



CURRICULUM

for working with youth at risk



This publication is produced with the support of the Regional Youth Cooperation Office – RYCO. Its content is the sole responsibility of Drug Policy Network South East Europe and its partners and does not necessarily present the views of RYCO.



The project “No risk, no borders for young people” is coordinated by the Drug Policy Network South East Europe (DPNSEE) together with the project partners Aksion Plus (Albania), Margina (Bosnia Herzegovina), Juventas (Montenegro), Prevent and Re Generation (Serbia) and supported by the Regional Youth Cooperation Office (RYCO) within its 4th Open Call co-financed by the European Union.





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Acknowledgements

The Curriculum “Working with Youth at Risk” is designed as part of the project “**No risk, no borders for Young People**” which is coordinated by the Drug Policy Network South East Europe (DPNSEE) together with the project partners Aksion Plus (Albania), Margina (Bosnia Herzegovina), Juventas (Montenegro), Prevent and Re Generation (Serbia) and supported by the Regional Youth Cooperation Office (RYCO) within its 4th Open Call co-financed by the European Union.

The Curriculum provides a comprehensive educational approach, fully based on the principle “youth for youth”. It is developed using the technical knowledge presented through the workshops and practical skills offered through the pre-task activity and follow-up activities of the "No risk, no borders for Young People" project, desk research on the issues covered by the Curriculum and the expertise of the external experts. Warm thanks go to young people who participated in a focus group and shared their opinion and experiences on how to work with youth at risk. Special thanks belong to the Project Team members and trainers in the workshops organized during the project implementation. Their significant contributions are reflected on the Curriculum development.

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Context for curriculum development: terms, definition and approaches

Terms and definitions

In the last decade, working with youth at risk has become a more challenging job than we could imagine. According to [Eurostat](#), in 2019, the rate of young people aged 16-29 years at risk of poverty or social exclusion in the EU was 25.1 %, or 18.6 million young people, with women at slightly higher risk than men. Regarding mental health of young people, Young Minds is doing a survey from the start of covid-19 pandemic: their [survey](#) carried out with 2,438 young people aged 13-25, between 26th January and 12th February 2021 shows:

- 75% of respondents agreed that they have found the current lockdown harder to cope with than the previous ones, including 44% who said it was much harder (14% said it was easier, 11% said it was the same).
- 67% believed that the pandemic will have a long-term negative effect on their mental health. This includes young people who had been bereaved or undergone traumatic experiences during the pandemic, who were concerned about whether friendships would recover, or who were worried about the loss of education or their prospects of finding work. (19% neither agreed nor disagreed, 14% disagreed).
- 79% of respondents agreed that their mental health would start to improve when most restrictions were lifted, but some expressed caution about restrictions being lifted too quickly and the prospect of future lockdowns.

Also, if we see the [World Drug Report](#), the impact of covid-19 is also making changes - economic constraints caused by the global COVID-19 crisis, if they persist, may exacerbate the risk of the most vulnerable* population groups initiating drug use and accelerate the progression of people who use drugs to drug use disorders because such progression is influenced by socioeconomic characteristics at the individual, community and country levels. For example, from the 2019 [ESPAD](#) data also confirm that cannabis continues to be a readily available, established drug in Europe. The 2019 survey included an important dimension of cannabis monitoring, the assessment of risky use, which will provide important insights to help formulate more targeted policies and interventions.

In many European countries, cannabis use is fairly widespread among adolescents, and interventions may be necessary not only to prevent any use but also to prevent any potential progression from occasional use to more risky or sustained patterns of use.

A covid-19 situation from March 2020 didn't make it any easier situation for young sex workers, people who use/inject drugs, or any other young people at risk of social exclusion.

The prevalence of domestic violence became the issue, especially during a lockdown. Young people started to learn more online than ever. Youth work also became more digital, European countries are trying to find the best solution for blended, hybrid learning.

* Term "vulnerable populations" was taken from the official World Drug Report, which is quoted here. Project partners would rather use term "key populations", as defined by the [UNAIDS terminology guidelines](#), because those labelled as "vulnerable populations" may be subject to societal pressures or social circumstances that may make them even more vulnerable

Making a systemic approach, by involving the whole community and not just the work of the government is one of the advantages of harm reduction. That is the same for making any educational curriculum involving youth in general, but that is dependable on basic approaches or methodologies. If we just look back and see what the ground principles are of harm reduction, we can see that educational curriculum for working with youth at risk needs to be systemic:

Harm reduction refers to policies, programmes and practices that aim to minimise negative health, social and legal impacts associated with drug use, drug policies and drug laws.

Harm reduction is grounded in justice and human rights. It focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that they stop using drugs as a precondition of support.

Harm reduction encompasses a range of health and social services and practices that apply to illicit and licit drugs. These include, but are not limited to, drug consumption rooms, needle and syringe programmes, non-abstinence-based housing and employment initiatives, drug checking, overdose prevention and reversal, psychosocial support, and the provision of information on safer drug use. Approaches such as these are cost-effective, evidence-based and have a positive impact on individual and community health.

Harm reduction International

Also, what we need to have in mind while the curriculum is developing, is that the paradigm "youth at risk" has been changed. *Youth at risk* is a general term for a range of circumstances that place young people at increased risk for risky behaviours, such as substance use, school absenteeism, and young people in conflict with the law.

When studying youth at risk, researchers typically focus on the risk factors that contribute to, and the protective factors that serve to buffer against problematic outcomes. This is not the adequate approach. It is needed to see young people as a resource, not a problem in society. Protective factors can be thought of as either personal factors, such as problem-solving abilities or competence and perceived efficacy or environmental resources, such as social support in the community or family income.

A paradigm shift in the field more than twenty years ago brought considerably more attention to the adaptive behaviours and outcomes of youth at risk in the form of resilience studies. The challenge for those studying youth at risk is in identifying young people who are more likely to develop problems that prevent them from transitioning to healthy adults - hence the notion of "risk". While much of the risk research emerges with a focus on epidemiology and therefore the study of individual "risky behaviour", other research has emphasized "risky situations or environments", where circumstances predispose young people to engage in behaviour with serious negative consequences (according to LeRoy and Antony, 2017). That is a switch model from a non-inclusive to an inclusive point of view.

Youth work in Europe is trying to be automatically inclusive for young people at risk and those are dangerous presumptions. Mostly the professions of Youth Justice Worker or Youth counsellor are responsible for young people at risk which could lead to exclusiveness and isolation of profession. But youth work is developing more and more. For example, international youth work competence models, such as [ETS](#) (European training strategy model for working youth work/training internationally), are integrating universal competencies (with knowledge, skills, and attitudes framework needed).

The competence model for this curriculum should be integrative and not just one-based or with one approach. If you see, for example, the possible tools for youth workers in SALTO-YOUTH for working with young people at risk (typing in tool search "risk") you will have just 2 (among 2195) which are directly connected for working with young people at risk. But if you use specific terms such as NEET (a young person who is no longer in the education system and who is not working or being trained for work) you will find more specific tools/research for that group. The Council of Europe made an important document for the participation of young people at risk in 1990 and the part for training which is saying:

In the area of training and assistance the committee of experts emphasises that: there should be an understanding by public authorities that projects which are directed and run by young people themselves will not necessarily follow patterns and processes which are the same as those run by adults; Young people should be encouraged and supported to develop strategies and processes within projects which best suit the needs of themselves and their structures; therefore, youth workers who are at community level involved with such projects should be trained to work with young people in such projects in a style which reflects the processes of participation and self-government. To this end: there should be appropriate training for all youth workers. The training should encompass as a basic principle the issues of participation and openness to the process of achieving competencies leading to self-management and self-leadership in projects.

If we are talking about young people who are working with young people at risk (peer-to-peer approach), the UN gave [standards](#) (no matter it's made for programs which are for reproductive health and HIV prevention) and which should be included while conducting the activities and planning the curriculum itself. Ground rules/agreements should be made by young people for young people, have ethical values and code in behaviour, programmes of educational activities must be flexible, community-based and monitored and supervised.

Local context: previous impacts from educational activities

Relevance of the participants' perspective from previous project activities is something which is added value to the curriculum. No curriculum is developed without the previous evaluations. During the last educational activities on the project "No risk, no borders" in 2021, evaluation, participants filled in questionnaires to evaluate certain parts of topics and methods. 90% of them were satisfied with the harm reduction topic. No matter, the topic itself is crucial to be involved in the curriculum because its approach is the base of the work in the field with youth at risk. 100% (in the range of highest scores with marks 4 and 5) were satisfied with the topic of discrimination and stigmatization of different marginalized groups. Human rights as a topic were in a range of satisfaction at 85% and LGBTIQ was 95% and the same satisfactory level was with topics on psychosocial support and mental health. Outreach is 100%, sex work 90%, and what is also important is social gatherings of participants which were marked at 100%.

From the qualitative part of the questionnaire, we can see that the practical part, interactive methods, and mutual sharing with trainers and participants were the best part of the activity. What exactly they wanted to be the change for the next time is mostly time management (the first topic should be with shorter workshops so dynamics could be increased as time is passing) and more practical work with emphasizing on the topic with mental health where they can learn a practical thing about stress, burn-out, exercises for resilience and self-care. This is very interesting because now the helping/supportive professions are more impacted with covid-19 so this is the topic that should last much longer than others.

From the second educational activity, they were satisfied 100% with the topic working with the people from prisons, 90,8% with topic women who use drugs and 100% with topic new psychoactive substances and using drugs in the nightlife settings and festivals. 91,7% is the satisfactory level with overdose

prevention. 86,7% is the level of satisfaction for external communication topics, 96% for youth work and risky behaviours, 95,8% for community empowerment, 93,7% for data ethics and research, and 87,5% for advocacy. No matter that the scores are a little bit lesser than from the previous activity, participants were generally more satisfied for the second time. It was expected because they met more each other and had more team bonds.

Curriculum development model

According to the Curriculum development model, this process begins when an issue, concern, or problem needs to be addressed. If education or training a segment of the group, learning beneficiaries will help solve the problem, then curriculum to support an educational effort becomes a priority with human and financial resources allocated.

