



**PROJECT Y.A.D. YOUTH AND DRUGS:
A RED CROSS AND RED CRESCENT APPROACH**

TRAINING MANUAL FOR RED CROSS/RED CRESCENT PEER EDUCATORS ON SUBSTANCE ABUSE

PREFACE

A lot still needs to be done in any part of the world to combat drug abuse, a complex and multi-faceted phenomenon which increasingly contributes to human suffering.

Because this is the problem: drugs never bring happiness, but only suffering, incapacity to lead a decent life, diseases, often criminality and death.

The knowledge about this phenomenon, which is more and more relevant also in relation to the increasing spending capacity of all the continents, is still very limited both among public opinion and governments, with inadequate and often counterproductive strategies.

Violence against drug users, imprisonments, coercive degrading and humiliating treatments, disregard for the human rights of consumers, cause harms even worse than those caused by substance abuse.

It's important that the International Movement of Red Cross and Red Crescent, everywhere heard and admired for his work, often heroic,

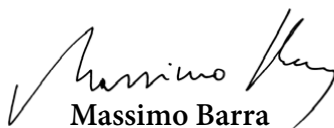
in favour of most vulnerable people, both in peace and war, raise its voice to denounce the behaviours and legislations that have contributed to worsen the situation of drug users in the world.

For that, it's right to start from the Red Cross and Red Crescent youth volunteers, who "in every part of the world" have clear the meaning of the 7 Fundamental Principles of the Movement, to which they closely adhere.

This is the most relevant objective of the project "Youth and drugs: a Red Cross/Red Crescent approach", described in this publication as a source of inspiration for other National Societies that want to start to be active in this field or just want to increase their capacity and advocacy skills.

We are aware that our good will and efforts are only drops in a sea of needs. However, it's always worth the effort to witness "the power of humanity" even in a field such as drug abuse, where humanity is ignored and vilified.

As in a battlefield.



Massimo Barra

*Chairman of the Partnership
on substance abuse*

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INTRODUCTION

BACKGROUND

This publication has been developed in the framework of the Project Y.A.D.– “Youth and Drugs: a Red Cross and Red Crescent approach”, co-funded by the European Commission under the Erasmus+ Programme and implemented by the Foundation Villa Maraini (project leader) and five associated partners: Uruguayan Red Cross, Kenya Red Cross, Thai Red Cross, Red Crescent Society of Kyrgyzstan, Red Crescent Society of Iran.

The general aim of the project was to promote and support the development of transnational cooperation activities and partnerships among Red Cross and Red Crescent (RC/RC) young volunteers from different regions of the world.

In order to achieve this aim, the specific objectives included:

- to build and strengthen skills and capacity of RC/RC young volunteers in drug abuse prevention and harm reduction programmes;
- to improve the quality of youth work and volunteering in the field of drug abuse, through cooperation, networking and exchange of best practices;
- to foster social inclusion and active

participation of young people in the society as means to promote healthy lifestyles and behaviours;

- to develop specific training tools and materials for peer-education activities in the field of drug abuse prevention;
- to support the establishment of national platforms on joint cooperation of volunteer-based organizations.

The activities carried out within the project included:

1) Capacity building activities for RC/RC young volunteers from partner NSs:

- training course on drug abuse prevention and harm reduction programmes conducted by experts of Villa Maraini for the selected volunteers (in Rome)
- internship of the trained volunteers in Villa Maraini

2) Provision of peer education activities in the field of drug abuse in each partner country, conducted by the trained youth volunteers.

3) Development of training tools and materials for peer-education activities in the field of drug abuse.

The project has fostered the use of practices and youth work methods that are still considered new and innovative in some of the selected partner countries, such as peer education, outreach work among disadvantaged groups, involvement of youth volunteers in programmes targeting drug users. The exchange of experience and knowledge with organizations from different regions of the world has contributed to show the effectiveness of such methods and promote a more modern and dynamic approach to youth work and volunteering, integrating good practices in the daily activities or improving the existing ones.

All over the world, Red Cross and Red Crescent National Societies are the major and best-known volunteering organization, able to actively involve thousands of young people in different activities and programmes. This represents an enormous resource and value, in particular in countries with poor economies and welfare systems. The engagement of young people in volunteering can contribute to fill these gaps and improve the well-being of society.

Young volunteers can be very well involved in activities targeting vulnerable and disadvantaged groups of population, such as elderly, children and problematic or at-risk youth. In particular, it has been

widely evaluated and demonstrated the effectiveness of peer-to-peer approach in substance abuse prevention programmes. Well trained youth can play a main role in the conduction of education and information activities, as well as in the provision of supporting programmes for young people with drug abuse problems. Youth volunteers represent the most effective tool to promote healthy behaviours and lifestyles, and to foster the active participation of young people in the society.

In this regard, the proposed action has aimed at promoting among young people the concept of humanitarian drug policy, which means the use of a humanitarian approach toward people affected by drug addiction, according to the principles of human rights respect and anti-stigma and discrimination.

In many parts of the world, such principles are still neglected and people who use drugs or lives with HIV/AIDS and other infectious diseases are marginalized, criminalized and highly discriminated. Of course, the people most affected by this approach are the youth, being the group most exposed to drug abuse. For this reason, the promotion of humanitarian drug policies among young people means to promote the principles of solidarity, social inclusion, and enhancement of the most vulnerable and marginalized youth.

PEER EDUCATION

Peer education is the process whereby well-trained and motivated young people undertake informal or organized educational activities with their peers (those similar to themselves in age, background, or interests). These activities, occurring over an extended period of time, are aimed at developing young people's knowledge, attitudes, beliefs and skills and at enabling them to be responsible for and to protect their own health.

Peer education is based on the premise that young people are more likely to change their behaviour if peers they like and trust advocate change. Therefore, peer education is a very appropriate and effective method of information in the area of substance abuse and related issues.

Peer education typically involves the members of a given group to effect changes among other members of the same group. Peer education may also effect changes at the group or societal level, by modifying norms and stimulating collective action that leads to changes in programmes and policies.

Peer education works well because it is participatory and involves young

people in discussion and activities. Peer education is also a way to empower young people; it offers them the opportunity to participate in activities that affect them and to access the information and services they need to protect their health.

Peer education has been widely employed by National Societies across the world to work with youth and other vulnerable and affected populations. Frequently, peer education activities are a component of larger programmes, such as community-based health programmes, or youth initiatives.

Thanks to the great human resource represented by Red Cross/Red Crescent volunteers, National Societies are in the unique position to play a major role in the field of peer education development, having the possibility to use this approach in different contexts, with different purposes and with different target groups.

The Project Y.A.D. represent an example of how RC/RC volunteers trained as peer educators can be successfully involved in drug abuse related programmes, conducting peer-to-peer activities both among other RC/RC volunteers and among other young people.

SCOPE AND PURPOSE OF THE MANUAL

This publication has been developed on the basis of the experience acquired by all the partner organizations during the implementation of the project YAD. It has to be intended as a collection of best practices and lessons learned that may help other organizations willing to develop and carry on similar programmes in their own countries.

