

The Rose Programme for Substance Abuse And Creative Therapies

"Seeking Solutions"

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A Toolbox Manual for Psychosocial Training Sri Lanka

Substance Abuse and Creative Therapies Toolbox

Contents

A: UNDERSTANDING DRUGS 4

Understanding Drug Users 4
Assessing Substance Use 5
Experimental use 5
Recreational use 6
Dependent use 6
Problems Connected with Substance Use 7
Health 7
Legal 8
Lifestyle 8
Relationships 9
Responses to Substance Use 10
Punishment/Deterrent 10
Education 11
Support 11
Solutions to Substance Use 12
Practical 12
Emotional 12
Replacement 13

B: EDUCATION 15

Planning a Drug Education Programme 16
Using Ground-rules 16
Example Drug Education Programme for Young People 17
Introductory Games 18
Fruit bowl game 18
Name games 18
Group Educational activities 22
Knowledge Gauge Activities 22
Drugs Bust 22
What's in the bag? 22
Alphabet banner 23
Run-around 23
Broader Activities 23
Goldfish bowl exercise 23
Pass the parcel 23
Opinions game 24
Graffiti wall 24
Relay post-it quiz/True False Game 24
Question Hat/Ask-it Basket 25
Snakes and Ladders 25
Using Art 25
Photo stories 26

Matching Card Games....26
Opinions Game Tools....27
Drugs We Use....31
Understanding Risk Exercise....33
Understanding Risk....34
Draw a Druggie....35
Continuum Games....36
Case Studies....37
Evaluation Sheet....39

C: THERAPEUTIC SUPPORT....40

Individual Support Activities....40
Assessment and Therapeutic Tools....40
Drugs We Use....40
Something that…....40
Mind Map....42
Gingerbread Person....44
Mountain of Life....45
Life Measure....46
Relationships Chart....47
Personal Shield....49
Bottling It....50
Control Exercise....51
Control Handout....52

D: NETWORKING AND RESOURCES....53

Local Networks....53
Useful Resources....54
Sri Lankan sites and web articles....54
International Web sites....54

A: UNDERSTANDING DRUGS

Before we can work with someone using drugs we need to understand the issues they are facing. The following models are based on Julian Cohen's (Healthwise, UK) introduction to drugs work with young people.

Understanding Drug Users

It is crucial to see drug users with compassion and understanding. If we cannot understand someone's problems we are less likely to establish a positive relationship with them and may convey disapproval of their choices. This will not achieve any useful work over time. The best work is where there is a relationship of mutual trust and positive regard between the worker and client.

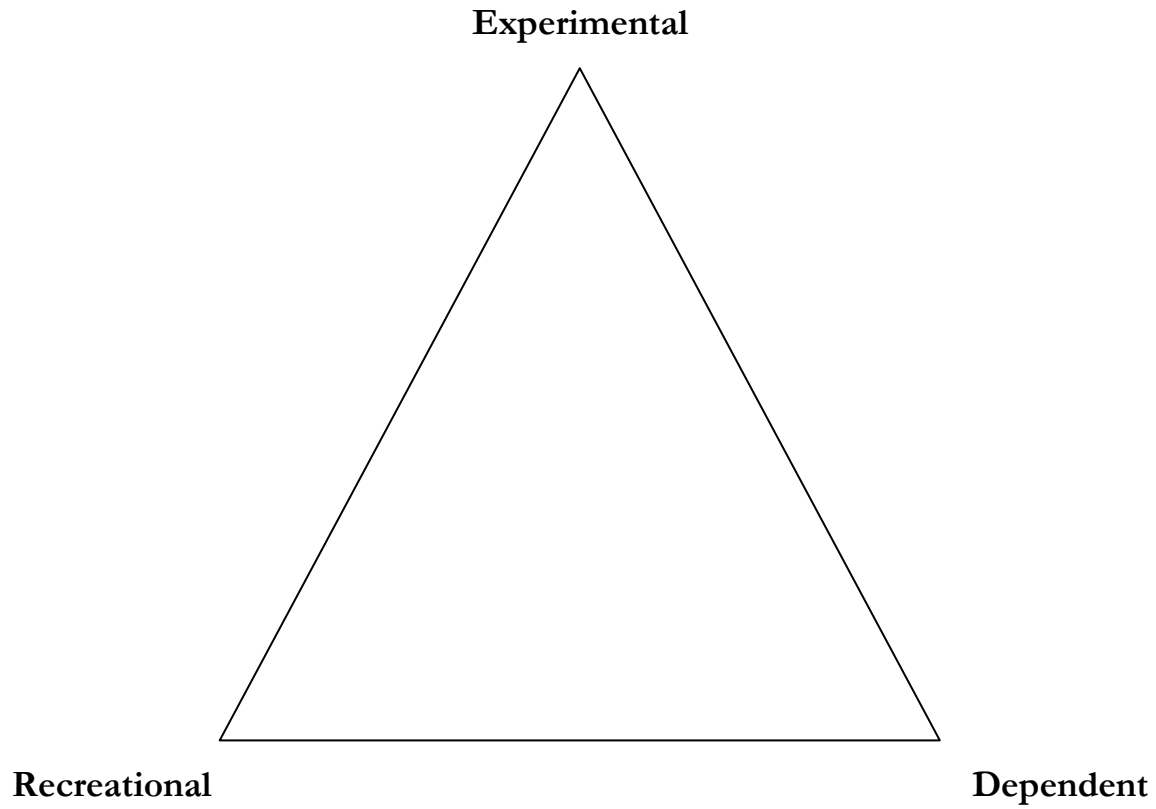
Most people have some kind of addiction or dependency. This may not be drug or substance related. It could be to TV programmes, to work, to a person, to driving very fast or to food. If we understand what things are crucial in our lives and how we would cope if they were taken away, we can be more sympathetic to the struggles of someone giving up substance dependency, illegal or legal. We would have to be persuaded very hard that it was in our best interests to give up this favourite activity or object, otherwise why would we consider losing it. We want it and need it to feel comfortable in our lives. There has to be a very good reason to let it go.

So we must not see drugs or alcohol dependency as any different to any other dependency. We must not be afraid of drugs. To the drug user they are a normal and necessary part of their life. We must see the drugs as the user sees them, or we cannot help them properly.

Assessing Substance Use

When we are faced with drug or alcohol issues we have to identify what the situation really is. What exactly are we looking at – is it serious, or not? The fact that it involves drugs alone is not enough to warrant drastic action.

There are three main types of drug use:



Experimental use

Almost all people who use drugs or substances started because they wanted to try and see what it is like. People like to experiment, particularly if it is something they have heard a lot about, or seen around them. So children want to try cigarettes – just to see what the fuss is all about.

Some people stop after this stage. They have tried it and feel okay now they know the 'mystery' of the drug, but they don't want to continue using the drug. It was enough just to try it.

Recreational use

Others continue using the substance for enjoyment. Alcohol is one of the most frequently enjoyed drugs. Recreational drug use is when the person chooses when and where they use the drug. They do not use it all the time; they can stop whenever they want; they may only use it on certain occasions – such as with friends etc**.** With recreational drug use, **the person controls the drug.**

Dependent use

A small minority of people continue with their substance use to the point that **the drug controls them**. They become dependent on the drug, they need it to continue with their life. They panic if they cannot use it. Their lifestyle, health and other issues are probably affected by the drug use. And their lifestyle and other problems they face also affect the drug use. At this stage the drug use is a problem. But the solution is not easy.

So to assess what stage the drug use is at, establish whether the person is genuinely in control of the drug, or whether the drug controls them.

