Drug Rehabilitation Learning Report, Uganda in 2015

Background:

S.A.L.V.E. International provides opportunities for children and young people (aged 6 – 25 years old) who live on the streets of Jinja, Uganda. Our aim is to build a brighter future for these young people. One of the biggest barriers faced by young people to transition off the streets of Jinja is substance addiction. The most commonly used substance is Mafuta (aeroplane fuel) which is usually poured onto a rag, placed in a plastic bottle and inhaled through the mouth. After extensive local research and consultation, S.A.L.V.E. International determined that a specialist drug rehabilitation programme is needed to meet the specific needs of the young people.

Before starting a new drug rehabilitation programme in 2016, S.A.L.V.E. is going to conduct a series of research and development visits across the world, to learn from others who are already involved in drug rehabilitation work, and to gain a deeper understanding of the scale of street-connected child drug use across Uganda as a whole. This research is funded by Comic Relief. This is a report from research carried out with a number of organisations within Uganda that are offering Drug Rehabilitation Programmes, or are working with children living on the street. It is shared publically to help others who might be doing similar research and learning. The results of this report will be considered by a local panel of stakeholders in Jinja to decide which learning should be incorporated into S.A.L.V.E.'s plans for the future.

Summary of recommendations:

Funding

- Long term support will be needed for the young people to help to prevent relapse, so there needs to be enough funding available and planned for this.
- There should also be education/ training financial support for the young person when they re-integrate into the community. If they are idle and feel hopeless, they are more likely to go back to taking drugs again.
- Be clear about financial support possibilities from the start to motivate good behaviour.

Family reintegration

- Family counselling and visits are important during the time a child is undergoing rehabilitation to begin rebuilding their relationship early. The family should come to the centre for visits, and staff should also go with the child to the family home for visits too.
- Parent or relatives support groups are important to help families understand the realities of what their child has experienced and to support to each other.
- Before resettling a child, an assessment of the family situation should be completed to see if they also need support. For example, help to start their own small business or vocational skill building.

Staffing

- The staff team should include specialists like a psychiatrist or a psychiatric nurse, a clinical psychologist, social workers, counsellors, medical social workers and occupational therapists.
- It is also important to have volunteers who can come and run specialist activities such as sports training sessions and literacy lessons.
- Most organisations recommended a ratio of 1 staff member per 4 service users, but that this may need to be higher if service users are particularly challenging.

Target Group

- The older youth on the street should be the main target of the programme. This is because they are perceived as the ones influencing the younger children on the street to take the drugs, so unless they are helped, then the cycle of addiction will continue as new children come to the street.
- The main addiction problem is amongst boys, so the programme should focus on boys rather than girls.

Activities

- Sports must be a big part of the programme to help those undergoing rehabilitation see drugs are not the only things that can help you forget your problems. Sports should account for around 50% of the activities.
- Activities to help develop the self-confidence, self-sustainability (i.e. vocational skills) and self-esteem of every service user are vital.
- Arts and crafts can be therapeutic and should be included in the programme.
- Peer to peer mentoring should be a vital part of the programme to support each other. Success stories of former users should also be used to help service users see that they too can overcome their addictions.
- Group counselling should be carried out regularly.

Community sensitisation:

- Community outreach should be done to reduce number of children coming to the street in the first place and to better understand addiction.
- Youth groups should come from churches/ mosques to talk with the children undergoing rehab.
- Partnership building is vital, so that we can learn and share with others already working in addiction in Uganda, i.e. what the best practices and laws are.

Hope and Beyond Uganda, Rampala

Hope and Beyond is a specialist Drug and Alcohol Rehabilitation Centre based in Kampala. The Director began the programme in 2011, after doing similar work, but always believing that the services being offered were not adequate. He also wanted to put a bigger focus onto research into culturally adapted effective rehabilitation methods.

When the programme began, the main addiction presented was to alcohol, but now the number of people they support with other drug addictions are rising. Marijuana is still a big problem, and worryingly there are an increasing number of cases being admitted who are addicted to cocaine and heroin. The standard times for someone to undergo rehabilitation at the centre is 90 days for alcoholics and 180 days for those with other drug addictions.