The recommendations presented in this manual were collected through a self-evaluation process undertaken by the participating organizations, during which they were requested to think about and reflect on what worked and what didn't work so well during the planning and implementation of peer education activities among young people, as well as in the involvement of RC/RC youth volunteers in substance abuse related programmes.

The manual is structured in four chapters, according to the project implementing phases:

§ **The first chapter** is related to preparation of RC/RC peer educators, and include recommendations on the selection process, the content and typology of training course to be provided to the potential peer educators, the tools for their monitoring and follow-up.

§ **The second chapter** is about the planning of peer education training for RC/RC young volunteers to be conducted by the selected and trained

peer educators. It includes indications on who needs to be involved in the planning phase, how to define the content of the training and the target group, what resources are needed.

§ **The third chapter** gives practical indications and examples on how the peer educators should conduct training sessions on substance abuse for RC/RC young volunteers, including recommended modules, training methods and techniques, monitoring and evaluation tools.

§ **The fourth chapter** is dedicated to any other peer education activities in the field of substance abuse that can be carried out by RC/RC peer educators among young people. It presents examples and good practices collected from the participants at the project Y.A.D.

We hope that this manual will represent a useful tool for other Red Cross and Red Crescent National Societies, as well as for other youth organizations working or willing to work in the field of substance abuse. Our aims are to improve key competences and skills of youth workers, youth leaders and youth volunteers in the field of substance abuse; to foster quality improvements in youth work and volunteering; to enhance the role of youth volunteers and organisations in the promotion of healthy lifestyles and behaviours.

CHAPTER 1.

HOW TO PREPARE RC/RC PEER EDUCATORS



1.1 SELECTION CRITERIA

Recruitment and retention of peer educators are two key factors for the success of a peer education project. Defining clear selection criteria is the first step in developing a pool of potential peer educators, who are acceptable to their peers and can work well with the community and project staff.

Some examples include the ability and willingness to dedicate adequate time to the programme; age, sex and educational level; acceptability to the peers they will be educating; previous experience; pertinent personal traits (motivation, team orientation, volunteer spirit, discretion, tolerance, potential for leadership, and flexibility).


The basic requisite for becoming a peer educator is to be a peer. A peer is a member of a group of people sharing the same characteristics; the more a peer has in common with the person they interact with, the more likely that person is to receive the messages and be influenced. For example, a sex worker

peer educator will be more comfortable working with sex workers, a migrant peer educator will be more at ease with migrants and so on. If you are peers, you speak the same language and are familiar with the cultural norms and values of the group/community.

Being young people the beneficiaries of this project, the first criterion for the selection of peer educators was to be less than 30 years old.

A peer educator is a person who, in order to provide knowledge and bring positive behaviour changes related to health prevention, educates his/her friends individually or in a group by using different educational activities.

In order to answer questions clearly and correctly, the peer educator needs to have an overall knowledge of the subject. It is not necessary to be an expert, but it's important to have a good understanding of the topics treated. Therefore, it is preferable to select persons who have a minimum of



experience in working or volunteering in the field concerned.

This is particularly relevant for the selection of peer educators who will work with vulnerable and problematic groups such as youth at-risk, people who use drugs, prisoners, since it requires specific attitudes and skills.

For this reason, another selection criteria of our project was a minimum of 1 year experience of volunteering/working with community health programmes, preferably in the area of HIV or harm reduction. This facilitated the learning process during the training course.

In order to effectively communicate and influence people's behaviours and norms, peer educators must have very good personal and interpersonal skills. A peer educator should be sensitive, open minded, a good listener and a good communicator. S/he should have leadership and motivation skills and be acceptable and trustworthy to the community. In particular, peer educators need to be non-judgmental and respectful for diversity. Being non-judgmental means having no prejudices and not stigmatizing people who are normally marginalized and discriminated, such as drug users, sex workers, people living with HIV/AIDS, migrants. Working as a peer educator requires the capacity to be empathetic.

For Red Cross/Red Crescent peer educators, the required skills and values must be in line with the seven Red Cross/Red Crescent Fundamental Principles:

- Humanity implies respect for human dignity and well-being
- Impartiality means respect for diversity, lack of prejudices and discriminatory behaviours
- Neutrality signifies the capacity of not taking sides and accepting any person's needs and requests.
- Independence entails confidence and freedom of action from any kind of pressure (political, social, public, religious, economic)
- Voluntary service denotes spirit of altruism and generosity
- Unity indicates cohesion, collaboration, team work
- Universality means openness to all human beings, solidarity, co-operation

Another important factor is to ensure that trained peer educators remain active, effective, and satisfied with their work. Young volunteers sometimes leave a program after a few months; reasons may include personal, family, or social concerns. Taking these into consideration since the beginning can avoid the risk of training people who will not be able to ensure a continuity in their engagement.

Therefore, one selection criteria for

young peer educators should be strong motivation and commitment toward volunteering service.

For example, in the case of the Project YAD, the Kenya Red Cross asked volunteers to sign a commitment form declaring the willingness to work for the project for a further 2 years after the training.



SELECTION CRITERIA PROJECT Y.A.D.

- A group of 5 people, composed of:
 - 4 youth volunteers (up to 30 years of age)
 - 1 National Society staff who act as group leader (preferably a person from the Youth or Health Department)
- good knowledge of English (both speaking and understanding), since the course will be in English
- at least 1 year of volunteering/working experience with community health programmes, preferably in HIV or harm reduction
- well-motivated and committed to continue volunteering with their NS
- respectful for diversity (without prejudices or stigma toward people who use drugs)
- good interpersonal and communication skills, such as:
 - *empathy*
 - *active listening*
 - *critical thinking and non-judgement*
 - *assertive communication*
 - *collaborative negotiation and mediation*
 - *personal flexibility*

1.2 CAPACITY BUILDING ACTIVITIES

The main role of young peer educators is to give their peers information in a way that encourages and supports them to change their behaviours, attitudes and beliefs. This requires the capacity to help the group members to define their concerns and seek solutions through the mutual sharing of information, experiences and knowledge.

To do this, peer trainers and peer educators should be able to demonstrate that they have the knowledge and skills relevant to their responsibilities, e.g. to bring about a change in attitudes, beliefs and behaviours at the individual level amongst their group members.

Therefore, it is fundamental that the educators are well-trained before starting their activity, in order for them to acquire the knowledge and competencies they need.

Objectives of the training for young peer educators should be:

- increasing knowledge and information on the topics they will work on (for example, drug addiction and drug-related issues);
- building skills and capacity in

peer education, leadership and communication techniques;

- improving the quality of youth work and volunteering, especially among vulnerable groups.

A good understanding of the subject is necessary when doing peer education activities, in order to have the ability to answer questions in a proper and correct way.

