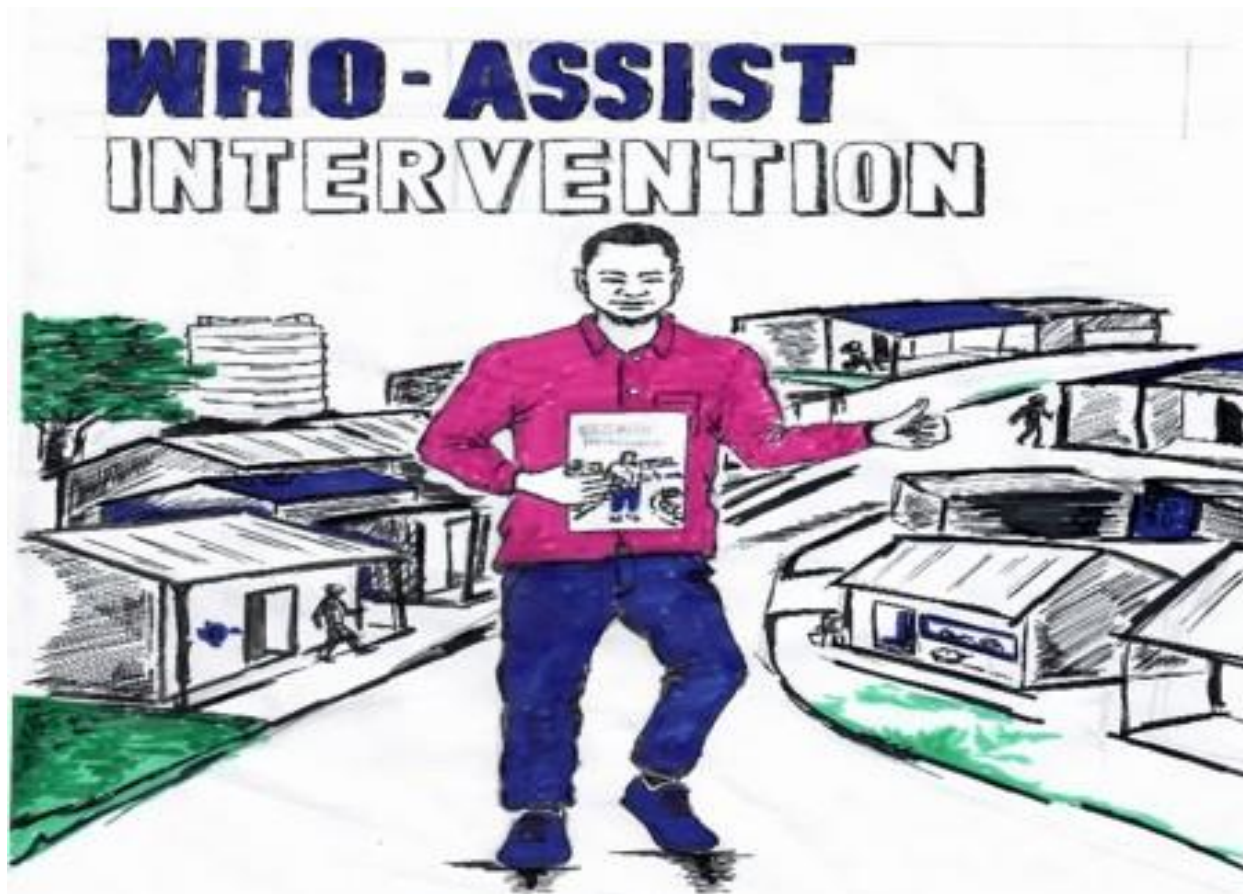
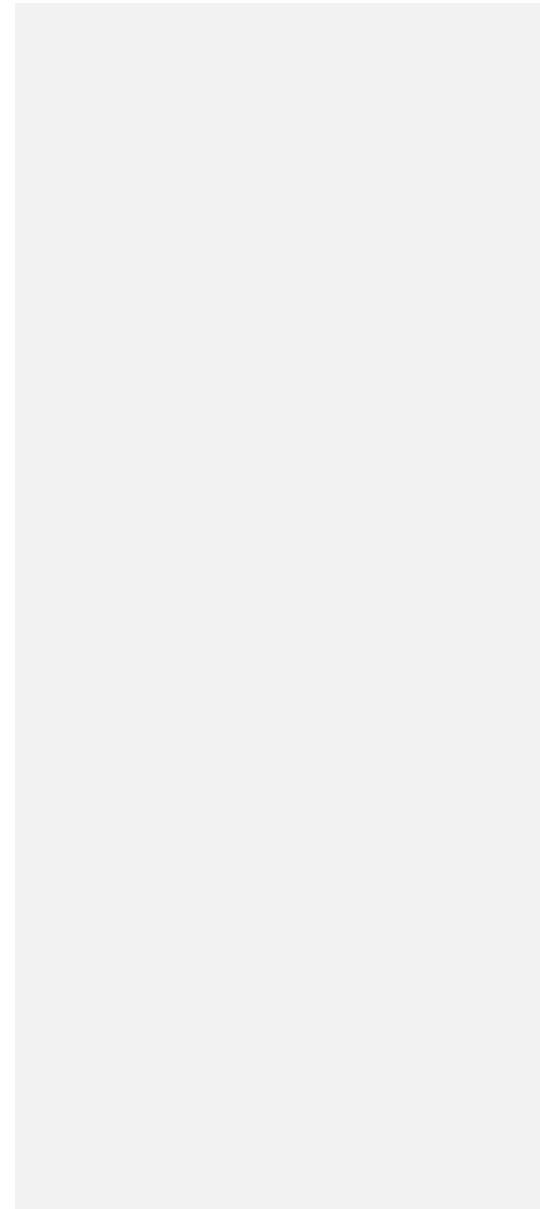


