems:

Other problems:

The groups of people whose drug use is of most concern are:

③

The response of other agencies and the community so far includes:

④

Handout 23 (continued)



## Developing my organisation's drug policy

2. The role my agency should play in response to these problems is:  
(comment on each option)

**Set up a specialist drug centre within our agency** ①  
Comments:

**Integrate drug-related work into all our work** ②  
Comments:

**Refer people we encounter with a drug problem to other agencies.** ③  
Comments:

**Set up an inter-agency response with other agencies.** ④  
Comments:

**Other ideas:** ⑤

Handout 23 (continued)



# Developing my organisation's drug policy

## 3. Code of conduct for my agency

The draft code of conduct attached is:

## 4. Support needed in my agency

In order to improve our work on drug issues we need: (fill in your views)

- personal support for staff
  
  
  
  
  
  
  
  
  
  
- training for staff
  
  
  
  
  
  
  
  
  
  
- resources
  
  
  
  
  
  
  
  
  
  
- working groups
  
  
  
  
  
  
  
  
  
  
- other ideas

- personal support for staff
  
  
  
  
  
  
  
  
  
  
- training for staff
  
  
  
  
  
  
  
  
  
  
- resources
  
  
  
  
  
  
  
  
  
  
- working groups
  
  
  
  
  
  
  
  
  
  
- other ideas



Handout 24

# Drugs code of conduct



## Draft code of conduct

*Source:* This extract is taken from "High Profile", material for British Youth Workers, published by ISDD.

The agency has drafted a Code Of Conduct indicating the proper course of action for our staff facing certain situations involving legal or illegal drugs. Following consultations, the Code will be modified and then incorporated into the conditions of employment of the agency.

Note that this (draft) Code Of Conduct applies only to certain situations in which consequences of not taking action could be very serious. It will not be practical or desirable to take action in the case of every instance of an alcoholic drink or cigarette being consumed by young people.

### 1. Management of premises

Immediate action must be taken, involving the police as expedient, to curtail the following activities.

- use of illegal drugs on the premises of the agency, or
- supply of alcohol or illegal drugs on premises.

These activities place both the worker and the agency at risk of prosecution.

### 2. Confidentiality

Staff may maintain confidentiality and are not obliged to inform the police or line manager in the following circumstances.

- When the worker learns that a young person has used alcohol, solvents or any illegal drug;
- When the worker observes young people in possession of illegal drugs away from the agency's premises.

Nevertheless, staff may decide it is in the best interest of the young person, themselves and/or the agency to take action.

### 3. Obstruction

Staff must not obstruct the process of police investigations as this is a serious offence. The offence of 'obstruction' involves a positively and actively obstructive act, such as the physical concealment of illegal drugs or of a person who possesses them, or helping such a person to escape the police (eg. by creating a diversion or providing means of transport).

### 4. Confiscating drugs

In the case of a young person who possesses small amounts of drugs for his or her own use, the staff (or any other member of the public) may receive the illegal drug from the young person in order to give it to the police or to destroy it.

Ideally, the transfer of the drug from the young person to the worker should be witnessed by at least one other adult so that the worker has a defence against any suggestion that the drug might be their own. Likewise, if the drug is destroyed (eg. by flushing down a toilet), then this too should be witnessed.

Handout 24 (continued)

## Drugs code of conduct



Whichever action is taken, destroying or handing to police, it must be carried out as soon as possible. In no circumstances should staff keep drugs on the premises or their person over night.

If the drug is given to the police, the worker is not obliged to give the name or other identifying characteristics of the young person from whom the drug was taken, and it is the policy of the agency that names should not be given by anyone other than senior management.

However, the worker must in all such cases immediately (within 12 hours at the most) inform senior management, who will then ask the worker for background details before deciding any line of action.

### 5. Contacting parents

Under normal circumstances, when dealing with the younger age range (under 18) as opposed to young adults, parents should be contacted in cases of confirmed and repeated use of alcohol, solvents or any illegal drug whenever there is any indication of serious risk to health.

In all cases the worker should first negotiate any such contact with the young person concerned, so that it may be done on his or her terms as far as possible.

However, in cases where the worker judges that family relationships may be an important contributory factor to drug use, or where he/she suspects contact with parents may not be beneficial for the welfare of the young person concerned, the situation should be discussed in the first instance with their line manager before any decision not to contact parents is taken.

### 6. Preventing death and serious illness

Immediate action should be taken to prevent the following activities which carry the highest risks of death.

- sniffing aerosols and butane (risk of suffocation due to the vocal cords going into spasm, and/or heart failure);
- drinking alcohol and sniffing any solvent within an hour of each other (sedative overdose);
- drinking alcohol and taking a tranquilliser or sedative drug within hours of each other (sedative overdose);
- injecting any substance, since using unsterilised syringes carries a risk of contracting diseases such as hepatitis B, or becoming infected with the HIV virus, leading to AIDS.

#### Disposal of syringes

In the event of staff finding or taking possession of any syringe that may have been used for injection, extreme caution should be exercised. The following precautions should be taken.

The syringe should be removed to a strong, preferably metal, container, taking great care to avoid any contact with the needle during the transfer. At the first opportunity the container and syringe should be taken to a hospital, which will have facilities for these items to be safely disposed of.

Management should be informed of the incident as soon as possible.

Handout 24 (continued)

# Drugs code of conduct



## Loss of consciousness

Any person who appears to have lost consciousness following use of drink and/or drugs, and/or solvents should be placed on their side in the 'recovery position'. If breathing or heartbeat is shallow, then get an ambulance or other immediate transport to the nearest A & E hospital department. Such action, possibly saving a life, must take priority over any other considerations.

## 7. Drug supply

In the case of a young person or an adult whom the worker knows or strongly suspects has been or is supplying any illegal drug to any young person with whom he has contact, the worker must inform management who will, in the ordinary course of things, pass on this information to the police.

## 8. Advising and counselling young people

It is desirable to give accurate information to young people. For example, staff may reasonably say—"X is illegal, Y is not; W is more dangerous than Z". Such information can be given to those who are already using, or who seem about to use.

### Giving advice about acts which are not illegal

Furthermore, staff may make direct, life-saving suggestions in relation to acts which are not illegal (eg. drinking, solvent sniffing). For example, a worker may reasonably say—"Stay away from the agency, stay away from aerosols, and stay away from the canal. Sniff glue down the park, if you must do it somewhere".

### Avoid agreeing that an illegal act should take place

However, staff must take care that they are not inadvertently drawn into any conversation with young people in which they become a party to an agreement that illegal drug use take place. This danger arises if workers who are under pressure give direct instructions along the following lines—"Don't smoke cannabis on club premises—do it over the wall".

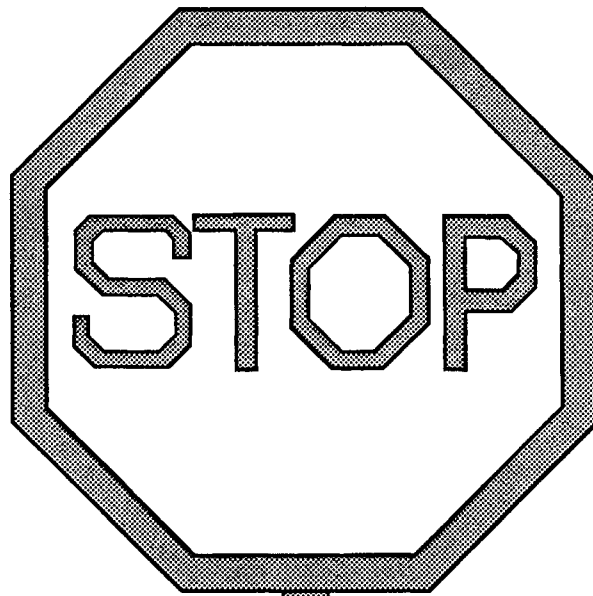
Such a conversation might conceivably be grounds for a charge of Conspiracy (an agreement between two or more people that one or more shall break the law) or of Incitement (encouragement by one person to another to commit an illegal act).

Source: This draft is taken from 'High Profile', material for British youth workers, which also includes advice on conducting consultations for drawing up policies appropriate to local circumstances. High Profile is available in sets of 20 newspaper-style materials with 80 colour posters/games. It costs £48 including postage by seairmail from: Publications Unit, Institute for the Study of Drug Dependence, 1 Hatton Place, London EC1 8ND, UK. In 1990 the ISDD will publish more materials on the practicalities of drawing up local policies.



# Section 5

## Preventing



the  
use  
of  
drugs

## An overview

## Section 5: Preventing the use of drugs: An overview

### The Problem

One approach to reducing the demand for drugs is to prevent people from starting to use drugs at all. But stopping people from doing something they don't yet do can be difficult.

- What turns people off?
  - Knowledge of the risks?
  - Fear of the dangers?
  - Fear of the punishments?
- How can you prevent drug use without raising people's interest at the same time?
- Who should be the target for any drug prevention strategies?—young people? parents? adult role models? teachers?

Number	Title	Purpose	What To Do	Use with Young People
16	Identifying Ways To Prevent Harmful or Hazardous Drug Use	To raise awareness of the links between the reasons why people take drugs and prevention methods	Finish the sentence exercises and group discussion	
17	Four Strategies To Prevent Harmful or Hazardous Drug Use	To increase knowledge of four strategies for preventing harmful or hazardous drug use and methods within each strategy	Talking wall activity in large and small groups	
18	Choosing Priorities for Drug Prevention	To establish the group's priorities for preventing harmful or hazardous drug use and to raise awareness of different attitudes to prevention	Card game to establish priorities in a group	✓
19	Prevention Strategies In Other Countries	To increase knowledge of broad prevention strategies in other countries and compare them to their own situation	Small group discussion of case studies from other countries and large group comparison/analysis	

## Activity 16: Identifying Ways To Prevent Drug Use

### Purpose

To raise people's awareness of the links between why people take drugs and ways of preventing harmful or hazardous drug use.

### What To Do

1. Write on a flipchart "The reason why people take drugs is because .....". Ask each member of the group to finish this sentence with four different answers based on their knowledge and experience.

2. Take it in turns for each person to read out one of their sentences and write up what they say on the flipchart. At the end, lead a discussion on the various statements and see if it is possible to identify reasons that can be ground together by putting a mark beside them.

eg A '✓' by those reasons to do with wanting to change how a person feels.

A '\*' by those reasons to do with external influence on the individual.

A '○' by those reasons to do with how people are brought up.

A '□' by those reasons to do with the individual's knowledge, skills and attitudes.

3. Divide into four groups (or as many groups as there are 'categories' of reasons for taking drugs). Ask each group to.

(a) Re-write the list of reasons for taking drugs they are working on.

(b) Produce a list of methods for preventing drug use that relates directly to those reasons.

4. Each group report back to the whole group and discuss and add to their ideas.

## Activity 17: Four Strategies To Prevent Harmful Drug Use

### Purpose

To increase people's knowledge of four different strategies for preventing harmful or hazardous drug use and identifying specific methods that might be relevant to their situation.

### What To Do

1. Place four flipchart sheets around the room headed:
  - (A) **People Take Drugs Because They Want To Change How They Feel** eg. to get greater feelings of self-esteem through the drugs 'high'.
  - (B) **People Take Drugs Because Of External Influences** eg. adverts for beer.
  - (C) **People Take Drugs Because Of The Way They Were Brought Up** eg. family problems.
  - (D) **People Take Drugs Because Of Their Personality** eg. to rebel against authority.
2. Ask the group to go round the room and write examples of these under each heading. You might like to start this by going round and putting up an example yourself in front of the group to show what is meant. (Handout 25 gives a longer list of examples).
3. Discuss each flipchart in turn and the different opinions that people have. Add any new ideas that emerge from discussion. If necessary write additional charts for broad categories of reasons for taking drugs which have not been covered above.
4. Now put up a blank flipchart beside each of these with the headings.
  - (A) **Harmful Drug Use Can Be Prevented By Providing Alternative Experiences That Change How People Feel.**
  - (B) **Harmful Drug Use Can Be Prevented By Tackling The External Influences That Promote Drug Use.**
  - (C) **Harmful Drug Use Can Be Prevented By Improving The Way Families Bring Up Their Children.**
  - (D) **Harmful Drug Use Can Be Prevented By Changing People's Knowledge, Skills and Attitudes To Drug Use.**

Carry out a brainstorm of activities and actions that could be undertaken for each of the four charts. Try to get as many different ideas as possible and relate the ideas suggested directly to the first list of causes of drug use.
5. Discuss and debate which of these strategies for preventing harmful drug use should have the greatest priority, and why. A list of possible strategies is given in Handout 25. You could use this handout by referring to it yourself or by asking the group to compare their ideas with those on the handout.

# Drug Prevention Strategies



## Ways of Preventing Drug Use

### Reasons for Taking Drugs:— (A) To Change How They Feel

#### Change how people feel without using drugs:

- Hypnosis
- Relaxation therapy
- Physical exercise
- Dangerous sports
- Being given responsibility

### Reasons for Taking Drugs:— (B) Because Of External Influences

#### Tackle the external influences:

- Control advertising
- Control mass media
- Reduce availability of drugs
- Improve people's living conditions and job prospects
- Increase the price of drugs
- Provide leisure facilities
- Work on underlying issues of concern to drug users
- Raise public awareness of risks
- Provide better information
- Peer support programmes

### Reasons for Taking Drugs:— (C) Because Of How They Were Brought Up

#### Provide services to support families and people in non- traditional types of settings:

- Financial support to families
- Good Parenting Education Programmes
- Counselling services for single parents
- Suitable alternative family systems e.g. refuges, foster parents, group homes, etc.

### Reasons for Taking Drugs:— (D) Because Of Their Personality

#### Provide personal support to individuals:

- Counselling
- Drug-free alternatives
- Reduce their marginalisation and isolation
- Change people's attitudes to people who are rebellious



## Activity 18: Choosing priorities for drug prevention

### Purpose

To establish the group's priorities for preventing harmful or hazardous drug use and in doing so to explore people's attitudes and ideas.

### What To Do

1. Ask each person to write down on four cards four ways of preventing people from taking drugs.
2. Work in small groups (4-6). Place all the cards on the floor or a table so everyone can see them.

(a) Tell each member of the group to read the cards and to turn over any card they don't understand or would disagree with as being a way of preventing drug use.

(b) Now explain that all the cards that people can see are strategies for preventing drug use that everyone agrees with. Check whether anyone wants to turn any more over.

Now pick up and discuss each of the turned-over cards, asking the person who wrote it to explain their thinking and reasons for putting it there. If there is agreement or amendment and then agreement, leave it showing. If not, put it to one side. Repeat this for each card.

(c) Now ask each member of the group to pick up two cards from those showing that they think are the main ways of preventing drug use that should be focussed on. Place the rest to one side. Each person put the ones that have been picked up into two categories—first priority and second priority. Write them up as two lists on flipcharts and discuss them.

## Activity 19: Prevention strategies in other countries

### Purpose

To increase people's knowledge of harmful or hazardous drug use prevention strategies in other countries and to relate them to their own situation.

### What To Do

1. Ask people to work in small groups. Each group is given copies of a summary description of a country's prevention programmes to read (Handouts 26-29).
2. Arrange people to work in small groups (4-5). Each group should have a set of the summary of prevention programmes in Malaysia, Zambia, Canada and Australia. The task is to:
  - Read each of the descriptions.
  - Identify similarities and differences.
  - Identify elements of particular interest relevant to your situation.
3. In a large group discuss the elements that were of particular interest and relevance.
  - What might a prevention strategy be for us?
  - What would its aims and methods be?
  - How would it be developed?

Reference 5

Handout 26

# Drug abuse prevention— Malaysia



In 1983, the Government of Malaysia declared drug abuse as a threat to national security and the implementation and co-ordination machinery for drug prevention work was re-organised. A year or so later the Anti-Narcotics Committee of the National Security Council approved a National Anti-Narcotics Action Plan. Its re-prioritised strategies are.

- Prevention
- Rehabilitation
- Manpower, Research and Evaluation
- International Collaboration
- Co-ordination of implementing machinery at federal, state and district levels.

Prevention activities focussing on strategies to keep young people away from drugs is the major emphasis of the Government of Malaysia's initiatives to combat its drugs problem.

Primary prevention initiatives concentrate on preventing the involvement of younger members of the community in drug abuse through curriculum and teacher training programmes in schools, school-based community-oriented programmes, and community-based programmes.

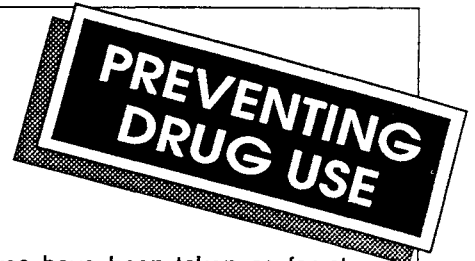
Several programmes are being undertaken in the primary prevention sphere:

- Peer counselling programmes—using peers to influence high risk youths to stay away from drugs;
- Holiday camps for young people, emphasising the psycho-motor domain of participants to enable them to withstand the pressures of life;
- Colloquia for developing self-resilience using inter-personal skills development techniques and discussion among young people on how, as individuals and members of a family and community, they can stay free from negative behaviour such as delinquency;
- Anti-Drug Badge Scheme for young people in uniformed organisations.



Handout 27

## Drug abuse prevention— Zambia



'Young People For Young People: A Hope For All' is a drugs education project run by the Rotaract Club, set up in Lusaka, Zambia, a couple of years ago at the Chainama College Of Health Sciences, by Francis Phiri, a voluntary drugs worker. A charitable organisation and part of Rotary International, the Club's main purpose is to develop leadership and responsible citizenship through service to the community.

One of the Club's major goals is "to emphasise acceptance of individual responsibility as the basis of personal success, community improvement and group achievement". As a step towards achieving this, its members, who are also health workers, decided to take some action to help prevent the dependent use of drugs by young people in the community. An earlier survey had indicated that local boys and girls as young as 12 or 13 had started drinking by stealing "chibuku", a local brew, which they fetched for their parents, that younger children had experimented with sniffing petrol and that four out of ten boys and one in ten girls had tried smoking cannabis.

They found that the most effective way of reaching the whole community was through the schools, informing children, their parents and teachers of the problems associated with drinking and through them, community leaders, who could put pressure on the 'chibuku' sellers. A rotaracter/teacher working group was then formed to involve teachers and a few senior pupils from each school.