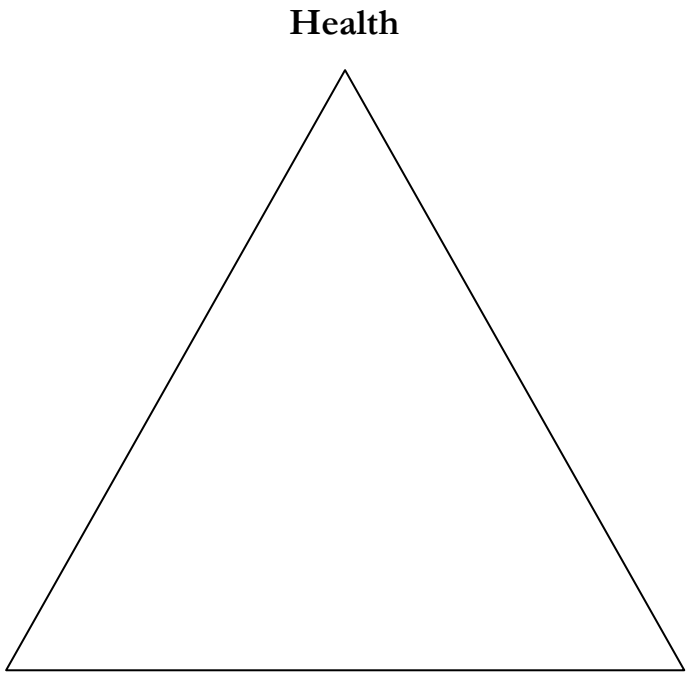
People with many problems in their lives are more likely to develop a dependency on drugs as a coping mechanism, or escape from reality.

Problems Connected with Substance Use

It is a mistake to automatically assume there are major problems connected with all substance use. After all, most people use caffeine and alcohol with no obvious problems.

There are various areas where problems can occur and these should be looked at to discover if there are problems or not for the user. The main areas of impact are health; legal situation; lifestyle problems and problems with relationships.

It must also be noted that sometimes problems in a person's life that may seem to come from drug use may actually be the cause of chaotic drug use rather than the other way around.



Health

Short term and long term issues vary. A young smoker may not respond to the health argument on the basis that they feel 'old age' is irrelevant to them and that they will declare they don't want to reach old age anyway. Young people often feel invincible, and arguments about danger can cause the opposite affect of making the substance and/or behaviour more desirable as a youthful rebellion.

Caffeine can affect the health with high blood pressure, migraines, and can cause osteoporosis in later life. Yet most people choose to ignore this and consider drinking large quantities of tea, coffee or coke to be innocuous. Humans do not always respond positively to health messages about their choices, but they often switch off mentally to the messages they would rather not hear.

There are many health issues with excess **alcohol** drinking, including the health of those around in the case of violence. There is also potential diabetes, heart disease and liver failure. Smoking **tobacco** carries obvious risks not only for the user, but also very real possibilities of cancer for those who cannot avoid second-hand smoke. The use of **betel** carries high risks of oral cancer, plus the dangers of nicotine if it is chewed with tobacco. Yet this does not deter users who prefer the high that it gives during their monotonous day and the effect of staving off hunger.

Heroin use carries many health risks, particularly if injected. All substances which are smoked – including **heroin** and **marijuana** can cause terminal damage to the respiratory system. Drugs such as these which cause lethargy may affect the person's health if they do not eat properly or stop caring for their hygiene. This can happen with any substance if the person becomes wholly focussed on their use and loses touch with daily reality.

Legal

In a country where the death penalty is the ultimate deterrent this may cause deep concern. Yet people often feel that they will not be caught; as previously stated young people often feel rebellious and invincible. Yet this is an important area for education as the impact of a prison sentence can be massive on a person's opportunities for future employment etc.

Lifestyle

When drugs strongly affect the lifestyle there is a problem. Some illegal drugs (e.g. heroin) take so much effort to obtain, both in terms of finance and obtaining the drugs, then using the drugs in a kind of ritual, that the drug use becomes the whole life of the person. This can be hard to change as the person will have to learn a whole new lifestyle in order to replace the routines they have become comfortable with. Alcohol can be seen as a problem when the person cannot function without using it. The drinking becomes at unusual times – such as in the morning, drinking alone, or in secret.

Lifestyle habits need to be addressed when helping the person give up drug use. These little habits need to be replaced by other similar ones for the person to

be able to adjust to a drug-free existence. So many ex-smokers use chewing gum to replace the feeling of having something in the mouth, or suck pens etc. so they have something to fiddle with and put in their mouth. The easier these habits are to replace, the easier it is for the person to move from one behaviour to another with less distress.

Relationships

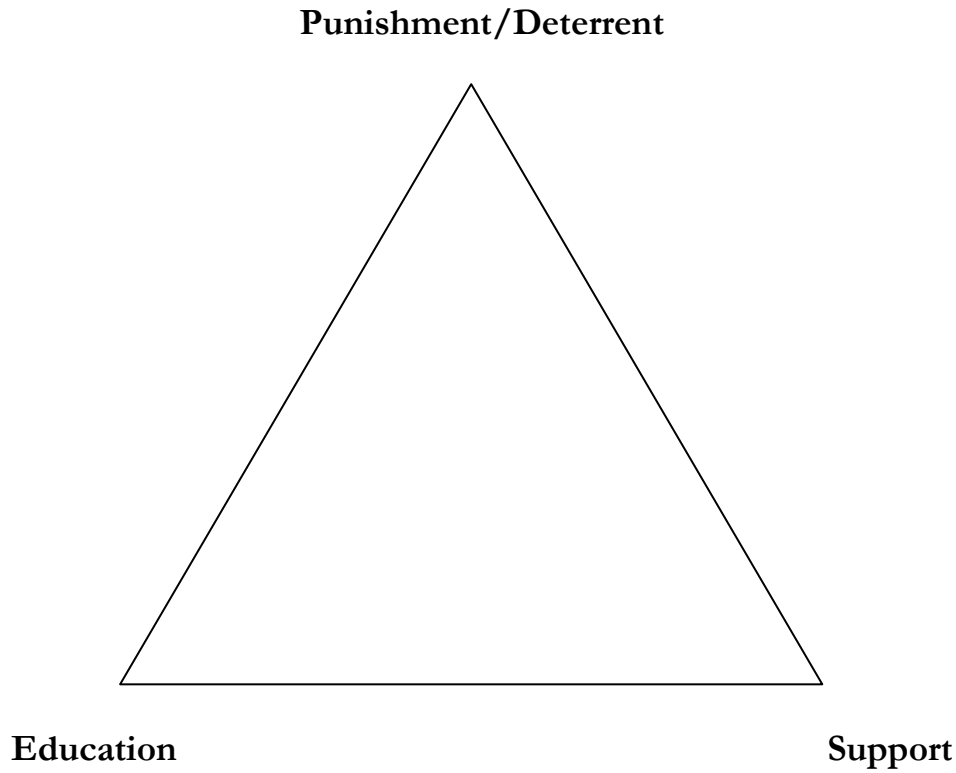
Relationships are also affected by someone's personal confidence and self approval. When people are having problems with any dependency whether it is food or work or drugs, the person's self-esteem is damaged and this makes relationships harder. Conversely, where relationships are already difficult, the person may creep toward further dependency to shut out painful feelings.

*

All these issues might affect anyone at different times in their life; but these are all issues to draw to attention of someone you may be working with. The most useful way of doing this is to invite that person to comment on the impact on their life, rather than you raise these issues which may make the person feel you are accusing or judging them, and become defensive.

Responses to Substance Use

Three common responses can be used in society as a whole, and each is valid in its place.



Punishment/Deterrent

Society needs to provide guidelines for acceptable behaviour. This includes some personal behaviour such as substance use. The important issue is to recognise the hypocrisy of most societies where some substances carry heavy penalties and yet others equally harmful are legal and socially acceptable. The important message is to remind people that **legal does not mean safe**.

It is equally important that the punishment matches the crime; and that where young people experiment with illegal substances but cause little harm to themselves or others that the punishment is not so disproportionate that their otherwise healthy and positive lives are not damaged irreparably by heavy prison sentences. Most young people pass through drug use as a *rite de passage* which becomes redundant as they move into meaningful employment and lifelong relationships. By stringent punishments we can 'capture' the young person in that brief period of rebellion and cause an impassable block in their life.

Education

True, accurate and honest education is critical for all people to make informed choices for their own behaviour. Biased propaganda is not helpful as when people discover the flaws in the information they will discredit any further information which could potentially be life-saving. Information must acknowledge the positives of drugs as well as the dangers in order to maintain credibility. This is not promoting drugs, but giving full and accurate information. The user is more likely to come back and openly seek further information about the problems or ways to end their drug use if the information has already proved trustworthy.

Styles of drug education are important too. It is preferable to have user-friendly attractive education either in the form of literature which appeals to the target audience, and activities within school which are fun to participate in, in order to get across vital information. This is better than using old-style staid and unattractive methods of information giving. In the UK, a very popular style of drug information is a graphic comic style. These appeal to the teenager and often become highly collectible, which means the information is passed around the target group easily. While not promoting drugs the style is informative, truthful and relates directly to the youth culture it is aimed at.