Referring to our specific field of interest, i.e. substance abuse, a basic knowledge of the following topics must be provided to peer educators before they start with their work:

- Drugs and drug addiction
- Drug users and social vulnerabilities
- Harm reduction strategy and approach
- Link between drug abuse and infectious diseases such as HIV, hepatitis C, TB, sexually transmitted infections.
- Typology of health and social services for people who use drugs

Of course, a training for peer educators must also include specific sessions



on communication techniques and voluntary work, in order to improve and reinforce leadership and interpersonal skills. Example of these sessions can be:

- Volunteering and community mobilization
- Community health education and promotion
- The possible role of volunteers in drug abuse-related programmes

An important component of any capacity building activity for peer educators is the possibility to practise or simulate the new acquired knowledge and skills, especially if they are to work with vulnerable and marginalized groups such as drug users, prisoners, sex workers.

The direct contact with members of these groups contributes to overcoming prejudices, myths and wrong beliefs often related to these specific populations, as well as eliminating or reducing any discriminative behaviours towards these people.

In the framework of the Project Y.A.D., the training course for the selected group of young peer educators lasted two weeks and included both theory (with lessons and presentations) and practice (with the involvement of participants in the services of the organization).

The lessons focused on the following topics: drug addiction, harm reduction and treatment programmes, HIV and

hepatitis C prevention among drug users, peer education approaches and activities. The practice consisted in the active involvement of participants in the daily work of health and social services for drug users, such as emergency unit, drop-in centre, outreach street units and therapeutic communities.

This mixture of theory and practice was the most appreciable element of the training, since it gave participants the possibility not only to improve knowledge about drug abuse-related issues, but also to see and experience on the field how to work with this specific target group and understand what role young people can play both as peer educators for other youth and as volunteers and youth workers in community-based health care programmes.



**WE LEARNT WE HAVE A ROLE
TO PLAY IN THIS FIELD!”**

(Kenya RC volunteer)

**“NOW IN AM MUCH MORE
CAPABLE TO GET IN CONTACT
AND COMMUNICATE WITH
PEOPLE WHO HAVE DRUG-
RELATED PROBLEMS”**

(Thai RC volunteer)



**“I’VE ACQUIRED A LOT OF
NEW SKILLS, BUT THE MOST
IMPORTANT KNOWLEDGE
I’VE LEARNT WAS TO BUILD
A FRIENDLY RELATIONSHIP
WITH DRUG USERS”**

(Iranian RC)

**“THE EXPERIENCE THAT WE
LIKED MOST WAS TO SEE HOW
RED CROSS VOLUNTEERS
CAN HELP DRUG USERS, GIVE
THEM SYRINGES, NEEDLES
AND CONDOMS, AND ALSO
HELP THEM IN CASE ON AN
OVERDOSE”**

(Uruguayan RC)



1.3 MONITORING AND FOLLOW-UP

Monitoring and evaluation (M&E) is a significant component of quality control and sustainability of any programme. A well-designed and well-implemented peer education project must include clear tools for the monitoring and evaluation of peer educators. They must be actively involved at this stage, too.

Peer educators involved in the conduction of formal and informal sessions with the target population should develop a work plan indicating objectives, strategies, a description of planned activities and the resources needed (both human and financial). Such a plan should be reviewed and approved by a staff member/supervisor;

ideally, it should be integrated into existing National Society youth programmes where appropriate. In any case, it is necessary for young peer educators to have the full support of National Society leadership and management board in all the phases of their work, starting from the planning of activities to their monitoring and evaluation.

As an example, the Iranian Red Crescent volunteers formed an online group and posted reports and pictures of their activities in order for the supervisor to be kept abreast at all times.

Supervisor support is one of the major factors of success in a peer education project. The relationship between the



supervisor and peer educator should be based on a mutual commitment: the supervisor should ensure that young peer educators receive all the required support in order to carry out their work in the best way; the peer educators should be ready to express all their doubts and fears and report back any problem or challenge encountered.

In this regard, regular meetings should be planned between peer educators and their supervisor, in order for them to:

- Discuss about their expectations;
- Report back, discuss and receive emotional and practical support related to challenges with peer education activities;

- Plan activities such as community mobilization and group peer education;
- Submit reports or monitoring forms and deal with any problems encountered during the conduction of any formal and informal sessions;
- Receive feedback and advices on their work

Finally, it should be taken into account that capacity building and supervision are ongoing processes, not one-time event. The ultimate purpose of monitoring and evaluation of peer education activities is to improve the ability and skills of peer educators to provide accurate information to their peers and contribute to changing their behaviours in a positive way.



CHAPTER 2.

PLANNING OF PEER EDUCATION TRAINING FOR RC/RC YOUNG VOLUNTEERS

2.1 WHO TO INVOLVE

Young volunteers are the main strength and resource of Red Cross/Red Crescent National Societies, but in order to maximize their efforts and role, National Societies must ensure them full and continuous support. This is a basic requirement for any peer education activity conducted by trained youth volunteers, and has been confirmed by the participants of our project, too. According to their experience, the key factors of success in the planning and implementation of peer education activities were the support of the local leadership/NS management board, the cooperation between them and branches, as well as fluent communication among all the components of RC/RC, the

organization of meetings with the staff and use of long-term volunteers.

In line with the IFRC minimum standard for peer education programme¹, the management model should foresee a coordinator from the NS paid staff, who could be the Health or Youth Coordinator, or the manager of a specific programme (HIV, harm reduction, etc..).

Then, to ensure adequate support and supervision of peer educators at the local level, the branches should appoint local managers or long-term volunteers to coordinate the activities of new trained youth educators. This is

¹ “Standards for HIV peer education programmes”, IFRC Geneva, 2009

particularly useful in case of large peer education programmes that involve many branches in different parts of the country.

In the Kenya Red Cross, for example, peer educators are coordinated by County Managers, Relief Coordinators and other staff at branch level, who then report all the activities to the appointed staff at the headquarter.

In the Red Crescent Society of Kyrgyzstan, the Volunteers Management Officer at national level is in charge of coordinating and supervising the work of peer educators as representative of the National Society management board staff.

In Iran, the primary group of peer educators is in direct contact with the managing officer. Volunteers trained in peer education sessions are then, put

in contact with the managing officer and the Red Crescent staff through the primary group of peer educators.

In case of National Societies that do not have a clear structure for peer education programmes, the engagement of National Society management board can be encouraged by the peer educators themselves through the presentation of a work plan and the invitation of management staff to take part in the activities.

This was the case of the volunteers from the Uruguayan Red Cross: after the participation at the training in Rome, they developed a work plan of peer education activities to be conducted in the country and proposed it directly to the President of the National Society, asking for support. Even if the Uruguayan RC had no specific activity



in the field of drug abuse, the volunteers tried to emphasize the important role that they could play as peer educators on substance abuse prevention among young people.

When planning activities in a specific area such as substance abuse, it is highly recommended to involve other actors already working in this field, such as public agencies or civil society organizations. This participatory approach is relevant for a sustainable and effective programme and it may lead to positive results, such as establishment of fruitful collaborations, facilitation of community mobilization, sharing of tools and resources, strong support in the project implementation. Moreover, a good cooperation with other organizations avoids the risk of undertaking similar projects and activities that may overlap, thus contributing to a better planning of actions.