The project's aim is to develop a model for community action on problems related to the dysfunctional, hazardous, habitual and dependent use of drugs, including alcohol and tobacco, by young people. Its main objectives are to educate, discourage the tendency to drug usage, and to encourage the practice and adherence to less harmful alternatives.

Working in collaboration with local schools—teachers, pupils and parents—it develops educational activities related to drug abuse and involves other members of the community. It provides resources for educational activities in other parts of the country and support to members of the parent rotaract group wanting to set up satellite projects in other communities.

A number of initiatives have been taken so far at local level including:

- a workshop on drug abuse for school staff and community leaders;
- a survey of alcohol and drug use amongst younger children in schools;
- a rally involving the police band and the local Member of Parliament with competitions for church and school groups on activities related to intervention education.

At national level the project has:

- held an essay competition;
- provided resource persons for other youth projects;
- participated in the World Health Day celebrations through exhibitions and anti-drugs activities.

The Rotaract Club Project is having a far-reaching effect, with assistance being requested from other parts of Zambia. Members of the original community project are formulating new programmes and working on producing resource materials, including video tapes. A resource library has been set up for use by members and a T.V. and video recorder are available for use in the community and in schools.

Initial funding for the Project was provided by the Commonwealth Youth Programme. The Rotary Club of Chainama College of Health Sciences offers guidance and support. Other valuable advice has been provided by Professor Alan Haworth, University of Zambia, and the Ministries of Youth and Sport, and Health, Zambia.

(Further information from Francis Phiri, Patron, Rotaract Club of Chainama College of Health Sciences, P.O. Box 33991, Lusaka, Zambia).



Handout 28

# Drug abuse prevention— Canada



The Education and Prevention component of the National Drug Strategy aims to provide Canadians with the information needed to make informed choices and achieve a productive drug-free lifestyle. Key elements of this strategic component, developed by Health and Welfare Canada in collaboration with the provinces and territories, include a national information and public awareness campaign, support for community-based action programmes and better training for addiction counsellors and prevention workers.

## Spreading the news

The information and public awareness campaign of Health and Welfare Canada uses television, radio, interior and exterior posters in public transportation, and print media to sensitize Canadians to the dangers of drug abuse. The campaign pays particular attention to youths aged 11-13 and their parents.

## Tips for travellers

The National Drug Strategy's public awareness campaign devotes special attention to Canadian travellers. External Affairs Canada has established an Anti-Drug Information Programme designed to deter Canadians from using or transporting drugs abroad. Here are a few programme highlights:

- Anti-drug posters
- Anti-drug passport brochure
- Adverts in magazines
- Video on air flights
- Radio clip
- Media kits.

## Police for prevention

Police forces have traditionally played a central role in curbing the availability of illicit drugs (supply reduction). Recognising, however, the importance of prevention in the long-term battle against drug abuse, Canada's national, provincial and municipal police forces are becoming increasingly involved in efforts to reduce the demand for drugs. Working

closely with health workers, schools and community groups, police bring to bear their credibility and their experience in combating drug-related street crime to the task of educating Canadians about the hazards of drug use.

A diverse range of programmes has been designed to provide young people, their parents, teachers and others, with factual information about the drug abuse problem, alternatives to drug use and drug-free role models with whom they can identify.

## Grass Roots Defences: The Community Action Programme

Helping community groups act on their concern about substance abuse problems is a key objective of the National Drug Strategy. To enable individuals, community groups and provincial organisations to establish new prevention, drug awareness and treatment programmes at the community level, the National Drug Strategy has created a five-year Community Action Programme. There are now projects in each Canadian province and territory. Examples of innovative, grass-roots initiatives include:

- Drug awareness and referral manual
- Promotional tours
- Theatre project
- Symposium

## Services for special groups

From the earliest planning stages of the National Drug Strategy, it was realised that, to be effective, the Strategy would have to reflect the linguistic, cultural and social diversity of Canadians. It was also clear that, although the problem of substance abuse cuts across all segments of Canadian society, not all groups are equally affected, nor are they affected in the same way. The National Drug Strategy, therefore, includes a number of initiatives targeted at special groups. Four groups were identified for particular attention: youth, Natives, inmates of correctional institutions and health professionals.

Handout 29

# Drug abuse prevention— Australia



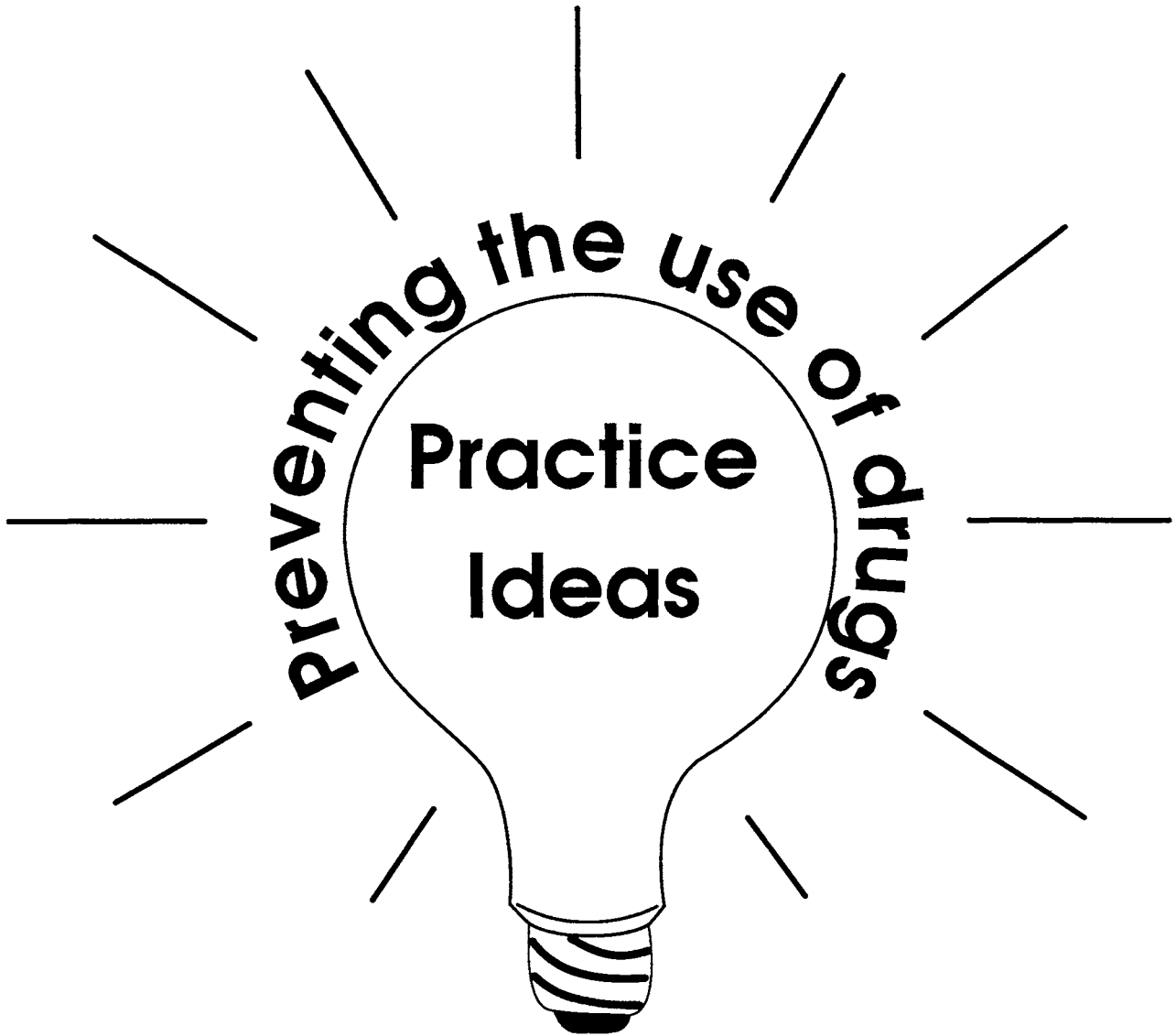
Australia's National Campaign Against Drug Abuse has as its primary objective reducing the demand for drugs in the Australian community. Education is one of the seven main elements of the overall campaign and includes:

- Projects that work through written materials, lectures, videos, the mass media and workshops.
- Programmes designed for specific target groups such as school students, teachers and journalists.
- Broadly based drug programmes.
- Specific drug programmes (eg. alcohol, tobacco).
- Special interest group project (eg. Aboriginal people, women and youth).
- National media campaigns (eg. drug offence booklet, National Drug Information Line, advertising, pop concerts, sports initiatives).
- Other nationally funded initiatives such as the Skylark Puppet Theatre aimed at children.

Community Development/Consultancy projects are another major strand Australian prevention work. These are projects where a neighbourhood or local community attempts to improve its social and economic situation through its own effort.



# Section 6



## Section 6: Preventing the use of drugs: Ideas for Practice

### The Problem.

There appear to be four general approaches to preventing the use of drugs.

- 1 Providing experiences that give people the feelings and moods they want that do not involve drugs.
- 2 Tackling external influences that promote greater use of drugs.
- 3 Improving the way people are brought up.
- 4 Working directly with people who are potential drug users.

But what specific, practical action can be taken?

Number	Title	Purpose	What To Do	Use with Young People
20	Alternative Pulse	To understand 'pleasure' as a reason for drug use and to increase knowledge of alternative ways of meeting that need.	Self-analysis of what gives pleasure and group discussion of alternatives to drugs using handout.	✓
21	Adverts and Public Awareness	To increase understanding of the influence of adverts and develop skills in designing public awareness programmes.	Put graffiti on adverts for drugs and use handout to structure discussion on designing public awareness programmes.	✓ (First half only)
22	Pop Culture Influences	To increase understanding of the influence of music and 'pop' culture on drug use.	Produce compilation tapes (audio or video) of pre-recorded music related to drugs and group discussion of positive and negative influences of pop culture on drug use.	✓

Number	Title	Purpose	What To Do	Use with Young People
23	Scare Tactics	To increase knowledge of the arguments for and against scare tactics to prevent harmful/hazardous drug use.	Pairs read pre-prepared dialogue for and against; groups identify advantages and disadvantages; new pairs have real dialogues.	
24	Family Influence on Drug Use	To increase awareness of different views about family influence on drug use and the implications for preventative work.	Small group presentations of three different views about the influence of family life on drug use, group discussion and action planning.	
25	Working with Potential Users	To increase knowledge of the purpose, approaches, methods and issues in direct work with potential drug users and plan a relevant programme of work.	Mini lecture on the key themes using handouts, and small group discussion and planning in trios.	
26	Face to Face Work with Young People	To increase knowledge and understanding of practical activities for use with young people to prevent drug use.	Group discussion of a list of practical activities to use with young people and then choosing and carrying out a selection on each other.	

## Activity 20:

## Alternative Pulse

### Purpose

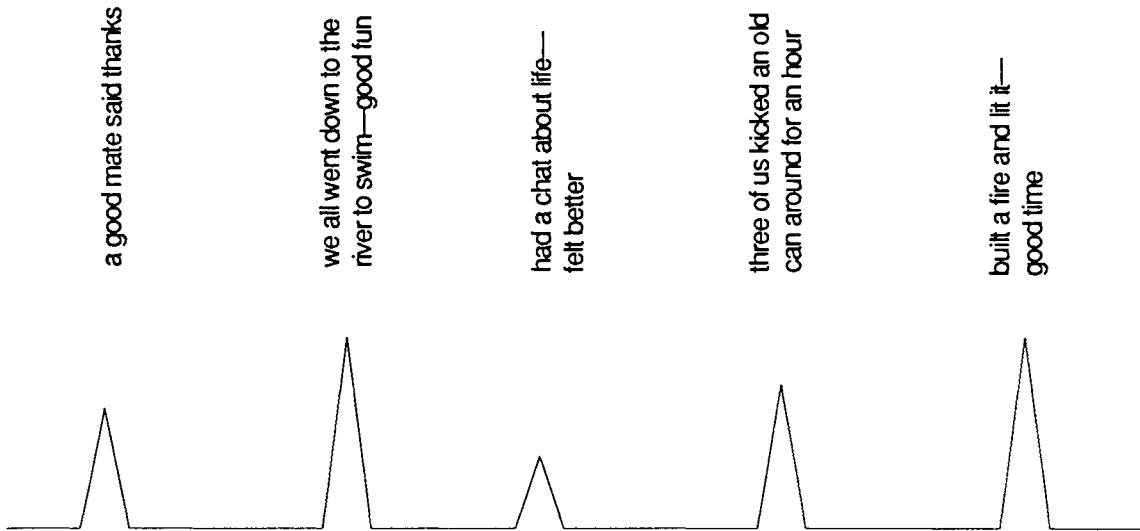
One way in which some people believe that individuals can tackle their own drug problem is to engage in more healthy activities which give the same satisfaction. The purpose of this exercise is to explore what some of these activities might be.

### What To Do

1. Outline the fact that many people use drugs because they give them, in the short term, very pleasant experiences. Though many people know the long term changes, they still seek such artificial short term highs.
2. Outside of drug taking, many people gain such feelings in a less artificial manner. The purpose of this exercise is to try to establish what these are for each individual in order that they can be replicated.
3. This is to be done in group form, similar to a person pulse. When people get excited, their pulse rate rises. This exercise will attempt to measure that.
4. Ask people to draw their own excitement pulses over an agreed period, e.g. the last two years. These can be done in general or according to certain categories. Handout 33 provides an example and a list of some of the possible categories.

Handout 30

# Alternative Pulse



**Other examples could include:**

- sporting activities
  - travel
  - games
  - new experiences
  - making craft goods
- etc.

These could be nominated by the participants themselves.



## Activity 21: Advertisements and Public Awareness Programme

### Purpose

To increase people's understanding of the influence of advertisements; to develop skills in designing public awareness programmes.

### What To Do

1. Place around the room a number of advertisements or posters (from news-papers, magazines, etc.) for legal drugs available locally.
2. Ask people in small groups to take an advertisement and alter it using graffiti so as to reverse the message it is putting across.
3. Display the altered posters and discuss the changes.
4. Use the altered advertisements or other advertisements and ask people in pairs to answer the questions in Handout 34 about one of the advertisements.
5. In the whole group talk about each advertisement and what people's views were. Draw out some basic ideas that public awareness programmes should follow. Give out Handout 35 on key steps in designing public awareness materials and ask people in threes to work through the steps to design materials.

## Activity 22: Pop Culture Influences

### Purpose

To increase understanding of the influence music and pop culture has on drug use.

### What To Do

Equipment needed: Double cassette deck, record player. selection of recorded music, blank tapes.

4-8 people is maximum for this.

1. Ask the group to bring to the event a selection of cassette tapes or records relating to drugs. For example 'Purple Haze' by Jimi Hendrix, 'Cocaine' by J. J. Cale.
2. Ask the group to produce an edited compilation of songs, extracts, etc. around the themes.
  - positive images of drugs;
  - negative images of drugs;
  - contradictory statements about drugs.
3. Play the tapes and discuss the influence music and pop culture has on drug use.

Reference 12

Handout 31

# Advertisements



## Analysing Advertisements

(1) What is the product being advertised?

(2) a. Who do you think this advertisement is aimed at? ie. who are the advertisers trying to make buy it?

b. Why?

(3) What message do you think the advertisement is putting across? That is, what benefits will the product bring about?

Handout 31 (continued)

# Advertisements



(4) What images and types of language are used to convey that message?

(5) What assumptions do you think the advertiser had about the people they were trying to sell to?



Handout 32

# Public Awareness



## Planning a public awareness campaign

1. Be clear about the target group for your public awareness programmes
  - children?
  - young people?
  - young adults?
  - parents?
  - age groups?
  
2. Know the views and interests of your target group:
  - don't make assumptions about their views and interests;
  - don't pretend **your** views and interests are the same as theirs.
  
3. Decide what message you want to put across given their views and interests. For example, you might want to deter young people from taking drugs by making them frightened of the damage it will do to their lives, but this might backfire if what they want out of life is to take risks and rebel against authority.
  
4. Decide what images and language are appropriate to get the message across. Eg:
  - what people do the target group respect and follow as role models?
  - is humour appropriate?
  - should 'street' language be used?
  - should you avoid 'preaching' at people?
  
5. Decide what methods for communication are best—
  - **Posters** —where will they be put so that the target group will read them?
  - **Magazines** —which ones do the target group read?
  - **Television** —which programmes do the target group watch?
  - **Radio** —which programmes do the target group listen to?



## Activity 23:

## Scare Tactics

### Purpose

To increase knowledge of the arguments for and against scare tactics to prevent drug abuse.

A common feature of many public awareness programmes designed to prevent drug use is that of 'scare tactics'. This is where frightening images or pictures of the effect of drug abuse (eg. an emaciated figure or a skull) or the penalties for using drugs (gaol, noose, etc.) are used.

But do they work—in either the short or long term? If you have examples of materials that use scare tactics, have these available for people to look at.

### What To Do

1. Ask people in pairs to read out the dialogue in Handout 33 between two people on the use of scare tactics to prevent drug use, each person being A or B.

2. In small groups write up two lists and discuss the points:

Arguments For Scare  
Tactics

Arguments Against Scare  
Tactics

Tell people they can fill out the key points from the dialogue and add any views of their own.

3. Divide the whole group into pairs A and B and ask person A to argue in favour of scare tactics and person B against.

4. Ask person B to move to a different partner and reverse roles.

5. In a large group ask each person to say where they stand now on the issue of using scare tactics.

Handout 33

# Scare Tactics



## What Do You Think About Using Scare Tactics?

"You know, I don't think the use of scare tactics to prevent people from taking drugs is a very good idea?"



"Why not? Drugs do a lot of damage to people and if we can frighten people, particularly kids, about the effects, maybe it will deter them from trying out drugs in the first place."

"Yeah, I appreciate the idea of 'deterrence' but the scary posters and leaflets I've seen really go over the top, they exaggerate what can happen and that doesn't match the reality. I mean, if there were a load of posters saying "Drinking Beer Kills" with a picture of a total alcoholic in the gutter, would it stop you drinking beer? It wouldn't stop me. I'd just think what a stupid poster."



"I disagree. We need strong images that really put the message across that drugs are dangerous—you know, skulls, dead bodies, wrecked lives and all that."

