FOREWORD

At the heart of the COFP mission is the call for positive living for the young people. Empowering our youth with skills that will help them to live a happy and fulfilled life is the goal of YOLDA. Working and walking with people to change bad habits that was built over the years is not an easy task. The negative consequences of drug addict and abuse to human person and the society at large is unquantifiable. This is why we concentrate on analysing and documenting methods and approaches that are effective and efficient in addressing drug abuse and addiction which has become so rampant in our society.

The training manual in your hand is a guide that shows us how we can support our young people in overcoming addiction and abuse in order to live healthy drug free life. When we have less crime and violence in our communities, lasting peace and development will be advanced.

The Content in this Manual brings together COFP’s years of experience with young drug addicts within the FCT Abuja. But the experiences are so vast that this single manual cannot contain all and this is why we chose only the key issues and harnessed them in transformative ways for positive impact. For those who will make use of this training guide, I encourage you to make use of the lessons from this book in assisting drugs addicts to recover and overcome addiction so that together, we would make our community a violent free, peaceful and healthy environment for all.

Rev. Agatha Chikelue Sr. DMMM
Executive Director
March 2nd, 2019
CARDINAL ONAIYEKAN FOUNDATION FOR PEACE (COFP)

Cardinal Onaiyekan Foundation for Peace (COFP) is a non-governmental organization with the mandate to provide a platform for building and strengthening the processes of peace and social change in Nigeria and Africa at large.

Established in 2010 by John Cardinal Onaiyekan, one of Nigeria’s most respected faith leaders and a passionate advocate for religious tolerance and inclusiveness, the Foundation recognizes that most conflicts in Africa (despite their ethno-religious colorations) are symptoms of deeper structural problems arising from all manners of exclusion—religious, ethnic, political, economic, gendered—that can only be adequately resolved through governance structures that are both ethical and just.

COFP therefore strives to address these challenges by, among other things, promoting ethical leadership, offering a space for faith leaders, citizens and political leaders at all levels to engage in discussions for peace and development. The Foundation also assists in providing conflict parties with critical skills for peacebuilding, conflict management and transformation within their communities.

As a Foundation for inclusive dialogue, and driven by the principle of common good in line with the Social Teachings of the Catholic Church, the guiding point of reference for COFP is the Nostra Aetate Declaration of the Second Vatican Council on Interreligious Dialogue. COFP is also guided by decades of leadership in addressing social injustice, interreligious dialogue and collaboration for peace and resilience of all Nigerians.

This is why the Foundation is keen to engage with everyone, particularly marginalized groups—women, youths, children and others on the margins of society—recognizing that peace is a condition for transformative development which all must be involved in COFPs core programs include Interreligious Dialogue, Peace Education, Governance/Leadership Ethos and Development, Community Engagement, networking with similar groups, among others.