Examples of positive educational activities are included at the end of this manual.

Support

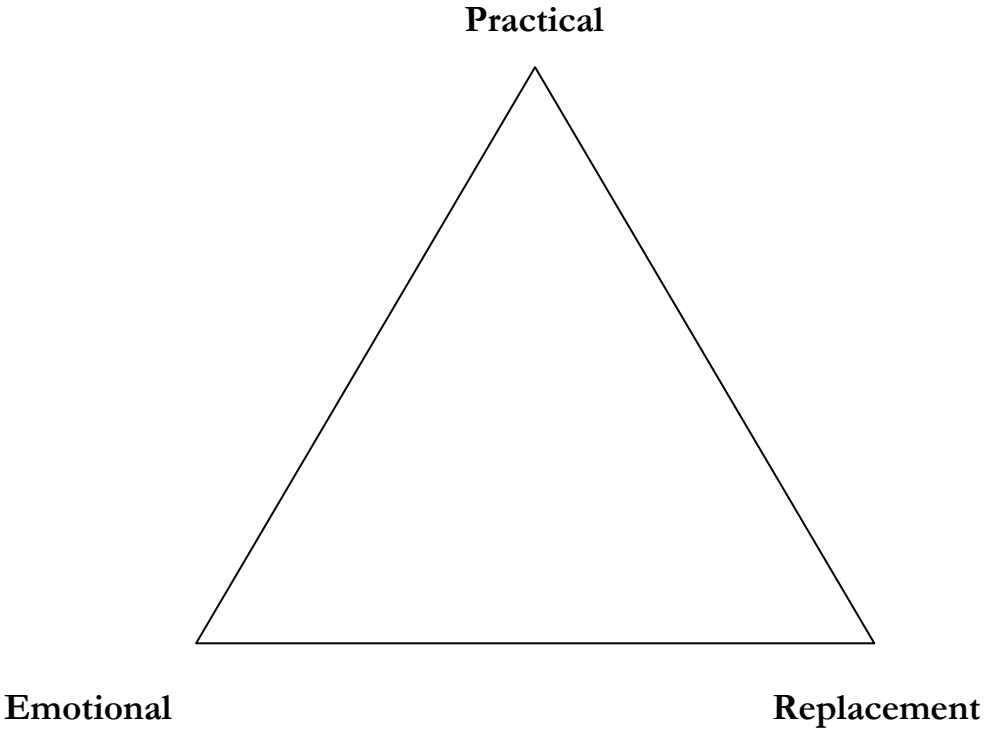
Offering support is not the same as condoning any activity. It is the non-judgmental attitude of trying to help the user improve their life and gain control of or lessen their drug use.

Support is crucial in promoting a healthy and positive society and can be shown in many different ways.

Support requires the study of the problem areas mentioned above to see what solutions may be available. Most NGOs should work in this area as well as promoting education and information wherever possible.

Solutions to Substance Use

There can be several categories of solution:



Practical

Many problems connected to substance use are practical problems. In post-tsunami areas accommodation employment, living conditions, food provision and choice are all practical problems which may affect someone's perception of control and self-esteem. Where people feel out of control they are more likely to allow substances to take further control over their existence – after all – it's only one more thing that they can't control, and maybe it helps them be distracted from the hopelessness and despair that they feel on a daily level.

Practical solutions cannot be underestimated. This may be the best way to tackle drug abuse as the person regains control of their life, they have less need for a crutch to help them.

Emotional

Many issues facing drug users are emotional. The prime area is self-esteem, but this is connected with all other areas of life. The level of personal control in life often determines how much self-esteem a person has. The less control over

external and personal events then the more the person feels inadequate. In situations of crisis such as post-tsunami, or post–war this is a critical problem area.

The more out of control the person feels with the substance use, the less able the person is to direct other areas of their life – and vice versa! When their life is out of control it is not reasonable to expect the person to be able to exercise much control over their substance dependency. But this vicious circle affects their self-esteem and makes recovery harder in all areas.

The dilemma is to work out how and where to try to break the cycle. Trying to improve self-esteem is usually the best way to tackle this. Any improvements of self worth contribute to the person's inner strength and therefore can help on all the above issues.

Exercises in helping with self-esteem are included further ahead in the manual. But any attempts to give some feeling of control over to the client, such as involvement in issues of housing, employment, food distribution and other areas of life are crucial. These may combat the feeling of powerlessness that comes from decisions being taken around the person but not involving them, by camp directors and NGO's etc.

Every attempt at positive reinforcement must be made, whether it is congratulating someone on some minor initiative they have shown or in any possible area.

Replacement

Often drugs or substances are used as a crutch in someone's life, to aid them in the painful task of living, either as an escape or to give them strength to cope with problematic areas or boredom. In these circumstances, we cannot expect them to give up this crutch easily without some kind of emotional replacement.

Unless the problems that gave a person the reason to numb their mind have disappeared, there must be some other kind of more positive help for the person.

This may be in the form of yourself helping, listening to their problems, or some practical solution, or some other less harmful form of dependency.

Often ex-smokers put on a lot of weight as they eat to fulfil their cravings for things in their mouth, but is this necessarily less harmful? A wealthy person who is trying to give up a stimulant drug may consider achieving excitement in

other areas such as motorbike racing etc. But these solutions are not always accessible to most people.

We are very often harsh to ourselves in expecting us to withdraw from a needed and enjoyed activity without allowing ourselves to feel positive in another way. I urge you to be kind to yourself and your client. Find positive ways to feel good, little treats and healthy ways to improve our quality of life wherever possible. This may indeed not always be easy or realistic, but it is an important aim to have.

There is also a practical need for replacement as the habits of drug-taking use little rituals that also need to be replaced for someone to successfully stay away from their drug. Plan what to do in the time when you are most tempted to use.

B: EDUCATION

A drug education programme should have the following aims:

- To reduce drug-related harm.
- To give the fullest information to increase knowledge about substance use and related topics.
- To explore attitudes, stereotypes and a range of opinions so that the person can make an informed choice.
- To give skills for facing drug issues to enable the student to deal with drug issues appropriately.

It is often the aim of drug education to stop drug use entirely, and it is assumed that giving the right information will help towards this. A more realistic aim is to reduce drug related harm, as in modern society a totally substance-free society is unrealistic.

The purpose should be to give young people the knowledge, skills and attitudes to appreciate the benefits of a healthy lifestyle and relate these to their own actions, both now and in their future lives. Programmes which reply simply on slogans or vivid and frightening images are not necessarily the best means of achieving this purpose. They may glamorise drug use."

'Drug Education: Curriculum Advice for Schools' 1995. DFE UK

Planning a Drug Education Programme

Key issues to consider in planning any drug education programme:

- Create a relaxed atmosphere using introductory games so that students do not feel inhibited to learn and express themselves easily.
- Find out the student's knowledge base. How much information or misinformation do they already know?
- Use many games involving active participation.
- Respect and use the student's knowledge base, by using case studies, brainstorms, peer education and group exercises.
- Use a variety of methods and styles of media. E.g. TV/magazines/songs, web-sites, computer games etc. wherever possible.
- Allow and encourage street and slang names for drugs. But check with the young people and other sources what they mean.

Using Ground-rules

Setting ground-rules is important to demonstrate your respect of the participants right to have a say in their education.

Ask the group how they wish to be treated in the sessions; and how they would like to treat others. Write these up on a large piece of paper and pin them up for all to see throughout the programme.

Useful rules to include:

- We will have fun!!
- It's okay to be wrong
- We will listen to each other
- No gossip
- It's good to ask questions
- Don't laugh at other people

Example Drug Education Programme for Young People

5 x 90 minute sessions

Session One
Icebreaking and gauging knowledge level of group
Aim of programme, and Ground rules discussion*
Human Bingo
Drug Bust
Drugs ABC on wall
Matching card game

Session Two
Information sharing about drugs
What's in the Bag?
Law Quiz runaround game
Uppers/Downers/Mind-benders discussion*

Session Three
Issues and attitudes
Why do people take drugs? Discussion*
Opinions game
Problems of drug use discussion*

Session Four
Practical help
Question hat – anonymous written questions
Case studies / photo story / role play (small groups)

Session Five
Summing up and sign-posting help
Answers to questions
Goldfish bowl scenarios, peer support
Where to go for more information group brainstorm
Evaluation sheets

*discussion groups are best with no more than 8 participants. If the group is too large, break down into smaller groups and then feed back to the larger group.