Steps which will be done:

1. **Identify Issue/Problem/Need** - this is done by project preparation but will be redone in the contextualization of the curriculum itself (beginning of the document, first draft).
2. **Form Curriculum Development Team** (formed at the beginning of the project, 3 external experts).
3. **Conduct Needs Assessment and Analysis** - focus group (10 young people from the organization/partners will be gathered) with young people will be done during this phase. Possible questionnaires will be done with potential stakeholders and trainers for revising draft documents. Possible in-depth interviews with key actors working with youth (e.g. in Albanian case it has been conducted with the youth leader of Aksion Plus).
4. **State Intended Outcomes** - which are lined with the development of the modules.
5. **Select Content** - from provided toolkits and research and protocols together with international bases.
6. **Design Experiential Methods** - detailed with module structure.
7. **Produce Curriculum Product** - final document in pdf version.

Regarding the way of implementation, reporting, and revising a curriculum it depends on DPNSEE plans for the future.

Conclusions

The curriculum which will be made should be based on the next principles:

1. Agile, which means it needs to be revised (with mid-term evaluation, post-evaluation, and revision in every 5 years at most) and flexible according to societal changes (covid-19 pandemic, for example, switching to digital formats, blended learning, and outdoor setting- if the workshops are residential where participants are divided from their communities they will be more focused on the learning). Also, cultural context on the local/national level must be taken into consideration, not just differential specifics of young people at risk. Together with changes in the paradigm of "youth at risk" the approaches also could be changed.
2. Human rights, narrative change for using non-discriminative language, inclusion, harm reduction, and participation of young people (at risk) are core main values.

3. Combined learning with developmental and self-paced parts means that the main education activity should consist of the practical part (at least 30% of all activities) for young people who will work directly with other young people (peer-to-peer approach) where they can exercise skills and attitudes but with a safe environment and supervision. If the topic of self-care and burn-out is emphasized they will know how to protect themselves from overworking or challenging issues.
4. The community development skills and knowledge needs to consist of the whole education activity at least 30%, making participation of young people at risk more systemic.
5. Learning tools, methods should be available to young people and activity providers transparently and visibly. Especially if young people are involved in making learning tools after or during the activity.

Course delivery mode

This course has been created for face to face delivery, however, an experienced trainer could easily adapt it for online synchronous (face to face) delivery.

Course duration

30 - 40 hours

Target groups

Direct beneficiaries

1. Community leaders, existing or in the making
2. Youth-workers
3. Young people, activists, trainers

Indirect beneficiaries

Youth at risk: young people who use drugs, youth in conflict with the law and youth with alternative lifestyles and identities: sex workers, LGBTI population, young people in conflict with the law, and others.

Course aim

To train existing and future youth-workers and leaders to form and lead groups that will bring (primarily Balkan) Youth at Risk together, so as to understand each other and co-design actions that will render their stigmatization visible so as to decrease it.

Course objectives

At the end of this course participants will be able to:

1. Form, train and/or lead groups working with youth at risk
2. Help these groups increase the visibility of issues like stigma and discrimination
3. Bring groups of youth at risk together and help them achieve mutual understanding
4. Promote and organise regional youth cooperation of groups / organisations working on relevant issues
5. Promote and advocate active youth participation and leadership in CSOs and other organisations working on relevant issues

Course modules

The course consists of four (4) modules:

1. The issues
2. The communities
3. The approaches
4. The systemic

Each module consists of various topics.

Time for this topic

Approximately 40 minutes.

Aim

Getting to know each other, present overview of the training and check participants' expectations.

Methods

Welcome to the training "Working with youth at risk". This is a training for youth. We will explore many issues related to youth and we will provide you with many resources. We will spend much time together - about 30 to 40 hours. Let's start with some introductions and a little warm-up activity to start the process of getting to know each other.

Trainers introduce themselves.

Warm-up Activity

Mingle, Mingle - Huddle, Huddle (15 min)

Let's get you started with a little game called "mingle, mingle - huddle, huddle". Here are the rules:

We will all get up and gather in the free space over there. When I say "mingle, mingle", walk around and introduce yourself to people you have not met yet. Just like a cocktail party. Introduce yourself, say where you are from, and move on to the next person.

When I say "huddle, huddle", quickly form a group of four with the people around you. Once you all are in groups I will give you a topic to talk about. OK? Start mingling.

After a couple of minutes, say "huddle, huddle". Once they are all in groups ask them to share with each other.

Here is your first topic: Think about your time in high school. What were some of the high points you experienced in high school?

Additional (Optional) Questions for Mingle, Mingle, Huddle, Huddle Activity

When you were in high school/a teen, what...

- Was the most exciting thing you experienced?
- Were the "cool" groups?
- Was it a cool thing to do?
- What kind of risks did you take as a teenager?
- Was the dress code?

Give groups 3-4 minutes to share during the huddle time. Initiate another round of mingle, mingle. Topic for the next huddle period: What were some of the low points you experienced during high school? And what helped you get through them?

Ask for volunteers to share first high points, then low points, then coping strategies. Summarize: Adolescence can be a challenging time with lots of excitement and pressures, and the need for external support.

Ask them to take their seats.

Introductions and Expectations
Overview of Training (20 min)

Follow up with a round of introductions: name and their expectations for the training. Record expectations on flip chart.

- Review training layout, sections, and agenda for the day.
- Review expectations (on flip chart) and how they match up with the training agenda. Entertain a few questions.
- Review housekeeping details.

Module 1: The issues

Module aim

Introduce participants to the concepts of human rights, discrimination and stigmatization that underlie behind many youth at risk issues.

Module objectives

At the end of this module, participants will:

- Be able to explain the concepts of discrimination and stigmatization
- Be able to name and explain the 8 basic principles underlying human rights
- Be able to recognize hateful, discriminating and stigmatizing behaviour, as well as privilege

Topic 1.1: Human rights

Time for this topic

Approximately 40 minutes.

Aim

Introduce participants to the concept, principles and practice of human rights.

Objectives

At the end of this activity, participants should be:

- Able to define the concept of human rights
- Aware of the 8 basic principles of human right
- Able to recognize hateful behaviour however nuanced, and place it in the pyramid of hate.

Materials

- Handouts, flipchart, markers
- [World Health Organisation presentation on Human Rights](#)

Methods

Warm-up

Start by asking participants the following question (10 min.):

What do you understand by the term "human rights"?

Give them a few moments to reflect and list their answers on a flipchart without commenting at this stage.

When they run out of ideas, draw on their responses to discuss the concept of human rights.

Exercise 1 (15 min)

For this exercise, get the participants into four groups and assign two human rights principles to each group:

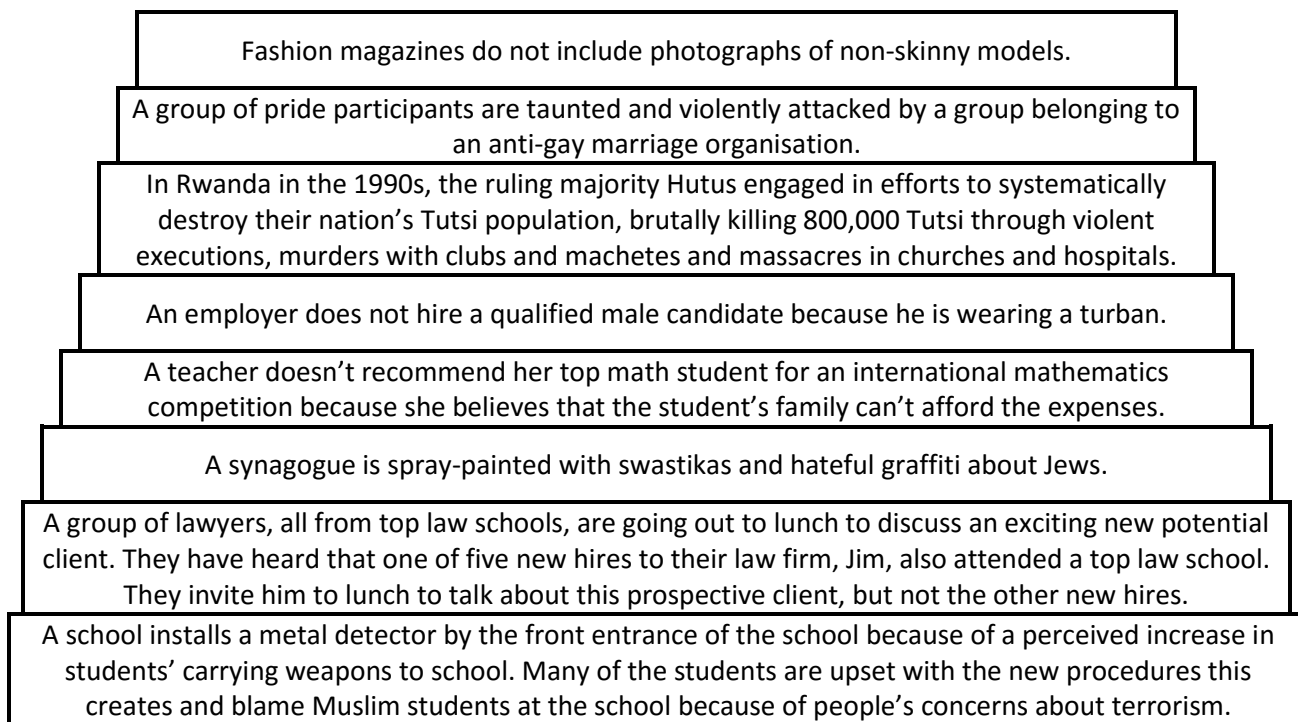
- Group 1: Equality, universality
- Group 2: Human dignity, non-discrimination
- Group 3: Indivisibility, interdependency
- Group 4: Inalienability, responsibility

Ask participants to find definitions of these principles and represent them visually on the flip chart you will provide.

Ask them to present their visual representations and explain each principle to the whole group.