The Uruguayan Red Cross worked closely with the National Drug Board, the government agency that coordinates all the programmes in the field of drug abuse. They received from them information about the drug situation in the country as well as about the national strategy and response to the problem. In this way, the peer educators were able to develop the content of the training for other Red Cross volunteers avoiding the risk of giving uncorrected information and data.

Similarly, the Kenya Red Cross involved a local NGO, the “Omari project”, which has more of 10 years of working experience in the area of drugs and substance abuse in the coast region, and the regional office of the United Nations Office on Drugs and Crime (UNODC).



“IT IS IMPORTANT FOR US TO HAVE THE SUPPORT OF OUR NATIONAL SOCIETY TO MAKE THE PROJECT COME TRUE”

(Uruguayan Red Cross)



2.2 DEFINITION OF CONTENT AND FACILITATORS

The definition of topics and content of peer education training must be based on the knowledge and skills of the peer educators as well as on the specific needs of the target audience.

As already mentioned, peer educators must have a good knowledge of the issue they will talk about, in order to give to their peers correct information. Thus, if they are well-trained, they are able to develop the content of training on the basis of their knowledge and competencies.

This has been confirmed by the experience of the Project Y.A.D.: all the volunteers involved in the training course for peer educators were able to actively participate in the definition of the content of training for other RCRC volunteers, thanks to the knowledge on the topic acquired during the training course in Rome.

On the other hand, it is important to adapt the training to the local contexts and situation, focusing on those issues that are more relevant to the local needs and constraints.

In this regard, the involvement and collaboration with internal and external experts is fundamental. In

the framework of the Project Y.A.D., good examples were the cooperation between the Uruguayan Red Cross and the National Drug Board, or between the Kenya Red Cross and the local NGO “Omari project”. Experts from these organizations were involved not only in the definition of the content of the training, but also as facilitators of some specific sessions.

If the involvement of external actors is difficult, volunteers can use the internal resources of their National Society, such as expert staff or long-term trainers/educators.

This was the case of the youth volunteers from the Iranian Red Crescent, who relied on the support of the Deputy Officer for student and youth and of an expert trainer on drug issues.



2.3 LOGISTICS AND RESOURCES

Very often, the success of peer education programmes can be reduced by the limited resources available to volunteers, be it the lack of equipment, premises or financial support.

These factors can make it complicated or even impossible to organize specific activities such as training courses, which require adequate logistics and technical equipment.

These problems can be easily overcome if National Societies provide their volunteers with full support and assistance.

In Kyrgyzstan, the peer educators were provided with all the necessary material for the conduction of training courses with other RC volunteers (projector, projector screen, speakers, stationery), as well as with the premises for the training, since the Red Crescent Society of Kyrgyzstan has a conference room available not only to the staff but also to volunteers for the organization of similar activities.

If the peer education programme covers different regions of the country, the support of the local branches is essential.

In Kenya, for example, a key success of the peer education trainings was



the interaction with other project activities of the branches; this enabled volunteers to get stationary, meals and refreshments for the participants, as well as a venue for the training.

Networking and cooperation with other key stakeholders and partners also contribute to increase capacities and mitigate the issue of insufficient financial resources.

Thanks to the networking with other local organizations, the peer educators in Mombasa were able to get some information and education materials to be used and distributed during the training courses.

2.4 SELECTION OF PARTICIPANTS



A range of strategies can be used to identify potential candidates among RCRC volunteers willing to participate at training courses conducted by their peers.

In principle, the same selection criteria used for the peer educators should apply also for the participants of peer education training: strong motivation and commitment, good interpersonal skills, interest in the topic covered by the training, open-minded and respectful behaviours.

The purpose of using these criteria would be to look for candidates with potential to develop peer education skills. In this regard, not only interest toward the topic

is important, but also a basic knowledge of it.

In Uruguay, for example, the selection of participants in the peer education training was not arbitrary, but the main principle was that volunteers have a vocation for social service and basic health knowledge. In fact, the majority of participants at the training on drug abuse were students of the Nursery school belonging to the Uruguayan Red Cross.

To achieve this aim, the project team might also decide to include some additional selection processes, such as observing the potential candidates in a group setting to find the ones with strong leadership skills, or asking them to fill in an application form explaining the motivation and interest in participating at the training, or through direct face-to-face consultations.

Of course, the peer educators should be actively involved in this process. They know their fellow volunteers better than others and can select the ones that better fits with the above-mentioned criteria. In Kenya, for example, the participants were mostly selected by the peer educators among their friends, according to their interest and commitment toward the issue of substance abuse.

CHAPTER 3.

IMPLEMENTATION OF TRAINING COURSE FOR RC/RC YOUNG VOLUNTEERS

3.1 BASIC MODULES

The main objectives of conducting peer education training among RC/RC young volunteers are to increase their knowledge and capacity about a specific topic, sensitize them toward the problem and motivate them to get actively involved.

The trained volunteers acting as peer educators should transfer the information they have and promote positive behaviour changes among their friends, using their experience as a tool to mobilize more youth volunteers on the topic.

For peer education training focusing on drug abuse, the main goal is to increase awareness on drugs and related problems and contribute to the promotion of healthy life styles and behaviours.

Therefore, the basic modules of any training course on this issue should be:

- Definition of drugs and their effects (type of drugs, ways of consumption, etc.)
- Definition of drug dependence
- Factors influencing drug abuse
- Health and social consequences of drug abuse
- Link between drug abuse and HIV/AIDS, hepatitis and other STIs
- Harm reduction strategy and treatment programmes

The length of the training can vary, starting from 2 hours as was in Kyrgyzstan, to 1-2 days as some of the training conducted in Kenya. Therefore, according to the duration



of the training, the content of each module can be more detailed or with just basic information.

Regardless of the depth of the modules, it's very important that the subject of these modules is adapted to the local context, focusing on those drugs most in use in the country, as well as on any social, economical and cultural factor that may influence the use of drugs. In Uruguay, for example, the training focused in particular on the use of “pasta base”, a derivate of cocaine which represents the most popular drug in the country. The use of this substance is generally linked with poverty and social marginalization; its use leads to a strong aggressiveness and this makes very difficult to treat such kind of addiction.

Consequently, the response to the drug problem in Uruguay is different in comparison to other countries where this drug is not widespread, and this difference must be taken into account when delivering training course on substance abuse issues.

In countries where the most common drugs are heroin or other opiates, a session on opioid substitution therapy with the use of methadone should be included. This was the case of Iran and Kenya.

Depending on the level of knowledge and experience of the audience, the information to be delivered can be basic or more detailed, including clinical protocols for medically assisted therapy. In this case, it is recommended the involvement of external experts

with a professional knowledge on the topic. This can avoid the risk for peer educators of being criticized because of the lack of a professional status, and also of not being able to answer to some specific questions on the topic.

In Kenya for example, the volunteers were assisted by clinical officers from drug addiction centres to deliver sessions on opioid treatment programmes (OTPs) currently in use in the country.