They have no set criteria based on age or gender but currently, 80% of their users are between 15 and 30 years old. These consist of 15 men and 3 women. The Director believes that the reason that there are so few women that seek help for addiction problems is that the culture suppresses them so that they are not able to access the help they need rather than that they are not commonly becoming addicted. The majority of their service users were brought to the centre by friends and family.

Hope and Beyond is a paid for service. In order to attract people to seeking help from them, they do outreach work in schools, churches, through local radio stations and through their website. This helps to make people aware of the services that are available to them.

The Programme

Initial Assessment: When a person enters the programme, they are given a full health assessment. This includes a psychological assessment which checks the severity of the addiction, an organ function test e.g. kidney/ liver to check what damage has been done by the drugs or alcohol, and an assessment of the mental health of a person is completed by the psychiatrist.

Detoxification: During the detoxification process, medication is only given for infections. No substitute medication is given.

Staffing: You need a coordinator to ensure that activities are going on as planned. This person should be someone who drops in and out to check up on staff and make sure the programme is running as it should be. You also need a psychiatric nurse to be on site 24/7 as well as counsellors, psychologists, social workers and a good number of volunteers to assist where needed and run activities for the service users. You also need outreach staff who are based in the community to do advocacy work. An occupational therapist is also very important in helping the clients to build skills that will help them in their future. You should also offer staff counselling as some of the service users can be challenging and staff may also become affected. Each client should be given a key worker who should be responsible for their care plan and discharge strategy, as well as for carrying out follow up visits.

Activities: Meditation, prayers, lessons such as numeracy and literacy and life skills, in particular lessons about the dangers of drug abuse. They also offer AA group meetings, group therapy, Family counselling, particularly as they are nearly ready to return home. Exercise should be a vital part of the programme, making up around 50% of the activities, especially for young people.

Skill Building: Rebuilding life skills is an essential part of the rehabilitation process. For example, teaching those undergoing rehab about hygiene etc. Teaching resilience and coping skills is also vital so that they learn how to deal with life's challenges without turning to drugs and alcohol. Rebuilding self-esteem and self-confidence is also an important part of the rehabilitation process. Building on a person's skills and giving them opportunities to put these into practice will be very important in this.

Family Re-integration: Family counselling is vital to help the reintegration process as this allows the family and the client to speak openly in front of each other and address their worries/ concerns or frustrations in a safe environment. When reintegrated back into the community, service users are encouraged to link up with former users and build support networks for each other. They also continue to attend AA meetings.

Success rates

Currently, Hope and Beyond believes around 60% of alcohol users have managed to remain rehabilitated and 40% of other drug users. However, the organisation is currently doing a year-long follow up for 140 past service users to support their statistics and find out more as to the reason why people are relapsing.

Advocacy

Joining committees such as the Uganda Alcohol Alliance Is important to work in partnership with other organisations doing similar work to try and advocate for the rights of those with addictions.

Butabika Mental Health Hospital, Kampala

Butabika Alcohol and Drug Unit was opened in 2006. They work with both Men and Women, although currently all of the inpatients are men. Any women who are referred to them are kept on other wards in the hospital and come to the unit for counselling sessions. There are only 24 beds available, which means that there are many people that are referred to them that they are unable to help due to a lack of space. The most common substances abused are alcohol, tobacco, marijuana and Heroin.

The majority of the patients are referred by families, friends or schools but some also choose to come themselves looking for help. They are then referred from other wards to the Alcohol and Drug Unit. Those under the age of 18 with addictions will be kept on children's wards in most cases, unless they are violent.

The Programme

You need a multi-disciplinary approach to rehabilitation that focuses both on the body and on the mind. Each patient is assigned a key worker and a care plan is needed that records the progress of the patient.

Care Plan

All patients entering into the program are subject to a Care plan program approach. This requires a systematic assessment of the client's health and social care needs, development of an initial care plan, and then identification of a key worker who will regularly review the care plan. Some patients on some substance abuse are referred to Butabika hospital displaying symptoms and are admitted to an acute ward. And once these symptoms have been controlled, these clients are referred to the addiction and alcohol unit for rehabilitation.