Exercise 2: The Pyramid of Hate (15 min)

Distribute the Pyramid of Hate. Check to see if the participants have unknown words and ask other members of the group to help them understand. Then, get the participants in pairs, distribute these cases to them and ask them to place them in the pyramid.



Then, join every 2-3 pairs into a group and have them compare their answers. Ask each group to add two examples in each category and present them to the whole group.

Evaluation and assessment

Form reflection groups and ask the participants to describe what they learned in 100 words.

Suggestions to make it more interactive

Visual presentations also can be different for each group of participants. One group can make poem, the other can draw. You can also give them to act or improve and present the role play to the group. Be careful if someone is not feeling well with the presentation in front of the group.

For learning more about human rights you can bring up to 10 booklets or posters about human rights from campaigns and do "Magical library". Put those materials in the centre of the group and ask them to come to a magical library where materials and books are telling stories. Ask them to look at all the materials carefully for 10 minutes and choose the material or book or poster which attracted them the most. If two or more participants choose the one that's completely fine. If everybody chooses theirs, you can ask participants to share: what is the story behind these materials? What people and life of those people are behind these? What is the connection with human rights?

After sharing, ask them to return the materials to the centre of the circle. You can make all the materials available during training on one place for the participants.

Topic 1.2: Discrimination and stigmatization

Time for this topic

Approximately 40 minutes.

Aim

Introduce participants to the experience of discrimination and stigmatization.

Objectives

At the end of this activity, participants should:

- Have experienced discrimination
- Have reflected on their own privileges
- Be able to recognize discriminatory and stigmatizing behaviour however nuanced

Materials

- Handouts, flipchart, markers

Methods

Warm-up (15 min)

I am left-handed!

The group is divided into subgroups of 5 participants each.

Each of the participants should try to do two things (e.g. to cut a paper and wash their teeth), as well as try to write a sentence with their left hand.

After finishing being left handed, they should write on a flipchart the obstacles they encountered as left-handed in a world created for the right-handed. After ten minutes the subgroups share their experience with the whole group.

So, how did something so simple make them feel? How would they now define "privilege"?

Exercise 1: Understanding privilege

Explain to the participants that identities are to a great extent given to people. Reflecting on questions like the ones underneath will help them understand that on many things people have little choice:

- How was your childhood?
- What house did you live in?
- What games did you play?
- What was your parents' occupation?
- How's your everyday life? How does it look like?
- What kind of life do you lead? Where do you live?
- If you are employed how much money do you make?
- What do you do in your spare time?
- What brings you joy? What are you afraid of?

Now, ask the participants to rate their privilege from a scale of 0 to 10.

Exercise 2: Step ahead (20 min)

Now, ask participants to get onto a straight line. You will be reading statements to them, but only those who can answer "Yes" to them can move forward.

1. You never encountered a serious financial crisis.
2. You have a decent home with a fridge, stove and a TV
3. You feel that your faith and culture are respected in a society you live in
4. You feel as if your opinion on social and political issues is important and that you are being heard
5. You are not afraid of police
6. You know who to turn to for advice and support, if needed
7. You never experienced discrimination on the basis of your origin, health condition, race, any other personal characteristic.
8. You have social and health protection
9. You can afford a vacation once per year
10. You can ask friend to your house for a dinner
11. You can vote
12. You are not afraid of being attacked in the street.
13. You can celebrate your most important holidays with family and friends
14. You can go to the movies or a theatre one per month are least
15. You can tell everybody who you fell in love with
16. You feel your competences are being valued and respected
17. You use internet on a regular basis
18. You have warm water to have a bath
19. You have your room or your space when you need it
20. During the winter it's not cold in your house
21. You have a pet
22. You can kiss your loved one in the street

After the exercise is over, the participants should form reflection groups and talk about their identity, taking into consideration the questions underneath:

- How did you feel going forward and others being left behind?
- How about the ones that just stood for a long time?
- Is this exercise reflective of our society?
- What steps are necessary to be made to change this?
- What can we do as individuals?
- How much did you know about the character you were playing?
- Was it at all about personal experience or other source of information (books, movies, jokes)?
- Are you sure that information you had and based on which you built your character are accurate and authentic? Here speaks about how prejudices and stereotypes form the images in our heads.
- Last, ask them to define stigma and discrimination in relation to their work on privilege.

Evaluation and assessment

Form reflection groups and ask the participants to describe what they learned in three pictures that make sense to them.

Suggestions for making the topic more interactive

For this topic you can do evaluation with [Dixit cards](#). You can use other types of cards which have pictures.

Put the cards in the centre of group and ask them to choose three cards which will answer on three questions:

- 1) How do I feel now?
- 2) What did I learn today?
- 3) What could be changed in today's activities?

This kind of reflection should last not more than 15 minutes. If the group needs more time, ask them to prolong. If prolonging is not an option, ask them to choose just one card which will answer all those questions together. Be careful with this method, not to go into the psychotherapy process.

You can also do a *Gallery method* for central activity: put the 5 (you can also put 10 but it will need more time for facilitation) pictures with the different people in the centre of the room. You can also tape them on the wall but make them visible for everyone. Ask participants to look at them carefully and silently for 10 minutes. After that, ask them to return to their places and ask them next questions:

- 1) Who are these people?
- 2) Do you think they are marginalized in your local community? Why?
- 3) How can we stop the stigmatization?

Evaluation: you can present them 5 questions on the flip chart and write down the answers anonymously. This topic can be sensitive and it's better if they have the opportunity to sum up the experience for themselves. The questions are:

- 1) How do you feel now?
- 2) What could be different in the training?
- 3) Which activity was the most valuable for you?
- 4) Why was this activity valuable for you?
- 5) What did you learn new?

Module 2: The communities

Module aim

Introduce participants to the specific needs of stigmatized communities.

Module objectives

At the end of this module, participants should:

- Understand the specific issues different communities face and how these relate to substance use
- Be aware of practices that can be performed to reduce harm in these communities
- Be aware of ways to reach out to these communities

Topic 2.1: LGBTIQ / MSM and Chemsex

Time for this topic

Approximately 90 minutes.

Aim

Help participants understand the reasons behind chemsex practices, and why the LGBTIQ and MSM communities are affected by it.

Objectives

At the end of this activity, participants should:

- Understand the basic terms of chemsex
- Understand the reasons behind practicing chemsex
- Be able to tackle this relatively new drug consumption pattern

Materials

- Handouts, flipchart, markers, Wi-Fi access and computers/mobile phones

Methods

Warm-up (15 min)

Get participants in four groups. Assign each group with one of these topics: **chemsex, harm reduction in terms of chemsex, chemsex and HIV, chemsex and mental health**. Ask each group to research their topic online and report to class: what is it and anything else they find interesting about it?

Once they have finished presenting, explain to the group what are the main drugs used in chemsex and why those specific ones, what are the reasons behind chemsex, which populations and why specifically these are affected. If you want you may add more.

Activity

Watch the “Chemsex” documentary from Picadillo Pictures. Individually, keep notes of the reasons why people engage in chemsex. Share in class.

Exercise

Now, get in groups of 4-5 people. Assign each group with one of these topics: **chemsex, harm reduction in chemsex, HIV prevention regarding chemsex, and chemsex and mental health**. Ask each group to research their topic more deeply and to make a campaign addressing these issues, calling for action and possible approaches/services to reduce risks and harm in regard to their group topic.

Evaluation and assessment

Form reflection groups and ask the participants to peer-review their campaigns. Ask them to link the campaigns to Harm Reduction.

Suggestions for making this topic more interactive

Before starting the topic of the LGBTIQ+/MSM you can do a quick check if they understand the acronym behind LGBTIQ+/MSM. You can ask the whole group to research about it on the Internet (their mobile phones) for 5 minutes and write down the definition on the paper. If this activity takes more than planned it's better to clear things up than to enter the activity without basic information.

You can do a guided story (real one) about a LGBTIQ+ person, but without telling who the exact person is. For example, you can do a reading about Harvey Milk's life without telling his name and when you finish the story ask participants: what do you think this human being was? What were his/her/their emotions? Aspirations? Ambitions? Needs? When discussion evolve you can close up and tell them who he was and why he was important for LGBTIQ+ community. You can also do this with other LGBTIQ+ activists and from the national level, or you can use an example from the experience you or someone you know has had.

For the evaluation, you can throw a small ball to anyone who can start sharing their experience on the training. Ball can come just to people who didn't say anything previously and need to return to the facilitator.

Topic 2.2: Sex work

Time for this topic

Approximately 40 minutes.

Aim

Introduce participants to dangers sex-workers face.

Objectives

At the end of this activity, participants should be aware of:

- Different forms of sex-work and how these relate to substance use,
- Ways to reach out to sex-workers,
- Ways to reduce harm to sex workers using substances.

Materials

- Handouts, flipchart, markers
- Wi-Fi access and computers/mobile phones

Methods

Warm-up (15 min)

Ask participants to write on five different post-it papers 5 different ways of performing sex-work and stick them on the board. Then, project these categories on the wall:

Independent sex work/Escorting (i.e. working lone)

Sharing premises with another sex worker

Selling sexual services in a brothel

Operating/managing a brothel/arranging the purchase of sex

Soliciting for sex on the street

Webcamming (performances streamed online)

Lap Dancing/Pole Dancing

Professional Dominatrix/Submissive

Sex chat phone lines

Stripping

Glamour modelling

Butler in the Buff

Selling underwear online for sexual gratification

Sugaring (being a paid companion for a sugar daddy)

Working in the porn industry.

Stick each paper next to the appropriate category. Explain categories of sex-work that the participants are not familiar with. Add categories if need be. Then ask them which sex-work occupations are legal in their countries, as well as which occupations are, according to them, more prone to using substances.

Exercise 1

Ask participants to brainstorm reasons why sex-workers are at risk for using substances. Make a note on the board of everything they say. Then, ask them why substance users may turn to sex work and write these too on the board on a separate column.

Now, ask them what they think we can do to: a) prevent these people from using substances, and b) reduce harm to people who already do.

Use your experience and knowledge to feed the discussion.

