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PRIMARY PREVENTION OF SUBSTANCE ABUSE A FACILITATOR GUIDE

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HELPING PROJECT OPERATORS/ COMMUNITY MEMBERS LEARN

1. Introduction

Effective training is essential for community members and individuals supporting work on primary prevention of psychoactive substance abuse. Organised training provides an opportunity to learn specific knowledge and skills, and to acquire attitudes that are essential for carrying out such work effectively. This Facilitator Guide has been developed in order to make it easier to plan and implement the Workbook training course. The learning process structured in the Workbook for Project Operators should be supported by the input and efforts of the individual and the whole group (when in a group training setting).

1.1 How the Facilitator Guide relates to the Workbook

Ideally the Guide should be used hand-in-hand with the Workbook. The information provided in the Guide is designed to be consistent with and supplementary to the Workbook. You should feel free to make necessary adaptations to local conditions wherever possible. The Guide is meant to be used flexibly, in order to accommodate your own innovative ideas and cultural conditions. Each of the exercises in the Workbook is discussed and key learning points are highlighted. The noted exercise responses can be expanded upon and modified, as you relate the training material to the actual settings in which project operators will work. If you are using the Workbook as a self-training tool, the Guide provides useful supplementary information. The Guide makes the Workbook user-friendly, while also allowing it to be less bulky. This Guide can

also be useful for planning training related activities in the community. Thus the Guide can be used in either a group training course or as a complement to self-directed learning.

2. Principles of learning

Learning is an active and continuous process. It can be made easier when individuals are given an opportunity to practise what is being taught. Such opportunities should be offered in the place where learners will be working or under similar conditions. To facilitate learning, you can do the following:

2.1 Active involvement

Encourage individuals undergoing training to be actively involved. A variety of learning activities should be provided, which will enable learners to seek out information, ask questions, formulate responses, think critically and creatively and, apply their new knowledge, attitudes and skills. All activities should be tailored to the local situation.

2.2 Clarity

Use clear direct language, define new terms, demonstrate skills and use appropriate learning aids. Doing these things will enhance the comprehension and retention of what is being taught. It is necessary to use a local language that can readily be understood. All materials intended for use in the training must be adapted to the local context, with respect to language and content.

2.3 Mastery

Each time you begin a new topic, make sure that the previous topics are used as the basis for understanding the new knowledge and skills. Learning is ongoing and incremental. Those being trained should be able to build on what has been taught already, as a means of moving forward toward the next stage.

2.4 Feedback

Information about the standard of learning is essential. Praise what is being done well and correct errors as soon as they occur. This helps to focus the learner's efforts and enhance their future progress.

3. Individualising training

Treat each person in the training as a unique individual. People have different experiences, interests, abilities and learning styles. You will need to understand what they already know and use a variety of training methods to meet their needs. Extra motivation may be needed for some.

4. Training for roles and responsibilities

As you plan a training course, bear in mind the actual responsibilities that will be held by the project operators and community members whose training you are facilitating. Doing so will help create a training course that maximises learning. For example, some will be volunteers and some may have expanded roles (more than one role) in the project. The roles noted below mostly pertain to project operators. Other individuals participating in the project will have different roles. Their training needs should be identified and the training course matched to them.

4.1 Advocacy and networking

Advocating for primary prevention of substance abuse among young people means liaising with national projects/programmes and providing a link by facilitating implementation of projects. One needs to establish regular contact with relevant government and non-governmental agencies, by participating in meetings and giving full updates of activities at the local level. Advocacy also includes mobilising and organising communities to help prevent substance abuse; conducting community campaigns targeted at young people and important others, like teachers and parents and generally disseminating information about primary prevention.

4.2 Training

Training includes assessing the training needs of the target groups and planning and facilitating training courses and sessions on various issues related to substance use.

4.3 Problem/ needs assessment

This role entails participating in local situation assessments of the needs and risks among young people at the local level, writing project proposals and conducting monitoring and evaluating the project implementation.

4.4 Management

Management involves planning, organising, implementing and co-ordinating project and community activities, establishing and maintaining regular contact with community and youth groups, conducting field visits for the purpose of coordination and routine supervision of activities, budgeting for activities and preparing reports and other documentation.

5. Learning outcomes

At the beginning of each module there is a list of learning outcomes. These outcomes can be classified under three headings: **knowledge**, **skills** and **attitudes**. These outcomes provide a basis for determining the content of the training, the methods to use and for assessment of learning.

5.1 The knowledge outcomes

These are concerned with the project operators acquisition of facts, concepts and principles that are central to prevention of substance abuse, (for example, facts about types of substances, their use, effects and consequences, or facts about project development and situation assessment).

5.2 The skills outcomes

Skills outcomes relate to what an individual needs to be able to do in order to perform a task well. Some skills may be simple and straightforward. Others may require complex information processing and decision making. Some examples of skills introduced in the Workbook are: conducting a Focus Group Discussion or Key Informant Interview, project proposal writing, and developing questions for use in assessment.

5.3 Attitude outcomes

These concern feelings and behavioural tendencies that may affect the project operator's work performance. Some examples are feelings and perceptions about substance use efforts and commitment to community involvement and attitudes towards cultural norms and young people. Attitude outcomes are difficult to assess, as attitude formation takes a long time. Role play and discussions are a good way of gauging and imparting attitudes during training.

Studies have shown that people remember 20 % what they hear, 40 % what they hear and see, and 80 % what they discover for themselves. These knowledge, skills and attitude outcomes can be taught and fostered in a variety of ways, using many different types of training methods. Some of these methods are outlined in the next section.

6. Training methods

Training is a process which is intended to foster and enhance learning, and to build upon the knowledge, skills, attitudes and capacities that individuals have obtained through prior education. There are many methods you can employ to carry out training. The most effective methods are those that allow for maximum participation of those being trained. Selection of particular methods will depend largely on:

- What one plans to achieve (the desired outcomes); how many people will participate;
- How much knowledge the participants already have on the subject;
- How much time is available for the training;
- How much participation is expected from those being trained during sessions;
- What resources you have for the training.

Training courses should be adapted to the group and present situation. Below are common participatory training methods that you can use.

- Group discussions
- Demonstrations
- Field visits
- Games
- Role play/ drama
- Brainstorming
- Stories and songs
- Lecture method

6.1 Group discussion

When this method is used, those being trained end up doing more talking than the trainer/facilitator. This is because the trainees are given group tasks to complete. The group discussion method provides an opportunity for everybody to participate during the training. To ensure that this method is effective, the groups should be small (3-6 people), focused on a single topic and discussion time limited to a brief duration (20 minutes maximum). A recorder (to write down the results) and a presenter (to present them to the larger group) should be chosen within each small group.

6.2 Demonstration

A practical skill is presented by the facilitator or another person assisting with part of the training. A successful demonstration should also allow the trainees the opportunity to practise the skill themselves. For example, a demonstration of good communication skills or report writing could be offered. This method requires a lot of advance preparation. Further time should also be allowed for ensuring understanding of the concept(s), practising and correcting mistakes.

6.3 Field visit

This method allows learners to experience real life situations, relevant to the training. To be effective, be sure that your choice of a place to visit is appropriate to the subject you are addressing. The site to be visited must be informed and necessary arrangements made in advance of the visit. Emphasise to the training group that it is important not to raise people's expectations at the site. It should be made clear to all that the visit is merely a learning event.

6.4 Games

There are many games that can be used in the training. You can identify and use games that are culturally acceptable within your setting.

6.5 Role play/ drama

In this method, problems are outlined, demonstrated by participants in the training, and then discussed. During role play, actions and attitudes of people in real life circumstances are acted out and reacted to, by others in the role play. This method is particularly useful for fostering relevant and appropriate attitudes. For the role play to be meaningful, the group will need to be given ample time to practice before the activity. This can be very time-consuming, if not properly structured and limited. Below are suggested steps that will help you conduct a meaningful role play.

Preparations

- Decide on objectives and design
- Plan the debriefing in detail
- Delineate the roles carefully, and prepare brief role descriptions and a list of instructions
- Describe the situation within which the characters will interact, and the events that will take place
- Decide where to do the role play
- Make sure each player is clear about their role; allow the players to practise their roles

Facilitate the role play

- Repeat the instructions once again
- Verify that each player is clear on and comfortable with their role
- Brief the audience
- Terminate the role play appropriately, (i.e. when the role play is concluded or when the situation is getting out of hand)

Conclude the role play

- Encourage the participants in the role play to share their feelings and experiences

- Ask opinions of observers
- Note the reactions and responses, and analyse them together
- If actors get affected emotionally by their role, work with them and help them to regain their equilibrium
- Together with the participants, draw some lessons or learning point from the role play
- Emphasise these learning points as they relate to the intended objectives of the role play

6.6 Brainstorming

In this method, participants are asked to freely articulate ideas, without any attempt (during the process) to evaluate them. During this fast flowing activity, as many ideas as possible are gathered from the group. This stimulates creative thinking by encouraging learners to come up with as many new ideas as they can. Brainstorming can be used at the beginning of a session or topic, when the group needs to change its focus. This method may not be effective if the group is too large or the group being trained does not have enough of a common background on the given topic. Sometimes the trainees may not feel comfortable volunteering their ideas, and this can make the process less productive and more time-consuming.

6.7 Lecture method

The lecture method is good for providing very straightforward information, for clarifying a topic already presented, or for explaining other directed learning activities. This method does not provide for much active interaction between the trainer and those being trained. Asking questions and allowing learners to provide answers improves the effectiveness of this method.

6.8 Stories and songs

Although stories and songs are often classified as "learning aids", in many cultures these are familiar primary methods of imparting important knowledge. Many learners will respond positively to songs and stories depicting local situations.

7. Learning aids

Learning aids are powerful communication tools for training. These are devices that can be presented in a visual and auditory format. Learning aids can be articles, reports, letters, leaflets, books, poems, songs, films or videos, or illustrations. Relevant learning aids should be prepared for each module in the Workbook. In every community there are accepted ways to communicate. Use the means that are familiar and acceptable to the local community.

8. Planning and implementing a training course

Effective training can only be achieved if there is a plan. Determine the goals of the training. Then plan how to train, how to implement and how to evaluate the training course. Remember that thorough preparations have to be made before you actually begin implementing the training. Some suggestions follow.