Detoxification

Detoxification is only the first stage of addiction treatment. This is a process where individuals are treated for withdrawal upon discontinuation of addicted drugs.

Structure and Routine

Patients must attend daily activities to develop life skills and encourage them to get back into some kind of routine. They have recreational therapy and counselling sessions, which can be individual, group or family counselling. Patients have to be rehabilitated in all aspects of life as this has been lost as a result of abusing drugs or substances.

Staffing

The unit is run with multidisciplinary team though some of these people are not permanent staff for that particular ward and also work in other parts of the hospital.

Family therapy is a very important aspect of managing these clients. Once it's done then these clients will be given social support i.e. from the family, and other community people may come in to support them.

Challenges

The main challenges faced by the unit are:

- Limited space
- Lack of enough man power
- Lack of after care services
- Lack of the social support for many of the clients.

Training

They train people from different medical schools these include Nurses, medical students, counsellors, psychologists and anyone interested in the care of the clients.

Mental Health Uganda: Gulu

Mental Health Uganda was started in 1997 by past psychiatric service users. Their regional office is based in the main Gulu Regional Referral Hospital who they work in partnership with and the secretariat office. The Headquarters is based at Kanjokya Street - Kamwokya in Kampala. At their Gulu Branch, they currently have 1095 people registered with them and of those, approximately 30% are affected by drug or alcohol abuse. The main substances that their patients have used are Marijuana, Alcohol and chewing tobacco.

They work with patients aged 13 and above and the majority tend to be boys. Most patients remain in the programme for 3 – 6 weeks depending on their individual needs.

The Programme

Health check: Their partner Hospital does the following health tests when they first enter the programme: they are given a HIV test, their blood pressure is tested as well as their glucose levels and they are given a malaria test. Mental health status is assessed, diagnosis is made and mental health treatment is started if found necessary. On discharge by the Hospital, some of the patients pass through their Mental Health services on discharge plan to prepare them for overcoming community stigma and discrimination they are likely to meet upon leaving the hospital. Mental Health Uganda, Gulu branch also does family mental health education and community mental health education. After 1 month, the patients are required to go for a follow up HIV test, since it can sometimes not show up as a disease during the 3 months after transmission.

Staffing: The staff team should include a psychiatrist, social workers, a community psychologist who can provide trauma counselling and a psychiatric nurse. They have around 20 staff to 80 services users. Staff should be compassionate and caring. They should be able to identify with service users so that the service user can learn to trust and confide in them. As above Mental Health Uganda, Gulu branch has an 11 person strong team of recovered and recovering mental health service users who do most of the peer support work. They are supervised by Community Psychologist and a retired Principle Psychiatrist Clinical Officer.

Activities: It is important to involve the beneficiaries of the programme in deciding upon activities that should be run. For example, what kind of income generating projects would they recommend? It is good to bring service users together who are at different stages of the rehabilitation process so that they can inspire each other to keep going.

Income generation: They run livelihoods programmes including pass a goat project where one member of a group is given a goat and then when that goat produces, he/she pass the kid to the next person in the group so that eventually everyone ends up with a goat. They also run a candle making project and a sewing project where they make school jumpers based on orders from local schools. In order to show that they are not taking advantage of the group for profit, each group is registered at the district as a CBO in its own right.

Community sensitisation: They carry out a lot of advocacy work in the community to encourage people to seek help from them. They run mental health awareness sessions in the communities to help care givers and service users, so that they understand the issues they are facing and that they are not alone. This also helps the care givers to know how to best support people with addictions.

Counselling: They run counselling sessions for the families because they realise that in order to really help someone, you need to address the root cause of the problem and it is usually the family who can explain this. Group counselling sessions are also important to help service users understand that they are not alone in the problems they face.

Peer support in the community: They train past service users to carry out counselling within their communities. Not only does this help build capacity in the community but it also builds on the self-esteem of the individual doing the counselling. In order to be really successful in rehabilitating someone, the local community has to support them and treat them well. If the people from the community continue to judge them or refer to them as the drunk or the mad person, then they are likely to relapse.

Reintegration into the community: Prior to reintegration into the community, patients are prepared for the realities that they may face. Often when they return home, they will be called names by others in the community and may be mistreated. By preparing the patient for this, and teaching them coping mechanisms, they are more likely to be able to deal with these issues, and therefore less likely to relapse.