The provision of detailed information about this specific therapy for opioid dependence can be very useful in countries where the use of methadone is relatively new and still controversial, in order to combat prejudices and wrong beliefs on this matter.



TRAINING “MORE INFORMATION, LESS RISK”, URUGUAY RED CROSS

- Definition of drug addiction by the OMS
- Types of drugs and ways of consumption (stimulants, depressants, etc.)
- Difference between USE, ABUSE AND DEPENDENCE of substances
- Social, economical and family consequences of drug abuse
- Harm Reduction strategy
- More used drugs in Uruguay
- Ways of help drugs users in Uruguay



3.2 OPTIONAL MODULES



If the objective of the training course is not only to provide information, but also to improve skills and motivate young volunteers to work in the field of substance abuse, it is important to include a module on peer education approach and the role that volunteers can have in drug related programmes. This can be linked to some sessions on life and social skills, underlining the specific characteristics that a RC/RC volunteer should have in order to become a peer educator.

In case of well-trained and experienced trainers, some session on behavioural change theories and models can be included, in order to get participants acquired with the methods of application of these theories in the areas of health and education. Of course, the primary focus should

be on the concept of peer influence and the role it plays in individual decision-making around behavioural change, since peer educators are expected to motivate and support behaviour change in their peers.

In order to increase awareness of participants and sensitize them toward the drug abuse problem, it's highly recommended to include in the training a module on how to combat stigma and discrimination toward people who use drugs.

In most of the countries, drug users are highly stigmatized and marginalized, and this public attitude has an influence also on the development of public drug policies. The Red Cross and Red Crescent Societies can play a key role in combating such discriminative behaviours and promoting a culture of respect and humanitarian approach toward drug users, as one of the most vulnerable group of the society.

This process should start from the volunteers, who are the ones directly in contact with their communities and in the best position to influence public attitudes and practices.

3.3 TRAINING TOOLS AND METHODS

According to the experience of peer educators involved in the Project Y.A.D., what contributes to the success of peer education training is the use of participatory approach and of different methodological tools, according to the audience.

The most important thing is to ensure constant involvement of participants, continuous interaction between trainers and trainees, real commitment and interest toward the topic.

To this aim, the following training methods can be used:

- PowerPoint presentation
- Group Discussions/brainstorming sessions
- Role plays
- Working groups
- Video materials

PowerPoint presentations are useful to provide specific information, such as data and facts about drugs and substance abuse, or statistics on some specific topics, i.e. epidemiological data on HIV/AIDS. Through the use of slides, participants can easily see and follow what is presented to them, and have a clear evidence of the magnitude of the problem.

However, the presentations should be short and not boring, including only

main bullet points, short text and if possible, pictures.

In some cases, the use of video materials can be more effective than the use of presentation, especially for videos that show specific situations or are related to the local context, environment and culture.

In this regard, a good practice can be the production of home-made videos and clips, involving the peer educators and the direct beneficiaries of their activities.

Working groups and group discussions are very effective training tools, since they are interactive and give participants the chance to share their views, opinions and knowledge. Involving participants in an active way that incorporates their own experience is essential.

These methods can be very useful for discussing about myths and misconceptions related to drugs and substance abuse and promoting change of behaviours and attitudes.

Moreover, group discussions can provide trainees with insights about the people participating at the training that can be useful in the assessment of their potential involvement in peer education programmes.

Referring to this technique, a best practice consists in including people who use drugs in the group discussions, as it was done in Kenya by the peer educators.

If the direct involvement of beneficiaries is not feasible, an alternative method that can be used is role-play. Through this technique, people can play roles and situations that they never encountered in the real life and might feel uncomfortable with, and this helps them to express feelings they would not be able to discuss openly. Role plays have the potential to engage profoundly the audience and facilitate behavioural change.

In relation with the issue of substance abuse, this method can help people to better understand all the social, economic and cultural factors related to the use of drugs and the condition of vulnerability faced by people with drug abuse problems.

RED CRESCENT SOCIETY OF KYRGYZSTAN EXAMPLE OF TRAINING SESSIONS

1) Discussions and brainstorming on HIV/AIDS:

- Ask the participants to discuss why they think HIV/AIDS is a very special public health and development issue. Devote around 30 minutes on this.
- Note down the points raised by the participants on a flip-chart.
- After the discussion is over, show a power-point presentation on HIV/AIDS for 15 minutes.
- Allow further discussion/clarifications/comments for 15 minutes.

2) Group Work on type of drugs (1 hour):

- Divide the group into small groups, about 3-4 people in each.
- Ask all groups to choose one type of drug and to list activities to reduce harm
- Provide flip charts and markers and give each group 30 minutes
- Each group presents its work to the other participants for few minutes.
- Questions and answers



3.4 MONITORING AND EVALUATION TOOLS

Through undertaking monitoring and evaluation, the project implementers can check that the activities are conducted in the most effective way and are having the planned impact on the target group.

There are two standard types of evaluation: process evaluation and outcome evaluation. Both types are important for assessing a peer education project.

Process evaluation measures the success of project's activities. It looks at how the activities are conducted and what results they produce. For example, it can measure the quality of peer education trainings and their impact on the audience.

The process evaluation provides evidence of the success of each activity, as well as of any difficulties or problems encountered. This information is important to understand how to improve the programme and avoid similar problems in the future. For example, if the evaluation identifies some gaps in the level of knowledge of a specific issue among the target group, more information on this matter can be added in the next project activities.

The simplest way to evaluate the success of a peer education training is through the administration of questionnaires

or evaluation forms at the end of the training.

The form should include questions on the following topics:

- Quality of the information provided
- Quality of training tools and material used (presentations, video clips, leaflets, etc.)
- Ability of trainers to deliver the information
- Ability of trainers to answer to questions
- Quality of organizational and logistical aspects
- Level of satisfaction of participants about the course
- Level of achievement of the participants' expectations

The forms can include also some open questions allowing participants to give suggestions and recommendations for improving the training, or just to give them the possibility to express their feelings and overall impressions about the training.

Outcome evaluation is more complex to conduct, because it's not limited to the evaluation of a single activity, but it focus on measuring the actual impact of the project on the people it targets.

Referring to a peer education project, the outcome evaluation aims to assess the

پیمانه نعلی

آزمایش ارزشیابی کارکنان آموزشی پیشگیری از سوء مصرف مواد مخدر

این پرسشنامه امتحان در پیران این فرم فقط نمونه و ما را در بهبود فعالیت ها یاری نماید.