"But I don't think that works. In the first place I think those kinds of images wear off very quickly. If you keep seeing them you end up not seeing them, if you know what I mean. And in the second place I think they can backfire. I know of one poster showing a young man looking terrible from taking heroin which girls use as a pin-up! He became a sort of youth culture hero."



"Those arguments don't stand up in my opinion. I think we must keep pushing the message that drugs are extremely dangerous and that the penalties for drug abuse and drug trafficking are very high. We certainly must deter people by making it clear what the penalties are by showing prisons and things like a noose where the death penalty is used."

"I'm not going to get into the argument about the death penalty now. I know that for some people the fear of being caught and the penalties do act as a deterrent. But for others it is a positive turn-on to know you're breaking the law and taking risks. In fact, for some people that can be the reason for taking drugs—to show their mates that they're tough, independent and aren't scared of the police."



"Alright then, what's your alternative to scare tactics?"

Handout 33 (continued)

## Scare Tactics



"Well, I think that any publicity campaign should be part of a much wider set of activities and facilities to prevent drug abuse. It should not be done in isolation. And the emphasis should be educating and informing people—not scaring them. We should give clear messages about the risks and penalties for drug use but accompany that with messages and images of offers of help, advice and support. Instead of simplistic frightening images, we need more sophisticated ways of getting the person to think about what they are doing and why. And to seek advice and information if they want to know more."



"I just can't agree with that. We must create a climate of unacceptability about drugs. I think your approach is unclear—it's saying drugs are bad but we won't tell you off, we'll help you. I think that runs the real risk of encouraging people to experiment who would not otherwise do so. We must not compromise on our clear statements that drug abuse is wrong and dangerous."

"I know what you're saying but it's not the real world for young people. They tend not to see the long-term consequences of their actions whether its punishment or bad health. Many young people can't or won't relate to problems which develop in the future and they focus on the present and on living from day to day."



"I still don't understand why, if that's the case, we shouldn't use scare tactics."

"Because I think it's more appropriate to consider the immediate and actual consequences of drug use which impact on young people. I mean things like embarrassment over behaviour that is 'uncool' or of being independent and not acting as sheep and following someone who's using drugs; and pointing out the immediate and actual negative physical aspects of drug use such as hangovers, missing out on fun 'cos you're drunk, bad breath, smelly clothes and so on."



"I agree with all that but I want to use scare tactics too. I don't think they contradict each other."



## Activity 24: Family influence on drug abuse

### Purpose

To increase awareness of different views about preventive work with families and their implications for preventive work, and to develop appropriate strategies for your own situation.

### What To Do

1. Divide into three groups, A, B and C (4 in each group). Each group is given a copy of Handout 34 on Families and Drug Abuse. Each group is asked to:
  - Think of arguments in favour of your viewpoint;
  - Think of arguments against the other two viewpoints;
  - Think of practical ways of putting this approach into practice;
  - Arrange a presentation of these arguments in a way that actively involves each member of the group and is imaginative.
2. Each group makes its presentation to the whole group.
3. Divide into three mixed groups (each containing people from the previous groups) and discuss:
  - what arguments from each group they found most convincing;
  - where they stand now on the issues;
  - what the implications are for their approach to working with families.
4. Large group discussion on possible action steps on work with families.

Handout 34

# Families And Drug Use



## View A:

The breakdown of 'family life' is the reason for increased use of drugs. A return to traditional moral values with the family as a focal point is a core route to achieving long-term prevention of drug use by young people.

## View B:

There have always been problems with families. As a unit or a concept the family has been mythologised. Times have changed and young people are now seeking greater degrees of independence. The family can have a claustrophobic concept. So, if you base your drugs strategy on the family, as many people seem to want to, you could be compounding the problem. Difficulties in the family might be one of the causes of the problem. Anyway, the reasons why people take drugs are complex. There isn't any one reason. So a so-called stronger family unit might not work! The only way that families might be a focus for drugs work is where the parents themselves have a drugs problem and need support to cope with pressures that make them resort to drug use.

## View C:

Whilst a return to traditional values may not be the solution to drug problems, parents can learn ways of handling children that might reduce the likelihood of drug use. Parent education programmes can be provided that will develop parent communication skills, problem-solving skills and understanding of family behaviour.



## Activity 25: Working with potential users

### Purpose

To increase knowledge of the purpose, general approach, specific techniques and issues/dilemmas about direct work with potential users, and to plan a programme relevant to their situation.

### What To Do

1. Provide an overview of the main headings below. (This could be a mini-lecture using flipcharts or overhead transparencies using the ideas/information in the 4 handouts (35-38). Participants, of course, can be given the handouts as well).
  1. The Intended Outcomes of a Prevention Programme
  2. The General Approach of Prevention Programmes
  3. Specific Techniques that can be used
  4. Issues and Dilemmas
2. Through question-and-answer and group discussion, write up key points or ideas that the group might have about prevention programmes.
3. Ask people to work in threes to discuss what a prevention programme in their area of work, their agency or their society, might look like. Do this in a structured way with each person taking it in turn to work through the key questions on Handout 39 and the other two acting as advisers.

Handout 35

# Purpose of drug education



What outcomes are you trying to achieve ?

To scare young people away from ever taking drugs

To reduce the current level of local drug taking

To raise young people's self-esteem

To help young people make decisions about drug taking based on balanced factual information

To help young people minimise the harm associated with the use of their chosen substance(s)

To create an atmosphere where young people feel comfortable discussing their substance use

To encourage young people to examine critically their social and environmental situation and help them to develop skills to effect change within their community

To encourage young people to examine the pressures (eg. social, financial, moral) placed on them to use/not use substances

To develop young people's life skills in order to assist them to better manage situations which might tempt them to experiment with drugs



Handout 36

## General approach to face to face work



- Fitting any drug prevention strategy into broad based personal development, health education and social education programmes including drugs as one element of the programme. Not running specific drug programmes in isolation.
- Pitching the level of emphasis on drugs at the level of awareness that people of different drugs have at different ages. Prevention programmes should begin as the young person becomes aware of the substance.
- Not glamourising drugs in any way in the programme.
- Ensuring participants in the programme are not labelled by others as having a drugs problem by making the drugs work part of a broader education programme.
- Clarifying, because of potential conflicts of interest, the exact role of the police in any prevention work. Recognising that many young people will treat them suspiciously.
- Incorporating some strongly held core principles into any programme. For example, one programme worked to the following principles:
  - \* accurate information
  - \* personal growth
  - \* fun alternatives
  - \* power of youth to make the difference
- Using a peer group approach with young people training and working with other young people.
- Emphasising participative approaches that engage young people in discussion and debate.
- Involving young people who have been dependent on drugs as they will be able to relate well to and understand participants in the programme.
- Including the place of peer influence and self-esteem in encouraging drug use.
- Agreeing agency policies on all drugs, including alcohol and tobacco, that are binding on all adults, including staff, as well as the people being worked with.
- Incorporating National Anti-Drugs weeks or Drugs Prevention days as part of an annual calendar of events. These can provide a focus to the general prevention work.
- Developing programmes that are general in their approach to drugs rather than having, for example, one programme for licit drugs and another for illicit drugs. This is because, whether licit or illicit, 'soft' or 'hard', all drugs act as depressants or stimulants to damage people.
- Dealing with drugs in a way that, though focussed and intentional, is almost indifferent and lacking in emphasis in its actual style.



Handout 37

## Methods of face to face work



- Group games and exercises to learn about facts (games show, snakes and ladders, Odd One Out).
- Group games and exercises to explore attitudes and responsibilities (Ranking Game, Opinion Game).
- Making presentations on different aspects of drug use.
- Photography activities to examine the environment around them—people, places, adverts—and discuss them.
- Making collages of materials (adverts, photographs, newspaper cuttings) to explore feelings and viewpoints, and to make a statement.
- Using a variety of photography for young people to discuss what they are like now and where they want to be.
- Making edited compilation tapes of recorded music (on audio or video tape) to examine youth culture influences.
- Altering adverts, posters etc. 'Graffiti Style' to explore dilemmas and issues.
- Role plays on different situations young people encounter concerning drugs to explore how they react and to develop personal communication skills.
- Discussing different dilemmas written up on walls: "What would you do if ....." with 4 alternative reactions given to choose between.
- Role play a scene in court with people playing various roles (judge, prosecution, defence etc.) and with different drugs charges.
- Draw a simple flowchart about decision-making about drugs in a real situation (link to computers if possible) showing options and different pathways.
- Role plays on the effects of drugs on themselves and people around them (friends, family, school, workplace, etc.).



Handout 38

## Issues and Dilemmas in face to face work



With what age groups should prevention programmes work?

How can prevention programmes raise awareness of drugs among children and young people in a way that does not encourage use?

Should the content and style of prevention programmes begin at the potential user's starting point or the starting point of the agency?

Should alcohol and tobacco be included in prevention work or should programmes only focus on illegal drugs?

Should drugs issues be included in any religious teaching programmes?

What size of groups should be used in prevention programmes?



Handout 39

# Planning a prevention programme



## 1. What outcomes do you want to achieve?

- Who will change and in what way?

## 2. What general approach will you take?

- What will be the general style and principles of your approach?

## 3. What particular techniques will you use?

- What particular outcomes do you want to achieve and what activities will achieve those outcomes in your setting?
- What skills will you use to carry out those activities?

## 4. Issues and dilemmas

- What issues and dilemmas does this programme present?
- How can they be resolved?

## 5. Putting it into practice

- What would be the key steps to making this idea a reality?



## Activity 26: Face to face work with young people

### Purpose

To increase people's knowledge and understanding of practical activities for use with young people to prevent drug abuse and to plan their use in a real situation.

### What To Do

1. Ask the group to read Handout 37 describing 13 different ways of working with young people. As an optional extra, the group could also have copies of activities in this pack that could be used with young people (see Table 1 on page 7).

2. Discuss which of these activities they would like to try out on each other in order to assess their impact and application.

3. Decide which activities the group will actually do on themselves, taking into account:

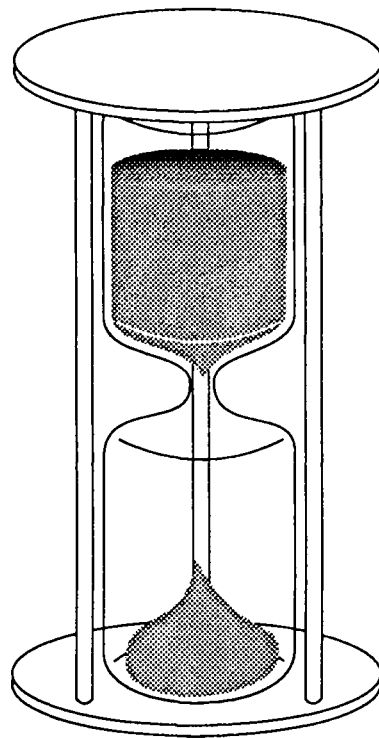
- the time available;
- the equipment needed (if any);
- the relevance to their situation at work;
- the number of people in the group.

The group can either break into small groups that each plan and try out an activity on themselves, or break into small groups and plan and try out an activity on another group or the whole group.

4. Plan what approaches are appropriate to implement in the situations they are in.

# **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.

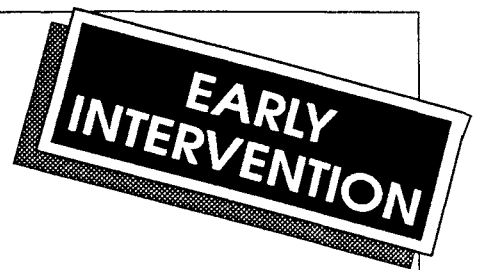
4. In pairs—one person from each group—describe the suggestions for intervention. How do they react to the other group's proposals for intervening in their lives?

- 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.

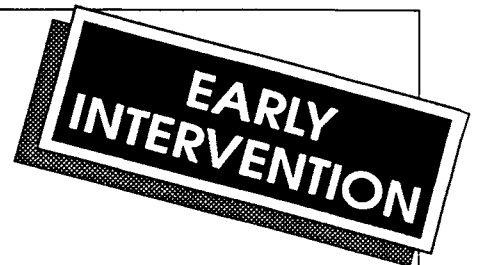
### What To Do

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



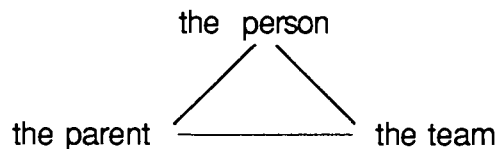
# Early intervention in practice

## 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?

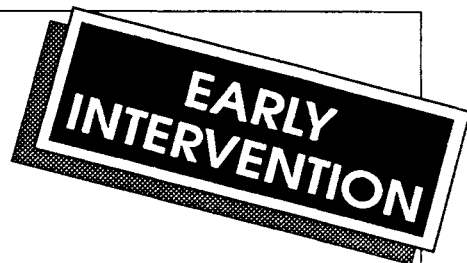
Effective early intervention relies fundamentally on good communication.

- 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.

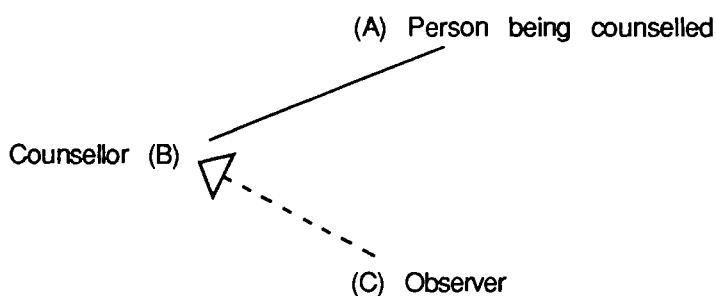
From this discussion draw out issues of non-verbal communication, eg:

- 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...

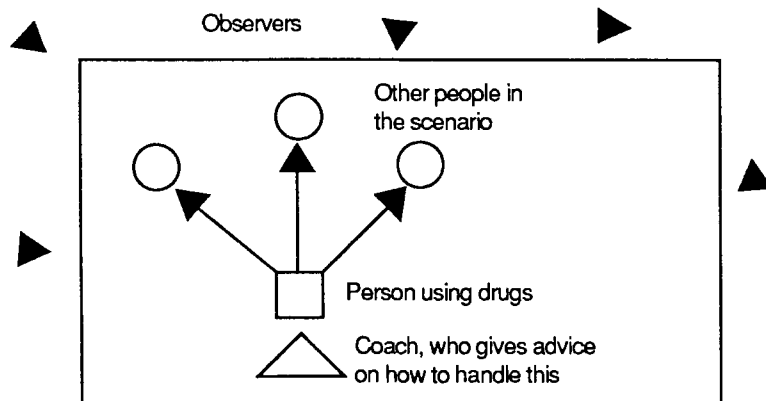
## Activity 30: Dealing with difficult drug situations

### 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.

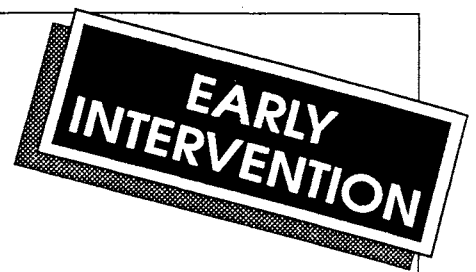
### What to do

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

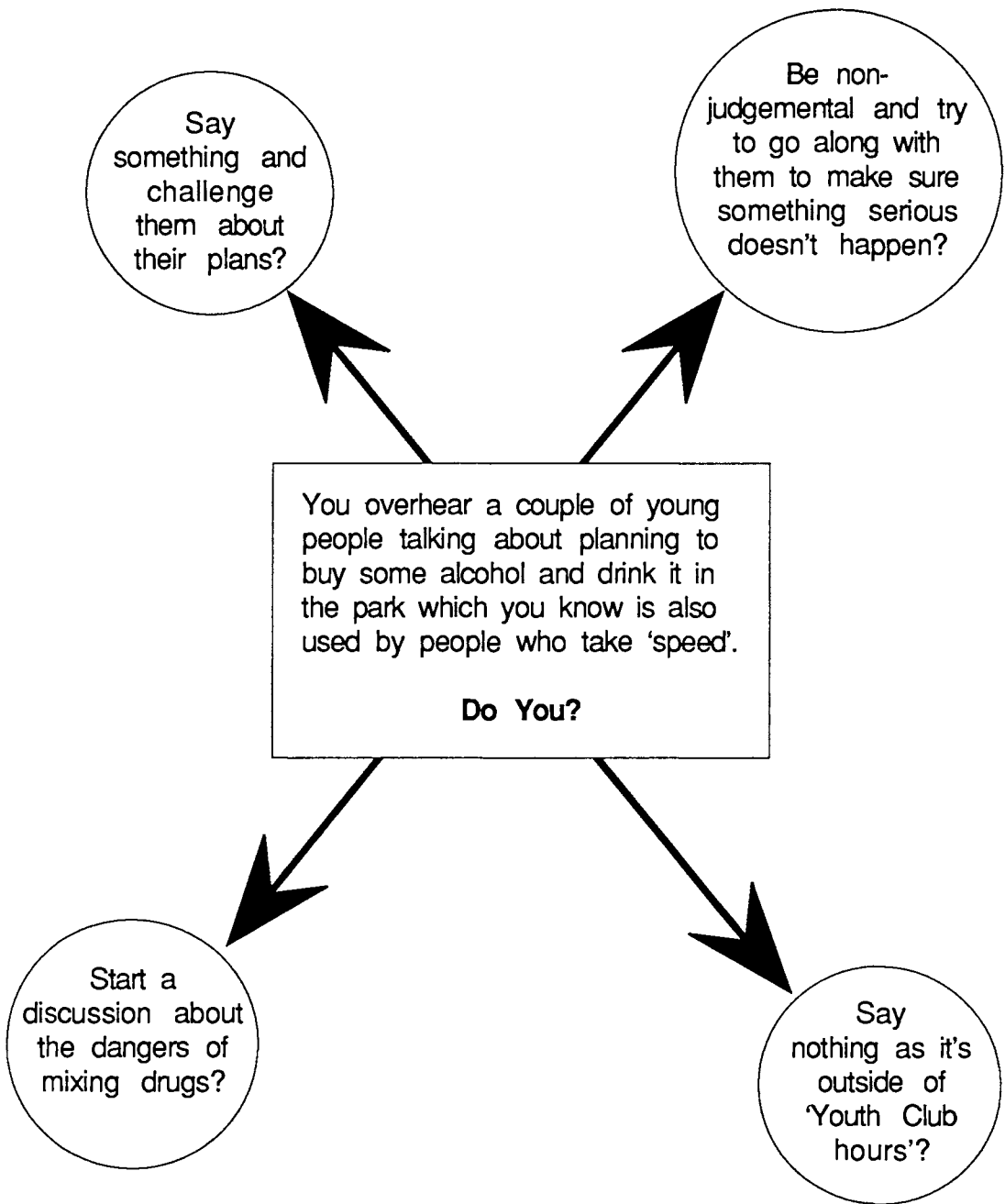
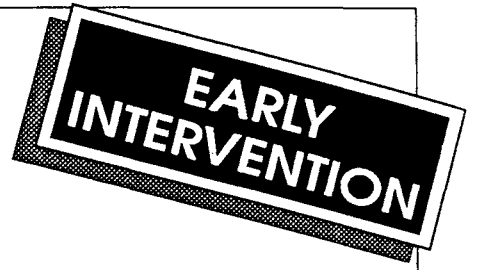
To explore dilemmas that youth workers face in working with young people at the early stages of drug abuse.