Exercise 2

After exercise 1, get the participants in as diverse groups as possible and ask them to go online and find where a sex-worker user of substances could turn for help in their countries. Then, ask them to draft the mission, objectives and services that an ideal supranational organization could offer to sex workers users of substances.

Evaluation and assessment

Form a few as non-diverse reflection groups as possible and ask the participants to write a letter to an existing organization in their country explaining what new/different services they could offer to sex-workers in their country.

Suggestions for making the topic more interactive

If you have a lot of presentations for this topic you can use a puzzle method for presenting 3 or 4 key definitions for the participants (for example: sex work, sex worker, escorting, webcamming). Write down on the paper (with more large letters than usual handwriting) all definitions and cut them word by word. Mix them in the hat and give the whole group to find those definitions and make the right ones. Please, have patience and don't rush them. This activity could last for 15 minutes.

if you are working online, this topic could be prepared in [Miro](#) as a place for sharing and group work especially if participants are supposed to work in groups, use post-it notes or similar.

Topic 2.3: People in prisons and ex-prisoners

Time for this topic

Approximately 40 minutes.

Aim

Raise participant awareness on the realities of working and conducting projects within prisons/with ex-prisoners.

Objectives

At the end of this activity, participants should:

- Understand the challenges prisoners may face while serving a prison sentence
- Understand the problems they may face after their release
- Be able to bring prisoners and ex-prisoners closer to the community

Materials

- Handouts, flipchart, markers
- Power point presentation "[Work with people in prisons and ex-prisoners](#)"
- Document "[Drug treatment and harm reduction in prisons](#)"

Methods

Warm-up (20 min)

Ask your participants to vote by show of hands whether they think people should be punished for the rest of their lives for things they did. After voting, split them into two teams and have them debate for and against that thesis.

Exercise 1

Ask your participants to brainstorm in groups of 4 why they think: a) users of substances may end-up in prison, b) why prisoners may use substances, and c) why ex-prisoners may start using drugs. They should then present to the team before getting into three groups and design a poster each aiming to make citizens sympathize with each one of the three groups that were discussed and the risk they face to turn to using substances.

Exercise 2

Now, split the participants into groups of 4 and ask them to design a strategy for either a) a schools, b) a civil society organization, c) a business, or d) local government to help ex-prisoners better re-join society and avoid use of substances.

Evaluation and assessment

Form reflection groups and ask the participants to describe in three pictures that make sense to them.

Suggestions for making the topic more interactive

For 20 minutes of warm up you can also use an exercise called "Stock market". For the activity you will need a flipchart with listed 6 or 7 things for the stock market with prices (this is example):

- Rare antique table 120 year old 100.000
- Mysterious safety deposit box 20.000
- False faculty diploma 5.000
- A photograph of Merylin Monroe with autograph 50.000
- Some unknown teddy-bear toy 1.000
- Newest food voucher for filling basket in any market 10.000
- Old motor-bike 200.000

Before the listing and quoting, give a Monopoly money to participants but with different amounts each or giving no money to a couple of them. When you give that you can start quoting for the best prices.

This simulation activity could be competitive or make group more cohesive. Participants can share money or loan from each other but the aim is to provide discussion about power and having different starting positions and why people behave in life-threatening positions. Facilitate so that they can question their own prejudices toward prisoners and people who are going against the law. As a closure you should connect this topic with the human rights they did on the first module.

If this topic was dynamic to participants you can do reflection groups in colour filling small [doodles](#) which you can find for free on the Internet, to calm down emotions and make participants more present and focused on learning experiences.

Topic 2.4: Women who use drugs

Time for this topic

Approximately 40 minutes.

Aim

Help participants understand the particular problems women (including transgender women) who are using drugs, as well as women in treatment phase.

Objectives

At the end of this activity, participants should:

- Understand the basic terms within the WWUD framework
- Understand what can be done to better tackle this issue and the difficulties associated with it
- Be aware of ways of outreach to relevant communities
- Understand the correlation of drugs and gender based violence

Materials

- Handouts, flipchart, markers
- Presentation "[Women who are using drugs](#)"
- Document "[Women who use drugs](#)"

Methods

Warm-up (15 min)

Ask participants to brainstorm the groups of women that are most vulnerable to the use of substances. Write answers on the board. Once they come up with some groups (sex-workers, Roma, etc.), ask them what the characteristics of these groups are (e.g. they belong to more than one discriminated against groups). Why are women discriminated against more than men belonging to the same categories? Ask them to discuss it in pairs and try to elicit opinions. Then add your own (e.g. prejudice that substance use threatens their role as mothers).

Exercise 1

Get the participants in as gender-balanced groups as possible and ask them to name and analyse the forms of violence women face more than men. To help them, write on the board the words: bystander, assault, harassment, consent, difficulty to disclose, and whatever else you want.

Ask each group to present to the team. Then ask them to create a leaflet explaining to communities how violence and substances co-relate.

Exercise 2

Divide the participants in groups and give them one or more form these projects:

Women who have experienced trauma

In the women-only, abstinence-based, trauma-informed, residential rehabilitation service in the United Kingdom, women participate in a range of group therapies based on a manualised, trauma-informed treatment programme. The women are also offered individual counselling and eye movement desensitisation and reprocessing, which is used to help with the distress associated with trauma and family support in accordance with their specific needs. In addition, the residents can benefit from a structured programme comprising education skills, training and recreational activities, and may attend peer support groups (Narcotics Anonymous and Alcoholics Anonymous). After successful completion of treatment, women move into their own accommodation or into one of the organisation's resettlement houses; ongoing support from the service and other organisations can still be accessed if required (Tompkins and Neale, 2016).

Women with comorbidity

In Malta, the Female Dual Diagnosis Unit is a preliminary residential unit where women generally stay for a maximum of six weeks. During this time, women undergo a detoxification programme and receive services from a multidisciplinary team, which includes a consultant psychiatrist, a doctor, a nurse, a psychologist and a social worker. Women may also receive external services, to which they are accompanied, including services to assist them with finding employment (Dalli, 2014; Camilleri, 2017).

Pregnant and parenting women

In Hungary, the Józan Babák Klub targets pregnant women or mothers with a child under the age of two. It takes a three-step approach. In step 1, women can contact a member of the Józan Babák Klub, which is a self-help group that provides information about the available services. In the second step, medical, legal, social and psychological services can be utilised on an anonymous basis from the Józan Babák Klub. At this stage, if the pregnant or parenting woman participates in professional counselling for an average of 60 minutes over eight sessions, she receives a grant of EUR 11 per session. In step 3, the organisation facilitates contact with the required healthcare, social or legal services and, in the case of pregnant women, with prenatal services. During steps 2 and 3, a member of the Józan Babák Klub self-help group will accompany the women to any of the services, if requested (Tarján, 2012). The Kangaroo project, a programme in Belgium targeting parents within a residential setting, aims, in part, to maintain or enhance parents' links with their children. Women are supported in their parenting role. During the day, children attend nursery, kindergarten or school, while mothers attending the therapeutic programme undertake activities. The project provides information to parents, facilitates parent-child activities and thematic groups, and offers individual consultation and someone to accompany parents to appointments (Depez et al., 2011; Ferri et al., 2015). In the United Kingdom, the Family Drug and Alcohol Court service provides an alternative to care proceedings in cases in which parental substance misuse plays a major role. It directs parents through a different pathway to help parents cease or stabilise substance use to keep families together and enhance child and parent outcomes. Following assessment, diverse services are provided. They are delivered by a multidisciplinary team, which includes a nurse, a substance misuse worker, social workers, psychiatrists, a family therapist and a service manager. Issues dealt with may include substance use, physical and mental health, parenting, relationships with children and other family members, domestic violence and housing (The Tavistock and Portman NHS Foundation Trust, n.d.). An evaluation has highlighted positive aspects of the service (Alrouh et al., 2014). The SAOL project is a community based project in Ireland. It provides services to women currently attending a drug programme. One of its aims is to educate and train women to support them in achieving employment. Childcare assistance is also provided in this regard through a children's centre, which focuses on early childhood education (North Inner City Drugs Task Force, 2014).

Women in prison

A drug recovery wing within a women's prison in the United Kingdom, which was evaluated more positively than one other in a process and impact evaluation, was described as being physically separate from the rest of the prison. The programme is run by drug workers within an environment that provides physical and emotional safety. It takes a holistic approach and time is dedicated towards recovery, as well as education and/or employment issues, community activities and physical activity. Women can also access drug treatment and general support from agencies outside prison (Grace et al., 2016). The Quartier Intermédiaire Sortantes is a pre-release unit based near Paris for women in prison who have drug use-related problems. It prepares women in the last month of imprisonment for release. The internal and external staff who conjointly run the voluntary programme provide information, advice and support on a variety of topics, including health issues (e.g. health promotion, healthcare and harm reduction); support networks (e.g. re-establishing links with family and children; supporting agencies for sex workers); and training in everyday skills (e.g. household tasks, cooking and financial management). External experts help create links that can be used within the community following release (EMCDDA, 2006).

Women involved in the sex trade

Ragazza is an organisation in Germany offering low-threshold services to women involved in sex work. The all-female multi-disciplinary team includes social workers, nurses, educational assistants and doctors. The association provides a contact point that offers anonymous counselling and advice on a range of issues including safer drug use, safer sexual practices, safer work, pregnancy and family matters and advice on treatment interventions, as well as housing, financial and legal issues. Case management and support, which may include accompanying women to various appointments, is also offered. The organisation also has a drug consumption room, which aims to minimise harm to drug users and reduce drug emergencies through the provision of clean needles, hygienic conditions for drug use, emergency treatment, if required, and advice on safe drug use. Treatment of wounds, infections and medical care, including gynaecological care, is also provided within a medical room. In addition, the organisation offers emergency beds during specified times and engages in outreach street work, offering supplies (condoms and lubricant), hot and cold drinks, on-the-spot advice, information on the services provided by Ragazza and contacts to other services (information available from the Ragazza website following links under the section 'Offer'; Ragazza, n.d.).

Ask the participants to draft the mission, objectives and activities of a civic society organization dealing with this issue in their countries.