Stick up any written work on the wall to remind students and to recognise the work achieved.

Use the comments on the evaluation forms to shape your next programme.

Introductory Games

It's always important to make participants feel at ease – whether they are school pupils or adult learners. It is easier to learn new things and ask questions when people feel relaxed, and many useful educational activities require a level of trust between participants.

Participating in activities such as icebreakers and name games can make people get to know each other without pressuring shy people to make 'small-talk'.

Fruit bowl game

Seated on chairs in a circle there is a person left standing in the middle. In order to get people to move, they say statements such as 'everyone wearing glasses' or 'anyone who likes sweets' or favourite music/football team etc. or any insignificant thing which links people. All those who can agree have to get up and change places, but are not allowed back on to their own chair. The 'odd one out' has to try and get a chair leaving someone else in the middle. A fast and furious game! *variations – with or without 'odd person out', name everyone as a fruit, repeating every three or four people, then call the name of different fruits to make them get up. When you want chaos, call 'fruit-bowl' and everyone must move.

Name games

To aid learning of people's names and breaking down barriers between people so that they feel safe enough to explore deeper issues together.

Balls: In a circle throw a ball to someone and call their name as you do so. An easier version is for each person to say their own name as they throw the ball. To become more confusing and fun, add additional balls so there are several balls travelling at the same time.

String: call someone's name and throw the string/toilet roll to them holding on to it yourself. They continue to call someone else and throw the string/paper to them, and so on. Eventually there is a mess of paper/sting but everyone is linked together.

Labels: design your own label with your name in fancy writing and symbols for who you are.

Self-portrait: draw/paint a self-portrait including things that show your hobbies and things about yourself e.g. tennis racquet.

Interview: in pairs, find out everything about the other person and then introduce them to the others later. Can be a prepared list of questions to fill in.

Who's Who variation; to be filled in and stuck on the wall. Everyone has to guess who it is. (See below.)

Human bingo: prepare a sheet with boxes, showing interests, personality likes/dislikes, etc., e.g. someone who has visited India; someone who likes cats; someone with asthma; someone who skipped breakfast etc. Go around the group and get someone different in each box. (See below)

Name meanings: Can be done as part of crossword game. Stand up and tell the group anything you know about your name, what it means, why you were given it etc.

Name crossword: on flipchart paper each person write their name, but joining it on to another name by using one of the existing letters. All the names will be linked together showing how we are all linked in many ways.

Truth and lies: each member of the group says three things about themselves, two true and one lie. The others have to guess which is the lie.

Human Bingo

Someone who skipped breakfast	Someone who has driven to work	Someone who has children
Someone who visited a place of worship	Someone who has never been to India	Someone who can swim
Someone who can play a musical instrument	Someone who has a pet	Someone with relatives in another country
Someone who rides a bike	Someone who enjoys watching movies	Someone who likes sweet food

Who's Who?

Personal Profile

Favourite Colour:.....

Dream Holiday Destination:.....

Most Disgusting Food: .....

I Really Hate (Phobia): .....

Favourite Place: .....

Best Film Of All Time:.....

Worst Pop Song:.....

My Greatest Ambition:.....

Favourite Film Star (male or female): .....

If I was an animal I'd be a...: .....

Name:

Group Educational activities

All educational games can be adapted to whatever topic you are exploring. Some examples are in this pack.

There are also examples of specific drug education activities which can be photocopied and used. Never use an activity without preparing it first and thinking what questions, attitudes or conflicts might come out of it.

Knowledge Gauge Activities

These exercises are a good starting base for seeing what information the students have around drugs. You can then spend more time on areas where their knowledge is lacking or misinformed.

Drugs Bust

Students are told that there has been a major drugs bust or police raid in a nearby house; and the police have found every substance both legal and illegal. They split the substances into two piles on the table. Each small group has a large piece of paper. They have to divide the paper into two. On one side they must draw or write every substance the police might have found that is *legal*, and on the other side they must draw every *illegal* substance. This can include tea/coffee/ alcohol/heroin/betel/arrack etc. Every possible substance must be noted down with all possible names both slang and official.

Allow enough time for feedback of this activity as useful information will come out of each group, and misinformation needs to be gently challenged.

What's in the bag?

In a cloth bag put many objects that relate to your topic. Pass the bag around and each participant must take an item out and discuss what it is and its relevance to what you are discussing.

Items for drug-related topic can include: a lime, a lemon, tea bag, foil, blackened spoon, matches, cigarette, coffee, white powder in little bag, brown powder in little bag, filters, needle/syringe, plastic bottle with pipe coming out of it, chocolate wrapper, coke can, arrack bottle, beer can/bottle, or bottle opener, fake money, condom (to discuss sexual issues such as rape or loss of inhibitions under the influence), aerosol, inhaler, various pipes, tippex, glue, mirror.

Alphabet banner

Put a large sheet of paper along the wall; write the alphabet, with large gaps between, and ask for the children to write words related to your topic under each letter. Useful to assess the participant's knowledge level.

Run-around

Team quiz game. At one end of a room stick A, B and C. The team must select a runner for each question. Read a question with multiple choice, and allow the children to run to the answer they think. Then allow the team to shout and tell them whether to move or stay there. Eventually decide who is right etc.
Variations: (**ABC Seats quiz**) can be non-competitive and all can get the right answer, or competitive and there is only one chair by each answer so the first person gets it.

Broader Activities

Goldfish bowl exercise

Extremely good peer-education for a large even-numbered older group. Needs minimum of 45 minutes to one hour.

Divide the group into two. Have half the group sitting in a circle facing outwards, and the other half face them; so that everyone is facing a partner.

The outer circle each have a different 'problem or dilemma' that need solving. They have to ask their partner the problem and the partners try to answer as best they can. The outer circle writes notes of the answers. After a few minutes the outer circle moves one place to the left. They then pose their dilemma again and write down any answers.

After at least six changes, the group reconvenes and discusses the dilemmas and the answers. As this can be hard for the inner group, only read out the answers the person thought were the most useful.

The drug related **case studies** further on can be used for this purpose, or participants can write their own.

Pass the parcel

As with above; either place objects between each paper, or questions that must be answered/discussed. It is nice where possible to include a tiny present in the

middle! The statements from the **opinions game** (see below) can also be used which the participant has to comment on.

Opinions game

(for example and tools see later)
This excellent game can be used for any topic, light or serious; fun or educational. Simply write your own set of statements, making sure they only reflect opinions, and not factual issues.

Stick the words 'agree' and 'disagree' on the walls at the opposite ends of a large room. Clear any tables or chairs away to the sides to leave the middle area empty. Remind everyone that **there are no right or wrong answers**. Tell them you will read out the statements and they must choose how much they agree/disagree with each statement, and stand accordingly close or far away from each end of the room. They might feel ambivalent and so stand in the middle.

Read out the statements and allow people to have time to think and move.
Ask if anyone is willing to say why they are standing where they are; don't pressure anyone, but try to get a couple of different views before moving on to the next statement. Don't take too long or people get bored. You may have to adjust how many statements you read out depending on the attitude of the participants.
variations: this game can be written out on to cards and then done in small groups by placing the 'agree/disagree' at either end of a table and placing the cards. This then needs group discussion to agree where to place the cards. No more than 6 people should be in one group to ensure that everyone is more likely to get a say.

Graffiti wall

As with alphabet banner but can give young people the opportunity to raise their own issues or make statements freely. Better when not supervised.

Relay post-it quiz/True False Game

Line up in teams. On opposite wall place paper with choices of answers True/False or A, B or C, etc. or pictures of thumbs-up and thumbs-down for those less literate. When the question is read out the teams have to run to the far end and stick their answers in the right place – one person at a time. Good for when there is bank of knowledge e.g. parts of the body etc. where the children can continue to run and place their notes on the right place. In order to correct a team-member's mistake another turn has to be taken.

Question Hat/Ask-it Basket

Participants are invited to write down a question they may have without putting their names down. They then fold the paper and place it into a large hat, or box, to be answered another time. I often ask people to write something down even if they don't have a question, such as *hello* so that if there are only a few questions the authors are not easily exposed.