Block B Rivers Court, Gaduwa Estate Durumi,
P. O. Box 18941, Garki, Area 10
Abuja, Nigeria
+234 802 244 3542, +234 703 808 3770
info@cofpfoundation.org
cofp foundation@gmail.com
www.cofp foundation.org
LIST OF ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>COFP</td>
<td>Cardinal Onaiyekan Foundation for Peace</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>ICT</td>
<td>Information and Communication Technology</td>
</tr>
<tr>
<td>IDP</td>
<td>Internally Displaced Person</td>
</tr>
<tr>
<td>NCDA</td>
<td>National Council for Drug Abuse</td>
</tr>
<tr>
<td>YOLDA</td>
<td>Youths Living above Drug Addiction</td>
</tr>
</tbody>
</table>
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Table of Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword</td>
<td>i</td>
</tr>
<tr>
<td>About the Cardinal Onaiyekan Foundation for Peace (COFP):</td>
<td>ii</td>
</tr>
<tr>
<td>List of Acronym:</td>
<td>iii</td>
</tr>
<tr>
<td>Table of Content:</td>
<td>iv</td>
</tr>
<tr>
<td>Acknowledgements:</td>
<td>vi</td>
</tr>
<tr>
<td>Introduction</td>
<td>vii-viii</td>
</tr>
<tr>
<td>Session 1: Overview of COFP &amp; Setting Goals &amp; Values for YOLDA</td>
<td>1</td>
</tr>
<tr>
<td>Session 2: Relevance of YOLDA Project</td>
<td>2</td>
</tr>
<tr>
<td>Session 3: The Roadmap – What the YOLDA Project entails</td>
<td>3</td>
</tr>
<tr>
<td>Session 4: Peer Influence</td>
<td>4</td>
</tr>
<tr>
<td>Session 5: Substance Abuse and Addiction, Effects on the Individual &amp; Society</td>
<td>5-8</td>
</tr>
<tr>
<td>Session 6: Life Skills - Qualities for Positive living</td>
<td>9</td>
</tr>
<tr>
<td>Session 7: Self-Awareness</td>
<td>10</td>
</tr>
<tr>
<td>Session 8: Decision Making</td>
<td>11</td>
</tr>
<tr>
<td>Session 9: Perception &amp; Effective Communication</td>
<td>12</td>
</tr>
<tr>
<td>Session 10: Circle of Feeling via Social Network Group</td>
<td>13</td>
</tr>
<tr>
<td>Session 11: Medical Screening/Tests and Treatment</td>
<td>14</td>
</tr>
<tr>
<td>Session 12: Addiction Triggers &amp; Refusal Skill</td>
<td>15</td>
</tr>
<tr>
<td>Session 13: Addiction Recovery for Meaningful Living</td>
<td>16</td>
</tr>
<tr>
<td>Session 14: Building Skills for Income Generation</td>
<td>17</td>
</tr>
<tr>
<td>Session 15: Building Peace by Saying No to Addiction &amp; Abusez</td>
<td>18</td>
</tr>
</tbody>
</table>
Acknowledgements

The Cardinal Onaiyekan Foundation for Peace (COFP) wishes to thank all those who contributed in the preparation of the Youth Living Above Drug Abuse/Addiction (YOLDA) Training Manual. The shared knowledge, experiences and perspectives have produced a tool that will have a significant impact on the youths who are addicted to drugs/substance abuse in our society.

Special thanks to Dr. Paul Andrew (Institute for Peace and Conflict Resolution), Ms. Jane W. Kinyua (Kroc School of Peace Studies University of San Diego), Mr. Augustine Nduka, the Head of Tactical Operations and Demand Reduction Unit of the National Drug Law Enforcement Agency (NDLEA) & the entire NDLEA for their guidance in developing different sessions of the project & manual.

The financial support from our Czech friends (Peter & Felix), especially, funding from the Czech Government assisted us in piloting YOLDA Project effectively and for this, we remain very grateful.

The preparation for this manual would not have been possible without the initiative of Late Mr. Rex-Cyprian Aniah our pioneer Monitoring and Evaluation Manager who conceived the idea of this manual, may his gentle soul Rest in Peace. Amen.

The manual draws on the experiences and lessons learnt from conducting YOLDA classes/sessions. Sincere appreciation goes to the management and staff of the COFP Foundation for their tireless efforts in executing YOLDA project and for their great participation in the preparation of this manual.
Introduction

Drug addiction is one of the deadly ills affecting our society recently. Just like other diseases, it disrupts the normal, healthy functioning of the organs with serious harmful consequences. The use of mind-altering substance of natural origin has been known since pre-historic times. For centuries, man has tried to complement the positivity of life or escape the negativities of life, whether real or imaginary by using fermented liquors and different stimulating plant products. In Nigeria for example drinking of palm wine and locally brewed alcohol like 'Ogogoro' and 'Burukutu' as well as chewing of different stimulating plants were common trends in Nigeria until after the 2nd World War when Indian hemp was introduced through the war veterans who brought back the seed from India in the 40's.

The 70's and 80's saw the introduction of other drugs like cocaine, heroin, amphetamines and pharmaceutical opioids (morphine, codeine etc.). This trend changed automatically to include non-conventional drugs such as inhalants (gasoline, correction fluid, rubber solution, aerosol, nail polish removal, kerosene, petrol and butyl nitrate in the 90's. This drugs/substance produces psychoactive vapors which when inhaled goes straight from the nose to the brain, heart and lungs. The World Drug Report of 2014 scored Nigeria higher than other African countries in cannabis consumption.