ردیف	موضوعات	مستجاب	مستجابات	مستجاب
۱	توانایی مطالعه و نگارش	۴	۳	۲
۲	توانایی مطالعه و نگارش (موضوعات)	۴	۳	۲
۳	توانایی مطالعه و نگارش (موضوعات)	۴	۳	۲
۴	توانایی مطالعه و نگارش (موضوعات)	۴	۳	۲
۵	توانایی مطالعه و نگارش (موضوعات)	۴	۳	۲
۶	توانایی مطالعه و نگارش (موضوعات)	۴	۳	۲
۷	توانایی مطالعه و نگارش (موضوعات)	۴	۳	۲
۸	توانایی مطالعه و نگارش (موضوعات)	۴	۳	۲
۹	توانایی مطالعه و نگارش (موضوعات)	۴	۳	۲
۱۰	توانایی مطالعه و نگارش (موضوعات)	۴	۳	۲
۱۱	توانایی مطالعه و نگارش (موضوعات)	۴	۳	۲
۱۲	توانایی مطالعه و نگارش (موضوعات)	۴	۳	۲
۱۳	توانایی مطالعه و نگارش (موضوعات)	۴	۳	۲
۱۴	توانایی مطالعه و نگارش (موضوعات)	۴	۳	۲
۱۵	توانایی مطالعه و نگارش (موضوعات)	۴	۳	۲

۱. بهترین و مناسب ترین بخش آموزشی این کارگاه:

۲. کمترین بخش آموزشی این کارگاه:

خواهشمند است، نکات و پیشنهاد خود را جهت بهبود برگزاری کارگاه های از این قبل، بنویسید.

پیشانی از توجه و همکاری شما جوانان عزیز

EVALUATION FORM USED BY THE IRANIAN RC PEER EDUCATORS



effect of the project on the knowledge, beliefs, attitudes and behaviours of the target group, in order to understand if the work of peer educators produced any behavioural change in the target group members.

One common method is to collect pre-and post-data on the target group and compare them.

This can be done through the administration of a questionnaire at the beginning of the project or of the

training, in order to collect information about attitudes, skills and level of knowledge of the target group in relation to the specific topic of the project.

At the end of the project or of the training, a similar questionnaire will be administered and the data collected will be compared with the ones of the initial questionnaire, in order to assess if the work of the peer educators has lead to any changes in knowledge, capacities and skills among the target group.

3.5 OUTCOMES OF PEER EDUCATION TRAINING

The experience of the project Y.A.D. has confirmed that the conduction of peer education training for Red Cross/Red Crescent young volunteers is a very effective way to motivate them toward an engagement in drug abuse related programmes.

The feedback collected from the participants of the training in all the countries involved in the project has outlined the appreciation for the use of peer-to-peer approach in the delivering of information about drugs and substance abuse. This methodology has made youth volunteers more comfortable in talking about issues that are difficult to discuss with an adult and the mutual sharing of experiences, knowledge and information with other young people has allowed them to gain more insights on the issue.

The trainings have contributed to increase awareness and information about drug abuse and related problems and to improve capacity (knowledge and skills) of young Red Cross/Red Crescent volunteers to disseminate this information among their peers in the community.

In particular, it was very important for the young volunteers to be well-informed about the health

consequences of substance abuse and the close link between drug abuse and infectious diseases such as HIV, hepatitis and tuberculosis.

In some country, these trainings have been a tool to advocate for a change of mentality and behaviours toward people who use drugs.

In Kenya for example, participants acknowledged that drug abuse is not only a problem of developing countries but of the whole world, and that drug users need to be assisted and cured and not considered as enemies in the society. The provided information about drug abuse treatment has made them understand that drug users can be treated and supported through a wide range of programmes and services.



**“I FEEL THAT MORE
REHABILITATION CENTRES
AND METHADONE CLINICS
SHOULD BE ESTABLISHED
IN THE COUNTRY”**

(Kenya Red Cross volunteer)

**“AFTER THIS TRAINING I
CHANGE MY MIND FROM
‘TO CURE DRUG USERS’
TOWARD ‘TO TAKE CARE
OF DRUG USERS’”**

(Uruguay Red Cross)



**“THE VOLUNTEERS CAN NOW
CONFIDENTLY DISSEMINATE
INFORMATION, AND CARRY
OUT PEER EDUCATION ON
DRUG AND SUBSTANCE
ABUSE AND PREVENTION TO
SCHOOLS, THE COMMUNITY
AND THEIR PEERS”**

(Kyrgyzstan Red Crescent)



CHAPTER 4.

PEER EDUCATION ACTIVITIES AMONG YOUNG PEOPLE

4.1 ASSESSMENT OF LOCAL PRIORITIES AND COMMUNITY NEEDS

Peer education projects need to mix a range of activities in order to encourage learning and behavioural change among young people.

These activities may include community actions, street theatre/performance, educational and informative sessions in schools and other institutions, assistance to groups and individuals particularly at risk.

Using a variety of approaches will allow to reach a wider audience and foster public discussions and thinking about the selected issue. In addition, it helps to keep peer educators interested. Performing the same role and actions over and over again can affect the quality of their work and be a reason why they leave the project.

The peer educators can choose from this range of activities according to their skills and capacities, the circumstances they face and the



community local needs.

Therefore, the conduction of a baseline assessment of main problems and constraints as well as available resources and partnerships at community level is fundamental. On the basis of these findings, it would be possible to identify the specific target group and prepare a work plan of activities.



The target group is the primary (main) group of people that the peer educators aim to reach and educate. In any project focused on substance abuse such as the project Y.A.D., the target group is the group of people whose characteristics, conditions and behaviours puts them most at risk of using drugs. Typical target group of such kind of peer education project is represented by young people. Youth and teenagers are the most exposed to the risk of drug abuse, as they are in a period of their life when patterns of behaviour are being formed and they are most likely to be influenced by peers or adults who may be involved in the use of substances.

Among young people, there are some subgroups that are particularly at risk of drug abuse, due to individual, social and cultural factors, or to the specific environment where they live. These groups include: youth from disruptive families, youth leaving in socially marginalized contexts, youth

in detention centres, youth involved in sex work.

The design of a peer education project concerned with substance abuse should be based on a good understanding of the target group's vulnerabilities in this area and the risk factors influencing it. Accordingly, the planned activities can target either common youth and teenagers, or address a specific risk group identified in the community.

In the framework of the project Y.A.D., the Thai Red Cross peer educators decided to target young drug offenders detained in a correctional centre near Bangkok, due to the fact that according to official statistics, in the region 70% of males and 80% of females detained in prison are there for drug-related offences. Consequently, many inmates are at high risk of becoming infected with HIV, hepatitis or STDs, because of past and continuing risky drug using behaviours (sharing syringes and other injection drug equipment).



The best tool to identify local needs and resources is to involve stakeholders, i.e. community leaders and decision-makers, cultural and religious leaders. They are important because they can provide information about the needs of the target groups and suggestion on which of those needs the peer educators might be able to meet. Moreover, they are the ones who give permission for the peer education to happen.

In addition, it's important to involve parents and teachers, because they are the ones who influence and have responsibilities for the young people that the project want to target. Their involvement is especially important

due to the sensitive nature of the topics addressed within a substance abuse initiative.

The Kenya Red Cross represents a best practice on how to engage stakeholders in a peer education project. In the framework of the project Y.A.D., the Red Cross youth volunteers organized a 3-days meeting with government officials and religious and community leaders, to discuss about youth and drugs, as well as about other problems affecting particularly young people.