- First read through the Workbook and this Guide
- If you are not clear about any subject, do further reading or other research
- If there are field visits to be conducted, make preparations for these in advance
- Assemble the learning aids for each module, before the training commences
- Identify and arrange a comfortable and convenient place to conduct the training

9. At the onset of the training course

The training course should begin with an assessment of the level of knowledge and skills of those being trained. This will help you tailor the training to their needs. (This does not, however, mean that you should go beyond the planned objectives of the Workbook). To determine the trainees level of knowledge and skills you can:

- Ask participants to write or share with you their expectations;
- Conduct a brief assessment (pre-test). Ask participants what they know about the topic(s).

The information obtained will assist you in determining how much you can expect to cover in the training. You may find that most of them know more than

expected, or that they know much less. Make modifications accordingly. Continually assess the trainees during the course (continuous assessment) and at the end, in order to verify that they understand and have acquired the needed skills.

A successful training course will require your having good knowledge and understanding of the subject matter, using a variety of training methods, building a positive relationship with learners, incorporating their relevant experiences into the training and promoting equality among them.

10. Evaluate

Throughout the training session, be sure that information is presented clearly, and use continuous assessment to ensure that the information has been understood and that the new skills are being acquired. You should ask questions and give feedback on tasks, like role plays and group discussions. You will also need to evaluate the overall effectiveness of the training course, at the end. The learners should be given a chance at the end of the course to discuss or write about their perceptions of the course. To encourage honesty, they should complete an evaluation form without indicating their identity. Below are some questions that could be asked on the evaluation training form.

- Were your expectations met during this training?
- What pleased you during the course? What feelings do you have about the course (satisfaction, dissatisfaction)?
- Were the training methods and other structured learning experiences appropriate in this context?
- Did you participate in small group activities?
- What did you learn about yourself? What did you learn about the other participants?
- Are there areas in which more training is needed?
- What suggestion(s) do you have for improving the training course?
- Do you think this type of training would be useful for others? Explain.
- Are you now able to conduct a similar training for others?

You can develop an evaluation form together with the newly trained project operators as a way of stressing the spirit of positive collaboration, which is so valuable in community work.

11. Effective communication

Communication is one of the most important tools available to influence the life of young people and the community. Effective communication depends on the source of the information (the person sending it), the type of message being conveyed and the channel or medium used to convey the message and the receiver (the person receiving the message). As you train project operators and volunteers, you should demonstrate good communication skills. The two main types of communication are verbal and non-verbal.

11.1 Verbal communication

This involves the use of speech. It requires three types of skills, effective listening, speaking and giving feedback. These interconnected verbal skills are discussed further below.

Listening skills

Listening carefully helps one to understand other people's interests, ideas and needs. It is also a way of showing respect and is more important interpersonally than talking. Listening skills can be improved by:

- Making eye contact with the individual or group. This shows you are interested and attentive to what is being discussed;
- Avoiding direct eye contact if considered impolite or threatening in the culture;
- Focusing your attention on the person with whom you are communicating. Do not appear distracted and in a hurry;
- If an individual is speaking allow him or her to finish the sentence before you comment or answer;
- Treating each person or group as unique. Try not to make assumptions based on behaviour you have heard about, and avoid being judgmental;
- Paying attention to non-verbal communication cues. Communicating is more than spoken words. Your tone, rate of speech and facial expressions, say as much as your words. Avoid shifting your chair if seated, yawning or letting your eyes wander as if distracted.

Speaking skills

Effective communication requires using common and clear language. The following can assist you to speak more effectively:

- Speak clearly, coherently and audibly; avoid mumbling
- Use clear words and expressions;

- Encourage other(s) to speak more.

Feedback skills

Feedback involves responding to what is heard and observed. To be effective feedback should:

- Be constructive and not judgmental
- Be clear, specific and appropriate
- Be given immediately
- Contain correct information
- Be "two-way" (involving the participation of both the sender and the receiver)

11.2 Non-verbal communication

This type of communication includes all body movements and gestures that suggest what an individual is thinking. It does not involve speech. Non-verbal communication reveals a lot about attitudes. Important aspects of non-verbal communication are facial expressions, body movements, hand gestures, postures, the type of clothing and the physical distance between those communicating. To be effective, make sure that both your verbal and non-verbal communications are sending the same message.

12. The role of the facilitator

As a facilitator you are a principal resource person, and will employ certain skills during the training. It is essential that you work within the boundaries of the available training resources, and that will require flexibility. The traditions and cultural expressions of any community represent a valuable resource for training for community-based activities. To effectively facilitate training:

- Be knowledgeable and skilful;
- Plan and play a lead role during the training;
- Use uncomplicated and clear language;
- Use relevant and appropriate learning aids;
- Use real life experiences;
- Use training methods that work;
- Make learning interesting and pleasant; vary methods of training, joke, use short sessions, encourage participation and make the environment comfortable and conducive to learning.

Remember facilitation does not mean looking down upon or feeling superior to those being trained. It should be a way of enhancing learning by providing the proper support and guidance.

SUGGESTIONS FOR THE WORKBOOK QUESTIONS/ TASKS

Given the wide breadth of the subject matter (prevention of psychoactive substance abuse), only the essential knowledge and skills are presented here. At the end of the training course, the project operator should have developed relevant social process skills, as well as specific project development and management abilities. He or she should have the technical competence required to manage community-based projects and be a resource person. The suggestions on exercises and possible answers provided here are meant to provide a basis that can be built upon during training.

Module 1 • Psychoactive substances

This module is aimed at developing a common understanding of the extent of the problem of substance use and the commonly used substances.

Duration

This module can be covered in 1 hour and 30 minutes - 2 hours. If a lecture/question and answer training method is used throughout, the duration of the session will be shorter. However, the use of more interactive methods (small group discussions or individual work going through the text and exercises followed by a group review), is encouraged.

Learning aids

The Workbook and any locally available pictures or posters on substances.

Exercise 1 • Definition, substances used and methods of use

The responses to these questions may vary, but they should be consistent with what is known about substances. The definition of a psychoactive substance that is arrived at in the first part of the exercise should be consistent with the broad definition given in the Workbook. Although the types of substances used will vary from community to community, it is important to make reference to Table 1 in the Workbook. There are a variety of methods employed by young people using substances. Engaging learners in a discussion can reveal other methods used in different localities. Knowing in general how substances may be taken into the body will contribute to greater awareness of the methods used locally.

Exercise 2 • Effects of psychoactive substances

Here it is important to stress the fact that while there are many desired effects associated with substance use, these effects are out-weighed by the negative consequences of use. The effects of substances can be short or long-term. Short-term effects occur shortly after the substance is taken into the body, and these are influenced by the dose, the method of administration and whether or not the substance is used in combination (with other substances). The long-term effects are usually due to damage to the body organs. Other important factors that influence the effects are the individual, the substance and the setting in which the substance is used. For the individual, this includes the person's physical condition and state of mental health, their expectations about the substance, and their past experiences with the substance. Substance related factors that influence effect include the dose and method of administration. Lastly, factors involved in the setting can include expectations of others and the nature of materials used to take the substance into the body. Consider the examples of a group of young people at a party or an environment where the sharing of needles takes place. The following summarises what is known about the effects of the common substances.

Alcohol

- Short-term effects include doing things that normally one would stop oneself from doing, possible loss of physical co-ordination, unclear vision, slurred speech, making poor decisions and memory impairment. Excessive drinking over a short period of time can cause headache, nausea, vomiting, deep unconsciousness and death.

- Drinking large amounts of alcohol regularly over a lengthy period of time can cause loss of appetite, vitamin deficiency, skin problems, depression, loss of sexual drive and memory, and liver and brain damage. Alcohol consumption during pregnancy can lead to Foetal Alcohol Syndrome. Tolerance and dependence also develop.

Nicotine

- Some short-term effects are: a feeling of alertness just after using tobacco and then relaxation afterwards; increase in heart rate and a rise in blood pressure. Dizziness, nausea reduced appetite also occur.
- Long-term nicotine use can cause heart and lung disease, blockage of arteries (peripheral vascular temporary disease), hypertension, bronchitis, cancer of the lung, cancers of the mouth (with pipe smoking and tobacco chewing).

Cannabis

- Cannabis may make the individual feel euphoric at first and then relaxed and calm. Feelings of wellbeing and relaxation, loss of inhibitions, muscle co-ordination and concentration. There may be increased heart rate, redness of the eyes and increased appetite. Large quantities can cause panic, hallucinations, restlessness and confusion. Large doses can also change physical perceptions, similarly to hallucinogens.
- Regular use over a long period of time increases chances of dependence, causes impairment of cognitive functions and may worsen existing mental problems.

Stimulants

- Short-term effects include enhanced or increased central nervous system activity; experiencing brief intense feeling of intoxication and exaggerated feelings of confidence. Soon the mood quickly changes to a low feeling, and may prompt the person to repeat the dose. Overdose is more common with crack than with other forms of cocaine.
- Long-term effects include inability to sleep, irritability, mental health problems, and becoming suspicious and distrustful of others (paranoia).

Opioids

- These produce detached and dreamy sensations, sleepiness, and constriction of the pupil of the eye, nausea, vomiting and constipation. Overdose leads to unconsciousness, failure to breathe and death.

- Tolerance and physical and mental dependence can develop quickly. Stopping use results in the withdrawal syndrome.

Depressants

- Effects are similar to alcohol. They slow down a person's thinking and movements and decrease the ability to concentrate. They cause effects such as slurred speech, sleepiness, problems with coordination; and they cause "hangovers". Low doses reduce feelings of anxiety, while higher doses cause sleepiness. Consumption of alcohol (at the same time) increases their effect, and repeated doses cause toxicity because the substance cannot be broken down (metabolised) quickly. Accidents and suicide are common.
- Substances in this category can lead to dependence, inability to learn and problems with coordination. Convulsions can occur when the substance is withdrawn.