It is common knowledge that conflict situations most likely leads to drug addiction and abuse. Terrorist for instance, distributes drugs to followers to enable them high themselves in order to carry-out insurgent acts. Drugs/substance abuse is increasing at an alarming rate among youths which is a major threat to our country as the youths are said to be leaders of tomorrow. Nigerian Youths are becoming a menace to drugs and substance abuse which is causing serious threats to their health, productivity, progress as well as increased violence and crime rate in our society today. Thus, there is no doubt that the problem of drugs and substance abuse is rampant in high risk population areas especially, in and around the rural settlements of major cities across the country.

According to the Vanguard Newspaper, there were recent reports of the arrests of drug dealers even inside IDP camps, while many of Boko Haram has regularly abused all kinds of drugs in order to be able to commit atrocities. The systematic recruitment of young people as thugs by the political elite has also exacerbated the problem in societies that have witnessed the gradual erosion of family values and the alienation of millions of marginalized youths, who often are either not educated at all, or are so badly educated and therefore, do not have the requisite skills for the competitive environment of 21st Century.
Introduction

The scenario above calls for an urgent response from all angles to curb this menace. As part of the COFP contribution in addressing drug addiction and substance abuse in Nigeria, the COFP Foundation developed the Youth Living Above Drug Addiction (YOLDA) program in 2018. This response is needed to restore health, purpose and meaning in the lives of these addicts as well as give them a better opportunity to grow and develop into responsible citizens.

This manual therefore, is designed to help the Nigerian Youths to live above drug addiction through enlightenment, counseling, medical and empowerment interventions. It will also serve as a reference note to the COFP YOLDA beneficiaries who have decided to quit drugs/substance abuse as they strive to better their lives and avoid relapse as well as to those trainers who helps addicts to recover from drug abuse and addiction.

Family health international in collaboration with USAID and PACT VIETNAM https://www.fhi360.org/resource/training-curriculum-drug-addiction-counseling

SESSION ONE

OVERVIEW OF COFP, SETTING GOALS AND VALUES FOR YOLDA

This session introduces the history of Cardinal Onaiyekan Foundation for Peace (COFP). It justifies the reason why COFP engages in YOLDA project and how this project can help drug addicts both young and old to recover, overcome and live a healthier life. It highlights the processes involved in YOLDA.

Learning Objectives:

a) Beneficiaries will set their goals and values and explain why and how they think this would help them.

b) It is necessary to set goals and achieve them, this can only be possible when beneficiaries inculcate good values and work towards their set goals.

c) Beneficiaries will demonstrate how they believe their values will help them achieve their goals of living above drug addiction and substance abuse.

Focus Group Discussion

i) Start with the circle of feeling - This involves mentioning of their feelings as they are. There are no bad or good feelings here, instead this activity helps beneficiaries to learn how to be empathic and respect each other’s feelings as well as offer support where possible. This activity is meant to help beneficiaries build sense of cohesion among one another.

ii) Circle of feeling is indifferent for most of the beneficiaries, while some are excited to get help to quit drugs/substance abuse others are not.
SESSION TWO

RELEVANCE OF YOLDA PROJECT

Introduction

We will review different kinds of drugs, the effects and consequences of such substances in the body, the community and the society at large. This session will also give us the opportunity to examine the relevance of YOLDA project and the connection between YOLDA and drug free/violent free society.

Learning Objectives

a) Help beneficiaries to understand the relationships between Drug Addiction/Abuse, Crime, terrorism & Insurgency.
b) Analyzing the harm that drug addiction/abuse can do to an individual and the society at large.
c) Develop strategic interventions in addressing drug and substance abuse together with the beneficiaries.

Focus Group Discussion

iii) Medical/Health implications of drug addiction & substance abuse.
iv) Social implications drug addiction & substance abuse.

“I was so scared because of the withdrawal symptoms initially observed, but thanks to the COFP Foundation for encouraging me through this process. I am now excited and hoping for a better future in order to fulfill my dreams.”