WHO ASSIST- BRIEF INTERVENTION: SOUTH SUDANESE REFUGEES IN NORTHERN UGANDA



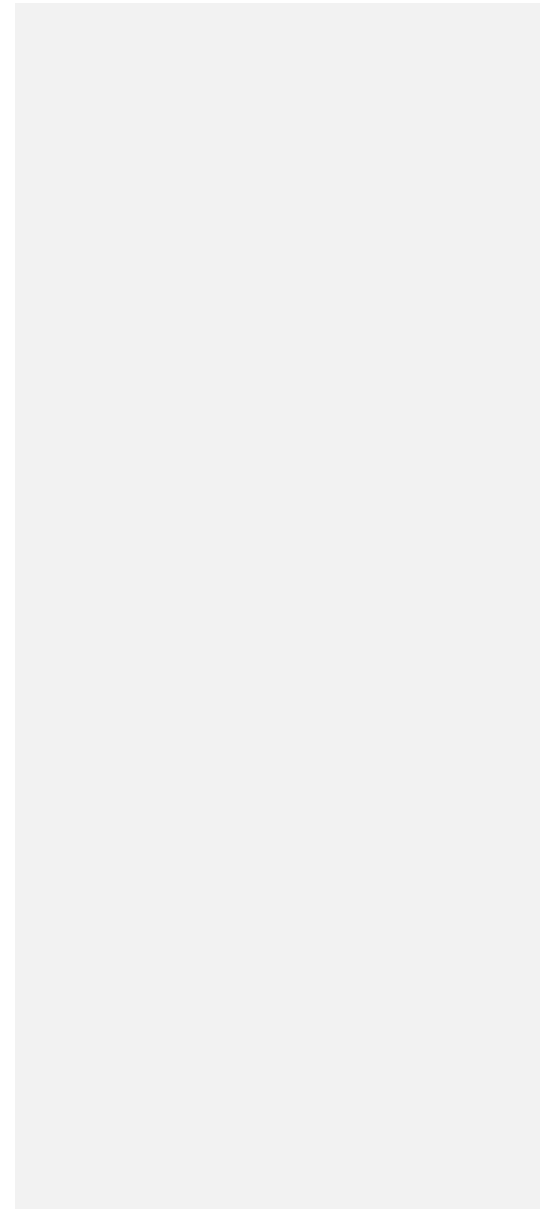
NOTES TO USER

- This flipbook is designed to be used by both participants and facilitators during the intervention delivery.
- One side will be for the participant to see (with a picture/activity) and one side will be for you to see (words to guide the session).
- Words in normal print are for you to read and to help guide you through the session.
- Words in the dark grey boxes are examples of statements or questions **you can say as they are written** to participants



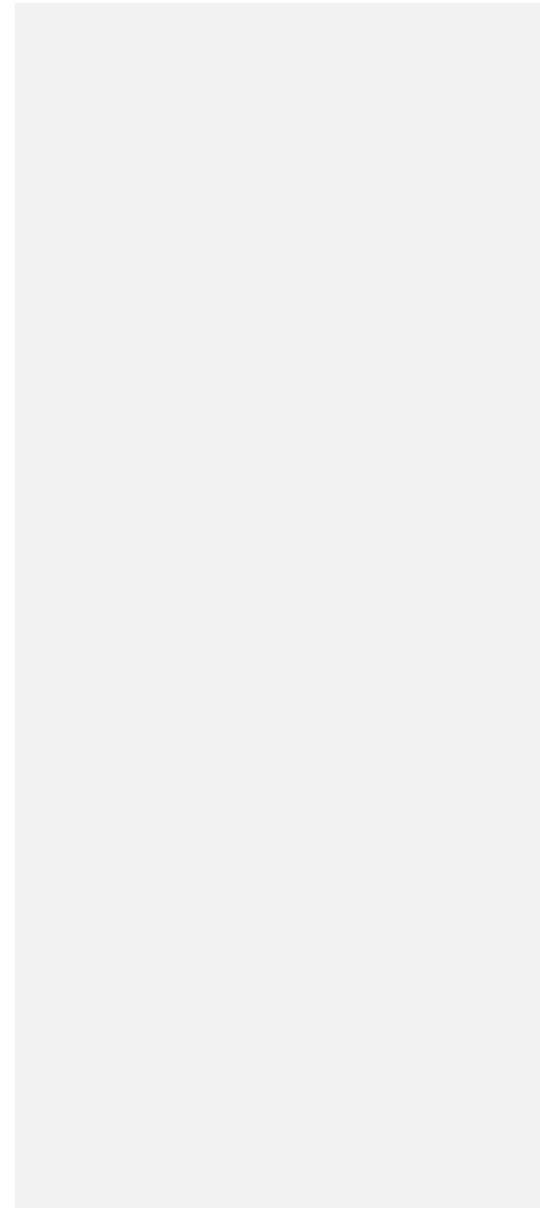
ITEMS NEEDED FOR THE SESSION

- Participant's completed **WHO-ASSIST questionnaire**
- Make sure you have the **handbook** for the participant that includes their ASSIST feedback report card.
- The ASSIST scores for each substance should be written in the book.
- You also need to have **a pen or pencil** for circling the relevant images as you progress through the intervention