Hallucinogens

- Hallucinogens can alter a person's mood, the way the person perceives their surroundings and the way the person experiences their own body. Things may look, smell, sound, taste, or feel different; and one may see, smell, taste, hear or feel things that do not exist. For example, the individual may see colours, lights or images; or have an altered awareness of things happening inside or outside their body. Other short-term effects are feelings of panic, fear or anxiety. A "bad trip" usually refers to an unpleasant and disturbing mental/emotional state caused by hallucinogens. Accidents and suicide are common.
- Tolerance can develop. Many individuals who have used hallucinogens report feeling effects produced by the substance days or even months after last taking the substance. These replays of past effects are often called "flash backs". Regular use of hallucinogens can decrease memory and concentration. The flashbacks can also result in disorientation, anxiety and distress.

Volatile

- The individual feels uninhibited at first and drowsy inhalants later. With continued inhalation, hallucinations may occur. Other effects include feelings of happiness, relaxation, sleepiness, poor muscle coordination, slurred speech, irritability and anxiety. The most immediate danger to the individual is "sudden sniffing death".
- Although little is known about volatile substances, regular long-term use may lead to nose bleeds, skin rashes around the mouth and nose, loss of appetite and lack of motivation. Some of the solvents are toxic to the liver, kidney or

heart; and some may cause brain damage. Little is known about the long-term effects of regular inhalant use.

Depending on time available, a role play on the effects of substances might be carried out. The role play can assist learners in recognising the effects of substances. Using individuals who have actually experienced or witnessed these effects will be helpful. If you conduct a role play, remember to allow players enough time to prepare. An example of such a role play is given below.

Role play

Hammed is a young school dropout who uses substances whenever he has the opportunity. Today he is in the company of two other school dropouts. They have some cannabis and bottles of glue. They sit in the park and share these substances. Demonstrate some effects these substances might create, based on what you know about cannabis and volatile inhalants. Roles: Hammed and the two other boys.

Exercise 3 • Consequences of use

These should include the consequences noted in the Workbook plus those locally observed or experienced. In addition to the discussion of experiences on this topic, a role play on consequences at one of the three levels presented could also be useful. This could help emphasise the magnitude of the problem within the community. The consequences should be clearly demonstrated in the role play. Allow other group members to comment and make suggestions. A repeat performance should be permitted. You can help them further explore their attitudes by asking the group to talk about their perceptions of the consequences of substance use in their community, and how they feel about responding to this problem.

Evaluation

To evaluate comprehension of this module check to see whether the learners (or you) have achieved the following learning outcomes.

- Able to define a psychoactive substance
- Have an idea on types of substances used in their community
- Can describe methods used to take substances
- Can explain the consequences of substance use in their community

Module 2 • Psychoactive substance use among young people

Young people are the priority target group in this project. Understanding what makes them use substances is an important starting point. It is helpful to use a logical framework for building understanding, and the Public Health Model gives us such a framework. This is the same model that was used in Module 1 to explain the effects of substances.

Duration

Based on field-testing, this module can probably be covered in 1 hour and 30 minutes. Again, the duration depends on the target group and the training methods used.

Learning aids

The Workbook and any locally available pictures or posters on substances, local stories about substance use among young people.

Exercise 1 • Reasons young people use substances

Explore with the participants some of the commonly known reasons. Small group discussions will yield more responses. This exercise helps to establish what is known, generally, about young people and substance use in your community. Some of the reported reasons can be verified using facts collected in later modules. Myths should be discussed and corrected.

Exercise 2 • Risk and protective factors

Studies done among young people on this issue have resulted in a general understanding of some of the risks and protective factors. As the world is dynamic, in terms of changes in culture, tradition and perspectives, it is crucial to address the issue of risk and protective factors in a contextual sense. To maintain consistency, the public health model is again used. Work through the given summary table and see how much of it holds true in your locality. Usually, this exercise yields results that are close to what is presented in the table.

It is important to stress from the onset that the evolving discourse on substance use among young people (and appropriate interventions) should incorporate and be sensitive to the particular realities and needs of girls, in this

regard. Here are some suggestions from the regional training workshops as to why young girls, in particular, use substances:

- Prostitution
- Relief of nausea (house remedy)
- Negative body image (wanting to loose weight)

The story of Joseph and John

During the 3 regional workshops conducted, this story became a focus of intense discussions. It was generally felt that most young people in developing countries or countries in transition could undergo experiences similar to those depicted in this story. The story is intended to help the learner relate the theory presented in the Table 2 to a concrete example of the realities faced by many young people.

Risk factors for Joseph and John:

- Homeless
- No social support system
- Unemployed
- Hungry
- Young and vulnerable
- Availability of substances in the environment.

Protective factors (Not evident in the case study, but John will need):

- Shelter
- Family support and other caring adults Educational/vocational services.

A number of factors can protect young people from substance use. Trainees may want further explanation of some of the protective factors. More explanation of some protective factors is offered below.

Skills

These are competencies that lead to coping strategies. All young people need to develop physical, psychological, social, moral, and vocational competencies as part of their healthy development. These same skills also help young people prevent health problems and cope with life situations. Competencies that are performance, physical or vocational related ("performance/vocational" skills) help people succeed in life in highly concrete ways, (for example, job skills). Competencies that are related more to cognitive and emotional or psychological, and social abilities ("interpersonal/cognitive" skills), help people make good decisions and cope with external stress. All these skills are needed to deal effectively with the demands of everyday life.

Attachments

Attachments are personal connections with people, animals, objects and institutions. Attachments can be positive or negative. Positive attachments encourage caring and bonding, and can help prevent substance use. Family, community, social and religious attachments, for example, can protect young people from substance use.

Cultural norms

Norms that discourage use of substances by young people should be promoted. When deciding whether it is normal to use substances, a young person looks at the behaviour of people who appear similar to him or her. Such people are called peers. Norms that discourage and prevent substance use by young people will be helpful. Norms that encourage substance use include media and advertising portrayal of substance use as glamorous.

Resources

These are required to meet the physical and emotional needs of the individual. They are often found in the environment and include people who care, schools, money, health and recreational facilities and community organisations. Resources can also be internal, such as an individual's willingness to work hard and learn moral competence, a sense of personal responsibility, an ability to think critically, and vocational and entrepreneurial competencies.

Policies, laws and law enforcement

These are sanctions against or limiting specific kinds of substance use. For example, a regulatory policy making it difficult for young people to gain access to a substance reduces the practical availability of the substance. For licit (legal) substances, use is influenced by price control, the promotion or controlling of advertisement and media representation of the substances. It is important to note that legal restriction approaches have not always been found to be effective. Individuals will very often find other means of obtaining a substance, or use even more dangerous ones that are unregulated. Hence the importance of using comprehensive approaches to primary prevention of substance abuse.

The last part of the exercise (part e) should help prompt the learner to think ahead about what they might do to respond to the situation. The exercise also helps begin to build awareness and understanding of the interventions that may

already exist, and of the knowledge, skills and activities that might be needed to begin to formulate a plan for intervention.

Evaluation

To evaluate comprehension of Module 2 check to see whether the learners (or you) have achieved the following learning outcomes.

- Able to explain the reasons why young people use substances.
- Can identify factors that can increase the risk for substance use among young people in their community.
- Can describe factors that can protect young people from use in their community.

Module 3 • Ways of responding to psychoactive substance use

This module focuses on crucial preventive responses to the problem of substance use. Within the framework of the public health model and health promotion concept, the comprehensive approach is emphasised. Attention must be paid to clarifying/ understanding the various elements (or smaller "approaches") that make up an overall comprehensive approach. Many people, especially those working from medically oriented approaches, may need a lot of convincing before they can embrace the approaches advanced in this module.

Duration

It is estimated that this module requires four hours (a half a day) to complete. In fact, the duration will largely depend on the needs, knowledge and skill levels of those being trained.

Learning aids

The Workbook and any locally available videos or existing local policy documents, etc.

Exercise 1 • Approaches to prevention of substance abuse

This exercise allows learners to reflect on the types of responses that they would make to help prevent substance use, within the framework of the public health model. This may be difficult for those who have not been involved in similar activities. This exercise provides a good starting point for thinking broadly about approaches and possible interventions.

Through discussion of the two parts of the exercise, you can encourage learners to begin thinking about the necessity of attending to issues like community involvement and participation, and the cultural and traditional elements involved.

Exercise 2 • Existing options in the community

The second exercise requires reflection on the local situation. The Global Initiative Project encourages innovative approaches based on what is feasible and acceptable locally. By focusing on local realities, the best means can be sought and found for responding to substance use among young people.

Many people often ask questions about the use of control policies to prevent substance use. Here, it is important to stress that although these policies sometimes work to an extent, they can also backfire. For example, in some situations it has been shown that (prevention aimed) policies creating price increases have resulted in many people using "substitute" substances that are even more **dangerous**, like **home brewed alcoholic** drinks and **volatile substances**. Control policies do not work independently; they must be supplemented with other prevention activities. Laws and regulations have been shown to shape behaviour, but they do not eliminate it. Prevention efforts always need to be comprehensive, and not relying on any single approach. There are also other kinds of policy changes that could be implemented such as, school and other educational policies.

For any public policies to be effective, they need to be enforced. The police, local government, community leaders, religious leaders and family members all have a role to play.

Evaluation

To evaluate comprehension of Module 3 check to see whether the learners (or you) have achieved the following learning outcomes.

- Can name ways of responding to substance use among young people

- Can give examples of feasible primary prevention interventions that might be used in their community
- Able to name settings where prevention of substance use can take place

Additional information for Module 3

This section has been added in order to discuss some of the topics encountered in this module in greater detail. It provides more detail on methods of providing information for the community, common obstacles to young peoples accessing health services, counselling services, and interpersonal/cognitive skills and methods for developing them.

Communicating information

The means chosen for communicating information to the community should be the ones that are commonly used locally and culturally acceptable. Although there are many methods of providing information, only two are discussed here. You can explore other feasible ways on your own or with the training group. Learning to provide information effectively is an important first step in the development of skills. Materials containing messages on primary prevention can be rendered ineffective if they are not developed properly. When developing informational materials, remember the following:

THE 4S

Messages should:

- Be Specific to the topic - e.g. psychoactive substance use;
- Be Simple - should not contain too much information;
- Carry a Single message - information is better retained if given in manageable portions, it is less confusing;
- Be Specific to the culture - culture relevance will ensure that people respond, because they can relate to the message and its interpretation. This applies to the culture of the general population as well as the subculture of the target group.