Hadiza Ahmad,
YOLDA Beneficiary
SESSION THREE

THE ROADMAP:
WHAT THE YOLDA PROJECT ENTAILS

Introduction

This highlights the roadmap that the training will follow. It relates to the content that will be covered throughout the training process. The roadmap begins with understanding the COFP peacebuilding work and further moves to understanding the consequences, crime, conflicts and violence arising from drug addiction and abuse. Then, the focus goes to different interventions in addressing drug, substance addiction, abuse. Lastly, designing and measuring progress at every stage of the project.

Learning Objectives

a) The roadmap will help beneficiaries to understand what YOLDA project is all about and will be equipped to undertake the process.
b) Prepare & empower beneficiaries to live a better and healthier drug free life style as well as contribute to the drug-free society, low crime rate, peace and development.

Focus Group Discussion

i) Understanding counselling and behavioral intervention.
ii) Health and medical intervention.
iii) Vocational skills and empowerment intervention.

“This program has helped me to stop taking tramadol which I have been addicted to for the past nine years and I.B (another YOLDA beneficiary) has also been a great motivator when I see his efforts at quitting drugs/substance abuse I just want to do better.”
Paschal Nnakwe, YOLDA Beneficiary

Counseling Intervention.

Health and Medical Intervention.

Vocational Skills and Empowerment Intervention.
Introduction

Peer influence is the direct influence on people by peers, or the effect on an individual who gets encouraged to follow their peers by changing their attitudes, values or behaviors to conform to those of the influencing group or individual. Many people have admitted going into drugs because of peer influence either positively or negatively.

Learning Objectives

a) To rekindle in the minds of the beneficiaries that peer influence can lure them into drugs/substance abuse.

b) To educate beneficiaries on how to overcome peers who influence them negatively.

c) To help them become positive peer influencers rather than being influenced negatively.

Focus Group Discussion

i) Mention three of your closest friends that have influence in your life- both male and female.

ii) What sustains your friendship?

iii) What kind of influence does your closest friend have on you?

iv) What kind of influence do you have on your friends?

v) How do you break out from negative peer influence?

vi) How do you build positive influence?

“I am finding it really difficult to quit smoking because most of my friends are smokers and I can only avoid smoking by staying away from them.”

Bob Urugba, YOLDA Beneficiary

www.cofpfoundation.org
SESSION FIVE

SUBSTANCE ABUSE AND ADDICTION, EFFECTS ON THE INDIVIDUAL AND SOCIETY

Introduction

A psychoactive substance is one that is capable of altering the mental functioning. There are four patterns of substance use, which may overlap with each other's pattern of use.

a) Intoxication: Transient condition following excessive use of substance.
b) Harmful use or abuse when it is associated with.
c) Legal, Social, Physical and Psychological problems.
d) Dependence – Characterized by
   i. Tolerance – Increasing amount is used for same pleasure.
   ii. Withdrawal
   iii. Craving – Strong desire to take the substance
   iv. Compulsion – Difficulty in controlling substance taking behavior
   v. Taking despite harm – Persistence with the substance despite overtly harmful consequences.
   vi. Prioritization – Neglect of alternate pleasurable activities, overwhelming involvement in seeking substance use.

NOTE:
Reverse Tolerance; reverse tolerance or sensitization is the phenomenon of a reversal of the side effects from a drug, the reduction of insensitivity caused after drug tolerance has been established, or in some cases an increase in specific effects of as single drug existing alongside a tolerance to other effects of the same substance for example in Alcoholics when a patient's liver is damaged, then even with lower doses the patient would experience the same effect with even small amount of alcohol.
**Etiological Factors for Substance use Disorders**

There are several predisposing factors for drugs/substance abuse namely; Biological, Psychological, Social