This exercise allows people to ask anonymous questions without the pressure of feeling that they should know the answer, or that the question will expose their problem. This is extremely useful, particularly in sex education to avoid embarrassment. The advantage of taking the questions away is that you have time to prepare the answers. If there is a big local issue which no-one has raised it is possible to add an extra question to the collection, so that you can raise the issue yourself anonymously!

Snakes and Ladders

This is another way to make a topic more fun and combine games with education.

The largest possible game board can be used to make this popular game of educational use. If possible it can be large enough to stand on and have people be the playing pieces, otherwise a conventional size is okay.

Snakes and ladders uses positives and negatives; so anything that conforms to this can be used. When landing on the bottom of a ladder, the person has to make a positive statement about themselves – or the topic, before they can continue. The same is applied with a negative comment when they land on the top of a snake. So with drugs issues it might be a statement about the positive uses of a particular drug; or a positive idea about how to help someone; and the negative effects or dangers of some substance.

Alternatively, the participants can have factual questions about the topic which they must answer correctly if they want to avoid falling down the snake, or be able to climb the ladder.

Using Art

Young people can express themselves in art through drawing, collage (with newspapers/magazines etc.) and other art forms.

Poster-making to create messages for other young people can be a positive form of peer education.

Photo stories

These can be great fun to make, using a single-use camera and a rough script. These can be used for case studies (see later), discussion points, or to make into educational leaflets. It requires a process of discussion and information checking before the photo-story can be planned.

The students plan the story to be told and decide which points would make good still shots. They then set up these 'tableaux' and photograph them while freezing in position. Single photos can be used, or a series providing a more complex scenario.

These pictures can be one-off discussion starters which look at:
1) What is happening in the picture?
2) What might happen next?
3) What advice could you give to someone in this position?
4) What would you do?

Single photo-story ideas might include:

- A crowd of young people offering something are gathered around one young person.
- A night-club scene.
- A young couple drinking alcohol together.
- A cigarette being offered to someone.
- A man holding a beer can standing over a frightened child.
- Someone lying on the floor with a needle and syringe next to them.

Matching Card Games

Drug matching card games can be bought over the internet. These have three cards per drug which have to be matched to each other. There are a photo of the drug, the description of positive and negative effects, and the legal status. These can be bought from the internet sites found at the back of the manual.

These are useful and easy to use, but will not contain Sri Lankan specific drugs such as betel or arrack. It is possible to create your own set. If photos cannot be easily found of the individual drugs, then the names of each drug can be substituted.

Opinions Game Tools

Here are examples of statements for use in different settings. These can also be used for pass the parcel, snakes and ladders etc.

It is better to create your own statements that specifically relate to your own group issues.

AGREE

DISAGREE

Opinions Game: for young people

People who use heroin end up on the street

Injecting is more harmful than other ways to take drugs

People would do better without drugs

Only people with problems use drugs

Some drugs can have consequences for a long time after their use

If people came off drugs many of their problems will go away

Cannabis should be legalised

Prohibiting drugs creates more problems

The more money you have the less likely you are to get involved with drugs

Coming off drugs can have more problems than staying on them

Women drug-users make bad mothers

Drugs are simply part of today's youth culture

The example set by the Dutch government on having open drug testing centres encourages drug taking

Most young people who take drugs do it under pressure

Most young people know much more about how to use drugs safely than their parents think

Knowledge about drugs is the safest thing for young people

A little knowledge is a dangerous thing

Schools should expel pupils found to be using drugs

Young people should be taught good life-skills to help with these issues

What people choose to do to themselves is their own business

Opinions Game (risk and drugs for adult learners)

I never take risks

Legal means safe

Some drugs are worse than others

I never break the speed limit

I have drunk alcohol and driven a car

What people choose to do themselves is their own business

People who use heroin end up on the street

Injecting is more harmful than other ways to take drugs

People would do better without drugs

Only people with problems use drugs

Some drugs can have consequences for a long time after their use

I have a habit which effects what I do (watching a TV soap, eating chocolate, collecting something)

Drugs are a class/caste issue

If people came off drugs their problems would go away

Cannabis should be legalised

Prohibiting drugs causes more problems than it solves

The more money you have the less likely you are to get involved with drugs

Coming off drugs can have more problems than staying on them

Women drug-users make bad mothers

If a drug is legal there's no problem using it

Youth issues for adults:

Drugs are simply part of today's youth culture

Most young people who take drugs do it under pressure

Most young people know much more about how to use drugs safely than their parents think

Knowledge about drugs is the safest thing for young people

A little knowledge is a dangerous thing

If I found out my child was using drugs I'd be very angry

School should expel pupils found to be using drugs

When I was younger I experimented with things I would not try now

Young people should be protected against making the same mistakes we made

Drugs We Use

This activity can have two uses.

Group attitude challenge
The form below is given to participants to fill in as honestly as possible. They don't have to share the results with anyone. It is for personal use only.

However, the resulting discussion focuses on the use of all drugs – socially acceptable as well as illegal drugs within our society. We remind everyone that we cannot disapprove of drugs per se, as they have become a vital part of our society; so we then look at specific attitudes to different drugs, and how this may affect our attitude to users of these substances. We cannot help people we disapprove of; so it helps if we understand how they see the drugs they use.

Individual Support
Where a person is struggling with drug dependency this form helps to see if there are patterns for their use. It can be helpful to give them this form to fill in over a week. If there are any patterns these can be studied to see how their behaviour can be changed for their benefit.

Drugs We Use

This weekly plan is to give some idea of your average drug use. Please code your drug and be as honest as possible.

*Please include **all medications and drugs**, both legal and illegal. E.g. caffeine in chocolate, coffee and tea; tobacco (nicotine), alcohol, aspirin, sleeping pills, asthma medication etc.*

For Example:

* = drug 1 = caffeine; # = drug 2 = nicotine; ~ = drug 3 = alcohol
or invent your own symbols!

	Morning	Afternoon	Evening	Night
e.g:	* * # * #	# * #	* # * ~ ~ ~ *	# ~
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Understanding Risk Exercise

This exercise (see below) looks at attitudes to risk which can then help people understand why people undertake activities which are risky. Again the study of society's inconsistencies should be shown. Why is it acceptable for children to be encouraged to undertake 'self-improvement' activities such as mountain climbing, motor sports, skiing, parachuting (where finances permit) when these activities have a high record of accidents and therefore could be deemed as a potential negative health impact or even life threatening, yet we consider use of many substances to be unnecessarily risky and unacceptable?

It is important that when we look at the messages society puts across that we see these dilemmas and inconsistencies that face young people in their decisions.

The exercise also allows us to empathise with risk taking behaviour that we cannot usually identify with.

When discussing this exercise, I often use the parallel of illegal drug taking with driving over the speed limit. There are both health risks and legal risks in driving too fast, yet nearly everyone does it because the benefits outweigh the risks. Once we see an accident, or police stopping someone else, we are reminded of the dangers, and then maybe we slow down briefly before forgetting and continuing as before.

This behaviour is similar to drug taking where the benefits outweigh the risks for the user. Until the problems outweigh the benefits to them, they will find it hard to listen to advice for them to stop using. But if we can appreciate this dilemma, it is easier to work with them appropriately.

Understanding Risk

Think of a risk you may have taken, or been tempted to take, in the past.
Think about each question in turn and make brief notes if you wish.

You do not have to name the risk, or reveal this to your partner or the larger group.

1) Did you know you were taking a risk at the time?

2) How did you feel when you were taking the risk?

3) What would stop you taking the risk again?

4) What would encourage you to take this risk again?

5) How do you feel about this risk now?

6) How do you rate yourself as a risk-taker? (choose one of these)

   Do you:
   Seek out and enjoy taking risks?
   Take risks fairly often?
   Take risks only when you have to?
   Try to avoid taking risks?

Draw a Druggie

Looking at stereotypes

Aim:
Use this exercise as a starting point for discussion about society's attitudes to drugs, why some are more socially acceptable than others.

How to Play:
In groups draw your idea of a 'druggie' – someone who is addicted to drugs/alcohol.

Allow 15 minutes for this activity and use the largest paper you can. Then study the stereotypes and ask if this is the reality people regularly meet.

What makes certain attributes? Can you always see the person who is dependent on drugs?

Some high level business people use drugs frequently to cope with the pressure, but do not fall into the stereotypes, and would not be seen as drug addicts. Sometimes it is easier to see someone who has just given up drugs than someone who is dependent on drugs to maintain their lifestyle. What about sports drugs? Prescribed drugs?