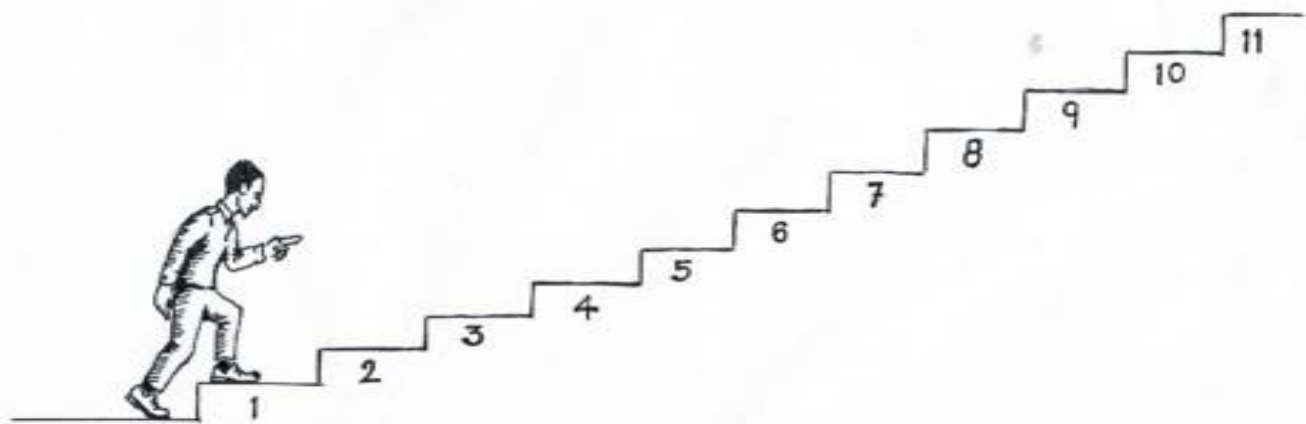
STARTING THE SESSION

- Make sure you are in a **private space**. We want participants to feel comfortable and safe to share information and for that information to remain confidential.
- **Do not shout or get angry** with participants. We are here to support them. It is important for them to feel comfortable with you.
- Make sure to **explain the limits of confidentiality**. You will not share their information outside of the study team unless you are concerned for their health and safety or the health and safety of others.



OVERVIEW OF THE 11 STEPS (15-30 minutes total per session)

1. Ask participants if they are interested in seeing their questionnaire scores.
2. Provide feedback to participants using the ASSIST Feedback Report Card
3. Give advice about how to reduce risk associated with substance use.
4. Allow participants to take ultimate responsibility for their choices.
5. Ask participants how concerned they are about their scores.
6. Weigh the good things about using the substance against the;
7. Less good things about using the substance.
8. Summarize and reflect on participants' statements about their substance use with emphasis on the 'less good things'.
9. Ask participants how concerned they are by the 'less good things'.
10. Review the strategies that participants can use to help them cut down or stop their alcohol use
11. Give participants the book to take home to bolster the brief intervention.



STEP 1: ASK PARTICIPANTS IF THEY ARE INTERESTED IN SEEING THEIR QUESTIONNAIRE SCORES.

1. Remind the participant of the WHO-ASSIST questionnaire that they completed.
2. Start the brief intervention by asking the participant if they are interested in seeing their questionnaire scores.

“Earlier you completed a questionnaire about your alcohol and drug use. Are you interested in seeing how you scored on the questionnaire ?”

“Min bidaya ita kan inta’a juab ta sualaat fogo stamil merisha aw dawaat taki. Ita seyi indu niyata ayinu kef ita kan naja fogo suwal del?”

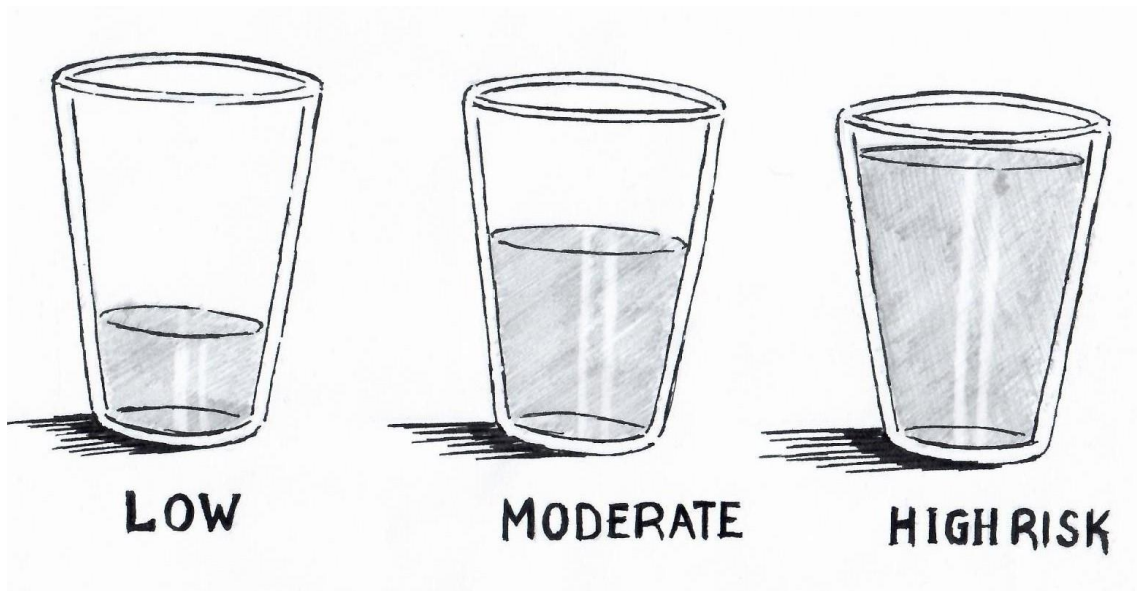


STEP 2: PROVIDE PERSONALISED FEEDBACK TO PARTICIPANTS

1. Hold the feedback report so that both you and the participant can see it.
2. Go through each score. Tell the participant their level of risk (lower, moderate, high).