The event was coordinated by the Red Cross management board, with the participation of the National government. The President, who is a patron of the Red Cross nationally, had

a one on one direct engagement with the 600 youth gathered for this event. The results of this meeting were very successful: the government approved the building of two rehabilitation centres in the coast region, and the opening of a Talent Academy in Mombasa to ensure youth talents to study and develop their capacities.

Moreover, they managed to sensitize law enforcement officers about the adoption of less punitive behaviours toward drug users, who are the victims of drug trafficking and not the responsible.

Other NGOs and community organisations, especially those working with the same target groups or communities, can be valuable partners to work with. Exchanging information about projects builds networks and can open opportunities for working together. Because peer education is a popular activity, it is also important to check if any projects are already operating in the area and which groups those projects are working with, in order to avoid overlapping.

The Kenya Red Cross worked closely with other NGOs managing a rehabilitation centre for drug users. Recovery drug addicts from this organization participated at group discussions conducted with young

people, presenting their life story and experience.

Besides the proper identification of the target group, the conduction of a baseline assessment can provide useful information about the general attitudes toward the drug abuse problem and guide the peer educators in the definition of the most adequate actions.

In Kyrgyzstan and Iran, people who use drugs are highly stigmatized and discriminated by family and community members. To cope with this problem, peer educators organized public awareness raising campaigns to sensitize community about the issue and advocate for an humanitarian approach toward drug users.

At the same time, another problem identified in Kyrgyzstan was the lack of adequate information about drug abuse and related harms. Therefore, the activities carried out by peer educators included also the revision of existing material and the development of new ones, both for youth to provide information about the negative consequences related to drug abuse, and for drug users to inform them on how to reduce the harms caused by drugs and protect themselves from infectious diseases.

4.2 IMPLEMENTATION OF PEER EDUCATION ACTIVITIES

In the framework of the project Y.A.D., the majority of peer education activities targeted young people in schools and universities. However, in some countries the peer educators worked also with specific risk groups, including people using drugs, with the aim to provide them with information on how to reduce the harms caused by substance abuse.

The activities that can be conducted in schools and universities include:

- training sessions
- group debates
- focus group discussions
- sport competitions
- theatre performances

Training sessions require the presence of well-trained peer educators, who are able to facilitate the group and answer to all the questions from participants. These activities are very good for the provision of information and building of knowledge and skills.

Of course, the content of the modules and the training tools to be used must be adapted to the age of participants. For universities or high school students, a more in-depth description of some topics (i.e. typology of drugs and their

effects, epidemiology of drugs, HIV and other infectious diseases, treatment options and clinical protocols) can be adequate and interesting. In this case, the use of power point presentations is recommended.

If the training are conducted for students of primary or secondary school, preference must be given to more interactive methods such as role plays and working groups.

Creative and original techniques can be used to explain important concepts such as the health consequences caused by substance abuse or the risks linked to HIV infection, and make young people reflect about these issues.

A good example of creative methods to be used with children of primary school is given by the Thai Red Cross. They thought about specific games and role plays on how to say no to peer pressure



and simple laboratory tests/experiments with reagents to demonstrate how infections can be spread (see box below).

In the case of Iran, a group of kindergarten children were trained to give flowers to smokers and ask them not to smoke for a given period of time, be it a day, a week or a month. These children also came in contact with shop owners and asked them not to sell cigarettes.

Group debates and focus group discussions are good tools for actively involve the audience and make young people express their opinions and ideas about the drug abuse issue. In addition, group debates give the possibility to involve a bigger number of participants in comparison with training sessions and focus group discussions.

In all these activities, a good practice consists in the involvement of a recovery drug addict who can talk about his/her own experience with drugs. Normally, this helps young people to better understand the problem and the social and health consequences caused by substance abuse.

A message from a person who used to take drugs but overcame it can be a



powerful tool for preventing the use of substance among young people, but also for making them understand the problem itself, learn about the importance of harm reduction, and how to help and support drug addicted persons.

In this regard, the Red Cross Society of Kyrgyzstan (RCSK), together with local media, produced and published a series of anonymous interviews with ex-drug users. In these interviews, people were free to talk about themselves, about their experience with drugs and how to get out of it, about how to accept help and the reasons why to ask for it.

The RCSK played an intermediary role by setting up the contact between the interviewers and journalists. This material is now used by the peer educators in their training sessions in schools and universities.

Programmes for and by young people should be flexible in their design and

implementation. Fun, creative and interactive programmes that use a number of delivery methods including theatre, sport, dance, drama, etc., can be more effective than using only educational tools.

Sport activities are widely used for the promotion of health lifestyles among young people.

It is known that doing sport positively contribute to the development of young people, since it increases important personal skills such as self-esteem, ability to handle stress and problem-solving, as well as social skills such as team work, collaboration and mutual support.

All these competencies represent protective factors or assets that can help prevent a range of problems, including substance abuse.

Theatre performances are also a very useful tool in drug prevention programme. Reading or listening to a lecture about drug use or learning how to say no is only effective for providing information about the topic. But a young person must still learn how to deal with these situations in real life. Using this principle, theatre activities can give young people the possibility to perform roles and risky situations they may incur in the real life, and practise helpful skills learned through training and other education activities. Moreover, sport and art can be a very



effective way to involve vulnerable and marginalized youth in the programme and promote their social inclusion.

In this regard, the Kenya Red Cross volunteers organized a football competition with the involvement of young drug users. This activity contributed to a change of attitudes toward people who use drugs, showing that the use of humanitarian approach can make possible to provide them with support and assistance and reduce the isolation and marginalization in which drug users normally live.

With regards to the activities conducted with high risk groups, good examples are represented by the work carried out by the Thai Red Cross with young detainees and by the Red Crescent of Kyrgyzstan with injecting drug users.

In Thailand, the Red Cross peer educators conducted training sessions on harm reduction for young drug offenders detained in a correctional centre near Bangkok. The training focused on the following topics: drug

abuse, HIV/AIDS, harm reduction, attitude toward drug addicts.

Aim of these sessions was not only to increase knowledge and understanding of young people about these issues, but also to improve their skills and capacity in dealing with the risk factors associated to substance abuse.

To this aim, the trainees used interactive approaches and techniques such as brainstorming, working group, role plays. Participants were asked to express their opinion and attitudes toward drug abuse, and to think about the skills required to avoid peer pressure toward the use of drugs.

Through the use of such tools, participants could analyze the information they had about drugs and the myths surrounding drug abuse, and at the same time develop decision making and problem solving techniques useful in real life to avoid substance abuse.



Considering the specificity of the target group, great relevance was given to the link between drug abuse and HIV infection, in order to raise awareness of young offenders about the risks of HIV transmission and the ways to prevent it. Some of the young offenders participating at these training were then involved as peer educators to spread the information about drug abuse and risk reduction among their peer inside prison.

Another best practice on the engagement of peer educators in drug abuse related programmes is represented by activity carried out by the youth volunteers of the Red Crescent Society of Kyrgyzstan in favour of people who inject drugs.