### 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.

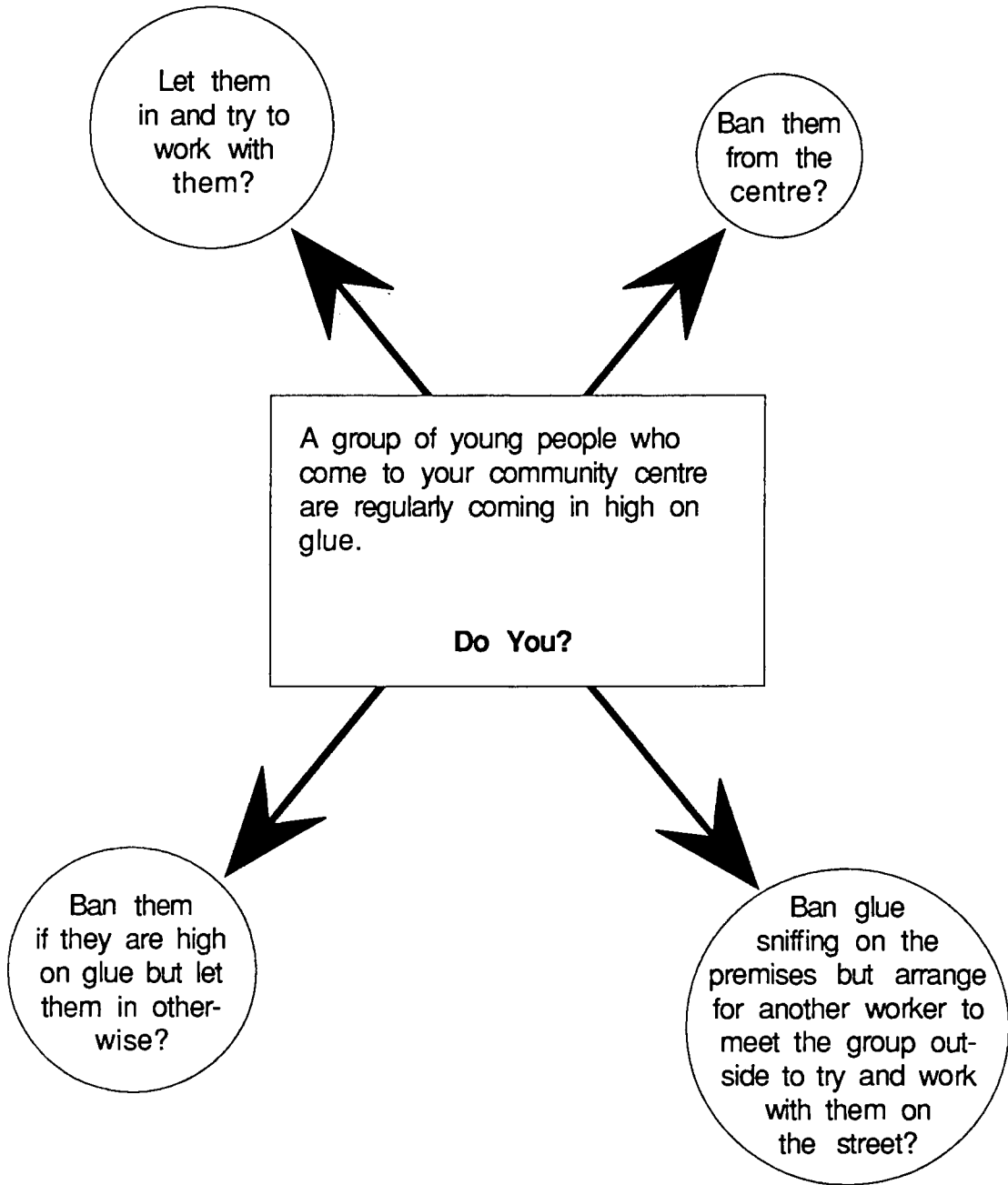
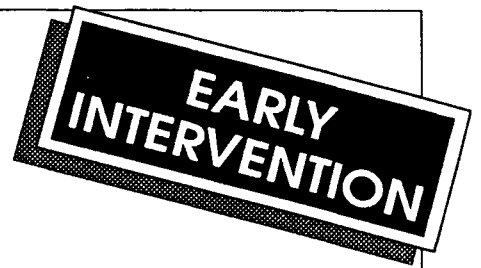
Handout 43

# Dilemma Board



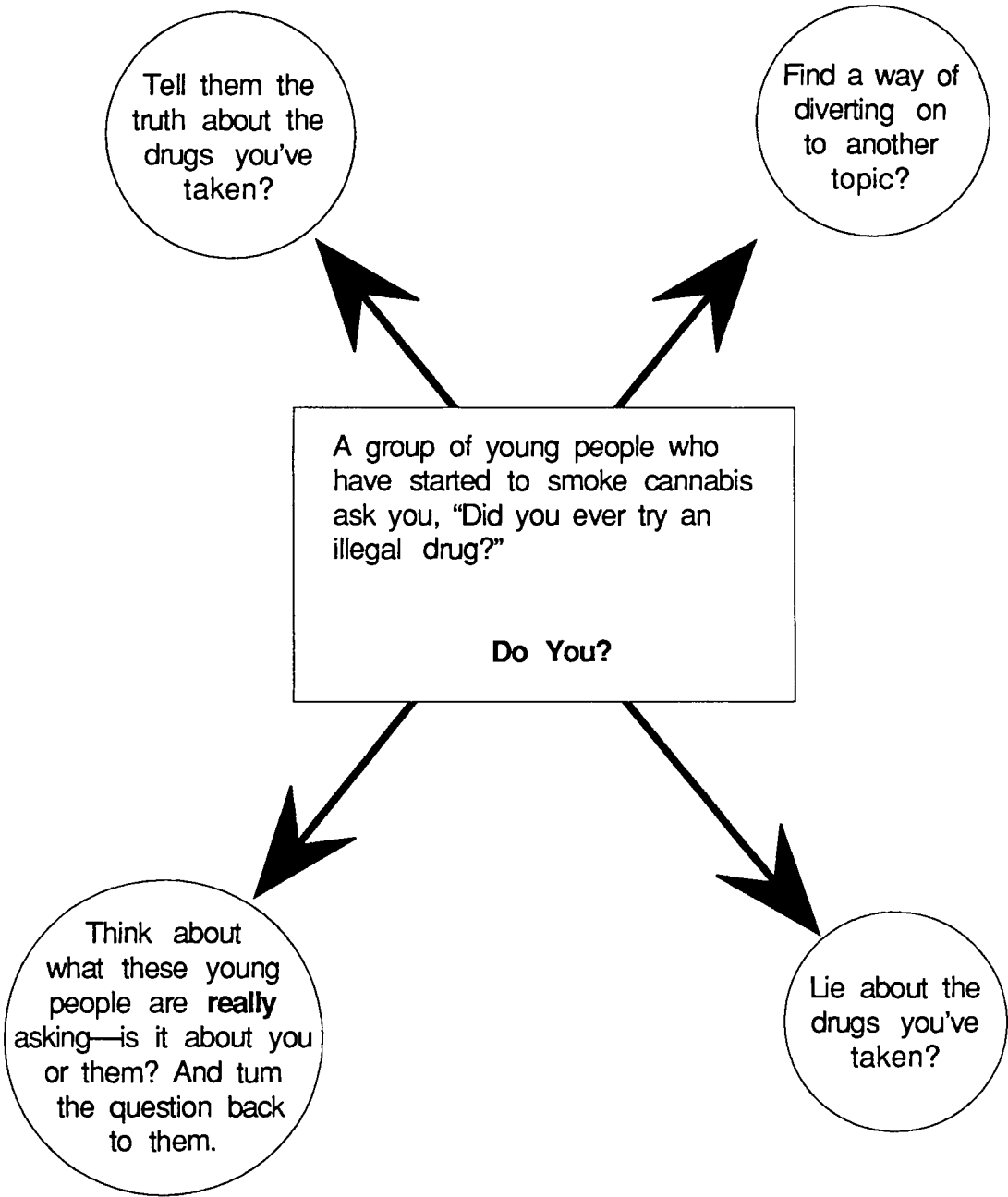
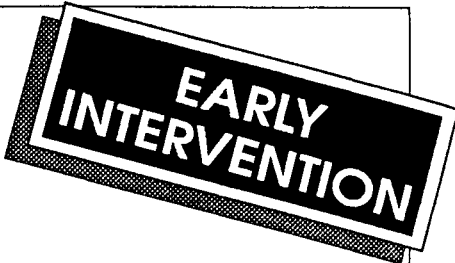
Handout 44

# Dilemma Board



Handout 45

# Dilemma Board



Handout 46

# Dilemma Board

**EARLY INTERVENTION**

Ignore their actions because they are the inevitable result of change and development?

Inform the elders of the community and ask them to take action?

A group of young people are beginning to use a drug, in harmful or hazardous ways, that is used in traditional ceremonies in a very controlled climate.

**Do you?**

Lead a campaign in the community to stop usage of the drug altogether including its ceremonial use?

Lecture them on the traditional place of the drug in your society?



# Section 8

**MANAGING  
PEOPLE  
WHO ARE  
DEPENDENT  
ON**

**D  
R  
U  
G  
S**



## Section 8: Managing people who are dependent on drugs

### Problem:

People who are already dependent on drugs may require specialist services, medical treatment and long-term intervention to provide support and bring about change. A description of different kinds of dependencies is given in Handout 1, Page 15.

But what are the kinds of services that can be provided? And what is the aim of this work—to reduce the harm people do to themselves, or to eliminate their use of drugs entirely?

---

Number	Title	Purpose	What To Do	Use with Young People
33	Managing People Who Are Dependent on Drugs	To introduce some of the key issues and methods for managing people who are dependent on drugs.	Questionnaire on issues and methods in pairs. Group discussion of results. Various group activities to follow, as needed.	

---

One note of warning!

*Dealing with people dependent on drugs is a skilled and difficult job. The material above is only about your views on some of the issues and options involved. It does not equip you to work on these issues. If you come across people who are dependent seek skilled assistance.*

## Activity 33: Managing people who are dependent on drugs

### Purpose

To introduce some of the key issues and methods for managing people who are dependent on drugs.

### What To Do

1. Ask people in pairs to work through the questionnaire (Handout 47) together but to fill in their own answers.
2. In a group, ask people to swop their questionnaires with someone else and work through each of the questions giving the replies of the person whose questionnaire they are holding. Have further discussions:
  - Where is there disagreement?
  - Where is there a need for clarification?

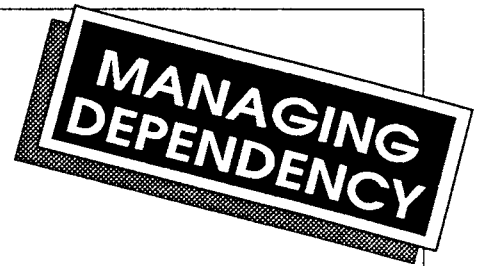
Make a note of topics/issues where longer time is needed and return to these at the end. Add any further points for discussion as they arise or at the end.

3. Identify possible strategies that could be developed further in the area.
4. Follow-up activities to this introduction to the topic could include:
  - Visits to treatment centres;
  - Research into different treatments and programmes via library, etc.
  - Inviting a specialist guest speaker on a particular topic.

Reference 7

Handout 47

# Drug dependency



## Management of dependency questionnaire

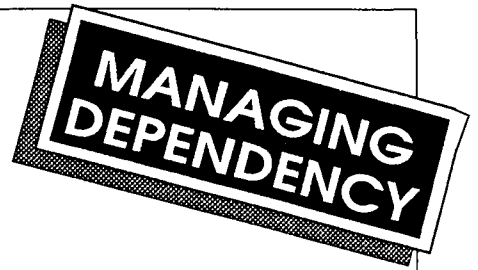
This questionnaire is designed to seek your views about various issues concerning the management of people who are dependent on drugs. If you don't have a view, or don't know what the question means, then please write 'don't know' or 'don't understand'. You will be sharing your replies with others in the group.

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Do you think that people dependent on drugs can be helped if: | Yes they can             | No they can't            |
| (a) they deny they have a problem in the first place             | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) they don't want to change, even if they do have a problem.   | <input type="checkbox"/> | <input type="checkbox"/> |

2. What resources and facilities do you think are needed to help people dependent on drugs when they could be returning from treatment to no job, a broken home and poverty?

3. What effect do you think your country's cultural and religious values have on the ways of dealing with people dependent on drugs.

Handout 47 (continued)



# Drug dependency

## Management of dependency questionnaire

4. What would you regard as success in treating someone who is dependent on drugs? (You have to make a choice as it affects priority for later action)

- (a) The individual has a positive outcome
- or
- the community benefits from control of the drug problem
  
- (b) The individual's health improves
- or
- there is reduced criminal activity

5. (a) How much of an issue do you think is the link between AIDS and intravenous drug use in your area? Circle the number that represents your view.

Major Issue      5      4      3      2      1      Minor Issue

(b) How has this influenced your approach to providing services to people who are dependent on drugs?

6. Do you think services for people who are dependent on drugs should be compulsory or voluntary?

Why?

Handout 47 (continued)

# Drug dependency



## Management of dependency questionnaire

7. What role should someone's family play in any drug dependency programmes?

8. Do you think that it might be useful to have separate services and programmes for adolescents and adults?

Why?

9. Treatment of people who are dependent on drugs includes:

- detoxification  
(getting the drug out of the person's system)
- rehabilitation  
(helping the person to change their use of drugs)
- relapse prevention  
(support to prevent people going back into their old ways)
- re-integration  
(helping the person return to his/her community in a productive way)

Which of these elements are you aware of in your area and which need more work and development?

Handout 47 (continued)



# Drug dependency

## Management of dependency questionnaire

10. Do you think that a range of responses to drug dependency to suit different people should be tried, or that there is one treatment that all people should go through who use a particular drug?

A range of responses

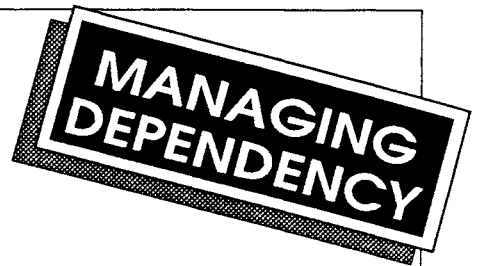
A single treatment

Why?

11. Which of the following treatment method programmes have you:

(Tick The Box)

Heard Of	Want To Know More About	
<input type="checkbox"/>	<input type="checkbox"/>	medication
<input type="checkbox"/>	<input type="checkbox"/>	psychotherapy
<input type="checkbox"/>	<input type="checkbox"/>	group and family therapy
<input type="checkbox"/>	<input type="checkbox"/>	behaviour modification techniques
<input type="checkbox"/>	<input type="checkbox"/>	self help groups (Alcoholics Anonymous)
<input type="checkbox"/>	<input type="checkbox"/>	acupuncture
<input type="checkbox"/>	<input type="checkbox"/>	hypnosis
<input type="checkbox"/>	<input type="checkbox"/>	confrontation
<input type="checkbox"/>	<input type="checkbox"/>	substitution therapy (e.g. methadone)
<input type="checkbox"/>	<input type="checkbox"/>	cold turkey
<input type="checkbox"/>	<input type="checkbox"/>	supportive counselling
<input type="checkbox"/>	<input type="checkbox"/>	aversion therapy
<input type="checkbox"/>	<input type="checkbox"/>	social skills training
<input type="checkbox"/>	<input type="checkbox"/>	assertion training
<input type="checkbox"/>	<input type="checkbox"/>	problem solving exercises
<input type="checkbox"/>	<input type="checkbox"/>	cognition therapy



Handout 47 (continued)

# Drug dependency

## Management of dependency questionnaire

12. What do you think should have the highest priority in your area/country?  
(1st, 2nd, 3rd)

- Preventive work with people who are potential users of drugs;
- Early Intervention work with people who have just begun drug use;
- Treatment Programmes for people who are dependent on drugs.

Why?

13. Do you agree or disagree with:

Agree | Disagree

- a) Providing information about treatment facilities through resources directories and telephone information services?
- b) Providing beds in hospitals or specialist treatment centres to treat people with drug related problems?
- c) Providing free or subsidised treatment which will in the long term save money?
- d) Addressing wider issues which influence drug problems, such as loneliness, poverty, unemployment, family life and ethnic and cultural issues?