“As you can see your score for alcohol was _____ which is in the (lower, moderate, high) risk range. _____ (Lower, moderate, high) risk means that you are at risk of health and other problems from your current pattern of _____ (alcohol /drug) use, not only now but also in the future if you keep using in the same way.”

“Ze ita ayin natija taki ta merisha kan _____ owuo fi _____ (Tehet, Besit, ketir) ta godur masakil. _____ (Tehet, Besit, ketir) ta godur masakil de gasid tuo ita fi maskil ta saha wu muskilaat tanin min tariga taki hasa ta stamil _____ (Merisha/dawayaat), ma bi kun hasa barau Kaman fi mustagbar lo kan ita rua gidam ma stamil tuo fi tariga wahid de.”



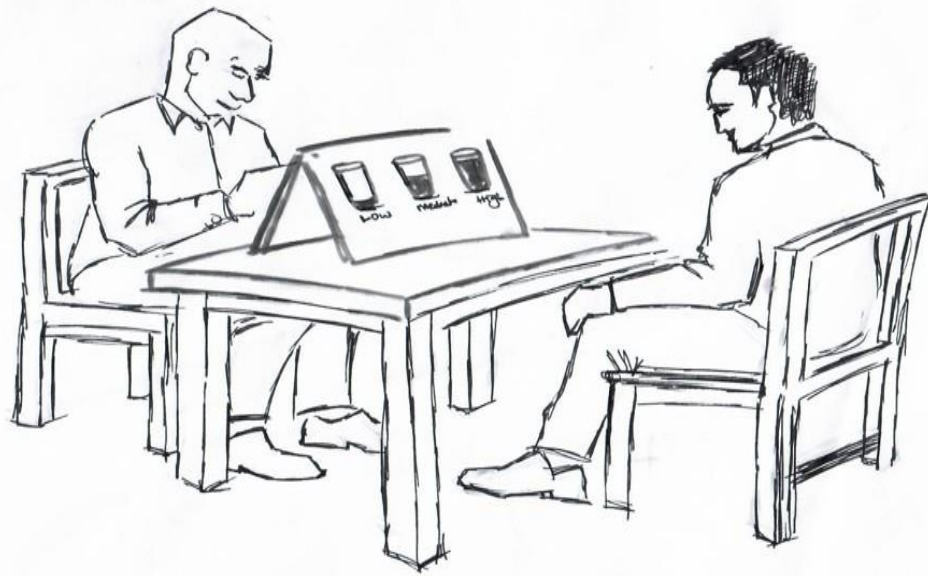
STEP 2: PROVIDE PERSONALISED FEEDBACK TO PARTICIPANTS

3. Explain the risks for moderate and/or high risk use for each substance
4. This can be done by reading the information in the boxes on the ASSIST feedback reportcard (alcohol, tobacco, cannabis, cocaine, inhalants, sedatives...).

An example of personalised feedback is shown below:

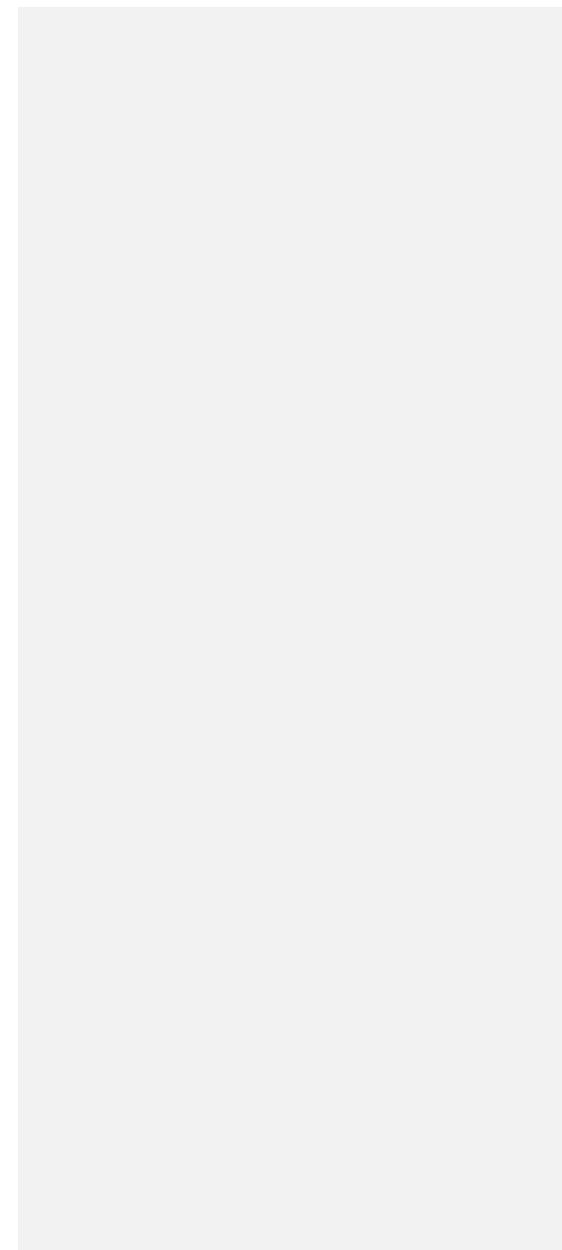
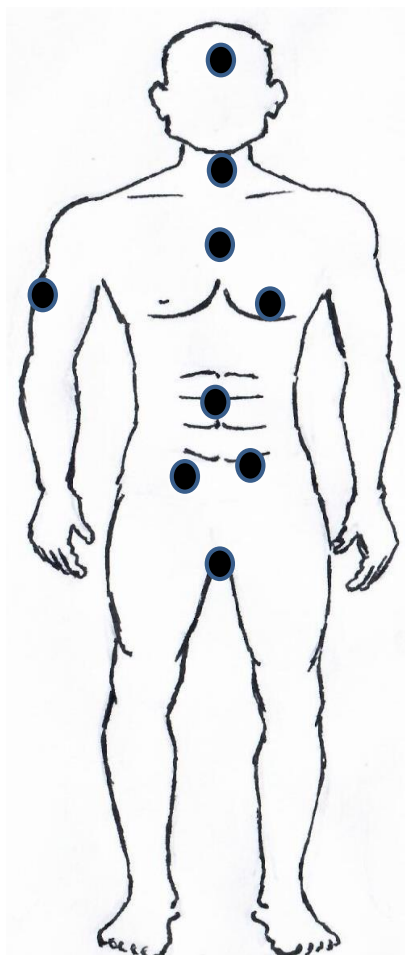
“Because you’re in the (moderate, high) risk range for your use of (alcohol, drug) the kinds of things associated with your current pattern of (alcohol, drug) use may be problems like (refer to the ASSIST feedback report card).”