<table>
<thead>
<tr>
<th>Biological Factors</th>
<th>Psychological Factors</th>
<th>Social Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Genetic vulnerability (family history of substance use disorder e.g. in type II alcoholism).</td>
<td>• Curiosity; need for novelty seeking.</td>
<td>• Peer pressure (often more important than parental factors)</td>
</tr>
<tr>
<td>• Co-morbid medical disorders, psychiatric disorders or personal disorder.</td>
<td>• General rebelliousness and social. Non-conformity</td>
<td>• Modeling (imitating behavior of others)</td>
</tr>
<tr>
<td>• Withdrawal effects and cravings (explains continuation of drug use)</td>
<td>• Early initiation to drugs/substance use</td>
<td>• Ease of availability of drugs/substance.</td>
</tr>
<tr>
<td>• Biochemical factors (e.g. role of dopamine, norepinephrine in cocaine, ethanol and opioid dependence)</td>
<td>• Poor impulse control Sensation seeking</td>
<td>• Strictness of drug law enforcement.</td>
</tr>
<tr>
<td></td>
<td>• Low self-esteem (Anomie)</td>
<td>• Intrafamilial conflicts</td>
</tr>
<tr>
<td></td>
<td>• Conscience regarding personal autonomy.</td>
<td>• Religious reason</td>
</tr>
<tr>
<td></td>
<td>• Poor stress management skills.</td>
<td>• Poor social familial support</td>
</tr>
<tr>
<td></td>
<td>• Childhood trauma or loss.</td>
<td>• ‘Perceived distance’</td>
</tr>
<tr>
<td></td>
<td>• Relief from fatigue.</td>
<td>• Permissive social attitudes.</td>
</tr>
<tr>
<td></td>
<td>• Escape from reality.</td>
<td>• Rapid urbanization</td>
</tr>
<tr>
<td></td>
<td>• Lack of interest in conventional goals.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Psychological distress.</td>
<td></td>
</tr>
</tbody>
</table>

**Addiction**

This is a chronic relapsing brain disorder characterized by an overwhelming compulsion to seek, obtain, and use drugs of choice irrespective of the damage. Addiction thrives mainly because of ignorance but knowledge, determination and will-power conquers it.

**Drugs**

This is any chemical substance which when taken into the body by whatever means, changes the structure and function of the body or behavior of the user.
Effects of Drugs and Substance Abuse

- Auditory and Visual hallucination
- Hyper activity
- Memory Loss
- Heart conditions
- Nausea and abdominal pain
- Liver damage
- Lung disease
- Seizures (stroke, mental confusion etc.)

Stages Addiction and Abuse

- Initiation stage
- Experimental stage
- Regular use stage
- Problem/Risky Use Stage
- Dependence stage
- Substance Use Disorder

Classes of Drugs and Substance

- Socially acceptable drugs/substance: Cigarettes, kola nut, alcohol
- Banned drugs/substance: Cocaine, morphine, cannabis, amphetamine
- Prescription medication: valium, Librium, lexotan, pentazoane
- Drugs/substance: Glue, aerosol, fuel, lizard, dung, pawpaw leaf etc.

Levels of Addiction

- Addiction is a progressive disease
  - Functioning addict - the early stage of addiction
  - Non-functioning addict - latter stages of addiction

Classification of Drugs and Substance

- Stimulants
- Depressants
- Hallucinogens
- Inhalants
- Narcotics
- Cannabis

Consequences of Drug and Substance Abuse

- Physical
- Psychological
- Social

“I have been having series of reaction since I quit these drugs/substances abuse instantly and have been falling ill every now and then but thanks to COFP Foundation for coming to my rescue, I have been tested and now undergoing full recovery with the treatment option I was given by the Doctor.”

Ibrahim Ebiloma
YOLDA Beneficiary

“I am never satisfied with crack because the more I take it, the more I want to take and hence withdrawal symptoms have been very challenging for me.”

Kure Lubem
YOLDA Beneficiary
Learning Objectives
a) Beneficiaries will be enlightened on the effects of drugs/substance abuse and addiction on the individual and the society.
b) Beneficiaries will see the need to work hard in overcoming drug addiction and substance abuse.

Focus Group Discussion
i) How did you get into Drug and Substance abuse?
ii) Experiences sharing on the negative effects of drugs.
iii) Devising means of living above addiction and abuse of drugs.

National Council for Drug Abuse (NCDA)
SESSION SIX

LIFE SKILLS - QUALITIES FOR POSITIVE LIVING

Introduction

Here beneficiaries will learn qualities for positive living as well as the skills for adaptive and positive behaviors which will allow them to deal effectively with challenges of life instead of resorting to drug and substance misuse and addiction. Decision making, problem solving, creative thinking, effective communication, interpersonal relationships, self-awareness, assertiveness, etc. are some of the qualities needed for positive living. Often people possess qualities that they don’t often make use of. Endeavoring to nurture and apply these qualities and skills daily is what makes these qualities life skill.