14. Who should be involved in establishing, funding and developing innovative treatment programmes?:

The government

Voluntary organisations

Religious organisations

Profit making bodies

Handout 47 (continued)



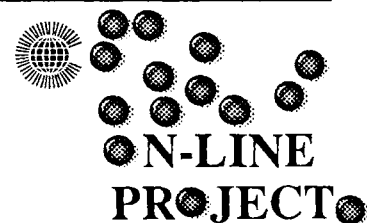
# Drug dependency

## Management of dependency questionnaire

15. Do you think your government should contribute to an international fund to pay for consultants to visit and advise developing countries on programmes for the management of dependency?	Yes	No	Don't Know
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

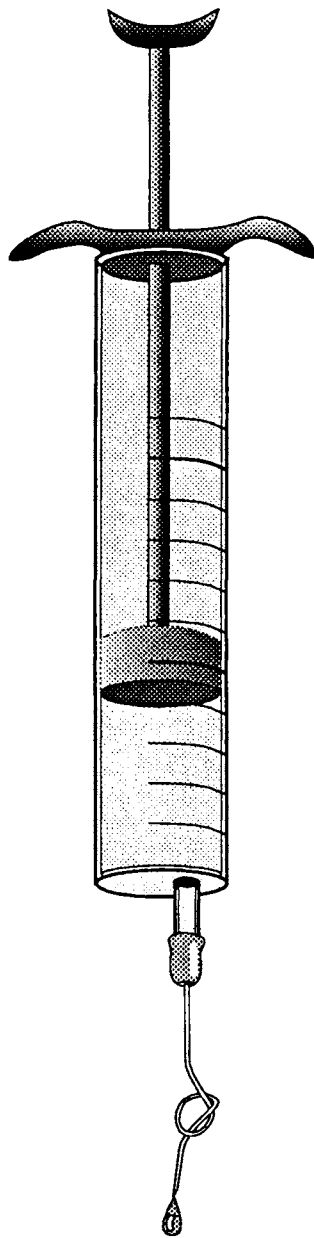
	Yes	No	Don't Know
16. What services would you like to see set up in your area?:			
• Crisis intervention centres for illicit drug users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Day-care centres for community-based work with drug dependents and follow-up activities in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Therapeutic communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Short 3-6 month treatment programmes for users of illicit substances such as heroin and cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Two year compulsory programmes with cold turkey treatment, army-type drilling, and low-grade work experience, and strict discipline in special camps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Banning alcohol consumption by local people in countries which are Muslim but making alcohol available to tourists in resorts etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Outreach programmes that meet and treat the drug user on their own territory so as to create an environment which may be more conducive to encouraging the user to stop using	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Regional treatment centres to service a group of countries in close proximity who on their own might not be able to provide a service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thanks for completing the questionnaire.  
Now compare your answers with others.



# Section 9

## Controlling the supply



of drugs

## Section 9: Controlling the supply of drugs

### The Problem:

The availability and supply of drugs directly affects how much drugs are used and abused.

But what methods can be used for controlling the supply of drugs? How can a balance be achieved between effective control measures and protecting the rights of the individual?

---

<b>Number</b>	<b>Title</b>	<b>Purpose</b>	<b>What To Do</b>	<b>Use with Young People</b>
34	Controlling the supply of drugs	To introduce key points and types of intervention to control the supply of drugs and to raise awareness of the moral/ethical dilemmas associated with some forms of intervention.	Analyse flowchart of supply route of drugs and identify points and types of intervention. Structured debate on moral/human rights issues arising.	

---

## Activity 34: Controlling the supply of drugs

### Purpose

To introduce the key points and types of intervention to control the supply of drugs and to raise awareness of the moral/ethical dilemmas associated with some forms of intervention.

### What To Do

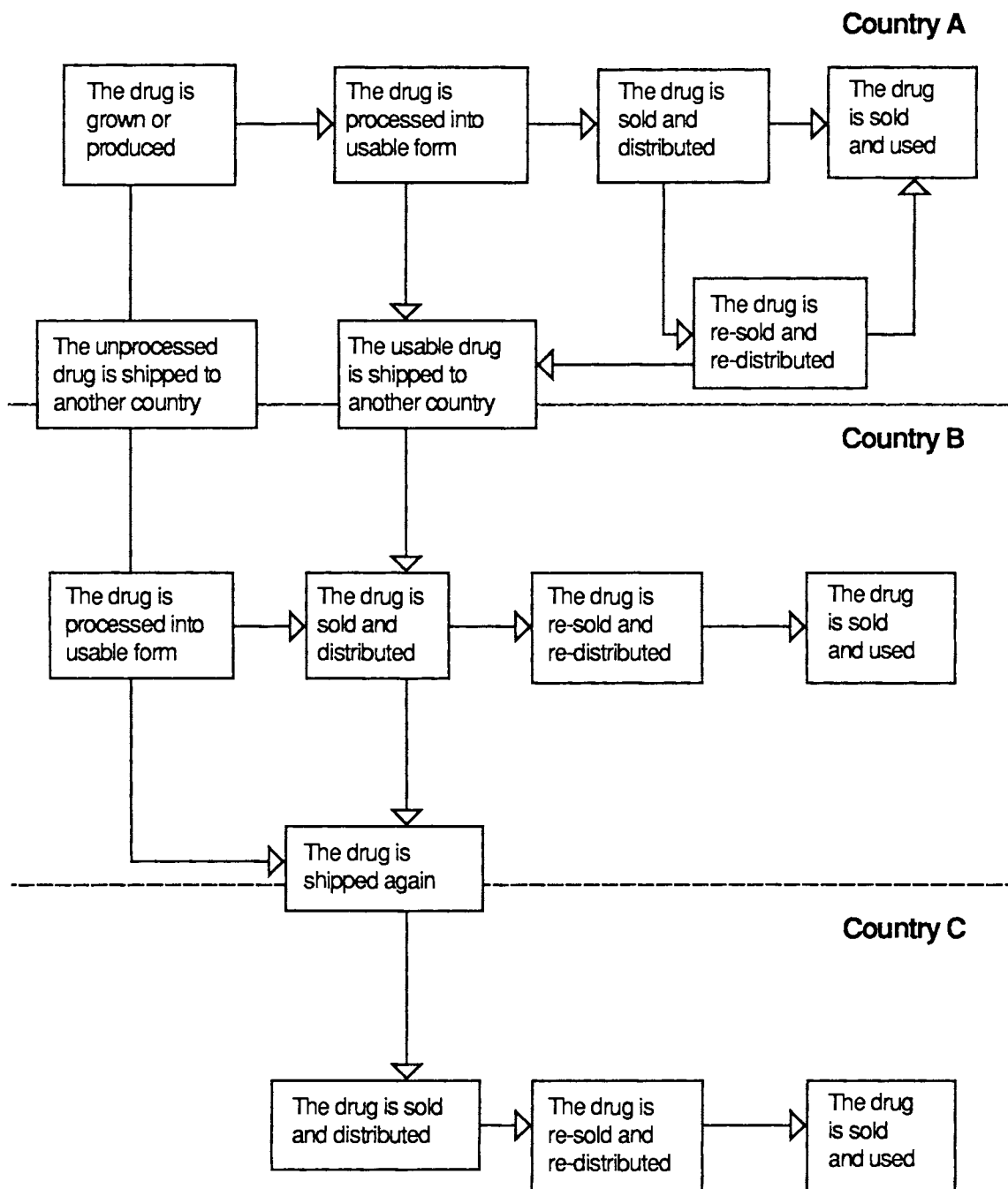
1. Present the flow-chart of the supply route of legal and illegal drugs to the group (an O.H.P. may be best so as to uncover each step along the way). Give examples of controls at each point—(see Handouts 48 & 49 but you may not need to give this out). A more graphic version is given on Handout 50, showing the Cocaine Trail in America.
2. Give out a copy of the flow-chart on Handouts 48 and 50 and ask people in groups to list at what points in the supply route interventions could be made to control the supply of drugs. Have two groups do this
  - (A) for illegal drugs;
  - (B) for legal drugs.
3. Each group report back their list of proposals for controlling the supply of drugs. Large group discussion of the proposals identifying those that are particularly contentious: eg.
  - Executing drug traffickers;
  - Detention without trial of drug users etc.
  - All countries should have the same punishment to prevent drug traffickers having a 'safer' place to seek refuge;
  - Some countries' economies rely on drugs, so how realistic is it to expect them to stop supplying drugs?
4. For those measures that have 'moral' or 'ethical' values at the centre of the dispute, set up a debate within the group around an appropriately worded motion:

"This group believes the death penalty is morally unacceptable as a form of punishment for drug traffickers."

Have two or three speakers to speak 'for' and 'against' the motion and conclude with a vote.

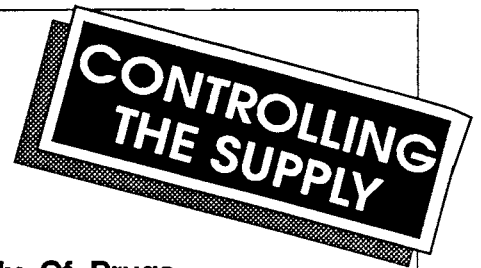
Handout 48

# The supply routes of legal and illegal drugs



Handout 49

# Controlling drug supply



## Examples Of Ways Of Controlling The Supply Of Drugs

1. Controls of the source of the growth or production of drugs

eg. burning crops  
crop substitution incentives

2. Controls during the processing of drugs into usable form

eg. demolishing sites of manufacture;  
quality control regulations on legal drugs.

3. Controls during the shipment of drugs

eg. coastal surveillance;  
import controls on legal drugs.

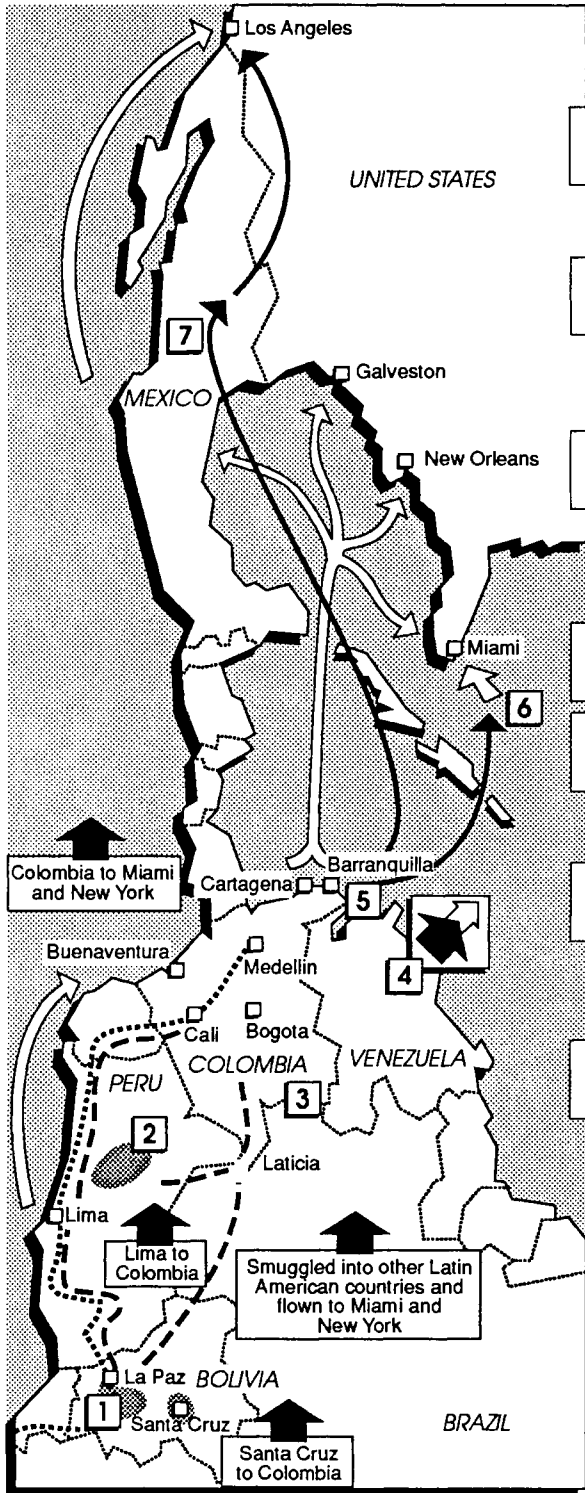
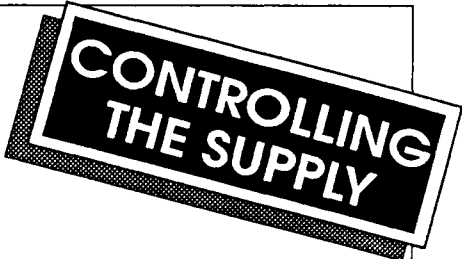
4. Controls at the point of sale and distribution

eg. punishments for traffickers;  
high taxation on legal drugs or controls on advertising.



Handout 50

# The Cocaine Trail



## STAGE 1

- 1** **GROWING AREA: BOLIVIA**  
Chapare Valley, Yungas area of La Paz and Santa Cruz
- 2** **GROWING AREA: PERU**  
Upper Huallaga Valley is where most of the coca leaves are grown
- 3** **PROCESSING AREA: COLOMBIA**  
Processing chemicals including ethyl ether are smuggled into Colombia mainly from West Germany and US via Brazil

## STAGE 2

- 4** By air and sea to Europe, mainly Madrid
- 5** Guajira Peninsula: hundreds of landing strips for light aircraft
- 6** The Bahamas is the biggest trans-shipment site in Central America. Drugs transferred from light aircraft to small boats then taken to the mainland
- 7** Mexico: cocaine transferred from planes to cars, 'mules' or other aircraft and taken across US border

**Key**

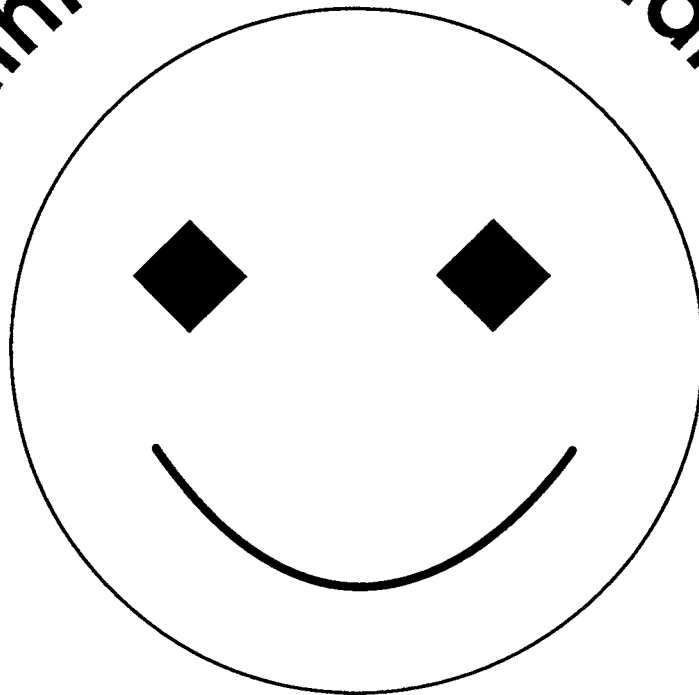
	growing areas		Sea routes
	Pan-American Highway		Light aircraft
	Land routes		Commercial aircraft



Source: Guardian Newspaper, United Kingdom, 1989

# Section 10

*Minimising the harm*



*drugs do*

## Section 10 : Minimising The Harm Drugs Do

### The Problem:

Many people believe that creating a drug-free society is not an achievable goal. Instead we should be realistic and develop programmes and facilities that seek to minimise the harm drugs do.

But is this right in principle?

What does this mean in *practice*?

Will promoting programmes that minimise harm undermine efforts to reduce the demand for drugs?

Number	Title	Purpose	What To Do	Use with Young People
35	Minimising the harm drugs do	To introduce four main approaches to harm minimisation and some of the methods used in each approach.	Mini-lecture, group discussion and presentation of different strategies for harm minimisation.	
36	Attitudes to harm minimisation	To increase awareness of attitudes to harm minimisation and the role of the media.	Three 'newspaper editorial groups' produce a double page spread based on information provided in the British Medical Journal. Each has a different editorial perspective. Discuss the results, attitudes and the role of the media.	
37	Minimising harm—a challenging approach	To increase knowledge of materials used with illegal drug users written in a style/format of relevance to them.	Distribute examples of materials used in inner cities. Discuss key questions as a group. Produce materials to minimise harm that relate to the experiences of those they work with.	

## Activity 35: Minimising the harm drugs do

### Purpose

To introduce the four main approaches to harm minimisation and some of the methods used in each approach.

### What To Do

1. Introduce the topic to the group by explaining what harm minimisation is.

*"Harm minimisation seeks to ensure that people who use drugs do the least harm to themselves and others whilst using drugs."*

2. Divide the group into four small groups. Give each group a different topic to discuss:

1. Minimising harm to the individual drug user (Handout 51)
2. Minimising harm to the family and friends of drug users (Handout 52)
3. Minimising harm to the workplace and the economy (Handout 53)
4. Minimising harm to the community and society (Handout 54)

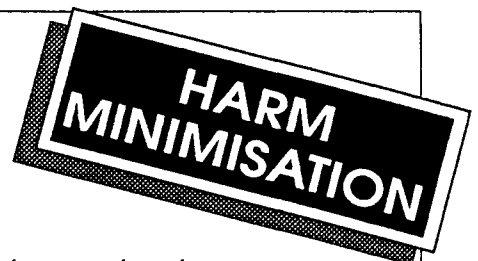
3. Each group present back to the whole group examples of harm minimisation and the advantages and disadvantages as they see them. Large group discussion of the examples and issues involved.

Focus on:

- (a) What approaches to harm minimisation are needed and would be appropriate in our situation?
- (b) What cultural and legal aspects would make implementation difficult here and how could they be overcome?
- (c) If harm minimisation approaches are not used, what alternatives are there?

Reference 7

Handout 51



## Minimising harm to the individual drug user

Techniques which could be used to minimise the harm of the drug to the drug user include:

- (i) Controlled drinking programmes, in which participants learn ways to control their drinking behaviour, including changing from high to low alcohol drinks, counting drinks, pacing drinks, alternating alcoholic and non-alcoholic drinks.
- (ii) Safe drug use, as many of the problems of drug use are related to the techniques of using and the situations in which drugs are used. If people continue using, they should be advised and encouraged to, for example, snort rather than inject cocaine, use clean needles if they do inject, use in a safe environment (not the street or with strangers), have a telephone ready, not indulge in binge drug-taking, use only one drug at a time, eat a healthy diet, not inject during pregnancy.

1. What other examples can you think of that would help minimise harm to the individual drug user?

- \*
- \*
- \*

2. What are three main advantages of this approach to dealing with drug abuse?

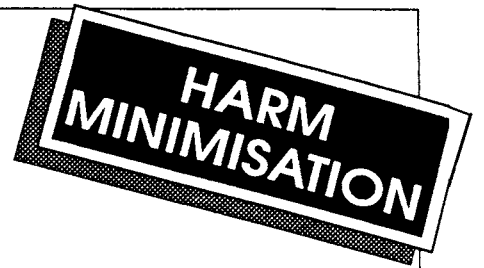
- \*
- \*
- \*

3. What are three main disadvantages of this approach to dealing with drug abuse?

- \*
- \*
- \*



Handout 52



# Minimising harm to the drug user's family and friends

Family harmony is disturbed when it becomes known that one of the family is using drugs. An important part of the dysfunction that occurs involves the family taking on the behaviour of the addict even though they, themselves, are not using drugs. They often feel guilt. This can result in verbal and physical abuse, sometimes sexual abuse and other destructive behaviour. Through groups, individual therapy and stress management, the family can learn how to detach themselves emotionally from the addict.