“Asan ita kun fi _____ (Besit, ketir) ta godur masakil ta stamil _____ (merisha,dawayaat) mumkin be kun muskilaat ze _____ (Ayin min Shihada ta juab ta ASSIST).”



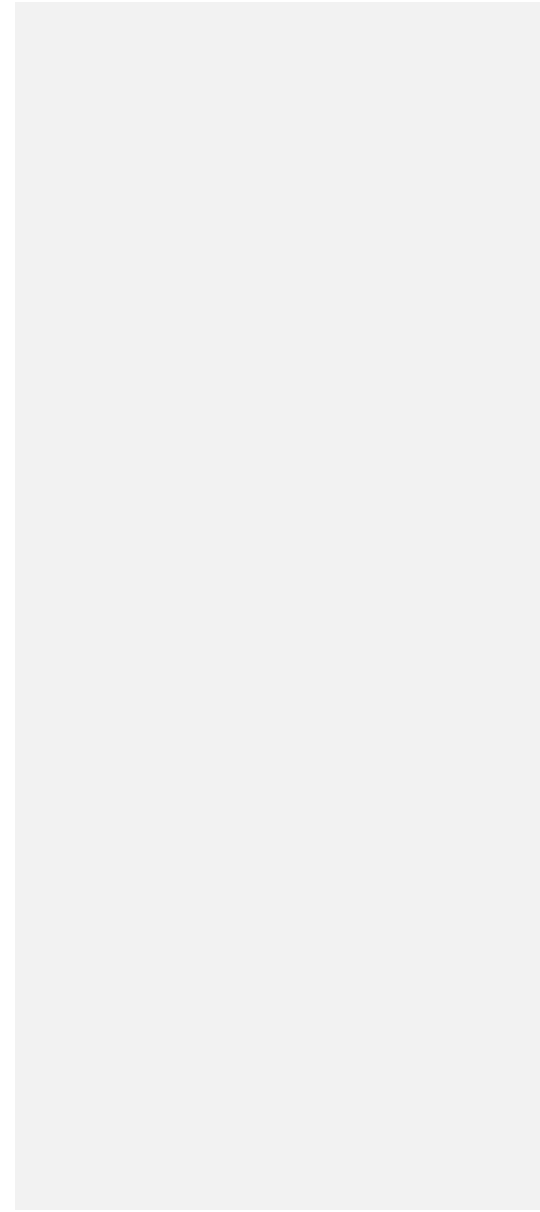
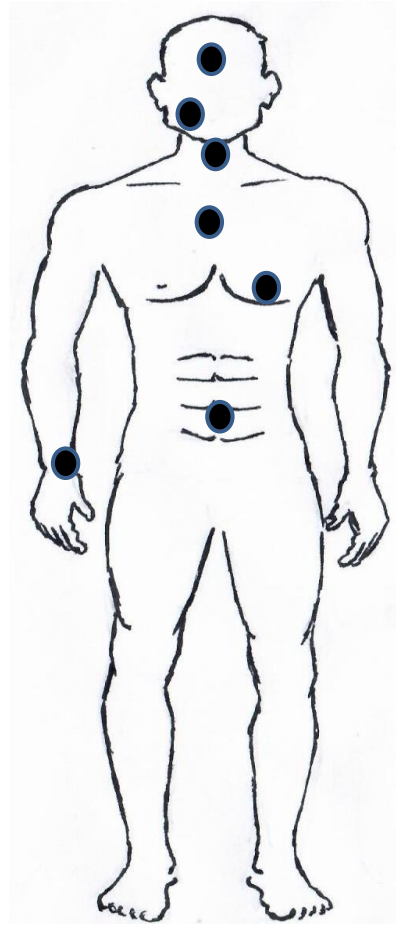
REGULAR EXCESSIVE ALCOHOL USE IS ASSOCIATED WITH:

- Hangovers, aggressive and violent behaviour, accidents and injury
- Reduced sexual performance, premature ageing
- Digestive problems, ulcers, inflammation of the pancreas, high blood pressure
- Anxiety and depression, relationship difficulties, financial and work problems
- Difficulty remembering things and solving problems
- Stroke, permanent brain injury, muscle and nerve damage
- Liver disease, pancreas disease
- Cancers, suicide