Success

They believe that their success comes from the high involvement of past service users or those who are a long way through the programme as staff or volunteers and advocates.

The Future

Mental Health Uganda- Gulu Branch currently has plans to begin a Recovery College. This would be a rehabilitation centre, very similar to that which S.A.L.V.E. is planning for, but aimed at anyone who needs help, not specifically children living on the streets.

Referral to S.A.L.V.E.

They would be happy to refer children or young people to us in the future if they had any children who had been living on the street who they felt we could offer our services to. The main barrier to this would be the cost of transporting them to Jinja.

Ring of Hope, Jinja

The Director started Ring of Hope when he visited a similar centre in Kenya in 2008. He spend some time working with the Blue Cross network and learning about their methods in Kenya, before deciding that he could not ignore the people with similar problems he had seen back in Uganda. Knowing that there was no similar services available in Jinja, he moved back and started Ring of Hope. Currently their programme covers Jinja and Mafubira areas. Their main target group is adults with alcohol addiction. Therefore, their target group is over 18 years old. Currently, their residential centre can only accommodate men but they hope in the future to be able to accommodate women too.

Since 2009, they have helped hundreds of individuals within the community with support to overcome their addiction. They have also distributed information to thousands through radio programmes and other forms of community sensitisation. The main reason they find for people turning to alcohol is that they have nothing else to do with their time as they don't have jobs. They are active members of the Blue Cross and the Uganda Alcohol Alliance networks.

The Programme

Initial programmes: The project began in 2009 doing community outreach and sensitisation. Here they would offer counselling and guidance to individuals as well as group counselling sessions. They found that many people wanted help to overcome their alcohol addiction. In 2015, a new residential rehabilitation centre was opened and they currently have their first 5 service users staying at this residential facility. They have space for up to 24 clients but believe that they would need 10 staff if the house was at full capacity, which they can't currently afford.

Health check: Service users that come into the residential facility are taken to hospital for a health check-up when they enter the programme and any treatment they need is prescribed. The tests include HIV, malaria, liver function and lung function tests.

Staffing: They currently have 6 staff, including 3 who work in the office, a cook, a warden and a farm manager. The office staff also do the outreach work in the community. They also have a large pool of volunteers and like to employ those who have had an addiction themselves in the past, as they believe they can better relate to service users.

Activities: They train clients in farming, as many people have land that they can go back to and farm when they leave the programme. This allows them to grow food for themselves, even if they might not make much income from it.

Re-integration into the community: As the service user comes close to the end of their time at the residential centre, they need to be prepared for what to expect when they return to the community. They have family counselling sessions, which are run at the centre. They are also encouraged to leave the centre during the daytime leading up to their move back home, so that they can be supported to prepare for any challenges they will face. They are encouraged to come back and seek help if they face any problems once they have returned to the community.

Support Groups: Former service users are encouraged to set up peer support groups in the community so that they can help each other during challenging times. Currently they have 6 active support groups running across Jinja and Mafubira.

The Future

In the future, they hope to open up a residential facility for women as well as have an onsite health clinic.

Referral to S.A.L.V.E.

They would like to partner with us and refer children to us as they do not currently have the means to support those under 18, but come across many young people in the community with addiction. They also encouraged us to refer parents to them if we find some with alcohol addiction and that we could work hand in hand to help families recover.

Jinja Connection, Jinja

Jinja connection is a street-connected child organisation working in the Jinja district to help children under the age of 15 years, leave the streets and be resettled back to their families and focus on their Education.

They are running a day education programme and they are proud that they have had a positive change in the lives of the street-connected children. They are also proud that they have helped to reduce the number of children living on the streets of Jinja. They have a passion for their work and they provide medical care, life skills, quality education and they hold so dearly the relationship of the staff and the child. They have resettled many children back with their families since they started working 3 years ago, some of these children were drug addicts but they have transformed and are now settled back with their families.

S.A.L.V.E. works in close partnership with Jinja Connection, sharing learning, a daytime Jinja based centre and knowledge of any children in our programmes to help each other.