Evaluation and assessment

Form reflection groups and ask the participants to rate the mock civic organization created against five criteria (e.g. possible effectiveness, easy to run, etc.). Which one is the best and why?

Suggestions for making the topic more interactive

For presenting some statistics about this topic you can use quiz methods for that on flipchart or PPT. It's very good to shortly but effectively involve participants for learning. For example:

- The number of women who are experiencing domestic violence is decreasing (true/false).
- Every fourth women is experiencing verbal violence in the world (true/false) etc.

You can list as many as you want, depending on the time you have. For the online version of this activity, you can use [Mentimeter](#) to make the quiz.

Topic 2.5: New psychoactive substances: Drug use in nightlife settings and festival

Time for this topic

Approximately 40 minutes.

Aim

Introduce participants to New Psychoactive Substances (NPS) and the specific reasons behind their use in nightlife settings and recreational drug use

Objectives

At the end of this activity, participants should:

- Be able to name the basic terms and reasons behind recreational drug use in nightlife settings
- Be aware of the context within which NPS appeared
- Be able to name different NPSs
- Be aware of mixing drugs practices
- Be aware of what can be done to tackle this relatively new drug consumption pattern more efficiently
- Be aware of ways of outreach to relevant communities

Materials

- Handouts, flipchart, markers
- Presentation "[New psychoactive substances: Drug use in nightlife settings and festivals](#)"

Methods

Warm-up (15 min)

Ask your participants whether they know what NPS stands for. Tell them to google the term and try to find which NPSs are more popular in their country. If they do not come across https://www.emcdda.europa.eu/topics/nps_en, provide the link to them. Tell them to present their findings to the team.

Exercise 1

Ask the participants to brainstorm why new substances appear. Record their answers on the board, add you own, and then give them these reasons:

- Strict penal policies and repressive measures against traditional substances
- High prices of traditional substances
- Poor quality of traditional substances
- Fear of the consequences of traditional PAS
- Absence of NPS legislation
- Financial accessibility of NPS
- Good quality NPS
- Prejudices that NPS are not harmful and do not cause dependence

Assign one or more topics to groups and ask them to expand them and present them to the whole group.

Exercise 2

Based on the outcomes of Exercise 1, ask the participants to form groups of the same interests and prepare policy recommendations to EU governments. Ask them to present their case to the team. Urge the team to criticize the recommendations.

Evaluation and assessment

Form reflection groups and ask them to criticize the policy recommendations.

Suggestions for making the topic more interactive

For the Exercise 2, you can make it more debatable. For example, one group would make policy recommendations, one group would try to find pluses and other should find minuses of the policy paper. Before the debate starts, you should make rules for debate, so the facilitation would be easier for you. This time they will also practice debate skills which will be great for advocacy and external communication topics. The manner of the debate should be assertive, with respecting each-other opinions and actively listen to one another.

Module 3: The approaches

Module aim

Introduce participants to six different approaches that can help individuals and communities at risk ameliorate the effects of substance use.

Module objectives

By the end of this module, participants should be able to:

- Reach out to individuals and communities at risk
- Help these individuals and communities reduce harm from substance use
- Help these individuals and communities prevent use of substance

Topic 3.1: Harm reduction

Time for this topic

Approximately 90 minutes.

Aim

Introduce participants to the philosophy and principles of harm reduction.

Objectives

At the end of this activity, participants should:

- Be able to name the guiding principles of harm reduction
- Be aware of the effective strategies of harm reduction
- Be able to take into consideration harm reduction's challenges

Materials

- Handouts, flipchart, markers
- Presentation "[Harm reduction](#)"
- Document "[Guiding Principles of Harm Reduction](#)"
- Document "[Harm Reduction Training](#)"

Methods

Warm-up (15 min)

Ask participants what they understand by harm reduction and then provide them with the definition. The International Harm Reduction Association (2002) has a comprehensive definition of substance use related to harm reduction:

Policies and programs which attempt primarily to reduce the adverse health, social and economic consequences of mood altering substances to individual drug users, their families and communities, without requiring decrease in drug use.

Then, introduce the participants with the following guiding principles of harm reduction and ask them how these principles apply to harm reduction:

- Pragmatism
- Human rights
- Focus on harms
- Maximize intervention options
- Priority of immediate goals
- Drug user involvement

Exercise 1: Harm reduction in other areas

Ask participants to give some examples of harm reduction strategies they use in their everyday life. Then, the trainer asks participants to explain how the following examples such as: the sunscreen, the seat belt, speed limits, birth control, and cigarette filters are related to harm reduction.

Exercise 2

Ask participants what strategies they know to be effective on harm reduction. Write on the board their answers. Then, introduce the following harm reduction strategies which have strong evidence of effectiveness in the scientific literature and in practice and then discuss with them the meaning of each strategy:

- 1 Education and outreach
- 2 Referral to health and social services
- 3 Low threshold support services
- 4 Law enforcement policies and protocols
- 5 Needle exchange programs
- 6 Methadone maintenance treatment
- 7 Supervised consumption facilities
- 8 Street drug testing and early warning systems
- 9 Heroin prescription

Divide participants into three groups and ask each of them to discuss 3 strategies. Then, ask them to write on a flip chart the activities and challenges for each strategy and present their ideas to the whole group. At the end of the session, the trainer presents and discusses the challenges related to harm reduction:

- Community resistance
- The need to work with highly marginalized groups
- Ensuring appropriate knowledge and training
- Adequate resources to initiate and maintain initiatives

Evaluation and assessment

Ask the participants to reflect on the following issue.

“5-Minute Elevator Pitch” activity

You are distributing needles and someone from your community/town says: "You are promoting drug use". What do you say?

Let first the participants think about what they would say in this case and then provide the following possible answers.

Some sample scripts:

- Clean needles help stop the spread of infections like HIV or hepatitis.
- The reality is people are using needles right now. I want to provide a way for them to be safer.
- If people feel judged they won't utilize services. I want to remain accessible to everyone and by providing a service that meets the reality of people's lives we provide good health care.
- If people are told "don't do drugs" they will likely hide their drug use. This isolates people who use drugs further and puts people at greater risk for HIV and hepatitis.
- Until someone is ready to stop using drugs I want to provide a way for them to not get or give infections. If I don't judge them they will be more likely to come to me for support around treatment, detox and referrals when the time is right for them.
- I see we have different opinions about this. I acknowledge your thoughts on this and thank you for talking about keeping people safe in their drug use with me.

Suggestions for making the topic more interactive

In this topic you can use case studies of harm reduction best practice examples from other international organizations or use existing practices from partner organizations especially if they will not have the opportunity to visit organizations on the local level.

Also, you can use a role play method instead of elevator pitch activity. Ask 3 or 4 participants to demonstrate how they will work on the street with flyers where they promote harm reduction. 1 or 2 can play street passengers who will ask them questions which could be challenging for them. Be careful not to over dramatize the situation itself, so they can learn without any bad feelings. This role play can be also an intro for the topics for advocacy and external communication.

Topic 3.2: Psychosocial support and mental health

Time for this topic

60 - 90 minutes

Aim

Introduce participants to relevant treatment models and principles, as well as the skills needed to work in relevant settings.

Objectives

At the end of this activity, participants should:

- Be able to define the key terms related to mental health issues
- Be able to describe the biological and environmental risk and protective factors involved with co-occurring disorders
- Have developed a basic set of counselling skills for individuals and groups

Materials

- Handouts, flipchart, markers
- Presentation "[Psychosocial support and mental health](#)"
- Document "[Antisocial case study](#)"

Methods

Warm-up (15 min)

Define the terms

Ask participants to explain what they understand by each of the following terms. Then, introduce the participants with the respective definitions.

Mental health program	An organized array of services and interventions with a primary focus on treating mental health disorders, whether providing acute stabilization or ongoing treatment
Integrated treatment	Any mechanism by which treatment interventions for co-occurring disorders are combined within the context of a primary treatment relationship or service setting. It recognizes the need for a unified treatment approach to meet the substance abuse, mental health, and related needs of a client, and is the preferred model of treatment
Co-occurring disorders (COD)	Having both a substance use disorder and a mental or medical disorder (or both)
Psychosocial wellbeing	It is a multidimensional construct consisting of psychological, social, and subjective components which influence the overall functionality of individuals in achieving their true potentials as members of the society

Reward circuit	A linked group of brain structures that provide reward (including pleasure) for life-sustaining activities (like eating), ensuring that these activities are repeated
Substance use disorders	Occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home
Neurotransmitter	Chemicals that send messages from one neuron to another
Psychoeducation Group	Psychoeducational groups educate clients about substance abuse and related behaviours and consequences. This type of group presents structured, group-specific content, often taught using videotapes, audiocassette, or lectures. Frequently, an experienced group leader will facilitate discussions of the material.
Mental Disorder	A syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning
Resilience	The ability to overcome adversity and positively adapt after challenging or difficult experiences

Exercise 1: Identify risks and protective factors

Split participants into 4 working groups. Ask them to brainstorm the risk and protective factors of mental health disorders regarding the following categories:

1. Childhood factors
2. Family factors
3. School factors
4. Community factors

Exercise 2: Case Study, Marcus

Now, let's look at the case study of Marcus. Ask the participants to first identify the symptoms and then the diagnosis.

Marcus is a 28-year-old man who came into treatment after being arrested during a bar fight. He was ordered to treatment by a judge as an alternative to jail. He was brought in by his older sister, Adele. When meeting alone with a counsellor, Adele complained of Marcus' aggressive behaviour that, she claims, has occasionally bordered on being violent. She added that he has always had a devious nature and that as a child he had temper tantrums, would "act out" to get attention, and would occasionally express anger disproportionately. Adele also complained about some of his current behaviour that includes dishonesty, irresponsibility, and increasing drug use.

Meanwhile, Marcus is adamant about not wanting treatment, but he knows that he will be sent to jail if he does not follow through. His attitude leads you to conclude that he is not serious about receiving treatment, and that fact is confirmed when he says that being here is his way of "gaming the system".