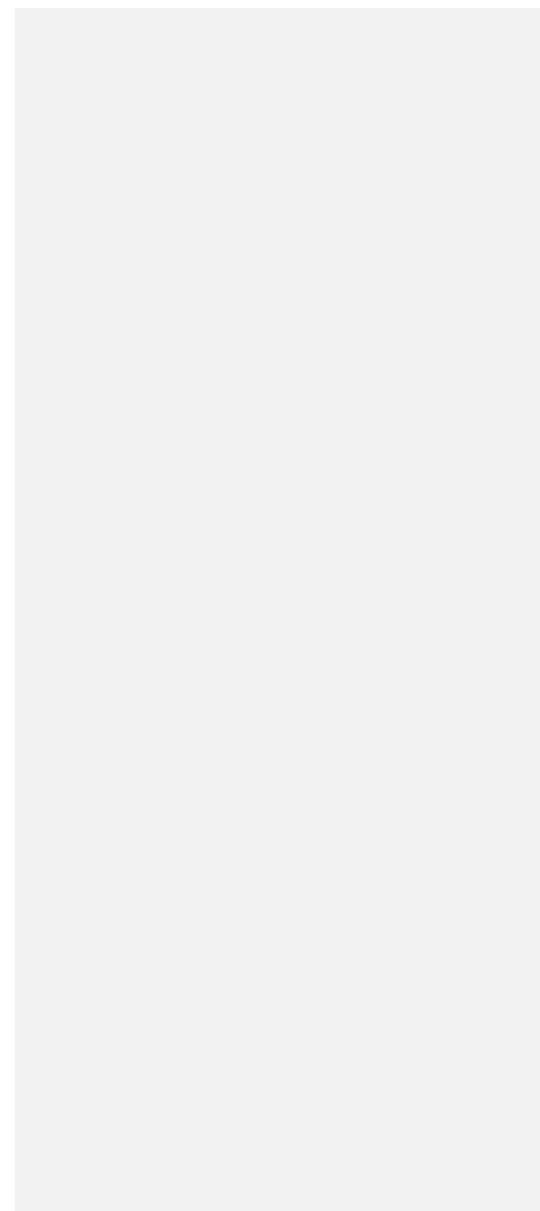
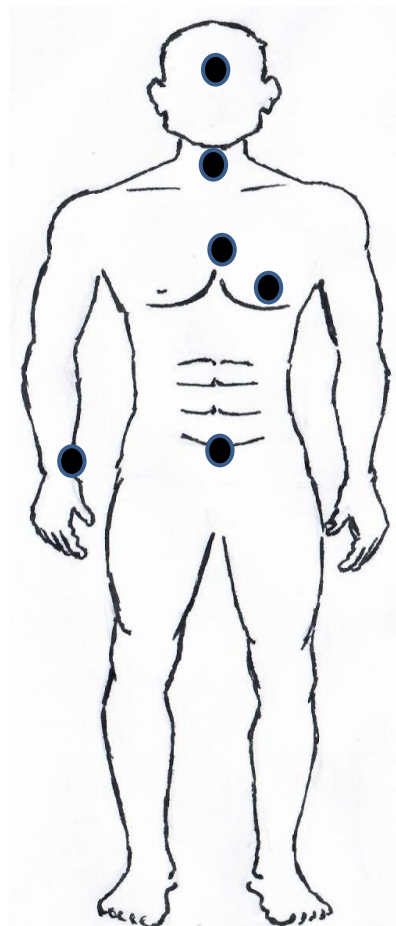
REGULAR EXCESSIVE TOBACCO USE IS ASSOCIATED WITH:

- Premature aging, wrinkling of the skin
- Respiratory infections and asthma
- High blood pressure, diabetes
- Respiratory infections, allergies and asthma in children of smokers
- Kidney disease
- Chronic obstructive airways disease
- Heart disease, stroke, vascular disease
- Cancers



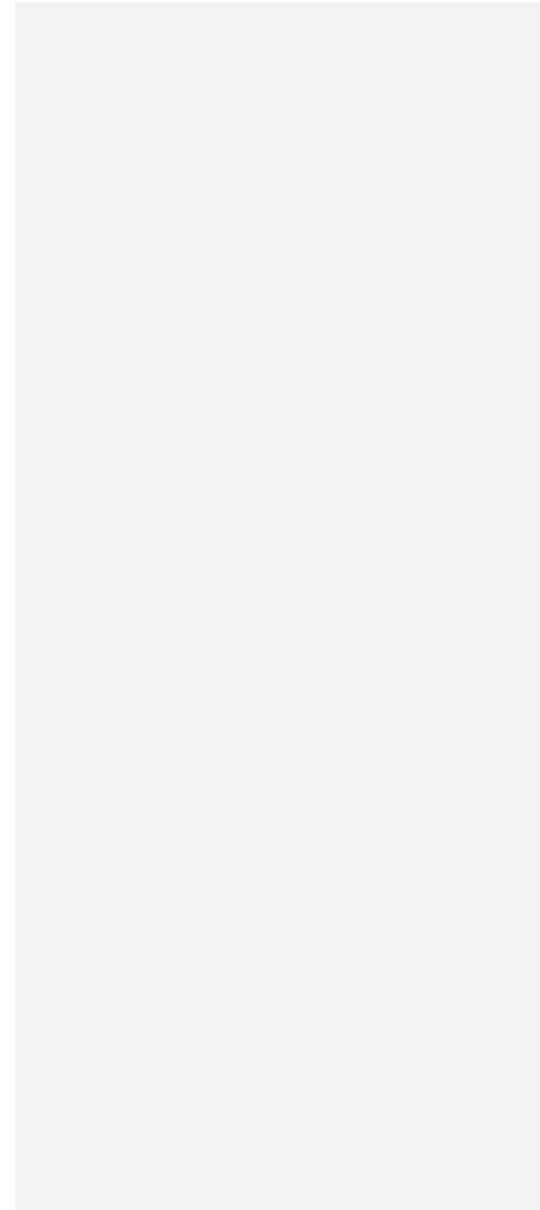
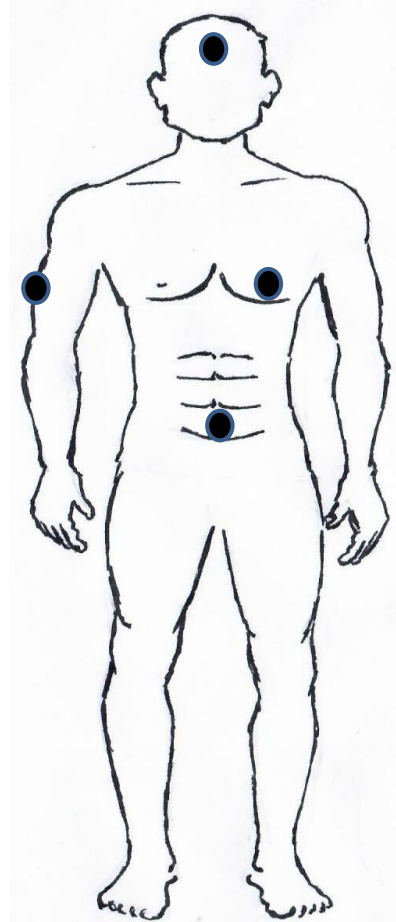
REGULAR EXCESSIVE MARIJUANA USE IS ASSOCIATED WITH:

- Problems with attention and motivation
- Anxiety, paranoia, panic, depression
- Decreased memory and problem solving ability
- High blood pressure
- Asthma, bronchitis
- Psychosis with those with a personal or family history of schizophrenia
- Heart disease and chronic obstructive airways disease
- Cancers



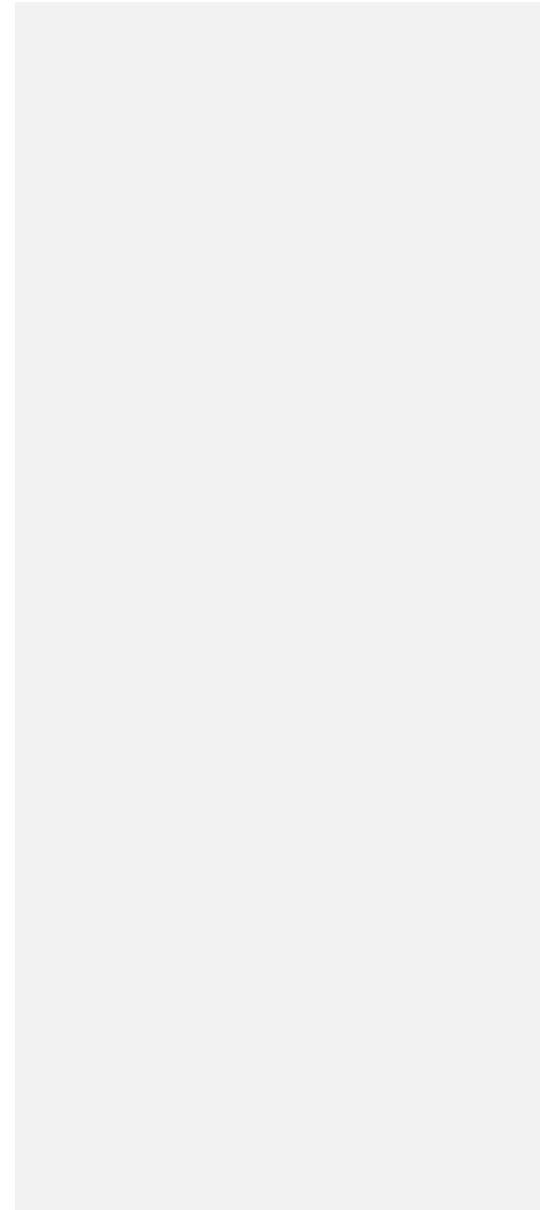
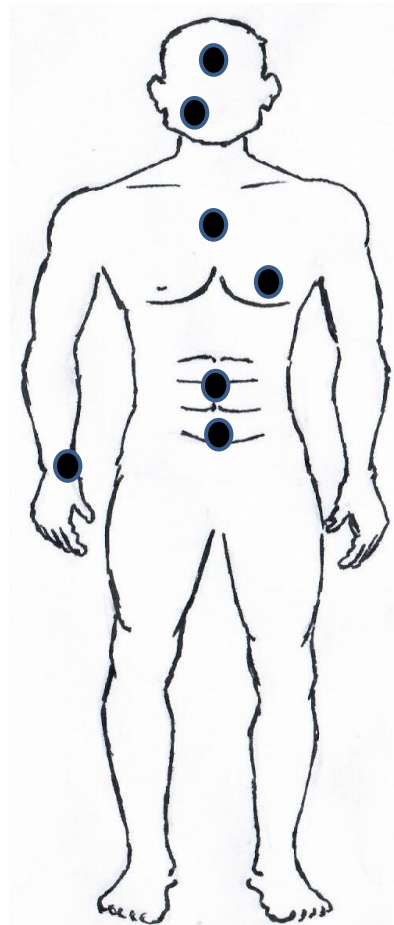
REGULAR EXCESSIVE AZANGI USE IS ASSOCIATED WITH:

- Difficulty sleeping, heart racing, headaches, weight loss
- Numbness, tingling, clammy skin, skin scratching or picking
- Accidents and injury, financial problems
- Irrational thoughts
- Mood swings – anxiety, depression, mania
- Aggression and paranoia
- Intense craving, stress from the lifestyle
- Psychosis after repeated use high doses
- Sudden death from heart problems