Learning Objectives

a) In this session, the COFP will help the beneficiaries to understand the necessary qualities that they need to imbibe in order to live positively.
b) Educating the beneficiaries on the need to help each other on the journey to drug free life.
c) Drug free life is very possible with undaunting determination. It may be gradual but consistency will bring success.

Focus Group Discussion

i) What are qualities for positive living?
ii) Examples of qualities for positive living.
iii) What qualities do you possess and how have you used them?
iv) Which qualities do you think you need that you currently don’t possess and how can you acquire them?
v) What qualities do you need to successfully live above drug/substance addiction?

“I am addicted because my husband is a dealer hence Indian hemp is always available and even if I don’t want to smoke, my husband influences me a lot and I wish he can stop selling it.”

Rebecca Harrison
YOLDA Beneficiary
SESSION SEVEN

SELF-AWARENESS

Introduction

Self-awareness is a conscious knowledge of one's own character and feelings. It leads to self-understanding and promote self-improvement, developing a consciousness of why we do what we do and understanding that behavior change is a process and self-condemnation destroys the inner power that we all possess to take charge of our lives. Hence the need to develop consciousness in the journey of living above drug addiction by avoiding competitive comparisms. Negative comparism is being jealous of your competitor while positive or constructive comparism is striving towards being like your competitor in good positive ways.

Learning Objectives

The COFP along with the beneficiaries seeks to address issues of comparative thoughts that has led them to drugs/substance addiction such as the negative comparism which is common, while being conscious of their characters as it affects those around them triggers self-awareness in them.

Focus Group Discussion

i) If you are told to use one word that describes you what would that be?
ii) What do you appreciate most about yourself?
iii) What are your major personal weaknesses?
iv) How has the use of drugs limit the accomplishment of your goals?

"With the intervention of COFP, I have stopped taking weed, I usually take up to six wraps daily but for some weeks now I haven't taken any and I am so happy about it."

Williams Chimdindu, YOLDA Beneficiary

www.cofpfoundation.org
SESSION EIGHT

DECISION MAKING

Introduction

Decision making is the thought process of selecting a choice among other options. Every moment of our lives we find ourselves making decisions whether consciously or unconsciously. We are always faced with different situations to decide on and options from which to choose from. These decisions could be either common daily decisions e.g. what to do when you wake up, which socks to wear or fundamental decisions e.g. which career to take. Our lives are always products of the choices that we make.

Learning Objectives

Decisions are broadly categorized under common and fundamental decisions. COFP seeks to instill in the beneficiaries the culture of making positive decisions that will help to reshape their life and help them out of addiction. YOLDA Beneficiaries will learn some factors that should be considered when making key decisions below:

a) Ask yourself what you really want.
b) Question your motives.
c) Weigh the prunes and cones.
d) Question the impact on the present, your future, and how it would affect others?
e) Weigh your options critically; check if your choices fit your dreams.
f) Seek competent advice (from your mentor).

Focus Group Discussion

i) What are some of the good decisions you have made in the past and what were the outcomes?
ii) What are some of the negative decisions that you have made and what were the outcomes?
iii) What factors influence the decisions that you make?
iv) Why should we always make positive decisions?
v) Drug abuse may not be a choice, but drug misuse was a choice. Do you think your choice and decision on drug misuse is positive and good? Share the reasons for your answer.

“I try to keep myself busy some times by reading books that motivates me, it has actually helped me to build myself intellectually as well as curb my addiction.”
Paschal Nnakwe
YOLDA beneficiary
SESSION NINE

PERCEPTION AND EFFECTIVE COMMUNICATION

Introduction

Perception is simply the belief or opinion people hold about things, situations or people based on how they appear. It is the way people or things are perceived to be. People can perceive things negatively or positively and things can be perceived from one or more perspectives. Encourage the adoption of positive attitude. In a nutshell there are always more than one side to every story therefore, our perceptions about drugs consumption influences our addiction/abuse of such substance. Doing things well by opening up to friends who would give us good advice might help to achieve a more positive result rather than mere following another people’s perception. This is where effective communication becomes very important and this is why for us at COFP, communication simply means exchanging information by speaking, writing, signs, body movements, facial expressions etc.