Drug Abuse

Jinja Connection faces a similar challenge with the high number of street-connected children taking drugs. They generally focus their work with children below the age of 15 years, some of them are addicted to taking drugs, and they have a policy where no child is allowed to come with drugs in their centre. The most abused drugs include Mafuta (aeroplane fuel), glue, and alcohol. They believe it is very difficult to work with children addicted to drugs because when they are high, they do not think straight and this may affect their choices in coming to the centre or being helped in a way that may benefit them.

Drug addiction has affected the work of Jinja Connection so much because children addicted to drugs take longer time to transform (or refuse to transform) and therefore undergo a longer period of rehabilitation before thinking of being resettled to their families.

The Programme

The program at Jinja Connection is systematic and well planned. The children are expected to arrive on time by 8am every day. They start the day by washing their clothes, brushing their teeth and bathing. There is time allocated for every activity at Jinja Connection. Apart from the already mentioned activities, other daily activities at Jinja Connection include taking food, having counselling, Bible study, physical education, teaching them lessons like literacy, sports, art and crafts etc. Other main activities include home tracing, which is done after the social workers have worked with the child and the child is willing to be resettled with the family. Every child belongs to a family and it's the desire and passion of Jinja Connection that these children are reconnected with the family members. Lunch is given to help the children concentrate on lessons and ensure they are receiving the nutrition they need to grow and develop properly.

Challenges

They do not know of many health professionals who deal specifically with the issue of drug addicts, but it's something that they would like to see because the magnitude of the problem is enormous.

What should be included in a Drug Rehabilitation Programme?

According to Jinja Connection's director the following are necessary for the drug rehabilitation programme to become successful:

- Experienced professional staff and volunteers
- Proper facility /structure
- Clear layout plan on how we want the programme to operate i.e. timetable for various activities put in place
- An emphasis on sports is very important for rehabilitation. It should be one of the main activities.
- Training the children in many skills, some of these may include carpentry, tailoring, welding etc.
- Art work is important to put into consideration for creativity.

Referral to S.A.L.V.E.

They would like to partner with us if we are to start the Drug Rehabilitation Programme in the future and refer children to our Drug Rehabilitation Programme.

Some of the barriers that may be faced in referring children for Drug Rehabilitation are the child's willingness to be taken for rehabilitation. Also if the family refuses to give consent, as if they refused for their children to be referred to the drug rehabilitation centre that it will be a barrier to our work.

Working together with the probation office and other district officials is paramount because it will determine if the programme will be successful or not if they can show support for it.

Retrak, Kampala

Retrak is an organisation working with children living on the streets of Kampala, Uganda. They work with children aged between 7 to 17 years old. This is because most of the children sleep at their drop in centre and they cannot keep minors in the same place as those over the age of 18. The programme began as a football club known as Tigers Club and developed over time into Retrak. They have 3 centres in Kampala. One for girls and 2 for boys. They believe it is important to keep boys and girls separate.

Retrak is a UK based charity that works with street children in Africa to give them a real alternative to life on the street. There are numerous reasons why children live and sleep on the streets such as poverty; family strife; abuse; being orphaned, often as a result of HIV/AIDS; war and famine. Often abused or violated on the street, regarded as barely human and on the very fringe of society, they make out an existence, begging or scavenging through rubbish for food. Our aim is that these children can realise their full potential and discover their inherent worth.

Retrak began in Kampala, Uganda in 1994 as a football club providing street children with the opportunity for play and, for a short while at least, escape their day to day problems and dangers. Recognising both the need and the potential, Retrak expanded the scope of its work beyond football and, by 1997, had become a UK charity and was registered in Uganda as a non-governmental organisation (NGO) called the Tigers Club Project; later renamed Retrak. Programmes were developed by working with the children individually, to find what worked best for them; and grew to include education, vocational training, health care, counselling and more, while keeping the much loved football sessions. The common aim of all of Retrak's programmes is to work with the children as individuals, with their own individual hopes and circumstances, to enable them to take their place back in the community and, where possible, within their own families. Retrak has enabled hundreds of children to move off the streets and back into their communities. As well as Uganda, we now also have a center in Addis Ababa, Ethiopia which has been hugely successful and we work with partners in Kenya and Malawi. Plans for partnering with other organizations in Zimbabwe, DRC and Brazil are in their final stages.