Continuum Games

Aim:
Continuum games are used as discussion provokers. The worker can listen to the discussions and add pieces of information where appropriate, or question in a non-challenging way why people have certain opinions. The group must feel free to express their opinions without feeling judged or criticised, or feel afraid to be wrong in any aspect.

How to play:
Choose one of the continuums below. On small cards/paper, write the name of drugs one per card.

Write the two ends of the continuum on larger pieces of paper/card, placing them at opposite ends of the table.

Ask the group to discuss where each drug should be placed.

Sometimes it will be hard to reach a consensus. While the aim is to gain some kind of consensus and place the card somewhere, this is not the main point of the exercise – the real aim is to maximise discussion and information shared between people to improve their understanding of the issues.

Most Illegal to Most Legal
This also gives information about legal status and can include a discussion about whether safety and acceptability correlate to the legal status.

Most Dangerous to Least Dangerous
Place the cards according to how dangerous the group feel they are. At some point make the comment that legal does not mean safe. Discussions should also include the method of use of different drugs – so injecting anything is more dangerous than smoking etc.

Socially Acceptable to Most Stigmatised
Where have these values come from? How does it vary within different cultures (e.g. alcohol)

Case Studies

Case studies are designed to be as close to real life experiences as possible, and to provoke thought and discussion. There are not always easy answers as in real life. Sometimes there do not seem to be any answers; but they give the opportunity to explore real issues with other people away from the actual situation.

Important things to consider include where you might go either for advice or to discuss these things if you met them in your work. These are only examples – the best case studies come out of your own experience.

1) You have been asked to visit a man who is struggling with an arrack dependency. The man becomes aggressive and shouts at you that as he is paying for his drink it is none of your business. You know the man has two young children and his wife and several other children died in the tsunami. What do you do?

2) You are visiting a client who was disabled by the tsunami and is in constant pain. They heard that marijuana helps and ask for your advice. What do you tell them?

3) A young female drug-user comes to you with a severely bruised face. She admits that her uncle who she lives with is regularly beating her and she is afraid for her life. She discusses with you her drug-taking is an escape from this situation, and thinks she may be able to deal with it when she is away from her uncle. She wants you to help find her somewhere safe for her to live. Can you help her?

4) You have a young client who has recently been taken into official children's housing. S/he has worked hard at coming off drugs and hasn't used anything for several weeks. However, her/his old friendship group from their days of drug use regularly visit and encourage them to join them drug using again, and they often use drugs openly in front of the young person. Your client is getting anxious about the situation and has asked to have alternative accommodation further away to be able to deal with this. Can you help?

5) You have a call from a worried parent saying they have found blackened old spoons, matches and blackened foil in a drawer in their 15 year old's room. They also found some information about drugs that has your agencies contact details on it. They accuse you of getting their child interested in drugs, and are very angry. What do you say to them?

6) You have a call from an NGO worker who has discovered that one of their families with young children is heroin users. What do you tell them?

7) You have a call from a neighbour who is concerned about the sounds of violence coming from next door late at night. They know two young children live there and have seen the father coming home drunk in the evening. What do you do? Would it make any difference if it was a mother who was drunk?

8) Some of the neighbours tell you about a 16 year old girl who they heard was drugged and then raped by a group of older young men in the camp. Who do you tell, and what do you do?

9) A father comes to you and confesses that he has trouble with his children. He wants help but is afraid that if he talks openly and asks for help officially he might be prosecuted for harming his kids. What can you offer him?

10) A woman you know at the camp tells you that she is thinking of leaving her husband. Since the tsunami all he does is sleep all day and drink anything he can get. He does not talk to her, doesn't help with the children, doesn't look for work or help with the building, clearing projects etc. She is finding it a strain to keep things going and feels she would be better off without him. You have concerns that his drinking will only get worse if she leaves him. What can you do?

11) You are concerned for a family where both parents drink a lot. When you try to talk to them about the subject, they just walk away or start shouting and tell you to leave. What can you do?

12) A man who used to be very positive, work hard and look after others before the tsunami, now sits alone, won't engage in any activities and you feel might be drinking quietly. What can you do to help him?

13) There is a well-known group of young people at the welfare centre who you have been told use illegal drugs and are often accused of thieving and causing trouble. Now one of the other teenagers, who you know is usually well-behaved and positive, is getting friendly with this group. You are concerned that they may get involved in illegal activity too. What can you do?

14) A man comes to you and asks for help to come off his alcohol problem. He offers to stop immediately but complains about tremors when he does. What can you do?

Evaluation Sheet

I thought this training was… (please tick the picture you agree with)



…… …… …… …… ……

What did you enjoy the most?

What did you like the least?

What are the most helpful things you learned?

Was there anything you wanted to know that was missed out?

What further training would you like?

Any other comments?

☺ ***Thankyou for your participation!!*** ☺

C: THERAPEUTIC SUPPORT

Individual Support Activities

Assessment and Therapeutic Tools

It is critical to understand where the person is in their life and where drugs fit into this, as explained by the theoretical pages at the front of this booklet.

We have to understand

- what drugs are used;
- how they are used;
- what level of control the person can exercise over their drug use, and life in general;
- their attitude to their drug taking;
- other issues affecting their lives;

before we can contemplate how to support this person properly.

These exercises can be used to help gain answers to these important questions.

Drugs We Use

(see above)
A useful starting point for assessing any patterns to the individual's substance use. See above for information on this exercise.

Something that…

Aim: To give expression to some personal feelings, and to have these feelings validated by the worker.

Also a useful starting point for understanding the individual and how they see their life.

The examples below can be substituted for any other pertinent issues.

Something that…

makes me feel really angry is…	makes me feel really happy is…
makes me feels really depressed / sad is…	I love / treasure is…
I dream of achieving is…	I have always wanted but never got is…
makes me crawl with shame /embarrassment is…	I feel is really unfair is…
someone has done that really offends me is…	I am scared of is…
I like that no-one else does is…	I am really proud of…

Mind Map

An excellent assessment tool for any individual work. **(for model see below)**

This looks at the whole of someone's life at that time, and allows them to choose what aspect they wish to look at. It allows the full picture of their life to be visible, and for the worker to gain an understanding of where drugs, or any other issue, fits into that person's life.

How to Use

A mind map begins with a circle in the middle of the page with the client inside it – named or drawn. From this circle lines radiate to other circles. These are the primary issues/relationships in a person's life. An example is shown on the next page, but needs to be much larger than this, ideally on flipchart, or A3 paper.

The worker, focussing on the paper, asks the client, "so what things are there in your life that are important to you…?"