Messages should not:

- Use people recovering from substance use or those still dependent on substances as bearers of prevention messages
- Glamorise substances or substance use
- Describe how to prepare, obtain or take substances
- Blame young people, as this could be misinterpreted as implying that they are worthless

- Exaggerate negative aspects and consequences: scaring does not work

Tips on two of the most commonly used means of providing information

Media campaigns

Media campaigns have been shown to have the greatest impact on increasing knowledge and awareness; they have less impact on attitudes and behaviours. This is attributed to the fact that:

- The messages are directed at an anonymous general audience
- There is too much focus on fear and moral messages
- People who use psychoactive substances usually avoid such public messages
- No interpersonal discussion is involved

The media can have an impact in changing acceptable norms and in mobilising communities to support or initiate prevention policies. Like any other type of intervention, media campaigns must be combined with other interventions in order to be effective. To run a media campaign that produces results, you will also need to do the following:

- First find out what messages are really required
- Have a full understanding of the topic being communicated
- Get input from skilled and creative people, including young people
- Have a good understanding of the audience, and use young people in the presentations
- Formulate and target the message appropriately
- Take interpersonal and peer influences into consideration, and consult with young people about them
- Maximise contact with the message, use multiple channels
- Use a credible source or spokesperson
- Set realistic goals
- Provide environmental support for change

Peer education and other educational interventions

Peer education, in particular, has been found to be an effective way to provide information. Because it is interpersonal, peer education increases the willingness of the young people to listen to messages. Also, in any situation where young people are encouraged to be part of the process, they tend to gain decision-making skills. This helps them to develop self-confidence and to become more mature in their actions. School-based educational interventions are a long-term activity, which should be considered in conjunction with other prevention

activities, in the community and in the family. Within the schools educational interventions should be:

- Integrated into the school health curriculum, if one exists
- Combine the provision of information with the development of interpersonal/cognitive skills
- Have logical sequence, progression and continuity over time and throughout schooling
- Consistent and coherent, and be reinforced by other messages and activities throughout the school environment
- Based on an understanding of the relationship between the individual, the substance and the environment
- Sensitive to and respond to any relevant developmental, gender, cultural, language, social/economic and lifestyle differences
- Develop mechanisms for involving students, parents and the wider community in planning and implementation
- Based on solid training of the teachers
- Complemented by secondary prevention for at risk youth and those needing counselling
- Include a continuous assessment of the effectiveness of the methods of intervention used

Young people's access to services

Often young people who have problems fail to access services that are available in the community. Common reasons are fear, inaccessibility, and the attitudes of those who provide services or a lack of knowledge on the part of the young people and others.

- Fear: young people may try to hide their problems so that they do not appear different from their peers or look weak. They may also fear that their behaviour would be exposed to their families or even to law enforcement.
- Inaccessibility of services: many health and welfare agencies will not serve a young person without the presence of a guardian or adult, or without legal identification documents. All these limit access.
- Attitudes of workers: some workers providing services do not feel capable of caring for individuals using substances. Others simply do not want to refer or care for young people with substance use problems because they believe that these individuals are hopeless cases.
- Lack of knowledge: young people may not have information about existing support mechanisms. This may cause them not to seek help. In addition, sometimes workers carrying out prevention work may not know that the services exist and may be unable to refer those who need further assistance.

Counselling Services

Counselling is one important service that can be offered to young people in need. It should be provided by those appropriately trained. Counselling is a process of interpersonal communication in which a person with a need or problem is helped to better understand their situation, in order to make decisions about how to deal with it. Good counselling skills are useful and must be obtained through careful training. It may not be possible or practical for those involved in a primary prevention project to be trained in counselling skills, (as this requires resources, a specific desire and time commitment). What is important is to identify appropriate resource persons or facilities to which you can refer young people when they need counselling.

Counselling differs from peer education in that it requires more intensive training, supervision and support. Peer counselling has been used for prevention of smoking, use of alcohol and other substances. Counselling can help young people to deal more effectively with problems by enabling them to achieve a fuller understanding of the situation and to make and follow through on sound decisions. One of the most effective groups of counsellors are "peer counsellors". These are peers of the young people who have been trained to do counselling. Through counselling the following can be achieved:

- A trusting relationship that fosters good communication
- Active participation in and taking responsibility for making changes in behaviour
- Reduction of fear and mistrust
- Needs addressed, and problems and anxieties reduced development of basic interpersonal/cognitive skills by young people

Essential interpersonal/ cognitive skills and methods for developing them

The box below contains examples of some essential skills that support the personal and social development of young people. Educational methods used to assist in the acquisition of these skills are also given.

Skills	Methods
Decision making	Modelling
Creative thinking	Practising skills
Effective communication	Working in groups
Self-awareness	Debates
Coping with emotions	Brainstorming
Problem-solving	Role play
Critical thinking Interpersonal skills	Games
Empathy	
Coping with stress	

Module 4 • A project development approach

This module is key to understanding the project development process that you will need to follow when developing a new project. Most people using these materials may not have had experience in project development and management. Some may have experience, but the approach may have been different. In this module, a systematic logical and effective way to develop and manage a project is presented.

Duration

While it is estimated that this module can be covered in 2-3 hours, the actual duration will depend a great deal on the background of learners. It is important that each phase of project development be thoroughly understood. Sufficient time needs to be spent on each of the components of the project cycle, as they provide the foundation for the modules that follow.

Learning aids

The Workbook and any locally available resource materials.

Exercise 1 • The project cycle

The introductory section is meant to give a general overview. In this way, participants in the *Global Initiative Project* can have a common understanding of what a project is and what it involves.

Exercise 2 • Local situation assessment

Local situation assessment is an important initial step in project development. Most people may not have the skills to carry out this task. This exercise helps in recognising the extent of the relevant capabilities of each individual. It also helps to highlight the fact that in order to get objective and meaningful information, one must have the necessary skills or get help from others who do.

Exercise 3 • Formulating a project

This exercise focuses, in particular, on two key competencies needed for project formulation. These are setting of objectives and specifying indicators. It is essential to go through this exercise slowly so that enough time is spent on working out and recording objectives and indicators. Remember objectives set the overall direction of the project, and indicators are a means of verifying what has actually happened and taken place. If these two different elements are not clearly understood, implementation of subsequent phases in the project cycle could be compromised.

Exercise 4 • Mobilising resources

It is almost always difficult to convince people that local resources are available even in the most disadvantaged localities. The sustainability of the project will largely depend on how local resources are put into full use. This exercise also promotes awareness of the fact that the term "resources" does not only mean "money/funds". It is crucial to find culturally acceptable ways of tapping into existing community resources. The exercise should additionally foster greater awareness of this necessity.

Exercise 5 • Implementing the project

This phase of project development requires a lot of coordination. Here it should be emphasised that project operators will need good leadership and

interpersonal skills (e.g. communication and coordination skills). The work will now involve more people and resources, so good management skills are needed if the project is to succeed.

Exercise 6 • Project monitoring

This exercise requires that learners begin to familiarise themselves with the importance of effective monitoring. Often when monitoring and evaluation are done, they are not done systematically, are not documented and not reported. Learning from the strengths and weakness of any implementation activity is useful for the development of better projects in the future. Involvement of skilled persons in the process makes the resulting information more meaningful.

Special forms will need to be used for monitoring. Different organisations use different forms, and it is often easy to find an existing form that can be adapted. New forms can also be developed. Whatever forms are used, they should be easy to use and interpret by all those involved. Recorded information provides a useful source of reference documents.

The last part of this exercise highlights the need to make sure that the information gathered during monitoring is clear and specific, in order to assure its relevance.

Exercise 7 • Impact evaluation

The first part of this exercise links local situation assessment to impact evaluation. This linkage is an important one. Knowing what the situation was before the project was implemented is essential to understanding what has been accomplished by the project (the difference the project has made) and the areas needing improvement. At the same time, this linkage also brings the project cycle full circle, (linking the end process to the beginning one).

The second part of the exercise encourages an understanding of how monitoring makes it practically easier to measure the impact of the project.

Exercise 8 • Writing a project proposal

Here learners can begin to practise organising information for and drafting a project proposal. If you are facilitating group training, you will need to supply

the trainees with a proposal written for other purposes that they can re-work into a primary prevention project.

Evaluation

To evaluate comprehension of Module 4 check to see whether the learners (or you) have achieved the following learning outcomes.

- Can describe the project cycle
- Able to identify the key elements of project development
- Can develop an outline of a project plan

Module 5 • Local situation assessment

The starting point for project development is the local situation assessment. Organisers of the Global Initiative Project encourage interventions that are based on evidence gathered through this assessment, as interventions that are based on local context are more likely to succeed.

Duration

In order to achieve adequate comprehension and acquisition of basic skills, it is estimated that this module will take 5-6 hours to complete.

Learning aids

The Workbook and any locally available reports about the local situation, examples of tabulation forms for data analysis, etc. You may also need the assistance of an outside resource person for this module of the training course. Conducting a situation assessment in the community will always require support from experts.

Exercise 1 • Local situation assessment

This exercise is helpful in understanding the process of the situation assessment and the scope of its activities. The answers to the questions can be found in the Workbook. However, whenever there are other experts or people with experience in this area available to assist, much more knowledge about the topic will be gained.

Exercise 2 • Methods of collecting new information

One must select the most appropriate methods given the available resources. This fact should be stressed. Here learners are given the opportunity to practise some of the most useful and commonly used methods of collecting data on issues related to primary prevention. This exercise will take a good deal of time, which should be allowed so that learners can experiment. Carrying out the exercise tasks requires having a reasonable understanding of the methods and processes. If there are some participants who have experience in these methods you can invite them to share their experiences or give a talk about using these methods. Below are some tips on FGD, KII and survey methods; and lists of sample questions. For the second part of the exercise, learners should try to develop their own questions. You can also consult the sample questions provided at the end of this section. Learners should acquire basic skills for formulating assessment questions. In reality, one can always seek expert advice on this.

Further guidelines • Focus Group Discussions

There are a number of steps to keep in mind when preparing FGDs. The steps are outlined below.

Decide what you want to know

Decide what information you need to know. Develop a checklist of the general questions and probes you intend to use. This list can also be used during the discussion to help remind you and others facilitating of all the issues that need to be discussed. Once you have written the questions for the discussion, you will then be able to consider who might best be able to answer them.