Drug Abuse

Retrak also faces similar challenges about there being high numbers of children who are very addicted to drugs on the streets in Kampala. Similarly to Jinja, the main drugs that the children use in Kampala are Jet Fuel (mafuta) and glue. The biggest challenge they face is that those most addicted rarely come to the centre because they are not allowed to bring the drugs in. Therefore, the majority of the time spent with these children and youth is during street outreach work.

Another challenge is in working with those who are aged 18 or over, due to not being able to keep them in the same place as the under 18's. These are some of the harder to reach young people living on the street.

For those who drop in and are addicted to drugs and they are beyond social work management at the centre, they are referred to either private clinical psychologist or Butabika Mental Health Hospital Alcohol and Drug Unit for help, as Retrak currently does not have any rehabilitation home to offer them this kind of specialist support.

What should be included in a Drug Rehabilitation Programme?

There should be a clear admissions procedure in the centre for when a new child comes in. For example, how they are welcomed etc.

There could be grading levels where each child has to reach certain criteria to have reached that grade. This will help the staff and the child to see their progress.

There should be a structured rehabilitation program with stages that must be completed which someone should complete before being discharged depending on their levels of addiction.

Family counselling should be a significant part of the programme. The family should be encouraged to visit and have counselling both with the child and without so that they can learn to understand what the child has experienced on the street and be able to help with the rehabilitation process.

There should also be a support plan in place for the staff. Working with young people who have lived very difficult lives on the street and have serious addictions is very challenging work so you should consider what support you will put in place for the staff.

We should work in partnership with other street child organisations and the authorities to detect and help to stop the drug dealers from continuing to supply drugs.

We should also work with the police and local authorities to build relationships and encourage them to understand the challenges faced by children on the street and see that it is not their fault they are there. There is a big knowledge gap about the experiences children go through on the street so advocacy should be part of the programme.

There should be a clear exit strategy for the child, when the child is selected for the drug rehabilitation programme, it has to be made clear that the client will stay for a certain period of time, and when the client recovers then they should be reintegrated back into their families or helped to transit into independent living.

Referral to S.A.L.V.E.

Retrak would refer children onto us in the future, but they would need to visit the centre first for due diligence with particular focus on ensuring our child protection policy is in place and adhered to.

We would also need to sign an agreement based on what we expect from each other. For example, who would cover costs such as the transport costs for the child and a social worker to bring them and how the resettlement process would work once the child had been referred to S.A.L.V.E. If the child is referred to S.A.L.V.E. then there should be regular updates by S.A.L.V.E. to Retrak on the progress of the child under the drug rehabilitation programme, so that both organisations are informed on what is happening with the child.

CRO, Lira

CRO in Lira has been running since 2007. When they began the programme, there were around 250 children living full time on the streets of Lira according to the data that they collected during their street outreach, as well as a survey carried out by Save the Children in 2005.

Their initial target was to help 70 children a year leave the street but in the first year, they helped 170 children to leave the streets. Between 2009 and 2011, they supported 100 children a year to leave the street. They are currently the only organisation in Lira working directly with the children living on the street. They now estimate there are around 150 children full time on the street. However, in the past year, they have noticed that there have been a lot of new children coming to the street. In particular, there is an increasing number of "part time children on the streets". The reasons for this includes issues of domestic violence, child neglect, poverty which causes children to come on the streets to work and broken down traditional family support system - given the lango/African culture of extended family system, children in problems were taken up by relatives who were more able to take care of them but this is no longer happening as much.

They work with the children who are under 18 years old as they do not have the capacity to work with the youth over 18. They have also noticed that these older street children are hiding themselves more at night now due to increased round ups and beatings. They are also dressing smarter to try and hide the fact that they are living on the street.

They use volunteers from the local community to do outreach and teach the communities about children on the street, and encourage them not to discriminate against them.

Drug Abuse

Drug abuse amongst children living on the streets is still a big problem in Lira and they believe that every child full time on the street takes drugs. These range from Mafuta (aviation fuel) and glue to marijuana and kuber.