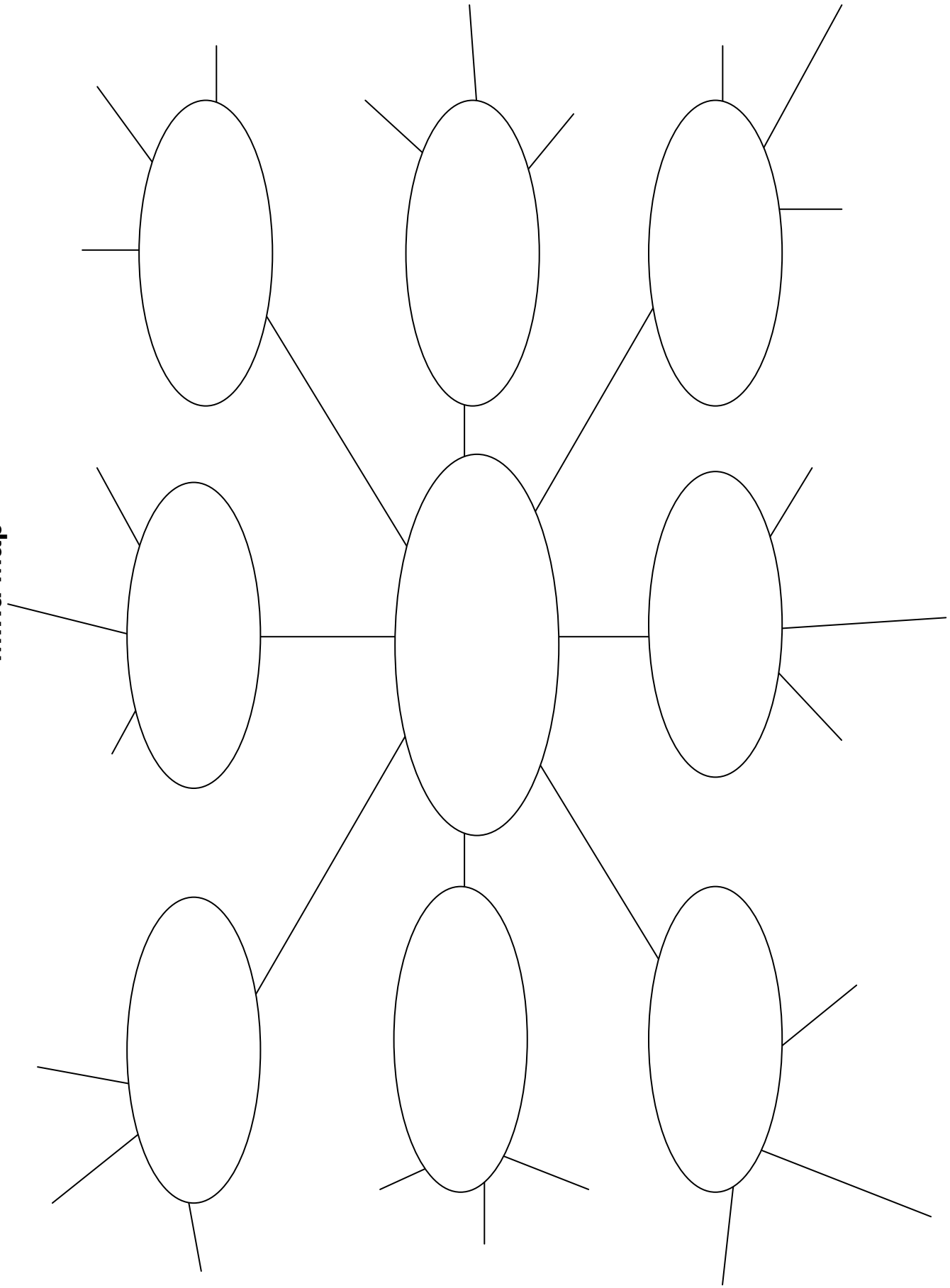
Try to keep to main categories in this level, so if the person replies, "my mother's illness", you would draw a circle for the *family*, then a line and circle around *mother*, then a line for *illness*, as you sub-divide the issues. Keep asking gently "what else is important to you, what kinds of things do you like to do, or worry you…" Try to give as little prompting of ideas as possible.

The primary issues might include: family, education, faith, friends, work, future, fears, etc. – any of the larger issues for which other things can spring off. Then from each of these circles spring off concerns/issues/relationships (not mentioning any value judgement – all things of importance to the person, good or bad). From *family* can come the different people of importance – not necessarily only close family. An uncle might be crucial to have on there as a good or bad influence etc.

If drugs are acknowledged to be a major issues in the person's life, it might be worth having a circle for this alone, as many other issues might come from it in further sessions.

The client must lead this. There is no rush to do the whole map in one session. The client feels reassured to see this mind map come out at every meeting, to be consulted and asked "where would you like to start today?" The benefit of this assessment tool is that you can revisit it at any time, so always keep it handy and add things that come up later.

Mind Map



Gingerbread Person

(see below)

A good **self-esteem exercise** is for the child to draw a large gingerbread/balloon person, which is themselves (they could spend some time drawing a proper self-portrait).

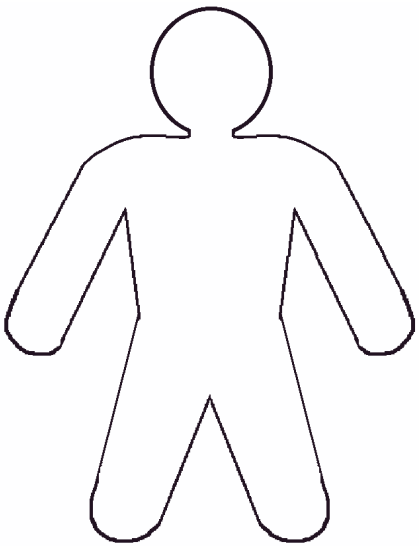
Inside this person you write all their attributes, skills, positive feelings – anything positive that will help buoy them up.

Occasionally, with someone with extremely low self-esteem you have to start them off, and promote them a lot. I always add positive comments myself and work with the child until there is a good healthy list.

Variation: Good versus evil!
For those who feel they have no friends and the world is against them. Using the body of the gingerbread person – which is the self; use the outside area to write down all the people who they feel are against them.

On the inside write down all the people who care about them. Those who are important write/draw larger. Use yourself if you are struggling for numbers.

Do not use this exercise if there is no-one to support this person as it may highlight their problems, but in most cases they had not realised how many people really cared or would stand up for them. It can be friends, acquaintances… anyone to boost their confidence. You can also look at the importance of those outside the body – does it matter what they think? Who are they anyway?!

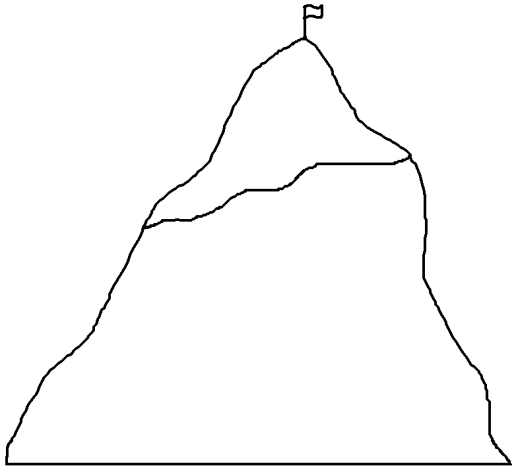


Mountain of Life

A variation on the Life Measure Exercise below.

Aim: to encourage the client to feel positive about their life, to see some successes and to learn how to move forward.

- Draw a mountain.



The top is where you would like to be in 20 or 30 years' time. Draw a little flag right on the top, and the person you hope to be.

- What does it mean for you? What do you want to have achieved? Write it in.
- Where are you now? How far up the side of the mountain? Draw yourself there.
- What is the very next step you must take to get closer to your dream?
- How far have you come?
- What points have you struggled with? What have your successes been?

Life Measure

Aim: to give encouragement that they are not as low as they may feel. To look forward and plan some practical improvements to move them forward in their life/situation.

0 **10**

- Draw a line across a piece of paper.
- Draw number 10 at the far end. Tell the client that this is the best moment they could possibly have in their lives. At the start zero is the worst moment they have ever experienced.
- What might number 10 be? Write down their answer under the number 10.
- Ask what number they feel they are right now? Write down their answer.
- Ask what the zero was – the worst moment in their lives. Discuss any issues that come up.
- Ask what might be one step toward the number 10 – just one tiny thing that might move them on towards the best they can hope for. Practical issues are easier to aim for. Encourage the client by showing how far they have come from their worst time of life.

If they can't find any way forward; ask them what is better about now than their worst time, and look at how that can be improved on.

If they are very low, use your own ideas to give genuine support and encouragement, however small the positive might be, e.g. - "you made it here today! That's great! You coped with the journey and found the place, and kept to our appointment etc." then swiftly move on to positive things about themselves and other self-confidence exercises.

Refer back to this exercise next visit and see if things have improved, and if not why.

Variations: This can be done as a graph with highs and lows in their life.

Relationships Chart

(see below)

I find the relationships chart of stick people extremely good to ask – "do you recognise anyone on there", and children can see the relationship more clearly than they can express verbally. Or you can take a specific relationship and ask "which of these people is you and your mother….?"