Identify the participants

Most questions can only be answered by the young people themselves. However, to get a complete picture organise separate group discussions with service providers, community leaders, ordinary residents, or law enforcers. Each group should be homogeneous and should discuss a single issue. Plan to conduct different FGDs for each needed category, e.g. boys and girls. This will make it easier to make comparisons in these areas.

Plan the Focus Group Discussion

- Confirm attendance at the FGD;
- Keep in contact with the participants, in person or by writing;
- Prepare visual aids (flip charts, writing materials, or art supplies) and also the room or area where the discussion will take place;
- Arrange the chairs, tables, and writing boards to promote participation and communication; sitting in a circle provides better eye contact and improves communication;
- The facilitator should sit with the rest of the participants;
- Take into account, privacy, comfort, and easy accessibility. The location should be non-threatening;
- Scheduling of the discussion should be convenient to all participating;
- Plan for a discussion duration of 1-2 hours;
- Identify a facilitator;
- Identify an observer and recorder for the FGD;
- Arrive before everyone else.

Roles of participants in Focus Group Discussions

In addition to the members of the target group, the facilitator, observer and recorder can all play a major role in ensuring that the process is on course and of good quality.

The Facilitator

The facilitator must speak the same language as members of the target group and should be familiar with the topic under discussion. They should have some training and experience in group activities. The members of the group should feel that the facilitator cares about them and their problems. Noting the names of the participants (either mentally or by writing them down) will allow the facilitator to call each one of the participants by name. The facilitator should strive to:

- Create an environment that is conducive to discussion and introduce the themes being discussed
- Encourage confidence and trust among participants, and ensure that each group member is participating
- Guide the discussion so that it remains focused, and help participants express their ideas and feelings to the group
- Protect members of the group from personal attacks, putdowns and criticism

The Recorder

This must be someone who can prevent his or her own opinions from influencing the information that he or she records. The recorder must also have writing and

observation skills, and familiarity with the dialect or slang of the target group. Permission must always be obtained from the group to record the information, especially if a tape-recorder or camera is used. The confidentiality and security of the information collected must be guaranteed, particularly if it is sensitive or incriminating. The recorder should:

- Take notes on the discussion, including: the date and time of the meeting, the number of target group members, their age, and if possible their names
- Include exact quotations (of what is being said, precisely as said by participants in the FGD), when necessary

The Observer

The observer should be able to make objective observations of the group and process. He or she should:

- Note the general mood of the group, their choice of words
- Observe non-verbal cues, e.g. silence, restlessness and body posture
- Observe the social processes of the discussion, the flow of dialogue, the emotional atmosphere, and problems that hinder communication
- From time to time assist the facilitator by making suggestions on how to make the discussion more meaningful

How to conduct a Focus Group Discussion

Welcome the participants

Arrive first and greet the participants as they come in; be friendly, joke. A warm pleasant atmosphere will help participants to relax, will instil trust, and make it easier for them to express their ideas.

Start the discussion

State the general purpose and primary topic of the FGD. Explain the rationale and the procedures. Ask the group to share questions, suggestions, and expectations. Go over and agree on basic ground rules, such as, only one person will speak at a time, respectful listening, and keeping what is said confidential (not sharing it with others outside the group discussions). Open the discussion with a provocative question about the topic.

Facilitate the dialogue

Pay attention to the process and the content of the discussion. The process includes the following: who speaks and who does not, whether the pace of the discussion is slow or fast, and how the participants interact with the facilitator. Paying attention to content means not only noting what is being said, but also what topics are avoided, and what issues seem to upset the group.

Duration of discussion

Keep the sessions short. One hour is preferable; two hours should be the maximum. Leave other questions for the next FGD. Remember not to ask too many questions in each session.

Concluding the FGD

Towards the end of the session, restate the objectives of the FGD and summarise the main points made by the participants. Ask them if the discussion has missed any important issues or questions. Then:

- Express sincere appreciation for the participants' attention, time, and contributions
- Inform the participants about the next FGD or other follow up activities, if any

Examples of questions for FGD

- What is good and what is difficult about growing up and being an adolescent?
- What are the main reasons young people use substances?
- What effects do they get from using substances such as, cannabis, alcohol, tobacco glue, etc?
- What problems concerning substance use exist in your community?

Further guidelines • Key Informant Interviews

To be effective Key Informant Interviews require that you do the following:

- Identify and contact relevant informants;
- Inform the community or organisation about the interviews;
- Contact individuals to be interviewed well in advance;
- Arrange for adequate translation if language barriers exist;
- Prepare an outline of the questions you want to ask, and be prepared to take careful notes;
- Provide adequate information to the contact persons, e.g. purpose and length of interview;
- Learn relevant cultural expressions and requirements, e.g. greetings, seating arrangements, formalities for introductions and any other cultural norms that should be respected;
- Provide adequate information to individuals on the project to be developed;
- Clarify the objectives to the person being interviewed;
- If during the interview you feel you are getting the same response, it is wise to conclude the interview and analyse the responses and interaction;

- After the interview analyse the findings, and get impressions of the key informants also discuss the findings with them.

Further guidelines • A Survey

A survey requires that the questions to be used are ready and have been tested well before beginning the survey. A questionnaire that has already been prepared and used in other investigations can be used to collect the information you need. This will save time and make it easier to compare your results with information about other groups and settings. To develop effective survey questions, you will need to:

- Identify the main questions for which information is needed, (e.g. knowledge about substances and risks, reasons for using them);
- Formulate questions taking into consideration the use of words and expression as understood in the local culture;
- Test the questions among a group of young people or any other target group members;
- Modify the questions based on the test results;
- Explain your method of assessment to avoid misunderstanding and anxiety, and conduct the survey;
- Based on analysis of the survey results, make an assessment of the perceived needs of the young people.

Sample questions for collecting information about substance use among young people

The sample questions on the following pages can be used as is or reformulated depending on your needs; they are just examples. Some possible variations in the wording of some of the questions are also suggested. (Adapted from the draft WHO Street Children Modules).

Demographic information

These questions can be asked to get background information.

- Indicate the gender of the participant.
- How old are you? (or) What year were you born?
- Where were you born?
- Can you read and write?
- How many years of schooling did you have?
- Where do you live?

- Whom do you live with?
- Where are your parents?
- Who raised you?
- Where did your parents come from?

The types, methods of use and effects of psychoactive substances

- What substances do you use? What is your favourite substance? What is your least favourite substance? (Alcohol, tobacco, cannabis - e.g. marijuana leaf, hashish, resin/oil; etc).
- How often do you use these substances?
- How much of the substance do you use each time? Do you get intoxicated?
- How do you use these substances?
- When did you first start using these substances?
- Why do you use them? Do you enjoy them?
- Do you feel better when you are using psychoactive substances?
- Who do you use these substances with? Do you use substances alone? Do you share psychoactive substances with others?
- Where do you prefer to go to use psychoactive substances?
- How do the substances affect you? What do you find good/bad about using psychoactive substances?
- What effect does taking psychoactive substances have on your health?
- How does using substances affect how a person feels about himself or herself?
- Do you experiment with different combinations of psychoactive substances?
- What combinations do you use?

Consequences of psychoactive substance use

- How does your family feel about your substance use? (or) How does psychoactive substance use affect family life around here?
- How does your substance use affect your friendships? (or) How does psychoactive substance use affect friendships?
- How does your substance use effect your study or work?
- Have you been in trouble with the police because of (your) psychoactive substance use?
- Have you (or others you know) had to leave a place you/they were living in because of your/ their psychoactive substance use?
- Do you (or others) go without food so that you/they can buy psychoactive substances?
- Do you usually have sex when you use substances?
- Have you ever been in an accident after using psychoactive substances?
- Have you ever been in fights during or after using psychoactive substances?

- Do you feel guilty about using psychoactive substances?
- Do you need help because of (your) substance use? Would you like help doing something about (your) psychoactive substance use?
- Has anyone ever told you (or others you know) that you/they should do something about your/their psychoactive substance use?
- Do you get involved in fights?
- Do you carry/use a knife, gun, or other weapons?
- Have you ever injected a psychoactive substance? How did you inject it?
- If so, did you share the needle, syringe or any other material with someone else?

The individual risks and protective factors

- Do you practice any religion? How important is it to you?
- Do you go to school?
- Do you work? What type of work do you do?
- What do you like about living with your family?
- What don't you like about living with your family?
- What do you try to avoid each day? Do you often get hassled? Who hassles you? Why do they hassle you? What do they do?
- What are your plans for the future?
- Where do you get your money?
- Do you ever provide sex in exchange for affection, food, clothing, shelter, drugs or money?
- Do you need more education? What kind of education?
- Will you be able to find a job if you looked for one? What kind of job could you get? What type of training would assist you in getting the type of job you would like? What kind of job would you like?
- Where would you like to live?
- Who would you like to be like?
- Do you often feel sad, lonely or unhappy?
- Have you ever tried to harm or kill yourself?
- Do you feel good about yourself?
- Are you as physically strong as everyone else?
- What are the most important things that you need right now to get by?
- Has any one close to you died?
- Have you ever been so sick or injured that you needed to go to the hospital?
- What is/was your family like?
- What contact do you have with them?
- What do you like about your family? (If apart) What do you miss about your family?
- What don't you like about your family?

- (If apart) Would you like to visit your family or go back and live with them? Would your family welcome you back?
- Who is most important to you in the family?
- What are your thoughts about school?
- How well did you do/are you doing in school?
- How did/do you get along with your teachers
- How did/do you keep up with the schoolwork?
- What is/was the most useful thing about school?
- Would you consider going back to school? (Same for non-formal education.)
- What is your employer like?
- Who is your closest friend?
- Who do you trust? Who don't you trust? Who do you turn to when you need help?
- Do you have a few close friends; not very close friends, or no real friends?
- Who do you admire? Who is your hero?
- Who do you agree with the most, your parents/caregivers, friends, teachers/employer, or sexual partner? Who do you feel most comfortable with?
- Who admires you? Who says good things about you?
- What are you best at?
- Who are you most like? Do your parents/caregivers approve of your lifestyle?
- Do your parents/caregivers approve of your friends?
- Do your friends approve of your parents/caregivers?
- Do/did your parents/caregivers have a substance use problem?
- Did you leave home because of your parents'/ caregivers' substance use problem?
- Did you leave home because of sexual, physical or emotional abuse?
- Do you like your work?