While gathering information from his sister, the counsellor learns that, as a child, Marcus ran away from home several times, was often sent home from school because he was bullying others and fighting, never completed high school, and appeared in juvenile court for stealing. He freely talked about these events as if he were proud of his past and showed no remorse; he seemed indifferent to the feelings of others involved. The last time he was sent home from school (at age 15) he never returned.

When looking into Marcus' employment history, the counsellor discovers that he has an inconsistent work record primarily because of being fired for "disagreements with the boss". When asked what he meant by that, he said he has argued with bosses when they disagree over work that he is doing. Once he even got into a fistfight with a supervisor, but he said that he didn't care about losing his job because "that guy had it coming".

He has worked off and on in construction and claims that he usually knows more than the people who supervise him and gets irritated when they tell him to do something that is totally against logic. He also claims to have been falsely accused of stealing materials from work sites.

The counsellor assesses Marcus as being guilt-free and self-absorbed because his primary interests point toward personal gratification: taking pleasure in having power over others and being "right". The counsellor also noted that in the course of the conversation, Marcus was both charming and manipulative: letting others see his wit and pleasing side but with one eye always open to take advantage of others. In summary, his presenting symptoms are preoccupation with himself, dishonesty, lack of remorse, erratic employment record, and manipulations of others.

Then, introduce the participants with the following interventions:

- Motivational interviewing
- Brief interventions
- Cognitive Behavioural Therapy (CBT)
- Family therapy
- Contingency management
- Self-help groups

Evaluation and assessment

Form reflection groups and ask them to develop concrete types of interventions for Marcus' case.

Suggestions for making the topic more interactive

For the exercise one, you can also give them a chance to brainstorm in different ways- by using mind map method, by drawing, making puzzles, role playing. Also, before the start of working on a concrete topic, make a 2 minutes round for "The pathway of support". Ask the participants to form two equal lines to face each other. Every participant should go through the pathway of support by walking between the lines and others should say in a mild, calm and clear way something supportive to each person. When they start going through it, they should go from one side of the line to another and stand there and say something supportive to other participants who pass by them. If somebody is not feeling OK by going through the pathway it's completely OK. They will stay and just give others the support. This activity is also building confidence and the possibility to give affirmative and positive messages to those who need support.

Topic 3.3: Outreach

Time for this topic

60 - 90 minutes

Aim

Introduce participants to the core principles of outreach work

Objectives

At the end of this activity, participants should:

- Be able to define outreach work
- Be able to name the basic outreach principles
- Be able to start outreach practices with relevant youth at risk groups

Materials

- Handouts, flipchart, markers
- Presentation "[Outreach](#)"

Methods

Warm-up (15 min)

Ask participants to take notes on the key messages based on their impression while watching the short movie. Show a short movie about harm reduction services in Montenegro with a section on outreach. Make a clear definition of outreach work.

Exercise 1

Get the participant's feedback on the movie and discuss what they understand by outreach work. Write their answers on the board. Then discuss with them the following principles:

- Respect
- Team work
- Non-judgmental
- Empowerment
- Do not harm

Exercise 2

Explain to participants the burnout syndrome. The symptoms that characterize this syndrome can be divided into 3 categories. Split the participants into three groups. Ask them to identify the symptoms of each category. If it is needed, the trainer can help by showing some of the examples:

- Emotional symptoms: (e.g. loss of motivation, feeling of failure and helplessness, pessimistic and cynical attitudes, loss of trust and self-esteem)
- Behavioural symptoms: (e.g. isolation from others, defence mechanism of projections, decrease in concentration)
- Physical symptoms: (e.g. frequent tiredness, decreased immunity, frequent headaches, back or muscle pain, changes in appetite, sleep disorders)

Evaluation and assessment

Provide participants with the following list and ask them to state if the statements are true or false. Ask them to raise their hands if they think it is true and not to raise their hands if they think it is false.

- Develop an outreach plan in consultation with teammates and clients from the hotspots. (True)
- Facilitate a weekly work plan for the team, and do not let clients know when you will meet them. (False)
- Develop a list of target areas with social mapping of each target area. (True)
- Coordinate outreach activities and visit hotspots not on a regular basis. (False)
- Ensure regular and uninterrupted supply of harm reduction materials for each outreach visit. (True)
- Provide referral and networking services with other agencies and institutions.
- Establish systems of non regular contact with clients. (False)
- Identify stakeholders for advocacy for creating an 'enabling environment'.
- Collect data and consolidate the same from the field. (True)
- Provide information on HIV/AIDS, hepatitis, STIs, safer injecting, safer sex practices, overdose management, early treatment and services. (True)

Note for the trainer: The underlined words are the key words for making the statements false. By removing the underlined words the statements turn into a true statement.

Suggestions for making the topic more interactive

Instead of the exercise one, you can make a role play on how to approach a young person from the general population which is dealing with burnout syndrome. Ask 2 or three participants to be actors (2 workers in the club/street and one young person) to prepare a 2 minutes play and ask other participants to watch. After that, you can have a brief discussion and give recommendations regarding the outreach/detached work. Ask participants not to over dramatize the role play.

Topic 3.4: Overdose prevention

Time for this topic

Approximately 90 minutes.

Aim

Raise participant awareness on the topics of overdose, legal antidotes, prevention, and first aid.

Objectives

At the end of this activity, participants should:

- Be aware of how to recognize and overdose
- Be able to identify the steps to be followed in a case of an overdose.
- Be able to propose interventions in regards to overdose prevention.

Materials

- Handouts, flipchart, markers
- Presentation "[Overdose prevention](#)"
- Handout "[Overdose prevention](#)"

Methods

Warm-up (15 min)

Ask participants how they can recognize an overdose and to identify certain characteristics of it. Then discuss it.

Exercise 1: Group work on overdose prevention

Split the participants into two groups.

Ask the first group to identify the steps they should follow in a case of an overdose.

Ask the second group to identify interventions on how to prevent an overdose.

After the group work, the participants will share their ideas in the class.

Exercise 2: First aid training

Show to the participants the first aid training video and then discuss it with them

https://www.youtube.com/watch?v=rfhH_qVX4ww

Evaluation and assessment

Form reflection groups and ask the participants to draw overdose prevention in three pictures that make sense to them.

Suggestions for making the topic more interactive

In analysing the movie you can also do short work in groups by returning to previous groups or mix them to be in another, just to see different perspectives. Ask them to be in the group with participants with whom they least had communication.

For analysing you can use different categories for each group or questions:

- 1) Which interventions are used?
- 2) When does an overdose actually happen and why?
- 3) Which challenges could we have while helping the person with an overdose situation?

Topic 3.5: Community empowerment

Time for this topic

Approximately 90 minutes.

Aim

Enable participants to identify, engage and empower communities to act.

Objectives

At the end of this activity, participants should:

- Be able to identify different at risk and marginalised communities with whom they are working/would like to work
- Have developed a deeper understanding of some of the shared characteristics and perceived traits of those communities
- Be able to identify which competences members of marginalised communities should develop so as to improve their lives

Materials

- Handouts, flipchart, markers, 10 pencils, strong rubber band
- Handouts on "[Positive youth development](#)"

Methods

Warm-up (15 min.)

[Presentation and handouts](#)

Exercise 1: Engaging Youth: Planning Activities

Brainstorming

Provide a prompt or question to engage young people in brainstorming ideas. To make it more interactive, provide large sticky notes or recycled sheets of paper and have them write down ideas with markers; one idea per sticky note/paper. Ask them to post them on a wall. If you use recycled paper, provide painter tape to post the papers. Once all the ideas are up on the wall, participants can organize them in themes or priorities.

Action Planning

If planning an event or project, ask young people to describe the desired outcome or goal. Participants can brainstorm action steps, organize action teams, and develop a timeline. Use a sticky wall (thin nylon fabric) or a large sheet of butcher paper, 3 by 7 feet or more, treated with temporary adhesive spray. The advantage of the sticky wall/paper is that posted papers can be easily moved around and organized in different ways. It allows the planning process to be inclusive and interactive and provides good visuals as well. See a detailed description of this activity in the "Consensus and Action Planning" handout.

SWOT

The SWOT is a well-known planning method to assess and analyze the feasibility of a project. The group identifies:

- S – Strengths: What are our strengths? What are we good at? What resources do we have?
- W – Weaknesses: What are our weaknesses? What don't we do well? What don't we have?
- O – Opportunities: What are opportunities around us we can use? Who and what can help us?
- T – Threats: What is happening around us that can be a threat or obstacle in our way?

The SWOT can be done as a group discussion with one person writing ideas on a large sheet of paper that is divided into four quadrants. Or, to make it more interactive, post four large sheets of newsprint on a wall (with space between them), each labelled with one of the SWOT steps. Young people can break into small teams and rotate through the stations, adding their ideas to each SWOT category. Once the SWOT is done, participants can identify themes, gaps, and resources needed, and adjust project goals and scope.

Draw a Picture

Post a large sheet of paper or butcher paper (1 x 2 metres or larger) on the wall and invite young people to draw what they would like to see happen in the future, e.g., the type of community they would like to live in. Ask them to dream and think big. Debrief the activity by asking youth to compare their future vision to their current community. Discuss what they have already and what is missing.

Exercise 2: Positive Youth Development in Action (5-10 min)

I would like to do a brief activity to demonstrate some of the theoretical concepts we have discussed.

- Take a pencil and hold it up.
- Just assume for a second that this pencil is a young person right now attending high school (name youth). What type of pressures and challenges might this young person face?
- Encourage group to name several challenges - drugs, alcohol, violent/dangerous neighbourhood, unprotected sex, abusive boyfriend or girlfriend, emotional stress...
- What might happen if this young person faces all these issues alone? Audience response...
- Snap the pencil in half. Right, they might snap and not be able to handle the stress.
- Now let's assume that the young person has supportive adults in their life. Who could that be?
- Each time the group mentions an adult (parent, family member, coach, teacher, neighbour, religious leader, 4H leader, supervisor at work...), take a pencil and add it to the first pencil, hold them up vertically and form a tight bunch. Put the rubber band around them.
- Hold up a bunch of pencils. Do you think that this young person will break easily given all the support they have?
- Try to break the bunch. This is impossible to do. Try it out yourselves. Send the pencil bunch around.
- Debrief

Evaluation and assessment

Form reflection groups and ask the participants to describe in three pictures that make sense to them.