KEEP
OUT

Personal Shield

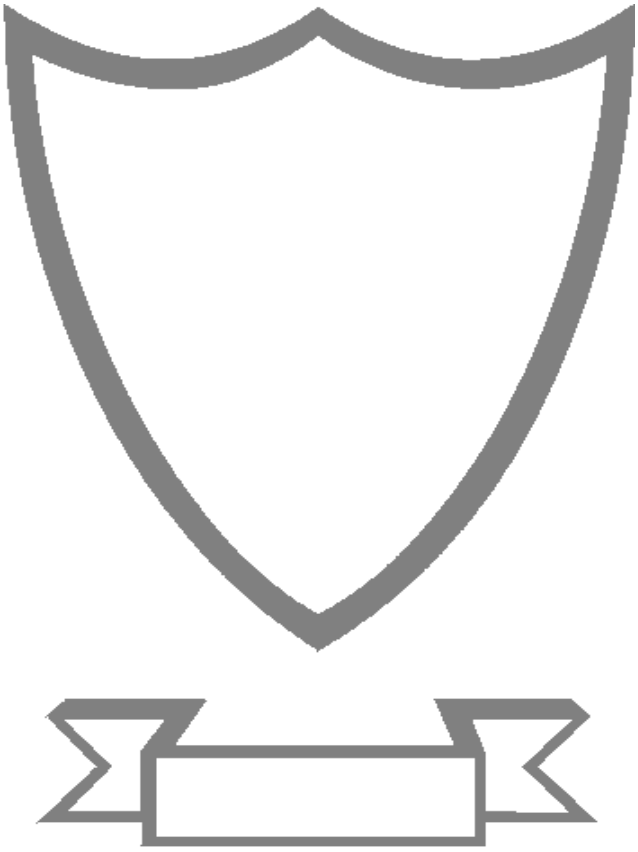
Aims:

For the client to think about and express what is important to them in their life, and to have these things valued by the worker.

For the worker to gain an understanding of what things are central to this person's life.

This can also be used as an introductory activity to feed back to a group.

- Draw a shield, or photocopy and enlarge the template below.
- Divide the shield into four sections.
- Draw or write the four most important things in your life. (E.g. family, friends, hobbies, faith, job, home etc.)
- Underneath, write a motto, belief, or summary of what you stand for. (E.g. "love conquers all", "live and let live" etc.)

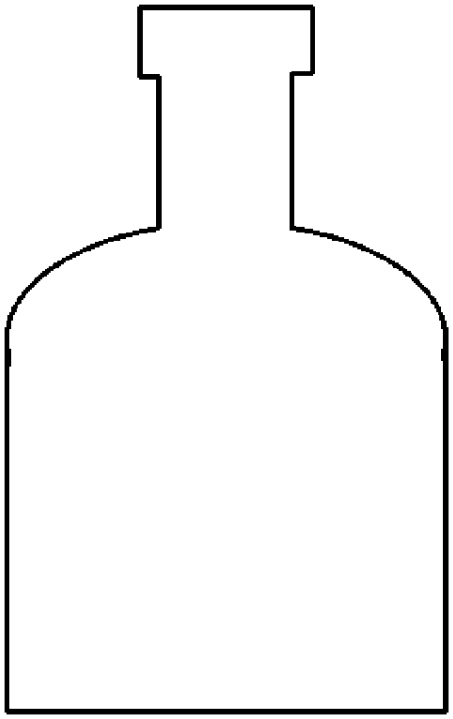


Bottling It

Aim: For use with alcohol drinkers to look at their method of use, limits and danger zones/triggers.

- Draw a beer/arrack bottle.

(This can also be adapted for drug users, in which case draw the substance of use, or method – such as a cigarette, or syringe, and adapt the questions to suit)



- Ask how much a normal drinking session would consist of – how many drinks?
- Ask what the *maximum drinks* in one session is. Draw this number in at the top of the bottle.
- Discuss the *process* the person goes through drinking in a normal session. After how many drinks do they have what reactions/feeling? When/do they feel 'merry', sleepy, depressed, aggressive?? Write these in up the side of the bottle.
- Consider *other factors* that affect the feelings/experiences during drinking; what makes any difference – combinations of drinks, particular company/friendships, places, conversations? Write these in where appropriate.

- What do they consider to be the *problem* with their behaviour? (If they do not consider they have any problem, you probably cannot achieve anything significant until they do.)
- What are *danger points* during the drinking session that they need to be aware of? For example – how can they tell in advance they are about to become aggressive? What might help them recognise that trigger point? What can they do to avoid it?
- How can they learn to *control* aspects of their drinking?
- Write out a *plan of action* of things to avoid or change, such as mixing drinks, making sure they eat first, not drinking alone, making sure the children are well looked after until they are sober again.

You may not achieve all of this process during one session. Trust and honesty are crucial. You may need to go back to this exercise later if you feel there is little honesty.

Some of this work may be damage limitation rather than the ideal situation, but it is a step in the right direction, and that can be enough to begin with!

Control Exercise

Many problems come from clients feeling that they have no control over their lives. While in many situations this is true, particularly post tsunami, it is not the case in everything.

Aim: This exercise is designed to help clients realise that they do have some control over their lives, to take more control, and to aim towards taking more control over their substance use.

- Ask the client to rate how much they think they are in control over each issue.
- If they feel totally in control they circle number 1. If they feel totally out of control, they circle number 6.
- Discuss their feelings with them and the implications for their life.
- How can they gain more control over their surroundings?
- If appropriate, suggest they address some of these issues with other people who impact on their lives, such as parents/ carers/ NGOs etc. making suggestions how they can gain more control for themselves.

Control Handout

	Under my control					
	Totally					Not at all
1. When I get up in the morning	1	2	3	4	5	6
2. The kind of food I eat	1	2	3	4	5	6
3. The sort of clothes I wear	1	2	3	4	5	6
4. My choice of job	1	2	3	4	5	6
5. What I do with my spare time	1	2	3	4	5	6
6. The kind of home I live in	1	2	3	4	5	6
7. People I mix with socially	1	2	3	4	5	6
8. My general state of health	1	2	3	4	5	6
9. What other people think of me	1	2	3	4	5	6
10. The amount of alcohol I drink	1	2	3	4	5	6
11. My moods in general	1	2	3	4	5	6
12. Whether or not I get into trouble	1	2	3	4	5	6
13. What religion I follow	1	2	3	4	5	6
14. Whether I will be a success or a failure	1	2	3	4	5	6
15. My temper	1	2	3	4	5	6
16. Whether or not I get into fights	1	2	3	4	5	6
17. What I will be doing this time next year	1	2	3	4	5	6
18. How much money I spend	1	2	3	4	5	6
19. Whether I'll get what I want out of life	1	2	3	4	5	6
20. Whether I feel tense or relaxed	1	2	3	4	5	6

D: NETWORKING AND RESOURCES

Local Networks

Local Networks are crucial for your support and information. Use this space to write down your own local contacts. Use every opportunity for networking and don't hesitate to ask others for advice. Asking for advice is a sign of maturity, not weakness.

Name	Organisation	Phone	Email

Useful Resources

Sri Lankan sites and web articles

- Asian Youth Network site on drugs issues http://www.colombo-plan.org/dap/ayn/index.html
- Drug Advisory Programme www.colombo-plan.org/dap/
- Useful overview of Sri Lankan strategy. www.colombo-plan.org/dap/dap/pages/info.htm
- Article on Sri Lankan history and current situation with HIV and drugs. www.chr.asn.au/freestyler/gui/files/SriLanka.pdf

International Web sites

- Alcohol Drug Education service in Canada www.ades.bc.ca/
- American Council for Drug Education www.acde.org/
- Drug Education Council www.drugeducation.org/
- Drug Education Forum www.drugeducation.org.uk/
- Drug Education and Prevention – part of UK gov. site ww.dh.gov.uk/.../SubstanceMisuseGeneralArticle/fs/en?CONTENT_ID=4091915&chk=T91kEr
- Drug Education site www.drugeducation.com/
- Drug Education Site www.drugeducation.net/
- Drug Education Training www.drugstraining.co.uk/
- Drug education for young children www.firstgradeplus.com/
- facts about drugs: www.acde.org/youth/Research.htm
- Healthwise – offers resources and training www.healthwise.org.uk/
- HIT (UK) – excellent youth friendly resources about drugs www.hit.org.uk/publications
- Institute for the Study of Drug Dependence – very authoritative site www.drugscope.org.uk/
- Life Education Australia, info for students, teachers and families www.drugsafe.org/
- National (US) Institute on Drug Abuse youth friendly site www.teens.drugabuse.gov/
- Peer education site about youth issues www.deal.org/
- RIDE (Resistance in Drug Education) – controversial drug education project run by police) www.homepage.virgin.net/ride.drugeducation/
- School drug education project www.sdep.wa.edu.au/
- TACADE (UK)– excellent resources in drug and alcohol work www.tacade.com/
- Youth friendly drug education site: www.d-2k.co.uk/

This manual was written for the free use of non profit organisations. All ownership in any language is by Linda Rose. Permission is given for free further use in the residential homes of Sri Lanka.

All use of any part of this training should acknowledge the author.

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