They currently run counselling and guidance sessions to teach the dangers of drug abuse and they have a nurse who does health education. Sometimes they even encourage the police to do talks to the children around the legal side of drug use. However, it is still a big challenge and the do not have any specialist facilities to support children to overcome their addictions.

They believe that the older boys on the street become the suppliers and therefore are the ones who are influencing the younger and the new children to begin taking drugs. Therefore, they believe that if we really want to solve the issue of drug abuse amongst children on the street, we need to work majorly with these older street youth,

What should be included in a Drug Rehabilitation Programme?

- It should be residential
- Working mainly with the older youth
- Community outreach to reduce number of children coming to the street
- Family counselling and visits – you should encourage the family to visit the child but also go with the child for home visits.
- Dance, music and drama performances portraying the lives of children on the street could be put on to encourage the children to develop their talents as well as to inform the community about their challenges.
- Parent support groups are also important to help families understand the realities of what their children have experienced.
- Assessment of the family to see their needs to help re-integration.
- Teaching the family about their responsibilities.
- Educational opportunities – both formal education and vocational training options.
- Income generating activities to help fund the programme.
- Specialist staff with good training.
- Games and sports must be a big part of the programme to help them see drugs are not the only things that can help you forget your problems.
- Using success stories of former children on the streets with addictions.
- Follow up programme and continuing education options for them when they return to their families.
- Arts and crafts activities.
- Youth groups to come from the church or mosques to talk with the children undergoing rehab and vice versa for them to go and speak out in the community.
- Trained volunteers to provide extra support to the staff.
- Children need to always remember that they are doing this for themselves to build a brighter future for themselves and not for anyone else, so if they run away, they are letting their future down.
- Create a before and after film or photo montage that they can look at and feel proud of how far they have come.

Referral to S.A.L.V.E.

They would be very happy to build a partnership with us and begin referring children with serious addictions to us. They main barriers that they could see to this working are the cost of transporting children when funds are low. They also felt the language barrier might be a problem as most of the children they work with are from Lira and close by and they do not speak the languages spoken in Jinja.

Other Points

They recommended that we would need to take into account the guidelines on keeping children as set by the Ministry of Gender, labour and Social Development as well as to look into registering with the Ministry of Health. S.A.L.V.E should also work with the local government to help them understand the complexity of the issues surrounding children on the street and that they are not to blame for their situations and encourage them to take an active role in helping children on the streets, particularly those departments in charge of child protection.

Jinja Main Hospital Psychiatric Unit

According to Mr Dradia Alex, who works in the treatment room at the psychiatric unit, there are many mental health illnesses of patients brought to Jinja main referral hospital to get treatment. The cases were acute and there was need to start up a psychiatric unit to help clients of this nature, hence this was a starting point for the psychiatric unit at Jinja main referral hospital. Patients were coming from Jinja and other neighbouring districts and even now the patients are still being brought from Jinja and districts far away from Jinja and within the Eastern region.

Drug Abuse

The most commonly abused drugs by clients include opium, marijuana, petrol, cocaine, alcohol, and glue.
There are departments or offices in the psychiatric unit; they include the Reception room, psychologist room, the social worker room, the consultation room and the clinician room.

Staffing

For effective delivery of services to the clients, they have employed medical social workers, a psychiatric nurse, clinician, psychologist and social workers. The clients admitted at the psychiatric unit are taken care of by their relatives, they provide the food, and take proper care of their clients whenever admitted and undergoing medication at the psychiatric unit.

Referrals

The psychiatric unit helps clients with mental health illness. The clients are brought to the centre by their parents or relatives, police, colleagues and some few bring themselves to the psychiatric unit. They have a good working relationship with Butabika Mental Health Hospital and clients with more complicated cases of mental illness are referred to Butabika for further treatment.

Partnership

They are very much willing to work with us and promised to give us technical support and ideas to make our Drug Rehabilitation Centre become successful.

Challenges

- Their main challenges are costs of fuel to be able to refer some clients to Butabika hospital.
- Some clients stop taking their medication when the doctors prescribe particular drugs for them to take.
- Some clients undergoing treatment do not report back to Jinja hospital when told to come back on an agreed date.

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