Suggestions for making the topic more interactive

In the brainstorming sessions, you can start with asking participants what the word ``community`` means to them. Just let them say the first associative thing comes to their mind and sum up all the words.

Before the SWOT analysis, you can also draw ideal local community activity. Just separate them into groups (depending on the number of participants, but try to have 4 or 5 participants in each group for better learning experience) and ask them to draw (they can write a story also) their ideal local community with all the people in it. After that, reflect with these questions: why is this community ideal for you? What is the current situation with your local community? What needs to be changed so your local community will be close to the ideal one?

As the first team building activity for this topic, you can do "Mission (im)possible". You can list 10 small assignments for 2 or 3 groups of the participants (divide them) which they need to do in the local community radius of 800m. Some of the assignments could be:

- 1) Ask politely (interview) 3 people what they know about their community and do they know who young people at risk in their community are?
- 2) Take a picture of three buildings with different colours. Be careful of not taking pictures of people without their consent.
- 3) Find out which monument or building is important for this local community.
- 4) Make a group photo of yourselves with smiles.
- 5) Make a poem with these words: harm reduction, community empowerment, young people.
- 6) Find the definition about community empowerment on the Internet but without asking Wikipedia.
- 7) Draw a logo of your group.
- 8) Say honest compliments to each other.
- 9) Make a ball from natural materials.
- 10) Write who are your role models.

They can have 30 minutes to 1 hour for this activity. Also, it's very important to reflect the activity outcomes with the aim of community empowerment. Ask the next questions: how was this experience for you? Are there any challenges? Do you actually know who are members of this or your local community? Note: be careful of the weather conditions and also of the potential risks in the local community such as dangerous areas. You can recognize leaders in the group and if you have minors put them in the group with someone who is 18+ to feel safer.

For the evaluation, you can do a group statue: they have 5 minutes to present only as a statue what they learn and how they felt on the activities.

Module 4: Systemic approach

Module aim

Help participants create a systemic way of thinking, how the system in relation to individual-community-society is working.

Module objectives

At the end of this module, participants should be able to:

- Map their own communities regarding youth at risk and important partners
- Externally communicate with stakeholders
- Advocate for certain topics and target groups

Topic 4.1: External communication and advocacy

Time for this topic

Approximately 60 minutes.

Aim

Help participants improve their professional communication and networking skills.

Objectives

At the end of this activity, participants should:

- Have improved communication skills for advocating important issues.
- Plan an advocacy strategy for a certain group.

Materials

- Handouts, flipchart, markers
- [Reference document 1](#), [Reference document 2](#), [Reference document 3](#)

Methods

Warm-up (10 min)

Every participants get a list with next questions:

- 1) Who Am I?
- 2) What are my strengths in working with young people in general?
- 3) Which channels and funnels of communication I`m using when I`m communicating with young people?
- 4) What should we think about when we need to communicate with stakeholders?
- 5) Do I know some good examples of campaign work in the local community?

This is individual work. Everybody should do it in 5 minutes (without too much elaboration) and after that you can discuss certain examples and questions.

Exercise 1

Through the presentation you can explain the advocacy strategy framework to participants. After that, you can divide them into three groups according to three different actors:

- 1) Public
- 2) Influencers
- 3) Decision makers

And they need to brainstorm actors which they know who can help young people at risk. They should have 10 minutes for brainstorming and 10 minutes for discussion in a larger group.

Exercise 2

Now, each group after that should make plan for successful campaign:

1. Aims and objectives
Short term:
Long term:
2. Main stakeholders
3. What will you say to each of them?
4. Platform (materials, platforms used)
5. Content strategy - engaging, informative and shareable (articles, photos, mailing lists, etc.)
6. Visual identity
7. How to engage people?
8. What does success look like?

Participants should be short and concrete. For writing the plan they should have 15 minutes and 15 minutes for sharing and discussing the plans.

Evaluation and assessment

Form reflection groups and ask the participants to describe in one personal logo how the experience regarding the advocacy plan.

Suggestions for making the topic more interactive

For the exercise instead number two, you can do role plays for:

- 1) Communicating in front of a TV camera
- 2) Communicating with the local Centre for social work
- 3) Communicating at the meeting with the Ministry for youth and sport

It depends on the time you have for this activity, you can choose just one or two examples. Also the case study method could also work, for example:

Imagine your organization needs to have a conversation for potential projects for young people in working with youth at risk. The stakeholder who needs to give you financial resources is Youth at risk Fund. There is a lot of organizations who are lobbying for their projects and you need to think about:

- 1) What makes your project different from other similar projects?
- 2) How will you communicate with the stakeholder/funder?
- 3) What kind of support do you need for that meeting?
- 4) What will you do if the representative of the stakeholder is interrupting you all the time?

Topic 4.2: Youth work, risky behaviours

Time for this topic

Approximately 120 minutes.

Aim

Help participants establish a common understanding of what youth work and what competences it entails

Objectives

At the end of this activity, participants should:

- Understand how youth work can act preventively and/or reduce risks/harm when working with young people engaging in risky behaviours
- Have a greater understanding of the competences youth workers need

Materials

- Handouts, flipchart, markers
- Presentation "[Youth work and risky behaviours](#)"

Methods

Warm-up (15 min)

Ask participants to get in groups and define youth work and youth-worker. What competencies do they need? Once they are ready, ask them to compare their definitions and competences with definitions and a competence framework of your choice, and self-grade their attempt.

Exercise 1

Ask each participant to write their name on a post-it paper, along with the youth group most at risk in their context/country. Place the participants into groups according to their answers and ask them to think what youth work could do for that group at risk. What kind of organizations could provide youth work services to the group in question?

Exercise 2

Based on their answers in the previous exercise, ask the participants to form groups and design a 60-minute youth work activity for the group in questions. Ask them to use SALTO toolbox for ideas.

Evaluation and assessment

Form reflection groups and ask the participants to describe their learning in three paragraphs.

Suggestions for making the topic more interactive

For this topic you can use a really great variety of non-formal education methods. You can also divide participants into two groups and ask them to draw bad youth worker and good youth worker and how the good youth worker can help in working with young people at risk. In this topic it is also great to see what youth work makes different from other similar professions/occupations: social worker, peer educator and trainer. Sometimes these positions are similar and different according to: aims, activities and needs of the target group in general. You can also show great examples of youth work programmes from your countries.

Topic 4.3: Data Ethics and Research

Time for this topic

60 - 90 minutes.

Aim

Help participants understand the minimum quality standards and ethics in work with vulnerable groups, when it comes to research and data collection.

Objectives

At the end of this activity, participants should:

- Understand the basic terms and quality standards in ethical data collection
- Be aware of the different types and methodologies of research and data collection
- Be aware of ethical dissemination methods
- Be able to lead evidence based services

Materials

- Handouts, flipchart, markers
- Presentation "[Data and ethics](#)"

Methods

Warm-up (15 min)

Ask participants to brainstorm what they know about data protections. List their answers on the board and ask your own if you wish. Then ask them why data protection is important. List these answers as well. Synthesize their answers into a Data Protection Policy, or ask them to do it in groups and present to the team.

Exercise 1

Ask the group to get into four groups and ask them to think of sensitive data they are dealing with in their organisations, and what those information are. Ask them to design a research tool to gauge the preferences of the team. Make sure you go around and help them with designing the simple tool. Ask them to present their tool to the group and discuss the type or research and research tool (e.g. quantitative research and a questionnaire), having in mind the sensitivity of the data they are to be collecting.

Exercise 2

Now, ask each team to think about the personal and sensitive data they will store, and ask them to think of ways that this data can be protected. Ask them to create statements that will inform the research subject about how their data will be used. You may perform the research and discuss how the data will be protected practically.

Evaluation and assessment

Form reflection groups and ask the participants to create data protection recommendations for their organisations.

Suggestions for making the topic more interactive

You can think about the elements of Living library methodologies for gaining a more qualitative perspective towards data, especially in working with young people with fewer opportunities. Participants can also warm up quickly by working in pairs and ask 3 quick based questions to find out more about themselves, but information they didn't share during the training. Be careful- they can share something sensitive and it's good to check the group agreement for not sharing information outside the training (this can be a good open for discussion about data protection). Also, think in a way that researches could be action-oriented, for example DIOKNO approach from human rights:

https://www.ombudsman.gov.ph/UNDP4/wp-content/uploads/2013/01/HR_CenDev_Final.pdf

Ethical situations in working with young people at risk could be done through different case studies. But be also careful not to write down real names.

Educational tools and materials (from international level for working with youth at risk for offline and online educational activities)

Enclosed is the list with educational tools and materials divided by topics and without internal, existing materials made by Drug Policy Network South East Europe, for curriculum development (young people working with youth at risk). This list should help trainers and peer educators to better prepare and learn certain topics.