Problems and needs

- What can you learn that would help you cope better?
- What do you do when you feel anxious or stressed?
- What do you do when you feel sad or depressed?
- What do you do when you feel angry? How do you try to control your anger or violence?
- Do you have bad dreams or thoughts? How do you try to stop these?
- Do you have any problems sleeping? What helps you to sleep?
- What do you do to make you feel better about yourself?
- How do you try to stop your friends from forcing you to do something you don't want to do?

- What do you do to try to control your psychoactive substance use?
- What special skills do you need to work or to earn money?
- Have you ever been in a situation where you feared losing your life or being severely harmed?
- Are you a refugee?
- Have you ever experienced a natural disaster, such as an earthquake, flood or fire?
- Have you recently moved?
- Why? (or) Does your family move around a lot? Why?
- Did you grow up somewhere different from here? What made you move here?
- If you have moved, did you lose contact with close friends or family?
- Is it difficult to make new friends when you move into a new area?
- What makes it easier to fit in with a new group of friends?
- Have you had different groups of friends? If so, why did you change your friends?
- What is it like to be a young person?
- Do you worry about growing up?
- Are you like other adolescents? What is different for you?
- Do you worry about your size or appearance?
- Do you think you would be a lot happier if you could change something about your appearance?

Resources

- Where do you get your information on things you are interested in? Who do you speak to and listen to? What information do you trust? Who wouldn't you listen to or take notice of?
- Where do you go when you are sick? Do you feel comfortable there? Are you treated well there?
- How could the services there be improved?
- Who do you listen to about medical and health information?
- Where do you go for recreation? What do you do for fun? Where would you like to go for recreation? Do you play any sports? Would you like to play sports?
- Where do you spend most of your time? Where would you like to spend time?
- Are you involved in any educational activity? If so, what are you learning?
- Have you had any training for a job? If so, where? What kind of training would you like or would be helpful?
- If you can read, what do you read, and what would you like to read?
- Do you watch television, videotapes, the movies, or listen to the radio? Which do you trust, and which provides the best information?

- Do you read information pamphlets and posters? Do you believe them?
- What is interesting to look at or listen to?
- What kind of information would you take notice of, e.g. colourful, humorous, frightening, serious?
- Where do you find out about information on psychoactive substances?
- Where would you go to get help for a psychoactive substance problem?
- Where would you go for help for a psychoactive substance use problem? Are there enough places to go to for help?
- Do any of your friends have a psychoactive substance use problem?
- Have you ever been treated for a substance problem? Are there enough places to go to for help?
- Can a person with a substance problem be helped or cured?

Norms and perceptions about psychoactive substance use

- What do the young people in your community think of psychoactive substance use?
- How do you feel about young people who use psychoactive substances?
- Which substances are okay to use and which are bad to use? What is the most harmful substance, and what is the safest psychoactive substance?
- Where do young people get psychoactive substances?
- How easy is it for young people around here to get psychoactive substances?
- Do young people prefer using certain substances or do they choose different substances depending on their availability?
- In what ways has the availability of different substances changed over time, around here?
- How much does the cost of substances influence the type and the amount of the substances that young people use? Has there been a change in the cost of the psychoactive substances that young people use?
- Are psychoactive substances easy to get on the streets? Is it easier to obtain them here than elsewhere?
- When do young people use more psychoactive substances?
- Do most young people use the same psychoactive substances as their friends? Do friends encourage others around here to use psychoactive substances? If so, why?
- Do young people often have problems with the police or others because of their psychoactive substance use?
- Do you think that advertising, sponsorship or marketing of psychoactive substances influences young people?

Questions for key adult informants

When choosing questions for adults with relevant knowledge, consider the professional, cultural, and religious background of the individuals who will be responding. Not all questions will be appropriate for all participants. You may need to rephrase or use different questions.

General demographic information

- What is the sex ratio among young people in this area?
- What are the age range and the average age?
- Where do they come from? Where do their parents come from? What are the literacy and educational levels like?
- Who and where were they raised? Do they come from institutions?

The type, method of use, effects and consequences

- What substances are used in the community?
- What psychoactive substance use problems exist within the community?
- What kind of substance use is accepted by the community, and what kind is not?
- What psychoactive substances do young people use?
- What problems do young people experience resulting from substance use?
- What psychoactive substances are used by young people? What are the preferred substances? What combinations of substances are used?
- How are these substances used, what is the route of administration?
- How often do young people use these substances? How many children are dependent on substances?
- Where are these substances obtained?
- How do young people pay for them?
- Where do they use these substances? Who do they use them with?
- Do they sell substances?
- What are the main problems that they experience through their substance use?
- What are the greatest risks to young people caused by their substance use?
- What are the greatest concerns that the community and your organisation have about the use of substances by young people? Do young people cause problems for the community?

Risk and protective factors

- What is their religious involvement?
- Do they work or are they in school?
- Whom do young people in general admire? Who are role models for them?

- What is their religious involvement? Do they work or are they in school?
- Who admires them? Where do they get complements and positive messages?
- What are young people good at?
- How are they valued in the community?
- What are the risk behaviours that young people practice? Which of these behaviours pose the greatest risk to them and to the community?
- How common is injecting substances among young people?
- What are the greatest risks to young people associated with their substance use?

Norms and perceptions about psychoactive substance use

- What are the problems (social, cultural, health, political, environmental, industrial and economic) faced by the local community?
- How do these affect the young people?
- What are the future prospects for young people using psychoactive substances?
- What are the main social factors that contribute to their homelessness?
- How do young people feel? Do they suffer from depression? What is their self-image and self-esteem like? How do they express their feelings?
- Do young people harm themselves or commit suicide?
- What is the attitude of the community towards different substances, substance use and individuals who use psychoactive substances?
- Why do young people use substances?
- How does the community influence substance use?
- How easy is it to obtain both licit and illicit substances in the community?
- Are substances more readily available for young people now OR as compared to others?
- Do peers and families influence substance use by young people?
- How important are advertising and sponsorship in influencing substance use by young people?

Resources

- Where do young people get their information?
- What information do they trust? Who do they trust as information providers? What forms of information are more likely to be accepted?
- What information resources are available to them? Are there any resources specifically developed for young people?
- Where do young people go for medical treatment or advice? What medical services are available? How accessible are these services to young people?
- What do young people do for recreation? Where do they go for recreation? What recreation services are available for them?

- Where do young people go for counselling or emotional support? What counselling services are available for them? How accessible are these services to them?
- Where do young people go for religious or spiritual guidance? What religious support is available to young people? How accessible is this support to them?
- Where do young people go for legal advice or support? What kinds of legal counselling, rights advocacy and advice are available for them? How accessible are these services to young people? What human rights abuses do they suffer? Who abuses them?
- What kinds of psychoactive substance treatment and advisory services are there that are available to young people?
- What methods are used? How accessible are these services for them?
- Are there any services specifically for young people?
- Do any agencies provide a range of services in one location?
- What agencies provide an outreach service? How are outreach services provided? Who utilises the outreach services?
- Are there networks of community agencies which deal with young people? How do these networks operate?
- Has any research been conducted or data collected on the problem of psychoactive substance use among young people in the community?
- What exposure do young people have to the mass media, such as television and radio?
- What types of mass media health education programmes are available for young people?
- Where do young people who work get their training?
- What kinds of interventions (e.g. health education campaigns) are now used in the community to prevent substance use problems?

Exercise 3 • Analysing information and drawing conclusions

The example of the FGD process carried out in Thailand provides a practical and concrete way to view these topics. The following pages give the record of this Focus Group Discussion. This record was provided by the UNDCP Regional Office in Thailand, and was used in the Global Initiative Regional Training Workshop held from 10-12 April 2000 in Hanoi, Vietnam. This information is presented to give you some familiarity with the practical aspects of at least one of the methods used to collect new qualitative information. If you have another example of an information collecting process carried out in your country or region which can serve as the basis for a better learning experience, feel free to use it.

Once you have agreed on what the local problems are, go back to Module 3, and see how the primary prevention interventions you identified using the public health model can be used to address the problems.

The Thailand Focus Group Discussion process

A. Framework used

Schedule

- Participants arrive on the half hour and complete registration procedures
- Facilitators arrive on the half hour to greet participants as they arrive
- The meeting should generally be of about one hour duration
- During the meeting, time limits should be subtly applied to each question
- Refreshments to be served at the end of the meeting
- Debriefing by facilitators/recorders immediately after the meeting.

Language

Media Group:	English
Treatment Personnel:	English or Thai
Youth:	Thai
Teachers:	Thai

Opening Meeting

Introductions made and roles explained

Clarify meeting purpose

To gather opinions and ideas for the development of a regional project for the prevention of ATS. The meeting is not intended to be an educational lecture, but rather an opportunity to learn from the participants. Opinions of the participants are important, and they should be free to express themselves.

Explain confidentiality

Ask the participants to respect the privacy and confidentiality of each participant. Emphasise the tape player is only used by UNDCP to help in the recording. The record will not attribute opinions and ideas to specific people. Similarly the personal registration information will be kept in confidence by UNDCP, and will not be associated with specific names.

Explain the rules of the meeting

The speaker should address the question being discussed and only one person should speak at a time. Start the meeting with a brief neutral question to each

participant (years lived in Bangkok, family of origin residence, etc.). Proceed with the questions.

Closing the Meeting

Explain that the meeting will soon conclude. Ask participants to think about what has been discussed, and ask one-by-one if they have any other comments. Thank the participants for their contribution and reaffirm the value of their ideas. Serve refreshments.

B. The results

Focus Group Recorder Notes

Date: 29 April 1999
 Place: UNDCP Regional Centre, Bangkok
 Time Start: 10:40
 Stop: 12:40
 Duration: 2:00
 Group Name: Youth Focus Group
 Facilitators: ONCB 1
 UNDCP 3 (English, 1 Thai/ English speaking, 1 personal translator)

Participants:

Characteristics of participants: Boys/ men: 5
 Girls/ women: 2
 Total 7

No.	Sex	Age	Highest education	Occupation
1.	F	14	Level 8	Student
2.	M	13	Level 7	Student
3.	M	14	Level 7	Student
4.	M	18	?	Out of school/ Rehab
5.	M	23	?	Out of school/ Rehab
6.	M	20	?	?
7.	F	19	?	NGO volunteer

Group dynamics

A high level of awareness of ATS (amphetamine type stimulant) issues was apparent from both a theoretical and practical perspective. The younger participants had integrated knowledge of the issues, while two of the older participants had direct experience with ATS dependence and rehabilitation.