Learning Objectives

a) Support beneficiaries to develop good and positive perceptions that would enable them communicate effectively.
b) Beneficiaries understands that one could communicate in different positive ways; thus, quitting drugs/substance abuse will help them to communicate more effectively with those around them.

Focused Group Discussions

i) How does our perception of life influence how we communicate?
ii) How does our perception influence how we live?
iii) How does our perception influence our decision making?
iv) What factors cause negative and ineffective communication?
v) How has the use of drugs affected your way of communication?
vi) Why is it necessary to always communicate positively and effectively?
vii) Can we communicate effectively and positively while misusing drugs?

“I mind my own business and I don’t hang around places where drugs are being used so that I will not have the urge to relapse.”

Chima Harrison, YOLDA beneficiary
SESSION TEN

CIRCLE OF FEELING VIA SOCIAL NETWORK GROUP

Introduction

Circle of feelings demonstrates the connectedness of our choices, actions and feelings as they influence each other. Feelings are real, there are no good or bad feelings and feelings do not make us good or bad but action does. Social network is a social structure made up of a set of social actors (such as individuals or organizations), sets of dyadic ties, and other social interactions between actors. Changing the social network or circle of feeling that makes one vulnerable to drugs/substance abuse is a necessity as it would help beneficiaries to stay away from those who influence them to abusing drugs and substance. This does not mean avoiding everybody but avoiding those friends that have strong influence on you to abuse drugs/substance.

Learning Objectives

No one has a monopoly of influence; social change is a necessity to help curb addiction. Beneficiaries are advised to make choices that will build them and resist a choice that destroys them.

Focus group discussions

i) Where does the circle of feelings begin? Feelings? Choices? Actions?
ii) What are some of the negative feelings that we have?
iii) What social networks have influenced you to be an addict?
iv) What social network change do you need to live above drugs/substance abuse?

“i go to the library to keep my mind busy when there is no lecture and it has been helping me to keep away from drugs.”

Lydia John, YOLDA Beneficiary
SESSION

ELEVEN

MEDICAL SCREENING/TESTS AND TREATMENT

Introduction

This session gives us the opportunity of inviting Medical personnel to the YOLDA Project. This team explains the medical implications of the drugs and substances used by the beneficiaries. They advise the beneficiaries, urging them on the need to go for medical screening and tests voluntarily in order to ascertain the kind of treatment they need to undergo. The team also calm the beneficiaries down and encourage them not to panic but stay focused on putting a stop to drugs/substance abuse as it is harmful to their health. The beneficiaries are provided with the opportunity of meeting and discuss freely and personally with the doctors concerning their individual cases. Each and every one of the beneficiaries would have private consultation with the medical team, discussing their individual cases for medical treatment. They will also be screened, tested and treated for the following ailments: Sexual Transmitted Diseases (Hepatitis B & C, Syphilis), Malaria & typhoid, urinalysis & urine microscopy, Kidney & Liver function tests, HIV test, etc.

Learning Objectives

a) Beneficiaries are advised to open up their individual health cases and concerns to the medical team for proper medical attention.

b) Beneficiaries are taught how to manage their health issues as well as withdrawal syndrome.

Focus Group Discussion

Beneficiaries share experiences of their struggles in overcoming abuse and addiction.

“I mind my own business and I don’t hang around places where drugs are being used so that I will not have the urge to relapse.”

Chima Harrison,
YOLDA beneficiary
SESSION TWELVE

ADDITION TRIGGERS AND REFUSAL SKILL

Introduction

These are the attractions that can induce or cause a person to go back to drugs/substance abuse. These attractions can be in the form of objects and or, friends that pressurize you into abuse/addiction. Unfortunately, there is no particular formula for running away from these addiction triggers. Refusal skill however, are a set of skills designed to help youths avoid participating in high risk behaviours that lures them into addiction. Experience has shown that it is very common for addicts to relapse during drugs/substance abuse recovery and some fall off again and again before they could finally get over the problem.

