

Consultation meeting 1 summary – exploring San Patrignano, Italy

As this was the first consultation meeting, Mike Asiya (S.A.L.V.E.'S Ugandan Director) gave a brief introduction into what were to discuss. He explained that S.A.L.V.E. wants to start a Drug Rehabilitation Programme in 2016, and that we want the input of each of the members of the consultation group into what they think would make an effective rehabilitation programme based on the learning from the specific organisation/s we are discussing in that meeting.

12 people attended this meeting. Members of the consultation meeting included:

- ❖ Children currently on the street who take drugs.
- ❖ Children formerly on the street who used to take drugs
- ❖ Parents of children formerly on the street who took drugs whilst on the street
- ❖ Staff from organisations in Jinja working with children who take drugs
- ❖ Healthcare workers in Jinja District
- ❖ Staff from organisations in Jinja working with adults with drug and alcohol addictions

Introductions

To get to know each other, each person in the group introduced themselves and explained a little about their connection to S.A.L.V.E. and to young people affected by drug addiction.

Here is a sample of what was said by those directly affected by drug abuse:

Michael who was living on the street at the time of this meeting said *“I started taking drugs and used to think of very bad things I wanted to do to people. My chest and heart used to hurt from taking mafuta. Mafuta led me to prison. Each time I left prison I would come back and still take the drugs. The last time I was released, I decided to stop taking drugs as I saw my money was being wasted. Since I stopped I can see how healthy my body is. The drug made me to be dirty. Wherever I went I was rejected”*.

Hassan who was also on the street at the time of the meeting and still taking drugs explained that he has taken opium, mafuta and marijuana, *“as long as you have taken those things, you don't sleep and when you take them it makes you want to disturb others. You never have time for yourself and there is no respect for others. You feel like you are the one in control. Any money I got was used to buy drugs. I have been taken to prison, it makes me feel unhealthy. My body feels not well but I do not know what is wrong”*.

Aisha, said that her son used to be very humble and then she would wonder why he was going to the street. The drugs can change the child's mind set and make them lie. On the street they change their names so that they cannot be found by their parents if they come looking for them.

Florence, the mother to a boy formerly on the street explained *“my son's lips turned red due to the effect of taking drugs and it even causes chest pain for him. Even now that he is not taking the drugs; he is still affected due to the damage to the lips which caused him to be bullied at school”*.

After introductions, we then moved on to discuss the following question as a group.

“What does success look like for a young person who is addicted to Mafuta to be rehabilitated?”

- They should be provided with an education. This should be more practical skill building education to empower them and reduce the risk of them returning to the street, particularly for the older ones.
- A child who has been rehabilitated should have their parents involved during the rehab process so that they get to rebuild their relationship. We should agree on particular days the parents come to check on the child and in the last month it should be often. Parents should be part of some of the counselling sessions to build this relationship up.

- S.A.L.V.E. needs to empower families of children undergoing rehabilitation to improve home situations so that children don't come to the street in the first place, or don't go back to the streets. This should be done before the child is resettled home.
- NGO's should continue their work of helping children through rehabilitation even once they have been resettled as they will face new challenges then.
- There should be strict laws by the government that should be followed and maintained. Laws currently in place need to be implemented and by-laws should be introduced.

The research from our learning visit to San Patrignano in Italy was then presented to the group before they were split into smaller groups to discuss thoughts, ideas and ways of adapting the learning from San Patrignano to meet the needs of the young people in Uganda:

Is there anything you think we should include in our plans for our Drug Rehabilitation Programme for children who have been living on the streets in Uganda and why?

Accommodation: In order to run a successful rehabilitation programme, it would need to be residential and therefore, we would need a house. They suggested that it should be able to accommodate up to 30 young people at any one time. This should be in a calm, peaceful and safe place with good security.

Education and skills training: Ensure those who are willing to continue with education can do and others get vocational training. Literacy training should be included for the older ones as well as more formal education for the younger ones. Useful life skills should also be taught – e.g. farming, how to clean clothes etc.

Activities: Games, educative movies, arts and crafts as well as sports sessions should be used to help make healthy bodies and to realise talents of individuals. Individuals should receive one to one counselling and staff should spend time with them individually to help build their trust in us. We should also encourage interactive group discussions to enable children to express themselves and have their concerns and opinions heard.

Health care: It is essential to find out the health conditions of the young people we bring to the centre so that we can ensure they are receiving the correct treatment. They will also need additional health check-ups and medication as they go through the programme. e.g. during withdrawal. An onsite nurse would be useful. A good diet is also very important to help the young person build a strong immune system.

Peer to peer mentoring: S.A.L.V.E. should use successfully rehabilitated young people to come to the centre and share their stories with others and inspire them. This could also be used to help create community awareness of success stories to help build our relationship in the community and show people that these children can change.

Staff training: We should invite specialists from Butabika and Mulago Mental Health Hospital Units to do a mental health analysis of the children and also offer training for the staff of the centre. Staff should do peer learning with others where possible. Staff should be passionate and committed to working with young people with addictions and realise it is a challenging job.

Is there anything we should NOT include in our plans based on San Patrignano's model and why?

It was felt that 4 years is too long for a young person to remain in rehabilitation. The group suggested 2 years should be a maximum although others felt that it should be much shorter than this. The group also believed we should not have age restrictions on the programme.

The group also felt that the young people would need time to heal after their chaotic lives on the streets so whilst they should be kept busy, they should also be given enough time to rest and let their bodies recover first.

Is there anything that needs further investigation?

The group felt that it would be important to look into what vocational training options could be offered as part of the rehabilitation process. They felt this would need to be run on site rather than sending the young people to other institutes for training.

They also felt we would need to look at registration requirements within Uganda to see who we need to be registered with to run legally. In particular, the Ministry of Health was noted. Further to this, it was noted that we should be looking at building partnerships with government leaders as their opinions could be important in whether we are allowed to register or not.

We need to build a relationship with a specific local health clinic who had some knowledge of drug and alcohol addiction and are willing to work closely with us.

Is there anything that's a good idea, but would need adapting for the Ugandan context, and in what way?

The education and skills training part of San Patrignano's programme is a very good idea. The type of skills learnt would need adapting to the Ugandan context to ensure that we train the young people in skills relevant in Uganda.

The mentoring system is a really valuable part of the programme and should be incorporated into S.A.L.V.E.'s programme although may need adapting if we run a shorter programme than San Patrignano.

We would need to involve family members throughout the process as it is often very young people we are working with. San Patrignano encourages little contact with family members for the first year but with the age of the young people we are working with, the group felt it would be better to involve them from the onset.