Topic: Human rights

Revised manual Compass for human rights education (2020)

<https://rm.coe.int/compass-eng-rev-2020-web/1680a08e40>

Advocacy for Human Rights: Share to Change

https://www.salto-youth.net/downloads/toolbox_tool_download-file-2276/BookletAHRSC-Web.pdf

Escape room model:

https://www.salto-youth.net/downloads/toolbox_tool_download-file-1816/TOOLBOX_Few%20m2%20of%20different%20reality.pdf

Chess and human rights

https://www.salto-youth.net/downloads/toolbox_tool_download-file-1238/Chess%20and%20HRE%20EN.pdf

Board-memory game

<https://www.salto-youth.net/tools/toolbox/tool/human-rights-memory.1390/>

6 online video games for learning about human rights

<https://www.humanrightscareers.com/magazine/6-human-rights-games-you-can-play-online/>

Youth e-games on human rights

http://youth-egames.org/index.php?option=com_content&task=view&id=40&Itemid=84

Inspiring practices

https://nihrc.org/uploads/publications/Inspiring_Practices.pdf

Topic: Working with youth at risk

Manual: Evaluation methodology for identifying youth at risk

https://www.salto-youth.net/downloads/toolbox_tool_download-file-2229/EN-Evaluation-Methodology.pdf

Simulation exercise

https://www.salto-youth.net/downloads/toolbox_tool_download-file-2230/EN-Training-Methodology.pdf

Reports, conclusions and recommendations (Council of Europe)

<https://www.coe.int/en/web/pompidou/home>

Presentation

<https://pjp-eu.coe.int/documents/42128013/47261995/young+people+and+social+exclusion.pptx/7d181ef0-6983-4db8-9221-8a73ee4768b6>

Alcohol and drug use (stories)

<http://helpingotherslivesober.org/about/>

Mental health protection of young people

<https://hopefulminds.org/about/>

Topic: Discrimination and stigmatization

Handbook and toolkit: Youth as leaders for change- how to involve young citizens in anti-discrimination initiatives

<https://www.salto-youth.net/tools/toolbox/tool/youth-as-leaders-of-change-how-to-involve-young-citizens-in-anti-discrimination-initiatives-a-methodological-approach-for-ngos-and-public-bodies-handbook-tackle-discrimination-by-empowering-youth-a-collection-of-good-practices-toolkit.2745/>

Handbook, simulation exercises: Daily of activities to raise awareness against discrimination

https://www.salto-youth.net/downloads/toolbox_tool_download-file-1856/Daily%20of%20activities%20Tools%20to%20Figh%20Against%20Discrimination.pdf

Handbook with 21 methods for preventing discrimination

https://www.salto-youth.net/downloads/toolbox_tool_download-file-1751/Brochure%20Heal%20the%20DiscrimiNATION.pdf

LGBT+ at work discrimination simulation exercise

https://www.salto-youth.net/downloads/toolbox_tool_download-file-1559/Area_E-Learning_D-Work_OTLAS.pdf

Anti-discrimination Good Practice Guide

https://www.salto-youth.net/downloads/toolbox_tool_download-file-231/AntiDiscrimination.pdf

Topic: LGBT+ youth work

Manual: Toolkit P.R.I.D.E.

https://www.salto-youth.net/downloads/toolbox_tool_download-file-2137/Toolkit%20PRIDE_GoFree_2019.pdf

Manual for youth workers - "Raising capacity in working with LGBT+ youth"

<http://www.asocijaciaduga.org.rs/wp-content/uploads/2017/02/Manual-for-youth-workers-Raising-capacity-in-working-with-LGBT-youth.pdf>

Recommendations in working with lgbt+ youth

<http://www.youth.ie/sites/youth.ie/files/Chapter%203%20-%20working%20with%20young%20people%20who%20are%20LGBT%20-%20all%20Ireland.pdf>

Projects on LesBiGay youth

<https://www.salto-youth.net/rc/inclusion/archive/archive-resources/inclusiongroups/inclusionlgbt/>

More on chemsex

<https://www.dean.st/chems/>

<https://english.mainline.nl/posts/show/8360/chemsex>

Chemsex online training

[https://www.eventbrite.nl/e/chemsex-part-one-ecourse-registration-](https://www.eventbrite.nl/e/chemsex-part-one-ecourse-registration-162026867723?aff=ebdssbonlinesearch)

[162026867723?aff=ebdssbonlinesearch](https://www.eventbrite.nl/e/chemsex-part-one-ecourse-registration-162026867723?aff=ebdssbonlinesearch)

Topic: Sex work(ers) and women who use drugs

Research

https://www.who.int/hiv/topics/vct/sw_toolkit/115solution.pdf

Manual for peer educators of female sex workers

https://www.fhi360.org/sites/default/files/media/documents/Manual%20FSW%20Peer%20Educators_reduced.pdf

Background paper

https://www.emcdda.europa.eu/system/files/attachments/6235/EuropeanResponsesGuide2017_BackgroundPaper-Women-who-use-drugs.pdf

Research report

<https://www.drugabuse.gov/publications/research-reports/substance-use-in-women/sex-gender-differences-in-substance-use>

Topic: (New) Psychoactive substances

Manuals for peer to peer education on drug use

https://www.unodc.org/pdf/youthnet/handbook_peer_english.pdf

<https://www.drugsandalcohol.ie/3705/1/1833-1768.pdf>

https://redcross.eu/uploads/files/Projects/Youth%20and%20Drugs/Manual%20Project%20YAD_web.pdf

Topic: Harm reduction

Manual: Harm Reduction Training: A manual for Frontline Staff Involved with Harm Reduction Strategies and Services

[http://www.bccdc.ca/resource-](http://www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/Epid/Other/CompleteHRTRAININGMANUALJanuary282011.pdf)

[gallery/Documents/Educational%20Materials/Epid/Other/CompleteHRTRAININGMANUALJanuary282011.pdf](http://www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/Epid/Other/CompleteHRTRAININGMANUALJanuary282011.pdf)

Harm reduction: An approach to reducing risky health behaviours in adolescents

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2528824/>

Harm Reduction

<https://drugpolicy.org/issues/harm-reduction>

Harm Reduction Guide

<https://americanaddictioncenters.org/harm-reduction>

Drug-Related Harm Reduction

<http://www.emro.who.int/asd/health-topics/drug-related-harm-reduction.html>

Topic: Psychosocial support and mental health

Manual: Bridge for mental health- good practices

https://www.salto-youth.net/downloads/toolbox_tool_download-file-2088/Bridge%20for%20mental%20health%20-%20Handbook%20of%20good%20practices.pdf

Working with mental health in the youth field, manual

https://www.salto-youth.net/downloads/toolbox_tool_download-file-1933/Working%20with%20mental%20health%20in%20the%20youth%20field%20-%20Natural%20Minds.pdf

Toolkit: Non-formal road to Mental health

https://www.salto-youth.net/downloads/toolbox_tool_download-file-1144/Toolkit-%20The%20Non-Formal%20Road%20to%20Mental%20Health.pdf

Topic: Outreach and detached youth work

Outreach Work among Marginalized Populations in Europe: Guidelines on Providing Integrated Outreach Services

https://www.researchgate.net/publication/280932166_Outreach_Work_among_Marginalized_Populations_in_Europe_Guidelines_on_Providing_Integrated_Outreach_Services

Outreach Work Among Drug Users in Europe: Concepts, Practice and Terminology

https://www.emcdda.europa.eu/attachements.cfm/att_93520_EN_Insight2.pdf

Manual for outreach and detached youth work

<https://www.cwvys.org.uk/wp-content/uploads/2014/06/HB-Detached-and-Outreach-Youth-Work.pdf>

Outreach for injecting drug users

<https://childrenandaids.org/sites/default/files/2018-11/Outreach-for-injecting-drug-users.pdf>

Detached youth work

<https://www.youthscotland.org.uk/media/1902/youth-scotlands-guide-to-detached-youth-work.pdf>

Good practices examples of detached youth work

https://youth.gov.mt/wp-content/uploads/2020/01/Detached_Youth_Work_compressed.pdf?80b578&80b578

Topic: Overdose prevention

Training Manual: Overdose Prevention, Recognition and Response

https://www.gov.mb.ca/health/publichealth/docs/training_manual_overdose.pdf

Topic: Community empowerment

Manual for community empowerment

https://reliefweb.int/sites/reliefweb.int/files/resources/2011.GLO_WWGVC%20Community%20Empowerment%20Manual.pdf

Positive Youth Development 101: A Curriculum for Youth Work Professionals

http://actforyouth.net/resources/pyd/pyd_pyd101curriculum.pdf

Positive Youth Development 101: Handouts and Activity Worksheets
http://www.actforyouth.net/resources/pyd/pyd_handouts_full-set.pdf

UNDP Manual
https://www.undp.org/sites/g/files/zskgke326/files/publications/2_TRANSIT_Chapter%201.pdf

WHO Manual
https://www.who.int/hiv/pub/sti/swit_chpt1.pdf?ua=1

Topics: Advocacy and external communication

The Advocacy Strategy Framework A tool for articulating an advocacy theory of change
<https://www.evaluationinnovation.org/wp-content/uploads/2015/03/Adocacy-Strategy-Framework.pdf>

Communication for development: A Practical Guide
https://www.eda.admin.ch/dam/deza/en/documents/publikationen/Diverses/Communication-for-development-Manual_EN.pdf

Advocacy in restricted spaces: A toolkit for civil society organizations
https://freedomhouse.org/sites/default/files/2020-10/2020_Lifeline_Advocacy_Toolkit_v11_10272020.pdf

ELSA Advocacy manual
https://files.elsa.org/BEE/Toolkit/ELSA_Advocacy_Manual.pdf

Youth work advocacy base
<https://www.youthworkireland.ie/what-we-do/Advocacy>

YIPA approach to advocacy for youth
<https://yipa.org/how-to-advocate-for-young-people/>

Using social media in youth work
<https://www.humak.fi/wp-content/uploads/2014/12/humak-verkko-timonen-Using-Social-Media-in-Youth-Work.pdf>

EYP Communication strategy
https://members.eyp.org/sites/default/files/eyp_communication_strategy_0.pdf

ERYICA Youth information and counselling agency
<https://www.eryica.org/>

Topic: Youth work and risky behaviours

Research about youth and risky behaviours
<https://www.nber.org/system/files/chapters/c10685/c10685.pdf>

Youth clubs and risky behaviour
<https://www.cypnow.co.uk/features/article/youth-club-activities-risk-taking-behaviour>

Topic: Data protection

Policies

https://ec.europa.eu/info/law/law-topic/data-protection_en

<https://gdpr-info.eu/>

Ethical standards in youth work

https://pjp-eu.coe.int/documents/42128013/47262613/06_SCRIB.pdf/41cea176-d7fa-3167-a716-11af717b1559

Online tools for organizing educational activities

<https://miro.com/>

<https://classroom.google.com/>

<https://www.mentimeter.com/>

<https://padlet.com/>

<https://kahoot.it/>

<https://www.instructure.com/canvas/login/free-for-teacher>

<https://www.learninggamesforkids.com/>