Learning Objectives

a) Prepare beneficiaries for the inevitable as it is not easy to quit drugs/substance abuse immediately or all at once, thus, severe withdrawal symptoms may require relapse at different phases of recovery.

b) Understanding that refusal skill is essential in handling addiction triggers and it is the first step towards prevention and healing process.

c) Therefore, saying NO to unwanted and risky behaviours is key to preventing relapse.

Focus Group Discussion

i) Give examples of addiction triggers?

ii) How to identify and overcome addiction triggers?

iii) Name refusal skills you know.

iv) List effective refusal skills?

v) Why are refusal skills necessary?

"My skin looks better now than when I was using tramadol abusively and today marks 29TH days since I stopped taking tramadol." 
Emmanuel Adeyi
YOLDA Beneficiary

www.cofpfoundation.org
SESSION THIRTEEN

ADDITION RECOVERY FOR MEANINGFUL LIVING

Introduction

Addiction recovery helps addicts to find meaning once more in life. It gives them hope for living and keeps them engaged and active. It also gives the motivation needed to live an impactful life. There are certain careers that help drugs/substance abuse victims to avoid relapse and manage addictions. Addicts can Furthermore, building a career for oneself during recovery process is one of the ways to recover fast. It gives addicts hope for living meaningfully and can help such individual to abstain completely from drugs/substance abuse.

Learning Objectives

a) Encourage beneficiaries to take up activities or skills that can keep them busy as well as discourage them from relapse.
b) Train beneficiaries to do the things they love doing and they can use such skill to overcome their addiction.
c) Inspire beneficiaries to make positive impacts during their recovery stage in order to become role models to others.

d) Focus Group Discussion

i) What are the various addiction recovery process you know?
ii) How would you build addiction recovery process for yourself?
iii) How do you create a life you love?
iv) How do you intend to manage and let go your fear?
v) What are the necessary steps needed in living a meaningful and impactful life?

“My mind is now at rest, I can now focus on total abstinence from drugs/substance abuse, initially, I thought I’d be sick.”

Ogbonna Anthony
YOLDA Beneficiary

www.cofpfoundation.org
SESSION
FOURTEEN

BUILDING SKILLS FOR INCOME GENERATION

Introduction

This activity gives us the opportunity of empowering the beneficiaries economically with skills that would enable them generate income as well as earn a living for themselves. Thus, each beneficiary through a private counseling consultation is expected to choose a career or skill that they are interested in. Some of the careers chosen by the beneficiaries in the past include: ICT, Fashion design, Catering, Hairdressing, Photography, Cobbling, Satellite installation, Aluminum works, Electrical works, etc. Beneficiaries were placed in different groups based on the skill they want to learn and were attached to a staff who counseled them before taking them to their various vocational skill trainers.

The vocational skills training for each of the career chosen is expected to last for at least two months. At the end of the vocational skills acquisition training, beneficiaries would receive some reasonable amount of money that will help them in setting up their own business from the COFP Foundation. Thus, there is need for beneficiaries to think deep and decide on what they want for themselves at this juncture so that they can actually build on the existing opportunity offered to them by the Foundation for a better future that awaits them in their new phase of recovery process.

Learning Objectives

a) Helping beneficiaries to help themselves out of idleness, unemployment and poverty.
b) Teach beneficiaries with skills on how to create job and generate income for themselves.
c) Guide beneficiaries to make choice that will impact their lives positively.

Focused group Discussions

i) What skill do you desire to acquire most?
ii) List the skills you need to achieve your dreams?
iii) What skill would be most useful for you in living above drug addiction?
SESSION
FIFTEEN

BUILDING PEACE BY SAYING NO TO ADDICTION AND ABUSE

Introduction

This session aims at building the capacities and participation of the beneficiaries in peacebuilding. They will understand here how their attitudes under the influence of drugs can lead to violence and what they can do as good citizens to avert such incidents. The beneficiaries will also learn new skills in dialogue and negotiation in order to educate their peers, help them out of addiction/abuse and how to be a good ambassador of peace.

Learning Objectives

a) Learn key skills on peacebuilding.
b) Equip for conflict management and transformation within communities.

Focus Group Discussion

i) Describe some actions and choices that can lead to violence?
ii) Explain how to deal with issues of violence nonviolently?
iii) Ways to shun addictions and abuse that leads to conflicts?