Free flowing communication was somewhat impeded by the number of facilitators and observers (3). Two of the observers were supervising their respective participants in rehab/aftercare, and their presence partially hindered a response in at least one case.

Typically the interaction was directed by the facilitator (Thai), who would direct questions to a particular participant who would then respond to the facilitator. Unsolicited contributions did not predominate except from the oldest participant who had direct experience.

Summary of Youth Group Discussion

1. What have you heard about the use of amphetamine type stimulants (methamphetamine) in Thailand?

Get it from friends. Kids are inclined to use it. It is available in schools. Heard about it from older sister. Use depends on personal choice (as compared to overt social pressure). Teachers sell it sometimes. People sell and use because of economic problems. Easy to produce. Easy to buy. Initially introduced by "outsiders" (meaning outside of school mates). Use it to follow the friends, including "senior" friends. Use is hidden (from friends) when addicted. Students with family problems are targeted by "outsiders" to use and sell. One pill @ 120 Baht.

2. How did you get this information?

From friends. Newspapers. Television. Publications. ONCB. Interviews with other youth.

3. In your opinion which groups are using ATS?

Students in the 14-15 year age range. Arrogant groups. Labour groups for longer working hours. Truck drivers. Factory workers.

4. Do they also use other kinds of drugs?

Marijuana and alcohol. Tend to increase use (over time) with more cost. May use alternatives like glue or cannabis to save costs. Sell ATS in order to use a share of the supply. Experimentation.

5. Why do you think these groups are using ATS?

Prolongs working hours. Recreation. Provides energy. Improves confidence.

6. What kind of harm comes from using ATS?

Stealing. Violence. Not feeling well. Affects family (negatively). Affects studies (negatively). Disappoints parents.

7. Have you heard about any projects to help stop or prevent the use of ATS?

Anti-drug sports project. Campaigns. Farm work project (rehabilitation). TV programmes. Concerts/popular music. "Friends project" (school based peer support). Don't know much. Take person out of "old group" (who are using substances) - discuss what he likes - go over bad points about drugs.

8. What kind of appeal do they have for young people (high/low interest)?

Interest in sports related activities, exercise, group activity, music concerts (repeated support from most in the group). Problem with use of movie stars (for testimonials) because of issue of hidden use by them.

9. Why do you think that situation exists?

(Answers focused on ineffective responses.) Teachers not good. Concern about offending friends if referring to prevention project.

10. If young people knew that ATS use was harmful, do you think that would stop them from using?

Addicts tend not to listen to any of it.

11. What needs to be done to prevent young people from using ATS?

Need confident leaders. Need support group (for recovery). Help youth to play. Help youth to gain trust. Spread information. Spread information by those who used (rehab.-group). Inform friends. Small groups/paired discussions. Mother refer son to treatment. Understanding and happiness in the family. Personal commitment to be good people.

12. Who do you think should be responsible for those plans?

Psychology people. Confidential groups. Parents, teachers, students together. Peer group. Teacher alone is not a good player (leader)

Supplementary Notes

The idea of action oriented learning, such as sports for youth projects, predominated in the discussion about prevention. Confidential, trustworthy small group discussion was a main concept in the discussion of suitable rehabilitation and aftercare.

The concern about offending friends, if validated on a wider scale, could serve as a useful point for development of public awareness messages that encourage more open discussion with friends. Moral issues and stigmatisation were predominant themes in the discussion as to why projects generally did not work, and specifically why they didn't work for dependent persons using ATS.

Exercise 4 • List of expert organisations and individuals

Many people have done enormous work on various subjects, but have not circulated their findings. It will be important to let key people know what you have done. At this point information dissemination can be viewed as an advocacy activity. Learners may be surprised to discover (as you really think about this list), that there are indeed many people in the community who can benefit from the information. Sharing information is an important step in creating awareness about your project and building credibility.

Evaluation

To evaluate comprehension of Module 5, check whether the learners (or you) have achieved the following learning outcomes.

- Able to identify sources of information for the local situation assessment
- Can describe ways of collecting information on substance use among young people
- Able to demonstrate at least two methods for conducting a local situation assessment
- Can experiment with analysing information from the local situation assessment
- Can explain the importance of disseminating findings from the situation assessment

Module 6 • Implementing the project

This module gives an example of how you can implement the project by putting locally available resources, especially human and financial, to optimal use.

Duration

This module requires conducting a field visit to various sites or organisations that can offer support in primary prevention work. It will be useful to make contact with the potential organisations well in advance to allow them to prepare for the visit. Going through the material in the module will take approximately 2 hours 30 minutes. The field visits can each take 2-4 hours.

Learning aids

The Workbook and any locally available materials.

Exercise 1 • Involving community members in the project

If interest is created among community members, they will be more willing to get involved in the activities of the project. It will be important to be practical in the selection of community members. This exercise emphasises the need to take care in selecting the right persons for the right kind of work. Reviewing the information from the Thailand FGD can assist you in generating a list of potential people to serve on the various project teams. This practical example brings the realities of these activities closer. Selection of the members of the various teams should be guided by: their knowledge and experience in the field of substance use or problems related to young people; their influence and ability to make things happen; and the contribution they can make towards primary prevention efforts. The checklist of qualities shown below is useful for generating the list of potential team members to support project work.

Checklist of qualities to look for in those who will participate in project teams

- Is able to empathise with young people
- Has understanding of substance use among young people
- Has had regular contact with young people, either independently or through an organisation
- Has social, political, and financial power that could be used for the benefit of young people
- Is well respected by the local community and influential within their own organisation

- Has and can share personal experience in creative thinking and decision-making
- Is able to respect differing opinions and to conceptualise problems in new ways
- Helps create representation from key organisations and sectors of the community, (e.g. health, welfare, educational and recreation organisations; vocational services; law enforcement; human rights agencies, sporting services, the media and young people)

Exercise 2 • Creating awareness that motivates the community

Sometimes direct measures to motivate the community can prove to be frustrating. An indirect way to motivate the community is to create awareness about what you aim to do within the community. The following have been found to be useful ways of creating community awareness.

- Activities of NGOs and other organisations - NGOs and other organisations that deal with prevention related issues could be encouraged to hold meetings or seminars, which would be well publicised through the media, in order to create awareness.
- Radio/TV programmes and local newspapers - The community, the project operator and young people can use the media to promote awareness of substance use problems. This can be done through interviews and discussions, or articles written to let the public know more about the needs and problems.
- Specific appeals - Appeals can be made to support enforcement of laws against or limiting the sale of legal or illegal substances to young people. Lawyers or health advocates could influence other professionals to get involved in legislating and monitoring such laws.
- Organised marches for primary prevention of psychoactive substance use among young people - These can be made to draw the attention of the public to the deficiencies in existing services and interventions dealing with substance use problems, (e.g. limitations in the legal rights of young people, lack of safe environments, etc.).
- Fundraising events - Well-publicised fundraising events at which young people can appeal for financial support for primary prevention can be organised. These can involve the police, church members, sports personalities, local actors, performers and musicians. Such events can help raise awareness of the vulnerability of young people to substance use.

- Publish a booklet - Write a booklet, which can be distributed in schools, shops, petrol/ gas stations, libraries, local churches and restaurants on what the community should be doing to prevent substance use among young people.
- Drama groups, writing or art clubs - These can be used to draw attention to the consequences of substance use for the individual, the family, the community and beyond.
- Young people's sports day or convention - Large corporations could sponsor these events, and the schools could send representatives to discuss problems associated with substance use, including its impact on various segments of the society.
- Information Centres - Well-publicised information centres can be established. Here community members could get specific information on the roles that they can play in helping to increase awareness of the problems related to substance use.
- Functions and meetings - Invite law enforcers, policy makers and activists to any awareness raising function or meeting that you hold. Introduce them to young people who can share experiences of their own vulnerability to substance use. This can help to further emphasise the importance of primary prevention, and hopefully encourage positive attitudes.

The story of Jama gives insight into what commonly happens when people implement projects within a community without input from community members. In the regional training workshops, the following responses were given for why Jama did not succeed:

- No needs assessment was done
- There was no consultation with the target group
- The materials used were not relevant and specific to the local context
- There was no community involvement
- No advocacy
- No community commitment
- Information may not have been appropriate, and materials were not adapted to local needs and culture
- Not enough time was spent on planning and preparation before implementing the project
- The community was not consulted
- Community was not motivated

The last part of the exercise highlights the crucial issue of the involvement of the target group in the project. From the story of Khadja and Mina one can conclude that these two young girls have the potential to make a positive contribution in the project. Clearly Mina is performing more practical tasks and could be effectively used to plan and organise events. Khadja has more

leadership qualities, and could help mobilise other young people. Together Mina and Khadja could:

- Motivate other young people
- Educate their peers
- Serve in leadership roles
- Carry out networking activities

There are many ways of concretely involving young people in primary prevention projects. Some examples are:

- **Assessment** - Young people can offer important feedback on assessment tools, to ensure that the language is understandable and that issues that are significant from their perspective are addressed. They can lead focus group discussions or interview peers on key topics; give input into the selection of methods; and provide information about substance related attitudes and behaviours, including the best ways to reach various groups of young people.
- **Analysis of information** - Young people can provide different perspectives on the findings of surveys and help to interpret the findings. They can also identify priority areas for action.
- **Implementing** - Young people can provide input into decisions about what interventions are needed or could work and who would be helpful in leadership roles. They can assist in initiating and implementing activities. You will find that their opinions, ideas and suggestions on approaches are useful. They can also play a role in monitoring and evaluating activities.

Tips on the process of engaging young people

The procedures outlined below have been found to be generally useful.

Define the population

Clearly define the target population (for the activity). Are they in-school or out-of-school young people or those in institutions of higher learning?