1. What other examples can you think of that would help minimise harm to the drug user's family and friends?

\*  
\*  
\*

2. What are three main advantages of this approach to dealing with drug abuse?

\*  
\*  
\*

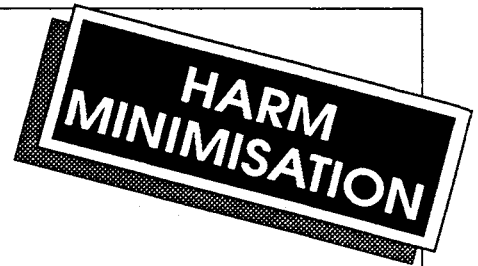
3. What are three main disadvantages of this approach to dealing with drug abuse?

\*  
\*  
\*



Handout 53

# Minimising Harm In The Workplace/Economy



Considerable personal harm and financial damage can be done by drug users in their place of work. Absenteeism, lateness, the dangerous use of equipment and a failure to use his/her talents to the full, all place economic improvement at risk.

Possible actions include:

- Employee Assistance Programmes;
- On-site counsellors;
- Managers and supervisors trained to notice behaviour that could be drug related and knowing where they can refer people;
- Close supervision of drug users in the work place.
- Drug screening for employees.

1. What other examples can you think of that would help minimise harm to the workplace and the economy?

- \*
- \*
- \*

2. What are three main advantages of this approach to dealing with drug use?

- \*
- \*
- \*

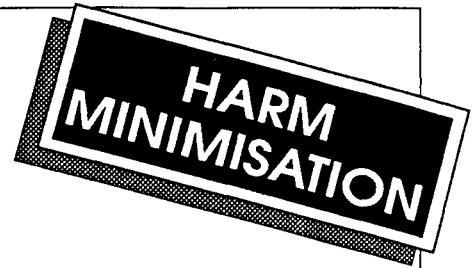
3. What are three main disadvantages of this approach to dealing with drug use?

- \*
- \*
- \*



Handout 54

# Minimising Harm To The Community And Society

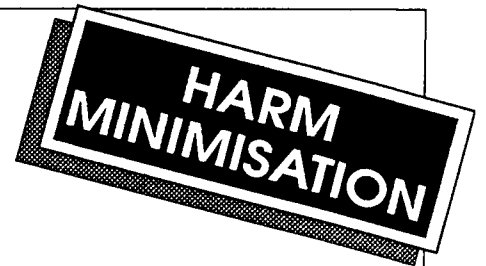


- (i) Substitution therapy involves the replacement of one drug with that of a less harmful alternative. Methadone is the most widely used. The aim is to minimise the use of illicit drugs and, therefore, minimise the harm to the individual and community related to illegal drug use.
- (ii) Needle exchange schemes and safe sex programmes have been introduced because the threat of HIV and AIDS is greater than the threat of drug use. Sharing of needles is a major route for the contracting of HIV. Sex involving needle users further compounds the risk of AIDS. Therefore, needle exchange schemes and safe sex programmes are essential to protect the community from the spread of AIDS and other infections such as Hepatitis B.
- (iii) Alcohol and other drugs are a major cause of death associated with traffic accidents. In many countries the major cause of drug related deaths is road accidents. Random breath testing can help reduce drink-driving levels.
- (iv) Decriminalisation of certain drugs could be considered, as there is evidence that drug use usually progresses from legal drugs to cannabis to other illicit drugs such as heroin and cocaine. The argument for decriminalising certain drugs is:
  - \* to gain better control over quality and supply;
  - \* to prevent the individual going on to more serious drug use;
  - \* to flush the individual out into the open in order that they can receive help without fear of legal repercussions;
  - \* to remove them from a criminal environment;
  - \* to prevent problems associated with using an illegal drug such as purity of the drug, crime and prostitution.



Handout 54 (continued)

# Minimising Harm To The Community And Society



1. What other examples can you think of that would help minimise harm to the community and society?

- \*
- \*
- \*

2. What are three main advantages of this approach to dealing with drug use?

- \*
- \*
- \*

3. What are three main disadvantages of this approach to dealing with drug use?

- \*
- \*
- \*



## Activity 36: Attitudes To Harm Minimisation

### Purpose

To increase awareness of attitudes to harm minimisation and the role of the media.

### What To Do

1. Give out Handout 55 which is an edited extract from a medical journal about Harm Minimisation in one country.

Divide the group into three newspapers with relevant titles used in your country that take three different editorial lines:

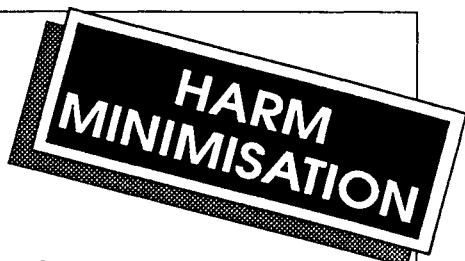
- |           |  |
|-----------|--|
| Newspaper | A: Conservative anti-harm minimisation and hard line anti-drug campaigners.  |
|           | B: Liberal, in favour of some harm minimisation strategies but not decriminalisation of drugs, and anti-drug campaigners.          |
|           | C: Radical, pro harm minimisation, pro decriminalisation and anti-establishment campaigners that seeks to expose double standards. |

Each group should produce a double page spread of headline stories, cartoons, letters slot, a leading politician's reaction on editorial etc. on Harm Minimisation based on the information in the handout.

2. Display each newspaper spread. Ask each participant to read them. Lead a large group discussion focussing on:
  - differences between facts and propaganda;
  - the variation in views in the Press in their area;
  - the way that myths can be generated and perpetuated to suit political ends;
  - their views about the way the example given and their country compare in their approaches to harm minimisation.

Handout 55

# Attitudes to harm minimisation



## Recommendation to decriminalise heroin

A Government working panel has recommended that the national AIDS strategy should aim at decriminalising the possession of small quantities of injectable drugs and cannabis for personal use.

A few months ago the government set up six panels to consult widely on various aspects of the problem of HIV infection and give advice for a white paper expected to be released in June. One senator, a consultant physician, chaired the panel on intravenous drug use and HIV/AIDS. When the conservative opposition were in power in the 1970s the senator conducted his own inquiry into drug abuse. He is considered by people on both sides in parliament to be the most expert politician on the subject.

Half a million people in this country have at some time used illicit intravenous drugs. They come from all sections of the community, and there is little evidence that they have taken up safer sexual practices more assiduously than anyone else.

The panel endorsed a previous state and federal decision that the main priority of a policy on intravenous drug use should be to reduce harm, especially if the threat of HIV is to be minimised. Reducing harm, according to the panel, can be achieved effectively only if the policies have multiple objectives; these include abstinence from using drugs, injecting without sharing, injecting with sterile needles and syringes, and using drugs without injecting them. The panel also argued strongly that law enforcement procedures should be consistent with reducing harm, that education and prevention programmes should be realistic, and that drug users should participate in strategic planning.

Presently there is little uniformity among states about access to sterile needles and syringes, although the federal government has pushed for more exchange programmes. In one city known as the HIV and intravenous drug use capital, for instance, police have been known to harass and even arrest users coming out of needle exchange centres and pharmacies.

The government has been stung by frequent criticism that it has followed meekly the vigorous stances of other governments against drugs. It has begun to encourage the expansion of methadone programmes and agreed to limited trials of prescribed intravenous methadone and morphine with the aim of encouraging as many drug users as possible to come into contact with health care services. Even so, the panel showed that law enforcement practices targeted at cannabis have made it scarce and expensive whereas heroin and other intravenous drugs have become cheaper and more available. In addition, the panel pointed to the high number of drug users in the prison population, which makes the chances of introduction of HIV into the general community more likely. The panel suggested that police and governments change their priorities from cannabis to intravenous drug use in line with the potential for harm.

"Many submissions suggested the legalisation of heroin", the senator said, "but we opted for the less radical decriminalisation, which means it's still an offence but a lesser one. It's important to separate the objectives of drugs and AIDS policies. Our aim is to reduce the risks of HIV spread."

Interestingly, the panel's advice is not a cry in the wilderness; it conforms quite closely to a paper put forward to the government from the normally conservative State Bar Association.

British Medical Journal,  
Volume 298,  
3rd June 1989.



## Activity 37: Minimising harm — A challenging approach

### Purpose

To increase knowledge of materials that can be used with illicit drug users to minimise the harm they do to themselves and which is written in a style and format that they can directly relate to.

A harm minimisation project called Lifeline Project in Manchester in the U.K. seeks to prevent the spread of AIDS, to minimise the harm people do to themselves with drugs and uses materials that drug users will be prepared to read. Examples of these materials are shown in Handout 56. If it is appropriate with the group concerned, use this exercise.

### What To Do

1. Explain to the group the purpose of the Lifeline Project. Before distributing the materials warn people about the bad language used. The reason for including it in the pack is that experience has shown that in some countries material is more effective if it is in easily understood language that the target group of young people commonly use. What follows could, therefore, offend you. Distribute examples of the materials they use, all of which have been taken from one of the magazines they produce and distribute. Examine the following questions:

- How do you react to the style of the material?
- How would you think drug users who are the target group might react to the style?
- What messages are being put across in the various extracts?
- What is your opinion of those messages?

2. After the discussion, ask people to work in small groups on producing materials relevant to the target groups they work with which would minimise the harm drugs do.

Reference 16

### Warning!

***You may find the following material offensive. It works on the principle of communicating with young people at risk of drug abuse in a language that is natural to them.***

***If this offends your culture, please remove it.***

### Editors

**ISSUE 2**

# SMACK

## IN THE EYE

**Still only £1**

**BACK BY POPULAR DEMAND**

**THE COMIC WITH A DIFFERENCE!**

**Featuring**


**THE AMAZING ADVENTURES OF TOUGH SHIT THOMAS**



**THE ROBINSONS**



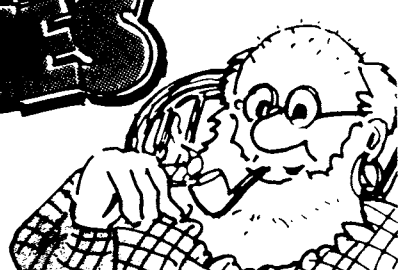
**THE ZANY ADVENTURES OF JOE AND MARTHA**



*im the guy who didn't lay down and die....*

**PETER POSITIVE**

**GENERAL SMACKHEAD JONES**

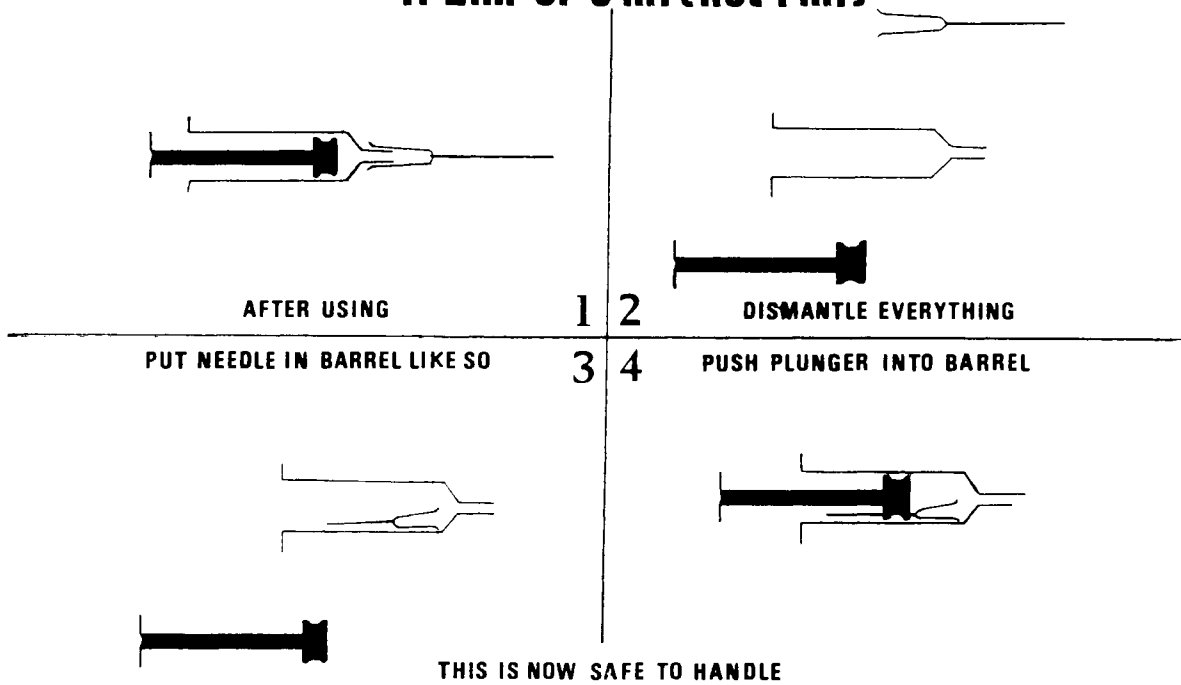


**WARNING**  
 Reading this comic could seriously affect your sex life

# NEEDLE AND SYRINGE

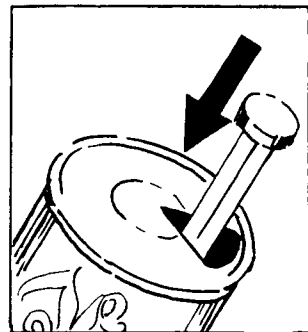
## *Safe Disposal*

If 2ml or 5 ml (not 1 ml)



IF YOU HAVE 1 ml DON'T TRY THIS AS NEEDLE CAN PIERCE THE BARREL.

Instead put them in a coke can or tobacco tin or better still go to a needle exchange scheme.



LIFELINE'S NEEDLE EXCHANGE WILL PROVIDE YOU WITH SHARPS BOXES & CLIPPERS FOR REMOVING NEEDLES FROM INSULIN SYRINGES

**FURTHER ADVENTURES OF TOUGH SHIT THOMAS**

TOUGH SHIT HAD GIVEN UP HEROIN THEN ONE DAY HE SAW SOME OLD FRIENDS ....

HI TOUGH SHIT, FANCY SOME SMACK?

HE HAD A SLIGHT DESIRE TO SEE IF THE BUZZ WAS JUST THE SAME.

YEA..YEA GIMME..GIMME SMACK!

DICK HEAD

UNFORTUNATELY HE NOT ONLY SHARED WORKS, BUT USED THE SAME AMOUNT HE HAD BEEN USING BEFORE HE STOPPED.

THOMAS' DIDN'T KNOW THAT THE BODY BUILDS UP AND LOSES TOLERANCE -WHAT GAVE HIM A HIT BEFORE HE STOPPED, COULD KILL HIM NOW!

HEROIN

MINUTE AMOUNT

**BEFORE** / **AFTER**

THOMAS PASSED OUT /

SHIT HE'S A GONNER, SCARPER BEFORE ANYONE COMES...

AND COULD HAVE CHOKED ON HIS OWN VOMIT, BUT REX THE ALSATIAN HAPPENED TO BE PASSING

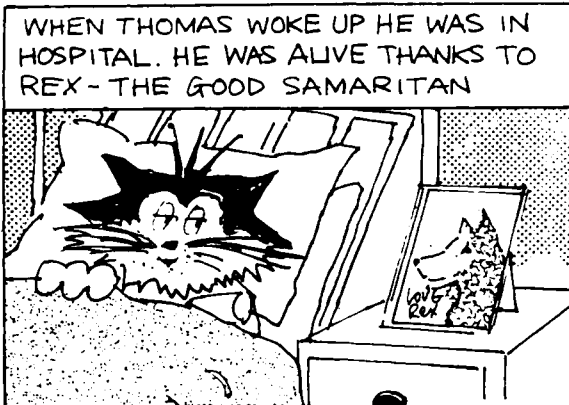
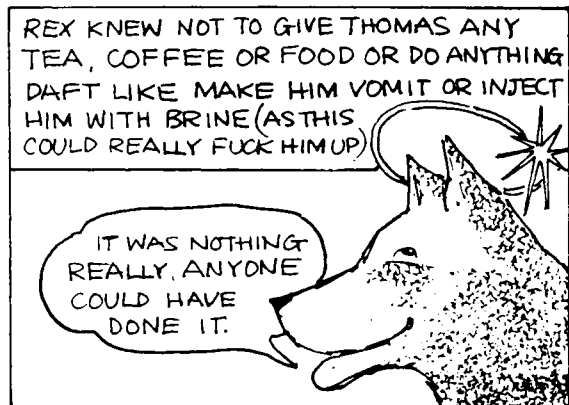
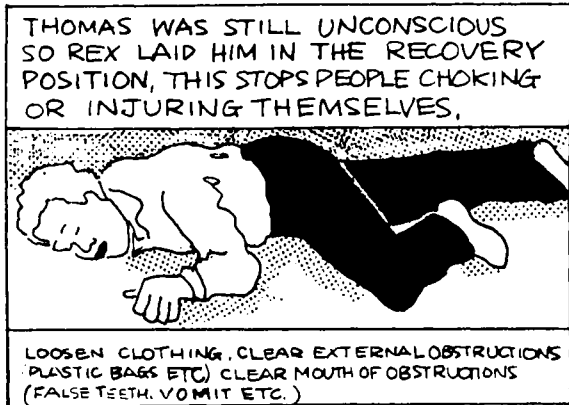
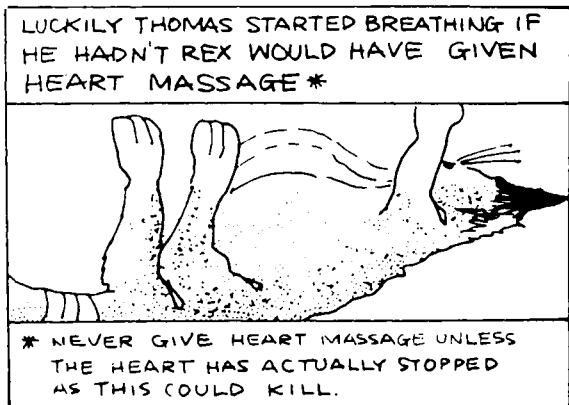
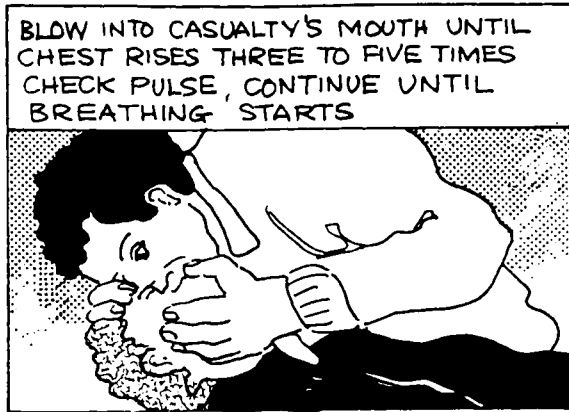
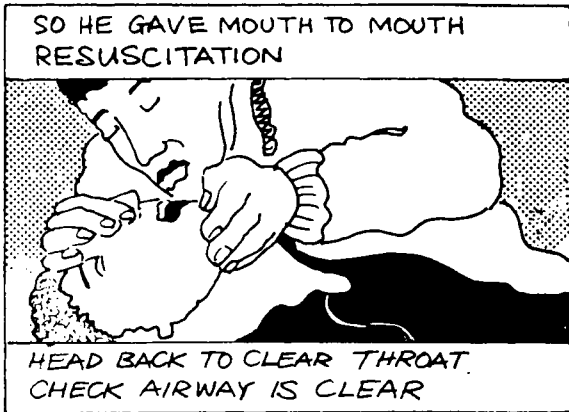
OH GOSH - TOUGH SHIT NEEDS HELP!