They used the mobile diagnostic unit of the National Society to offer rapid testing for HIV, viral hepatitis and other sexually transmitted infections to drug users attending a clinic for opioid substitution therapy. The volunteers approached drug users offering the possibility to get tested. They were also provided with syringes and information material on preventing methods for HIV and other infectious diseases.

For the youth volunteers, this represented the first experience of working with a vulnerable group such as injecting drug users. This activity served both as a very important health intervention for drug users, and also as a way to make youth change their approach and behaviours toward people who use drugs.

TRAINING SESSION: DO YOU KNOW WHO HAS HIV? (THAI RED CROSS)

Objectives:

1. Participants will understand the circumstances behind the spread of HIV.
2. Participants will become aware of the risks of HIV infection.

Materials:

1. Liquid sodium hydroxide (Available at Education Supply Stores)
2. Phenolphthalein solution
3. Distilled water
4. Glass beakers-sizes 50 ml, 1-2 times the number of participants.
5. Syringes, equal to the number of participants

Time: 30-40 minutes

Instructions:

1. Divide the containers into two parts
 - 1.1 Pour distilled water into 24 glass beakers
 - 1.2 Prepare 1 separate glass beakers with distilled water and mix distilled water with sodium hydroxide into 1 glass beakers.
2. Distribute the glass beakers to the participants.
3. Ask all the participants to divide the liquid in the other glass beakers and put the name of the participants on their glass beakers and return 1 glass beakers to the facilitator. Then the facilitator will

place the glass beakers on the table.

4. The participants draw some liquid from their glass beakers into their syringe.

4.1 Squirt the liquid into the glass beaker of the person who you would like to share with.

4.2 Shake the containers so that the liquids mix.

5. Repeat step 4 for sharing as much as you like.

6. The facilitator will explain that the exchange of the liquid can be compared to having sexual intercourse. Everyone has clear liquid in their glass beakers, but 1 glass beaker contain a liquid other than water. This one glass beaker can be compared to persons infected with HIV in the community. Therefore, if anyone has that sex with this one person (i.e. exchanged liquid), they are at risk of being infected as well.

7. Ask if there are volunteers who want to be tested for HIV or encourage everyone to be tested. The facilitator and two assistants will squirt phenolphthalein solution into the participants' glass beakers and have the participants gently shake them. If the liquid in any of the containers change to pink or red it signifies that they have had sexual intercourse with a person infected with HIV and have been infected.

8. Encourage everyone to be tested.

9. The facilitator and two assistants will squirt phenolphthalein solution into the

participants' glass beakers which on the table to investigate who first infected.

10. Review the spread of infection and the risks involved in having sexual intercourse. Have the participants summarize what they have experienced and gained from this activity. The facilitator should summarize the activity one more time using the following points:

10.1 The rate of HIV infection can increase quickly. From only 1 person, then more persons can become infected in just a short time and continue to spread

10.2 You cannot tell if someone is infected with HIV by his or her appearance.

10.3 Having sexual intercourse often with many people places you at higher risk for HIV infection. 10.4 Even if you have sexual intercourse with only one person you can be at risk of HIV infection if your partner has had sexual intercourse with others.

Discussion Content Questions

- What can the use of the syringe be compared to?
- Do you think that the exchange of fluids can be dangerous to your health? Why or why not?
- If one person in a



community is infected with HIV, what are the chances that other people will also be infected?

- After adding the chemical to reveal who is infected, how did you feel when you saw that so many people were already infected?

Personalization Questions

- When you were exchanging fluids with others, did you think that you could be infected?
- If you were one of the people whose liquid turned pink, how did you feel? If you were one of the people whose liquid did not turn colour, how did you feel?
- If we were to continue this activity and you knew that you have not yet been infected, what would you do to prevent infection?
- When the number of people infected by HIV is high, who will be affected by HIV/AIDS?

ROLE PLAY: DRAMA OF LIFE (THAI RED CROSS)

Objectives:

1. Youth will learn to use drama as a media to express their ideas and reflect on various problems in the community and society.
2. Youth will learn ways to use drama to raise consciousness of individuals and communities.

Materials: Music, and costume

Time: See each activity

Description:

1. The participants need to concentrate on the instructions that the facilitator will give them and to fully participate. Divide the participants into small group of 6-8 persons.
2. The members of each group must consult with one another and choose a “problem”. The problem from the participants’ daily lives, from the community, or from society. The groups should choose only one problem.
3. After the groups have decided on a problem, they must prepare a drama in which each group member has a role.
4. To make the activity interesting and exciting, the other groups will be an observer.
5. After the scene, the other groups will discuss what was being presented.
6. The members of each group brainstorm a possible solution to the problem

Discussion:

- How do you feel when you are acting under various circumstances that are different from how you normally act? Why do you feel this way?
- When someone else is giving commands for you to act in a certain way, do you feel that it is insensitive? Why?
- When you see others acting out different positions or characters, do you know immediately what they are supposed to be? Why or why not?
- What are some of the positions and characters that you can recognize immediately? Why are these easier to recognize?

Personalization Questions:

- Have you ever noticed that the characteristics of another person’s bearing were different from your own? How were they different?
- Is your expression of certain feelings different from how others express those feelings? How is it different?
- Can we control the characteristics of how we act? How?
- If you need to know whether the characteristics of your bearing are good or bad, what should you do or whom should you ask? Why?

4.3 OUTCOMES OF PEER EDUCATION ACTIVITIES

According to the feedback and impressions collected from the participants of the project Y.A.D., the conduction of peer education activities on substance abuse by RC/RC youth volunteers is a valuable tool for substance abuse prevention and health promotion among young people.

RC/RC peer educators can play a great role in raising awareness and knowledge about drug abuse and related problems among their peers, thanks to the good reputation and respect that Red Cross and Red Crescent Societies have all over the world.

This makes the work of young volunteers trusted and recognized, also among those young people who are not part of the Movement and don't share the same principles and values.

Peer education activities conducted in schools and in the community are very useful for providing better information about the issue of substance abuse, in particular in countries where these topics are ignored or hidden and very limited information is available to young people.

Most importantly, these activities have been proved to be very effective in promoting a change of behaviours and attitudes toward people who use

drugs, both among young people and community members.

The involvement of drug users in the conduction of peer education activities allows participants to change their perception about this group and recognize the importance of considering drug users as people in need of help and not criminals to be marginalized and discriminated.

RC/RC peer educators can advocate for an humanitarian approach toward drug users better than others since they are inspired and guided by the Fundamental Principles of the International Movement of Red Cross and Red Crescent. Through their work, they can contribute to promote the principles of solidarity, social inclusion and enhancement of most vulnerable and marginalized youth in the society among young people.

"I HAVE ALWAYS KNOWN WHAT I WANTED TO DO, BUT VILLA MARAINI SHOWED ME HOW BEST TO DO IT, I FEEL LIKE ALL MY EFFORTS BEFORE THE VILLA MARAINI EXPERIENCE WERE A WASTE OF ENERGY"

(Iranian Red Crescent)