Recruit and train

Go to places where you can find young people. Interview them to identify some of their strengths and the aspect of their personalities that can be built upon. Look for the following desired qualities: **openness, good communication skills (for example, ability to listen and express self clearly), motivation to help others, and expressed desire to make a positive change in their lives.**

Training must have practical relevance to the young peoples lives. Use interactive and participatory training methods such as, role play and group

discussion. The training should be broad enough to include health education topics that promote responsibility. For example, psychoactive substance use, physical abuse and sexuality. It should also include communication and problem solving skills. Young people will be ready to help their peers and themselves if the issues that most affect them are effectively addressed, and they have a thorough understanding of them. Some training can even take place when they begin to participate in prevention activities, especially training related to communication skills. Plan for additional training sessions on new issues as they emerge. It will be helpful to have a system for gaining feedback on their experiences.

Cultivate responsibility

Young people will need to be helped to learn to be responsible. You can help them learn to be responsible by, **clearly explaining procedures, developing well-structured training, and explaining the reasons for the rules they will need to abide by (including why the rules are important and the consequences of not abiding by them)**. All ground rules should be explained at the beginning of the young people's involvement in order to avoid misunderstanding. Model the desired behaviour for them and show them that you care. Be consistent in your treatment of everyone involved and avoid setting unrealistic or arbitrary rules.

Provide support

Adequately supporting young people takes time, patience, commitment, resources and vision. When young people choose to become involved, there is change in their normal support networks. Many are no longer part of their old group. This can bring about insecurity and feelings of inadequacy should they encounter challenges. You can support them by:

- Holding regular meetings with them;
- Promoting scheduled support group meetings or individual counselling;
- Being available and encouraging informal conversations;
- Arranging outings to broaden their experiences and knowledge, such as field trips and retreats. These give them an opportunity to think about what else they might do in life. During such occasions, positive bonding among the young people and with the adults can be encouraged and this can serve as a major source of support.

Build trust and honesty

Promote trust and mutual respect. Encourage young people (and others) to be honest about themselves and their life experiences. Treat them all as equals and keep the lines of communication open.

Encourage project ownership

Encouraging ownership does not mean turning everything over to young people. It does mean expanding their involvement whenever an opportunity arises. Your role will be administrative, supervisory and that of a trainer. However, be flexible in your planning. Young people need to be encouraged to discuss their views on all aspects of project development and implementation. Pay attention and listen to what they find important. Be open to the roles in which they can excel and take control. You can help create a sense of project ownership by following their lead in determining a) **how they are going to carry out their peer education activities** and in letting them tell you b) **how they feel the project could be improved**.

Prepare young people for the future

Preparing young people for the future should be your primary goal. Whatever they do should have a lasting positive impact in their own lives. Sometimes it may be possible to help them develop specific skills, and ultimately find them job placements.

(adapted from: Facing the challenge: a workbook for building programmes for street youth)

Examples of methods for group decision-making and problem solving processes

Inevitably when there is community participation and involvement, you will work in groups to solve problems and make decisions. This will happen within the various project teams. Examples are given below of how you can do this in an interactive way.

Brainstorming

The brainstorming process was described in section 6.6 (under Training Methods). The list of ideas generated from the brainstorming session can then be discussed. Key areas are highlighted and issues that fall into similar categories are marked.

Structured brainstorming

People freely discuss their views or thoughts on a problem in pairs. The points raised are then written down, one point per pair until all the issues are identified.

Rounds

The group is assembled into a circle and each person is invited in turn to share their thoughts or feelings about the issue or the process that the group is undergoing.

Talking walls

The talking wall process is described in Module 7 of the Workbook in the section on "Methods of gaining feedback from participants in the process evaluation". Recall that here a series of incomplete statements are posted up on flipcharts, and left for participants to fill in, as they desire. The information from the talking wall is then discussed by the group as a whole or by sub-groups each covering one section of the wall and a summary of the feedback prepared.

Index cards

There are many ways of using index cards for exploring problems, depending on the size the group and the outcome(s) desired. One procedure is described below. You can modify it to better suit your setting.

- On each of three cards each person writes down a different reason why they think the problem exists. These cards are then all laid out on a table or floor so that everyone can see them.
- Everyone picks up two cards that they think are the two most important causes of the problem. If someone else has already picked up their first two choices, they can pick up just one or none at all.
- The cards that have been chosen are laid out again and everyone turns over any card that they disagree with or that they want clarified. All the cards that are left right-side up are statements of the cause of the problem that everyone agrees with. These should be recorded on a sheet of flipchart paper.
- The group should then work through each of the face down cards. The person who wrote it can tell why they think it is a cause of the problem and the person who turned the card over can respond. The card is then either added to the list of agreed on statements or amended and then added or listed as a point of disagreement.

(Adapted from: Youth Health Analysis and Action published by the Commonwealth Youth Programme.)

Examples of games people play in reviews

Sometimes people participating in a review will play certain games with the reviewer that are a form of resistance to the entire process. Some of these games are described below. Awareness of these games will help reviewers to be more effective.

Beat the reviewer

Sometimes people continually challenge, question or criticise the reviewer with the purpose of blocking progress. There will be times when the reviewer's competence or style may need to be challenged. This is only of value when the intent is to assist the process. It rarely is.

Yes, but....

People agree with what has been recommended but continually find reasons why it would not work. Their victory is achieved when the reviewer agrees the problem is unsolvable after all.

We've tried that before

People dismiss suggestions or proposals for change by citing similar attempts from the past that failed. This is particularly effective if they have deliberately kept this experience from the reviewer during the situation assessment phase.

Immediate and complete acceptance

People instantly agree with everything, but their commitment is superficial. As soon as the reviewer leaves the room they reason out (rationalise) why it was not such a good idea after all.

When did you last visit a health centre?

People find reasons why the suggestions are impractical and unworkable, and ask whether the reviewer has ever worked in a health centre. The implication is that he/she does not understand the real situation.

Give me more detail

People keep asking for more and more detail about the information presented in order to avoid discussing the key issues and the recommendations.

Not enough information

People condemn the findings as giving insufficient grounds for basing a decision and "helpfully" propose a delay while more data is collected. This is an easy trap to fall into, as sometimes reviews really need more work.

Talking about theory

People move from discussing concrete actions to solve the problem, to intellectual debate about theory in order to avoid taking action.

(Adapted from Youth Health Analysis and Action)

Exercise 3 • Locating resources in the community

It is necessary to conduct a field visit (or visits) to several sites to begin to gather information about available community resources. You will need to prepare well in advance for the visits. Using the framework provided in this exercise, you can compile information obtained from visiting several sites. This exercise allows practice in identifying and categorising accessible resources.

Exercise 4 • Importance of training and supervision

Supervision and follow up of individuals and community organisations helping in prevention activities is important. Follow-up and supervision are ways of ensuring that the interventions are benefiting young people and the community. They are also a part of monitoring of the project. Problems and misunderstandings can be resolved before they become worse when there is proper supervision and follow up. Plan your visits according to the needs. Information collected during supervisory visits should be recorded. During these visits you may identify the training needs of those assisting in project implementation. This information will be essential for updating skills. Feedback on whatever activities are taking place is important. Remember that feedback must be two-way. People being supervised also need to provide feedback.

Exercise 5 • Networking

This exercise emphasises the need to establish viable links with others within the community. If there is difficulty completing the exercise, this is an indication that more research needs to be done on possible networks within the community.

Exercise 6 • Networking role play

This exercise allows learners to practise clearly communicating what the project is intended to do. Others within the network(s) will only be convinced if the objective and the message about it are both clear. Allow adequate time for participants to organise and practice the role play.

Evaluation

To evaluate comprehension of Module 6 check to see whether the learners (or you) have achieved the following learning outcomes.

- Able to explain the importance of community-based action and participation.
- Can describe general guidelines for motivating the community
- Can propose ways of involving young people in prevention work
- Able to identify existing community resources
- Able to describe feasible fundraising activities that can be carried out within the community
- Can explain the process of identifying and maintaining volunteers
- Can explain the importance of networking

Module 7 • Monitoring and impact evaluation

In this module the project cycle comes full circle. This happens as the link is made between the original necessity of formulating a project based on evidence (gained through the local situation assessment) and the usefulness of this same evidence for impact evaluation in the final phase of the project cycle. Impact evaluation completes the project cycle but does not necessarily mean the conclusion of all the efforts.

Duration

Based on the three regional training workshops of the Global Initiative, it is estimated that this module will take 3-4 hours to complete. The actual duration will vary depending on the backgrounds of the learners.

Learning aids

The Workbook, and other locally available materials such as reports, etc.

Exercise 1 • Monitoring

As with other terms, defining monitoring in ones own words will help with both comprehension and retention. Part (c) of the exercise helps refine understanding of objectives and indicators. Clarity on these two important theoretical concepts is crucial for their effective application and thus for the implementation of any project.

Exercise 2 • Evaluation

This exercise stresses the importance of appropriate indicators for impact evaluation. If objectives and indicators are not clarified beforehand, it will be difficult to establish the impact of the project. The documentation of findings is highlighted in the last part of the exercise. An example is given on the next page on the important headings for a report of impact evaluation findings. A report on impact evaluation should contain the following sections:

Summary

A brief statement of the results and conclusions of the impact evaluation, (not longer than 1 page).

Background

A description of the problem(s) and need(s) that led to the formulation and implementation of the project. The background should end with a statement of the objectives of the study.

Methods and procedures

An explanation of the methods used, and anything else that affected the information obtained from the situation assessment, monitoring and impact evaluation.

Results

A description of the information obtained from the impact evaluation (such as risk factors, needs, protective factors, resources and existing interventions for primary prevention of substance abuse among young people).

Acknowledgements

An explicit expression of appreciation noting the people and organisations that contributed in any form to the impact evaluation. This should appear at the beginning of the report.

Appendices

One appendix listing references (giving the authors and information for all the publications and reports you used in preparing your report), and another appendix listing all of the questions asked during KII, FGD or survey. (Include additional appendices if you need them.)

Evaluation

To evaluate comprehension of Module 7 check to see whether the learners (or you) have achieved the following learning outcomes.

- Can explain the importance of monitoring
- Able to identify key project areas to be monitored
- Can give examples of methods of collecting information for monitoring
- Able to describe the importance of good record keeping
- Can define impact evaluation
- Can outline key questions for impact evaluation