REX CHECKED THOMAS'S BREATHING, HE USED HIMSELF BUT WASN'T AFRAID TO RING 999 AS SOON AS HE SAW THOMAS HAD PASSED OUT.

YES HE HAS PASSED OUT BUT BREATHING, I THINK HE'S OVERDOSED ON HEROIN, SEND AN AMBULANCE

REX CHECKED THOMAS'S BREATHING \* AGAIN:- IT HAD STOPPED

\* ALWAYS TAKE THE PULSE FROM THE WRIST, AS IF SOMEBODY IS PANICKY, CHECKING THE NECK COULD SCARE THE LIFE OUT OF THEM.



FOR MORE ADVICE ON OVERDOSE AID CONTACT YOUR LOCAL DRUG TEAM OR GO TO A FIRST AID CLASS-It could save a friends life.

SYRINGES AND CONDOMS  
AVAILABLE **FREE**

---

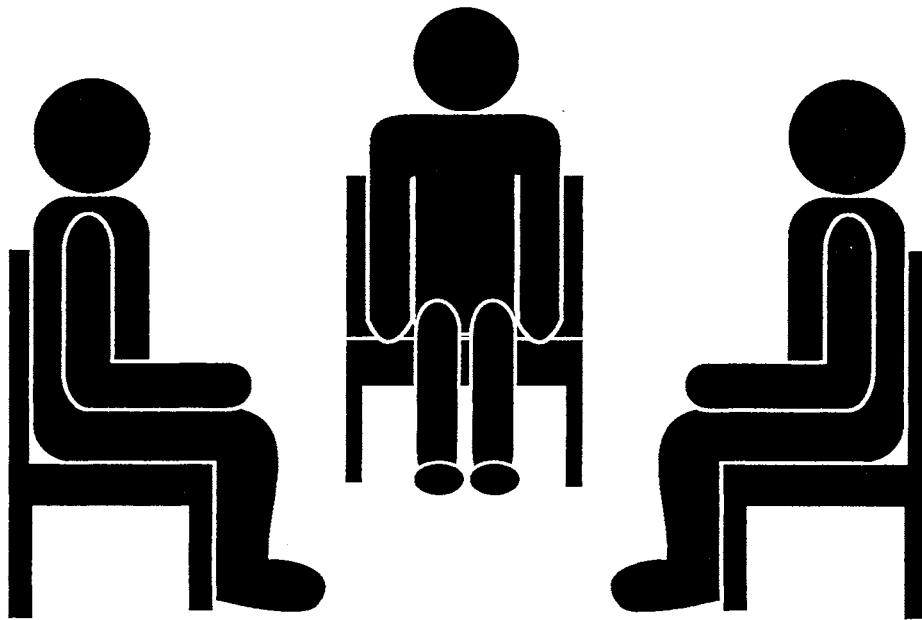
**LIFELINE**  
**PROJECT**

---

This service is confidential (you don't even have to give your name) & you won't get lectured or counselled all you get is as many condoms and as much injecting equipment as you want. For more information ring Lifeline on 061-848 7227

# Section 11

Information training & support



for drugs workers

## Section 11: Information, training and support for drugs workers

### The Problem:

Burn out (feeling depressed, unable to cope, overworked, etc.) is a common occurrence for workers in this field. The drugs worker is often the last person to whom attention is given.

Workers need to avoid taking on the role of 'God' and trying to solve everyone's problems. They should know their own limitations and tolerances.

It is important to maintain a degree of 'normal existence' and stress management sessions should be provided to both the worker and his/her family.

It is important that workers have opportunities to meet one another, to share information, to be properly supervised and to develop a pattern of work that allows them to move from high to low stress situations.

Number	Title	Purpose	What To Do	Use with Young People
38	Getting proper support	To increase knowledge of different types of support and plan ways of improving the support that people receive.	Input of five main types of support and work in threes to plan personal support.	
39	Building a network	To identify the potential for and ways of building a network of people concerned with drug use.	Brief input on networks, groups discuss list of key questions about networks, talking wall feedback and group discuss way ahead.	

**Activity 38:****Getting proper support****Purpose**

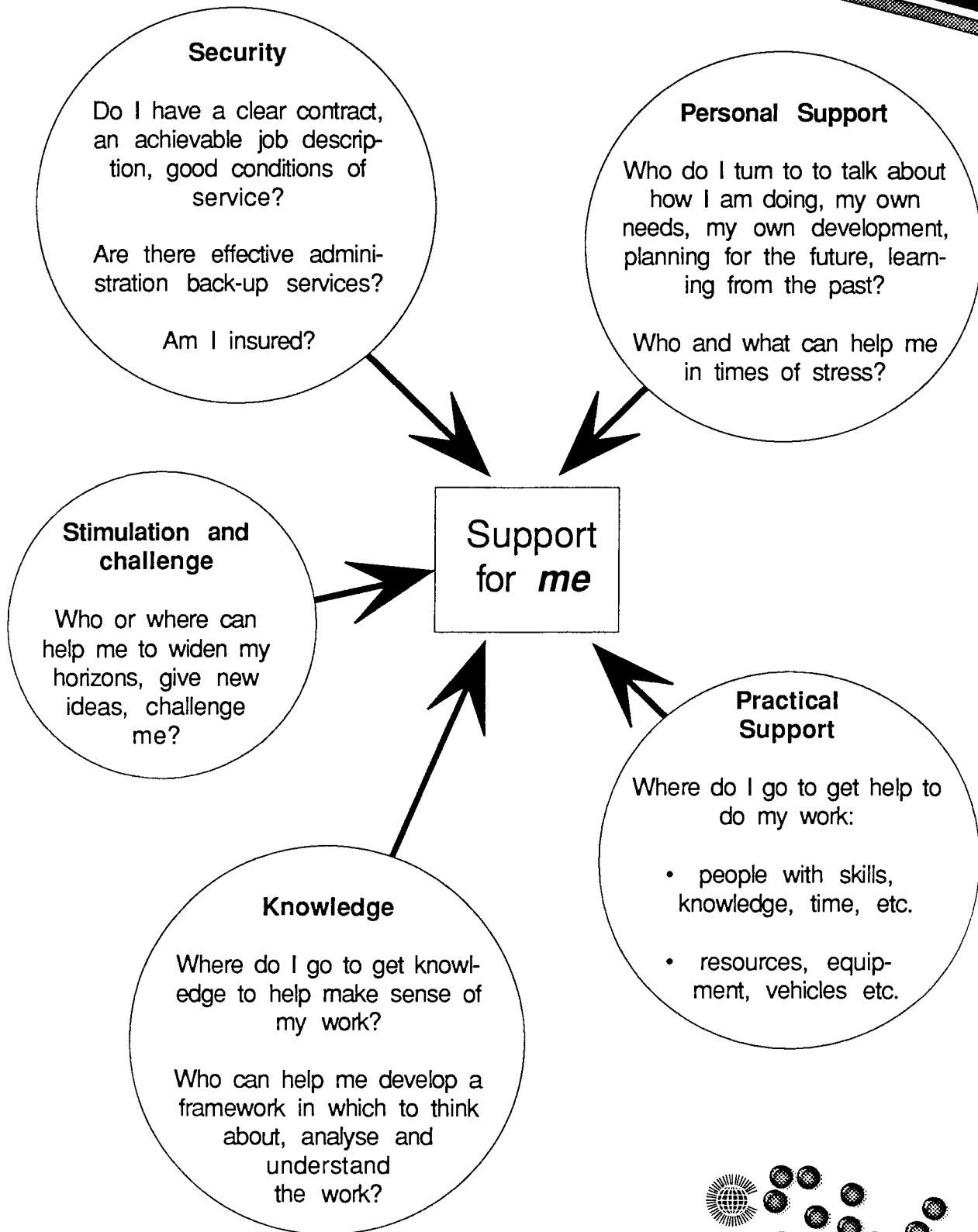
To increase knowledge of different types of support and plan ways of improving support that people receive.

**What To Do**

1. Describe to the group the five main types of support that drugs workers need (use Handout 57—perhaps on an overhead projector).  
Make clear that:
  - Needs for different kinds of support vary for each individual;
  - The need for support varies over time for each individual;
  - There is no single, simple way to provide support;
  - The manager needs the skills to be able to identify what support is needed and when, and to be able to provide that support flexibly and in a variety of ways.
2. Ask people to work in threes. Give each person a copy of the handout "Support For Me", Handout 57, and a blank sheet of flipchart paper. Each person in the triad should take it in turns to:
  - (a) draw the box and the five circles and fill them in with existing real sources of support for each category;
  - (b) draw the size of the arrow (the thickness) to reflect the amount of that kind of support they currently get;
  - (c) plan with the other two people what action they can take to improve the support they get for the types of support they currently feel most in need of.

Handout 57

# Support for me



## Activity 39:

## Building a network

### Purpose

To identify the potential for and ways of building a network of people concerned with drug abuse.

### What To Do

1. Introduce the session with a brief reminder about how drugs workers/educators in various countries have created their own networks of support:
  - within their local community;
  - within their country;
  - internationally.
    - eg:
      - Workshops convened by the Caribbean Centre of the Commonwealth Youth Programme;
      - The Australian National Workshop of Drug Educators that meets annually;
      - The Canadian National Action Conference;
2. Ask people in small groups to discuss the list of questions in Handout 58, Building a network. One person should take notes.
3. Ask the note-taker from each group to write up the group's ideas on pre-prepared flipcharts around the room. The whole group walk round and read the flipcharts.
  - What consensus is emerging about ideas for building a network?
  - What ideas need further discussion?
  - Basically, is there something here that needs doing?

Handout 58

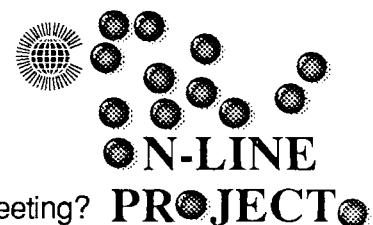
# Networks



## Building a network

Discuss each of the questions below as a group. Ask one person to keep a note of comments and suggestions.

1. What networks do we currently belong to that provide good opportunities to discuss issues and problems of common concern to drugs workers
  - Locally,
  - Nationally,
  - Internationally?
2. What are the strengths, weaknesses and gaps in our existing networks?
3. What network, if any, is the priority to be built up?
4. What outcomes would that network achieve for the participants?  
i.e. what benefits should participants receive?
5. How could the network operate to achieve those benefits? For example:
  - Communities' own newsletter;
  - Meetings;
  - Structure (planning groups etc.);
  - Training Events;
  - Produce Materials;
  - Conference.
6. Who would be included within the network?
7. Who would organise the network?
  - keep address lists;
  - arrange meetings.
8. How much would it cost, and how could it be funded?
  - Self-help (each participant make a contribution of time or money);
  - Government funded;
  - Inter-agency funding.
9. What would be the first step to get it started?
  - Write to people to see if there's any interest?
  - Hold a small meeting of people to set up a first meeting?



# Section 12

## Evaluating success



**in drugs work**

## Section 12: Evaluating success in drugs work

### The Problem:

How do we evaluate 'success' in drugs work?

- An individual who cuts down on their drug use?
- Reduced crime rates?
- A slower rate of spread of diseases like hepatitis or Aids?
- Achieving a drug-free society?
- Catching more drug traffickers?

And what methods do we use for planning and carrying out a process of evaluation that will give useful results?

---

<b>Number</b>	<b>Title</b>	<b>Purpose</b>	<b>What To Do</b>	<b>Use with Young People</b>
40	Planning an evaluation of your drugs work	To develop a plan for evaluating drugs work, and increase understanding of the issues and methods for carrying out evaluation of drugs work.	Presentation, hand-out, group discussion, experiential exercises and planning activities.	

---

## Activity 40: Planning an evaluation of your drugs work

### Purpose

To develop a plan for participants to evaluate their drugs work, and to increase participants' understanding of the issues and practicalities in carrying out evaluation in this area of work.

### What To Do

1. Each member of the group should identify an area of their drugs work they want to evaluate. They will be applying the ideas about evaluation they learn to that area of work as we go along. (This preparation could be done before the session).
2. Give a presentation of the initial design questions (Handout 59). Discuss the points fully for clarification.
3. (a) People in pairs take it in turns to work through the initial design questions in the handout for the area of work they want to evaluate.  
  
(b) Large group discuss any further questions or dilemmas.
4. Give a presentation of the basic steps in carrying out an evaluation (Handout 60). Discuss these points fully for clarification.
5. Focus the discussion on what are indicators of success in drugs work. Ask the group to brainstorm possible 'indicators' of success. Discuss these indicators
  - who says what is success?
  - should the drug user decide what success is?
  - how can drug users get involved in the planning and evaluation processes of the work?
6. Get the group to practice using different methods of information collection by asking them to work in groups to judge how good the training venue is as a venue, using different methods.
  - One group should design and administer a questionnaire to find out the views of the rest of the group.
  - One group should design and administer a series of one-to-one interviews.
  - One group should design, use, and ask others to use, an observation recording sheet.
  - One group should gather written material about the venue, read it and write up the results.

Each group should present their data to the whole group and describe the lessons they learnt from doing it.
7. In pairs, people should discuss and write out the indicators of success and the information collection methods they might use for their evaluation of their area of work.

Reference 11

Handout 59

# Evaluating success in drugs work



## The initial design questions

1. What is the focus of the evaluation?

Example

Are we trying to:  
(a) Explain the problem?

Why has heroin use increased in the last year?

OR

(b) Judge whether the objectives of the work have been achieved and why?

Have we achieved our aim of reducing heroin use among young men and was it our counselling programme that achieved this?

OR

(c) Judge how well the resources were used?

Did the work start on time? Did the counsellors turn up? Were people left with little or nothing to do?

2. Why Is The Evaluation Being Done?

• Who is the audience?

Our funders.

• How will the results be used?

To decide whether to continue, amend or close the project.

3. Who Will Do The Evaluation?

• Ourselves?

An independent group of consultants with experience of evaluation in the drugs field.

• Others inside the organisation?

• People outside the organisation?



Handout 60

# The basic steps in carrying out an evaluation



## 1. Decide what is being evaluated.

Either

(a) The problem

Example

Is heroin use on the increase and if so, why?

(b) The objectives you want to achieve

We wish to reduce heroin use among men and to change their intravenous drug use so as to minimise the harm they do to themselves. The drug users themselves will set their own goals within this broad aim.

(c) The methods you intend to use

A team of trained counsellors will work in a detached way on the streets, in people's homes, to meet and talk to heroin users, and give non-judgemental advice.

## 2. Choose indicators that will give you information about:

(a) Whether the problem has changed and why

- Doctors' reports of heroin dependents.
- Numbers of people using heroin in a specific geographical area.
- Feedback from other professionals on prevalence (eg. youth workers).
- Increase in demand for syringes and needles at the needle exchange.

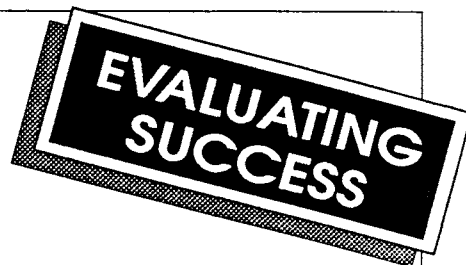
(b) Whether the objectives were achieved

As above and in addition:

- Heroin users using clean 'works' every time and not sharing needles.
- Individuals demonstrating a decrease in their usage of heroin.
- Increase in numbers using methadone substitutes.
- Positive reactions to counsellors by heroin users.

Handout 60 (continued)

## The basic steps in carrying out an evaluation



3. Collect the information through:

- asking questions verbally;
- asking questions in writing;
- watching what happens;
- reading relevant materials and papers

• Counsellors keep a regular diary of who they've seen and what they saw happening.

• Questionnaires to local workers in other agencies.

• Records kept by GPs  
• Records kept by needle exchange schemes.

4. Provide something to compare with, e.g.

- Do the evaluation at two or more different times

Comparisons will be made over a period of time - comparing data collected at the beginning, after six months and after a year.

5. Look at the information collected, make judgments and draw conclusions.

6. On the basis of your interpretation of the results and the conclusions, make recommendations for the future.



# Appendices

## Appendix 1: References and further reading

1. 'Action on Drug Abuse: Making a Difference', published by Minister of Supply and Services, Canada, 1988.
2. 'Alcohol: Our Favourite Drug', published by Royal College of Psychiatry, United Kingdom 1986.
3. 'An Overview of the Effectiveness of Treatment for Drug and Alcohol Problems', published by the National Drug and Alcohol Research Centre, Australia, 1988.
4. 'Booze, Pills and Dope: Reducing Substance Abuse in Canada', published by Minister of Supply and Services, Canada, 1988.
5. 'Country Papers from the Report on the Commonwealth Conference for Young People Working in the Drugs field', published by the Commonwealth Youth Programme, 1989.
6. 'Creative Groupwork and I.T.', by Lucy Ball and Theo Sowa, published by the London Intermediate Treatment Association, United Kingdom, 1985.
7. 'Dealing in Solutions Conference Report', published by the Commonwealth Youth Programme, 1989.
8. 'Drug Information Guide', published by Ministry of Home Affairs, Malaysia, 1988.
9. 'Drugs Training Manual', published by the Institute for Study of Drug Dependency, United Kingdom, 1987.
10. 'High Profile', published by the Institute for the Study of Drug Dependency, United Kingdom, 1989.
11. 'Ideas Into Action', published by the National Council for Voluntary Youth Services, United Kingdom, 1988.
12. 'Locating Drug Education', published by TACADE, United Kingdom, 1988.
13. 'Parent Education—A Review and Analysis of Drug Abuse, Prevention and General Programmes', published by Minister of Supply and Services, Canada 1986.
14. 'Report of Sub-Regional Workshop on Drug Abuse Prevention', published by the Commonwealth Youth Programme Caribbean Centre, 1987.
15. 'Sex for Sale', plus Health Education Article, published by the Independent newspaper, United Kingdom 1989.
16. 'Smack in the Eye', Issue 2, published by the Lifeline Project Limited, United Kingdom 1989.
17. 'Strategies for the Prevention of Drug and Alcohol Problems', published by the New South Wales Department of Health, Australia, 1988.
18. 'Taking the Initiative: National Campaign Against Drug Abuse 1985-86 Report', published by the Australian Government Publishing Service, 1987.
19. 'The Tampe One-Stop Centre Brief Information', published by the Ministry of Home Affairs, Malaysia, 1989.

**Appendix 2: Summary of training activities**

<b>Number</b>	<b>Title</b>	<b>Purpose</b>	<b>What To Do</b>	<b>Use with Young People</b>
<b>Section 1: Facts About Drugs</b>				
1	Facts About Drugs	To improve knowledge of the effects of drugs and the physical risks involved.	Brainstorm and group discussion of Fact Sheets.	✓
2	Facts About Drugs	To improve knowledge about the effects of drugs.	Small group presentations based on Fact Sheets.	✓
3	Facts Game Show	To improve knowledge of the effects of drugs and the physical risks involved.	Game Show based on Fact Sheets.	✓
4	Uppers and Downers	To improve knowledge of the effects of drugs, the physical risks involved and the law.	Board game based on Snakes and Ladders.	✓
5	Face Down	To improve knowledge of the effects of drugs, the physical risks, the law and attitudes to drugs.	Card game using drug name cards.	✓
6	The Law on Drugs	To improve understanding of the law on drugs and the legal processes.	Court scene role play on various drugs charges.	✓
<b>Section 2: Attitudes to drugs</b>				
7	The opinion game	To raise awareness and challenge attitudes to a range of drugs issues.	Card game on statements of opinion.	✓
8	The ranking game	To raise awareness and challenge perceptions about drug use.	Card game on perceptions about drug use (eg. what is socially acceptable).	✓
9	Drugs and male/female assumptions	To raise awareness of gender issues in drug use.	Completing unfinished sentences to establish stereotypes.	✓
10	Drugs, culture and religion	To raise awareness of different cultural and religious attitudes to drug use.	Small group discussion to identify different attitudes based on participants' own experience. Discussion of implications for practice.	

Number	Title	Purpose	What To Do	Use with Young People
<b>Section 3: Why people take drugs</b>				
11	Personal reasons and excuses	To develop an understanding of different personal reasons and excuses for taking drugs.	Self-assessment using handout and group discussion.	✓
12	A structural analysis of reasons for drug use	To improve understanding of why people take drugs.	Role plays of drug-taking scenes based on a 4-point analysis of drug taking.	
<b>Section 4: Planning a drugs policy</b>				
13	A National Framework	To increase understanding of a national framework for a drugs policy and to begin the planning of that policy.	Presentation and discussion of a national framework and a case study with a participative planning exercise.	
14	Key National Policy Issues	To identify ways of resolving some key national drugs policy issues.	Creative activities in large and small groups.	
15	An Organisation's Drug Policy	To assist the planning of an organisation's drug policy and develop a code of conduct for staff.	Use of planning 'tool' and an example 'code of conduct' in small groups.	
<b>Section 5: Preventing the use of drugs: An overview</b>				
16	Identifying Ways To Prevent Harmful or Hazardous Drug Use	To raise awareness of the links between the reasons why people take drugs and prevention methods	Finish the sentence exercises and group discussion	
17	Four Strategies To Prevent Harmful or Hazardous Drug Use	To increase knowledge of four strategies for preventing harmful or hazardous drug use and methods within each strategy	Talking wall activity in large and small groups	
18	Choosing Priorities for Drug Prevention	To establish the group's priorities for preventing harmful or hazardous drug use and to raise awareness of different attitudes to prevention	Card game to establish priorities in a group	✓
19	Prevention Strategies In Other Countries	To increase knowledge of broad prevention strategies in other countries and compare them to their own situation	Small group discussion of case studies from other countries and large group comparison/analysis	

Number	Title	Purpose	What To Do	Use with Young People
<b>Section 6: Preventing the use of drugs: Ideas for practice</b>				
20	Alternative Pulse	To understand 'pleasure' as a reason for drug use and to increase knowledge of alternative ways of meeting that need.	Self-analysis of what gives pleasure and group discussion of alternatives to drugs using handout.	✓
21	Adverts and Public Awareness	To increase understanding of the influence of adverts and develop skills in designing public awareness programmes.	Put graffiti on adverts for drugs and use handout to structure discussion on designing public awareness programmes.	✓ (first half only)
22	Pop Culture Influences	To increase understanding of the influence of music and 'pop' culture on drug use.	Produce compilation tapes (audio or video) of pre-recorded music related to drugs and group discussion of positive and negative influences of pop culture on drug use.	✓
23	Scare Tactics	To increase knowledge of the arguments for and against scare tactics to prevent harmful/hazardous drug use.	Pairs read pre-prepared dialogue for and against; groups identify advantages and disadvantages; new pairs have real dialogues.	
24	Family Influence on Drug Use	To increase awareness of different views about family influence on drug use and the implications for preventative work.	Small group presentations of three different views about the influence of family life on drug use, group discussion and action planning.	
25	Working with Potential Users	To increase knowledge of the purpose, approaches, methods and issues in direct work with potential drug users and plan a relevant programme of work.	Mini lecture on the key themes using handouts, and small group discussion and planning in trios.	
26	Face to Face Work with Young People	To increase knowledge and understanding of practical activities for use with young people to prevent drug use.	Group discussion of a list of practical activities to use with young people and then choosing and carrying out a selection on each other.	

Number	Title	Purpose	What To Do	Use with Young People
<b>Section 7: Making early intervention in the lives of drug users</b>				
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'.	✓
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.	
<b>Section 8: Managing people who are dependent on drugs</b>				
33	Managing People Who Are Dependent on Drugs	To introduce some of the key issues and methods for managing people who are dependent on drugs.	Questionnaire on issues and methods in pairs. Group discussion of results. Various group activities to follow, as needed.	
<b>Section 9: Controlling the supply of drugs</b>				
34	Controlling the supply of drugs	To introduce key points and types of intervention to control the supply of drugs and to raise awareness of the moral/ethical dilemmas associated with some forms of intervention.	Analyse flowchart of supply route of drugs and identify points and types of intervention. Structured debate on moral/human rights issues arising.	

<b>Number</b>	<b>Title</b>	<b>Purpose</b>	<b>What To Do</b>	<b>Use with Young People</b>
<b>Section 10: Minimising the harm drugs do</b>				
35	Minimising the harm drugs do	To introduce four main approaches to harm minimisation and some of the methods used in each approach.	Mini-lecture, group discussion and presentation of different strategies for harm minimisation.	
36	Attitudes to harm minimisation	To increase awareness of attitudes to harm minimisation and the role of the media.	Three 'newspaper editorial groups' produce a double page spread based on information provided in the British Medical Journal. Each has a different editorial perspective. Discuss the results, attitudes and the role of the media.	
37	Minimising harm—a challenging approach	To increase knowledge of materials used with illegal drug users written in a style/format of relevance to them.	Distribute examples of materials used in inner cities. Discuss key questions as a group. Produce materials to minimise harm that relate to the experiences of those they work with.	
<b>Section 11: Information, training and support for drugs workers</b>				
38	Getting proper support	To increase knowledge of different types of support and plan ways of improving the support that people receive.	Input of five main types of support and work in threes to plan personal support.	
39	Building a network	To identify the potential for and ways of building a network of people concerned with drug use.	Brief input on networks, groups discuss list of key questions about networks, talking wall feedback and group discuss way ahead.	
<b>Section 12: Evaluating success in drugs work</b>				
40	Planning an evaluation of your drugs work	To develop a plan for evaluating drugs work, and increase understanding of the issues and methods for carrying out evaluation of drugs work.	Presentation, handout, group discussion, experiential exercises and planning activities.	

### Appendix 3: Blank Cards for Card Game Activity

Cut up these Question and Answer cards.


**Appendix 4: Summary of the training methods used**

<b>Type Of Activity</b>	<b>Exercises</b>
Board Game	4
Brainstorm	1
Card Game	5, 7, 8, 18
Case Studies	19
Coaching	30
Creative Activities	14, 21, 26
Dialogues/Interviews	23
Dilemma Boards	32
Edited Compilation Tapes	22
Experiential Activities	29, 40
Finish-the-Sentence	9, 16
Flowchart Analysis	34
Game Show	3
Group Self Analysis	10, 27, 31
Materials Analysis and Production	37
Mini Lecture	25, 35, 38, 39
Newspaper Production	36
Planning Tool	13, 15, 21, 25, 40
Presentations	2, 24, 27, 35, 40
Produce Guidelines	29, 31
Questionnaire	33
Role Play	6, 12, 30
Self Analysis	11, 20, 31
Simulations	30, 32
Structured Debates	34
Talking Wall	17, 39

## Appendix 5: List of handouts in the pack

No.	Title
1-12	Drugs Facts Sheets (12)
13	The Uppers and Downers Game
14	Drug Name Cards
15	Opinion Cards
16	Unfinished Sentences
17	Drugs, Culture and Religion
18	Why Take Drugs?
19	Reasons For Taking Drugs
20	National Drugs Policy Framework
21	National Drug Policy Case Study
22	National Drugs Policy Issues
23	Organising Drugs Policy Framework
24	Draft Code of Conduct for Staff
25	Drug Prevention Strategies
26-29	Drug Prevention Case Studies (4)
30	Alternatives To Drug Use
31	Adverts
32	Public Awareness
33	Scare Tactics
34	Families and Drug Use
35	The Purpose Of Drug Education
36	General Approaches To Face-To-Face Work
37	Methods of Face-To-Face Work
38	Issues and Dilemmas In Face-To-Face Work
39	Planning A Prevention Programme
40	Early Intervention : Key Points
41	Early Intervention In Practice
42	Groupwork With Young People
43-46	Dilemma Boards (4)
47	Drug Dependence Questionnaire
48	The Supply Route of Legal and Illegal Drugs
49	Controlling The Supply Of Drugs
50	The Cocaine Trail
51-54	Harm Minimisation (4)
55	Harm Minimisation in One Country
56	Harm Minimisation Materials
57	Support for Drugs Workers
58	Networks
59	Evaluation : The Initial Design Questions
60	Evaluation : The Basic Steps

## Appendix 6: Why Do I Want To Do Any Drug Education?

Your values and beliefs about the purpose of drug education will, of course, have a direct impact on the kind of training you undertake—both the objectives you try to achieve and the methods you adopt. It is vital, therefore, that you examine yourself critically and are clear about why you want to train others in working with people on problems associated with drug use. Ask a group of colleagues to join you in undertaking the activities below.

### What To Do

1. Give out a copy of each of the statements on the handout “Purpose of Drug Education” attached to Exercise 25 to each member of the group. Each member arrange the statements accordingly to what they consider the main aims of drug education to be: For example—

	iii		Most important aim				
	ix	ii					
i	vii	vi	(all statements on the same line are of equal value)				
	iv	v					
	viii		Least important aim				

- (i) To scare young people away from ever taking drugs.
  - (ii) To reduce the current level of local drug taking.
  - (iii) To raise young people’s self-esteem.
  - (iv) To help young people make decisions about drug taking based on balanced factual information.
  - (v) To help young people minimise the harm associated with the use of their chosen substance(s).
  - (vi) To create an atmosphere where young people feel comfortable discussing their substance use.
  - (vii) To encourage young people to examine critically their social and environmental situation and help them to develop skills to effect change within their community.
  - (viii) To encourage young people to examine the pressures (eg. social, financial, moral) placed on them to use/not to use substances.
  - (ix) Write one of your own.
2. Record this on a sheet of paper; then compare this with that of another member of the group. Discuss any similarities/differences and try to reach a joint consensus.
  3. As a group discuss what you believe the main aims of drug education are. These aims will then act as a fundamental underpinning of your training of people who are seeking to be drug educators.
  4. It may be appropriate to use this activity with the group of people you will be training as a starter session.

### Appendix 7: Planning a drugs training event

There are many different approaches to planning a training event and a variety of factors to take into account. Key steps you might follow in choosing what exercises to select and adapt to suit your needs are:

1. What Learning Objectives Am I Trying To Achieve?

By the end of the training participants will:

- know \_\_\_\_\_
  - be able \_\_\_\_\_
  - be aware of their attitudes towards \_\_\_\_\_
- \_\_\_\_\_

2. What Are The Participants Like?

- How many are there?
- What knowledge, skills or experience or attitudes do they have?
- What is their background
- What are their expectations?

A specimen pre-course questionnaire is given in Appendix 8 to help you find out more about the participants you will be training. You will need to adapt this to suit the groups you work with. For example, you may be working with unemployed young people. Other methods include meeting the participants for a joint planning day; discussing your ideas with a small group who might be coming or, if it is for an organisation, meeting the training officer.

4. What Specific Training Activities Will I Use And How Will I Adapt It To Suit The Time And Other Constraints On Me?

- length of time available
  - space
  - size of group
  - position in overall course
  - format
- and so on.

3. What Kind Of Training Activities Will Achieve The Learning Objectives And Create The Atmosphere I Want?

- lecture?
  - group discussion?
  - role play?
  - planning exercise?
  - simulation?
  - presentation?
- and so on.

5. What groundrules need to be established at the beginning of any training?

- Confidentiality?
- Using drugs on the course e.g. smoking and drinking alcohol.

### Appendix 8: Pre-Course Questionnaire

Training Event \_\_\_\_\_

Name \_\_\_\_\_

Job Title (if appropriate) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

1. What outcomes are you hoping to get from the training event? (Please refer to the attached outline description of the event.)

(a) I hope to know more about \_\_\_\_\_

\_\_\_\_\_

(b) I hope to be able to \_\_\_\_\_

\_\_\_\_\_

(c) I hope I will be more aware of my activities towards \_\_\_\_\_

\_\_\_\_\_

(d) Any other comments about why you are coming and what you hope to get out of the event. \_\_\_\_\_

\_\_\_\_\_

2. To help us plan the course to best meet your needs, please complete the simple self-assessment below:

(a) Knowledge of the Topics (circle the appropriate phrase)

None at all	Very little	Some	Quite a lot	Comprehensive knowledge
----------------	----------------	------	----------------	----------------------------

(b) Experience of Working On This Area:

None at all	Very little	Some	Quite a lot	Fully Experienced
----------------	----------------	------	----------------	----------------------

(c) Please make any other comments you feel are relevant about yourself to help us plan the event. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Appendix 9: End Of Course Evaluation Questionnaire

To help us evaluate the training and plan improvements to future events we would be grateful if you could complete and return this brief questionnaire.

Training Event _____
Name _____
Job Title (if appropriate) _____
Address _____
_____

1. How relevant was this course in relation to your work?

2. Was any part of the course particularly useful?  
If 'Yes', which?

Yes/No

3. Was any part of the course particularly irrelevant?  
If 'Yes', which?

Yes/No

4. Did you expect anything that was not covered?  
If 'Yes', what?

Yes/No

5. List some of the ideas you gained or other things you learnt.

6. Any comments about the trainer or training style?

7. The two best things about this course were:

8. The two worst things about this course were:

9. Did you enjoy it?

10. Any other comments including non-work aspects, eg. accommodation, food, timing, etc?

11. Overall, your rating of the course was:

Very Good      Average      Weak      Very Good      Poor

### Appendix 10: Post Course Evaluation Questionnaire

To help us evaluate our training and plan improvements to future events, we would be grateful if you could complete and return this brief questionnaire.

Training Event _____
Name _____
Job Title (if appropriate) _____
Address _____
_____

1. The purpose of the event was:
(a) to increase my knowledge of _____
_____
(b) to develop my ability to _____
_____
(c) to increase my awareness of attitudes towards _____
_____
(d) other _____
_____

2. The main things I felt I learnt from the event were:
(a) knowledge: I now know _____
_____
(b) skills : I am now able to _____
_____
(c) awareness : I now have the attitude that _____
_____

3. Some things I am still unclear about on this topic are:

(a) \_\_\_\_\_  
\_\_\_\_\_

(b) \_\_\_\_\_  
\_\_\_\_\_

(c) \_\_\_\_\_  
\_\_\_\_\_

4. Learning that I saw others gain during the event were:

(a) \_\_\_\_\_  
\_\_\_\_\_

(b) \_\_\_\_\_  
\_\_\_\_\_

(c) \_\_\_\_\_  
\_\_\_\_\_

5. Other comments about the outcomes of the event:

6. My views about the conduct of the event are:  
(Please circle the appropriate number)

(a) Highly structured	1	2	3	4	5	very unstructured
(b) flexible and responsive	1	2	3	4	5	rigid and unresponsive
(c) Very clear purpose and objectives	1	2	3	4	5	very unclear about purpose and objectives
(d) Learning by experience	1	2	3	4	5	learning by receiving information
(e) Highly inappropriate use of learning methods	1	2	3	4	5	Very appropriate use of learning methods
(f) Too fast	1	2	3	4	5	Too slow
(g) Completely irrelevant to my situation	1	2	3	4	5	Directly relevant to my situation

7. Other comments about the methods used:

Thank you for completing the questionnaire.  
Please return it to:

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