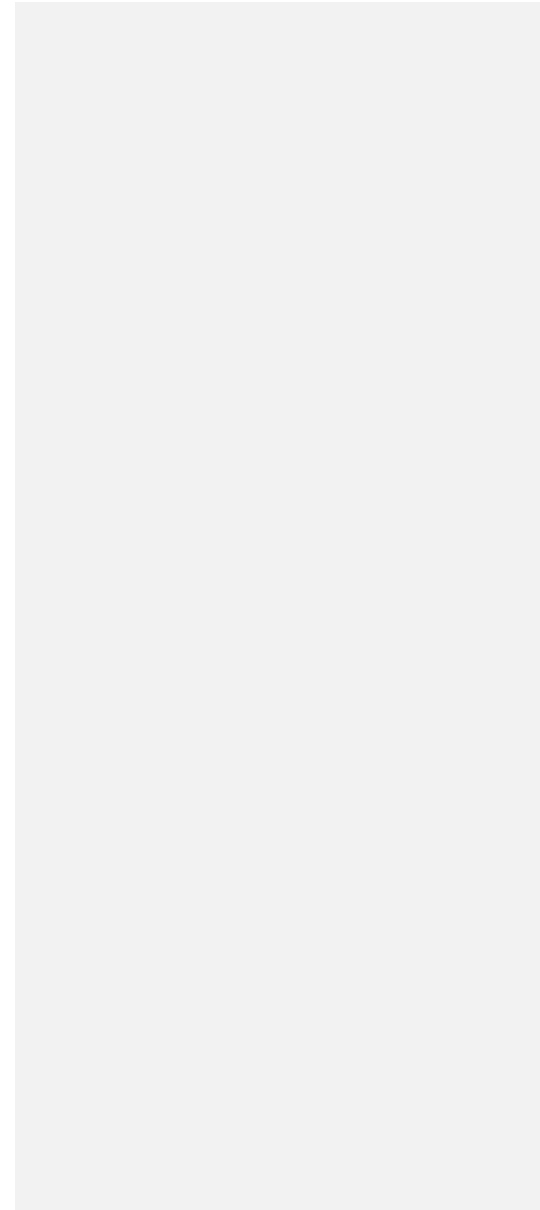
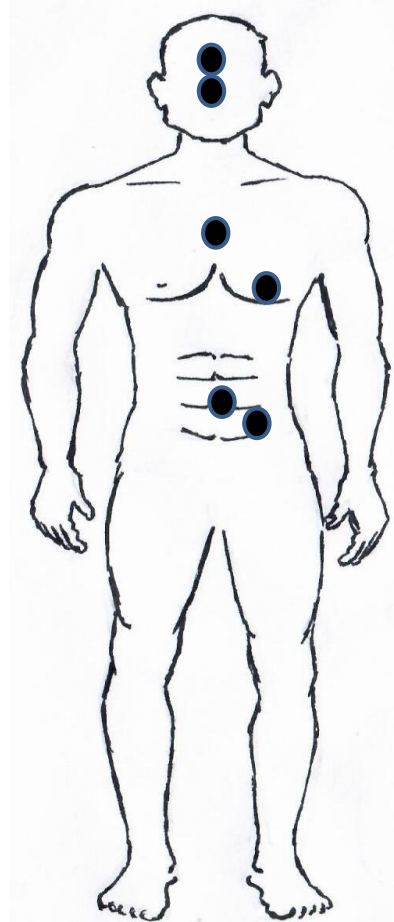
REGULAR EXCESSIVE STIMULANT USE IS ASSOCIATED WITH:

- Difficulty sleeping, loss of appetite and weight loss, dehydration
- Jaw clenching, headaches, muscle pain
- Mood swings – anxiety, depression, agitation, mania, panic, paranoia
- Tremors, irregular heartbeat, shortness of breath
- Aggressive and violent behavior
- Psychosis after repeated use of high doses
- Permanent damage to brain cells
- Liver damage, brain hemorrhage, sudden death in rare situations



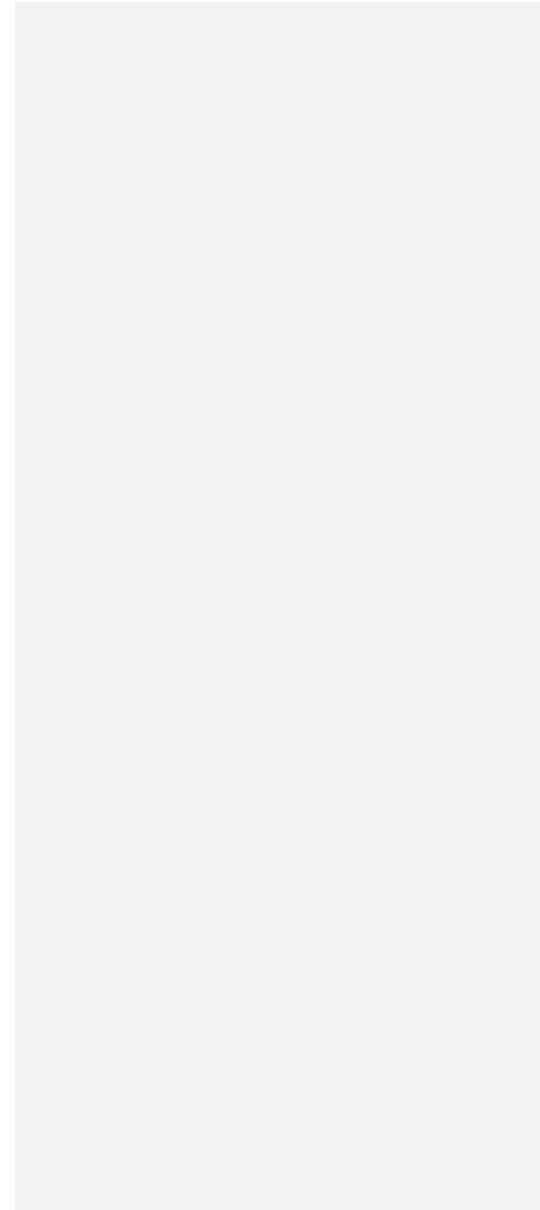
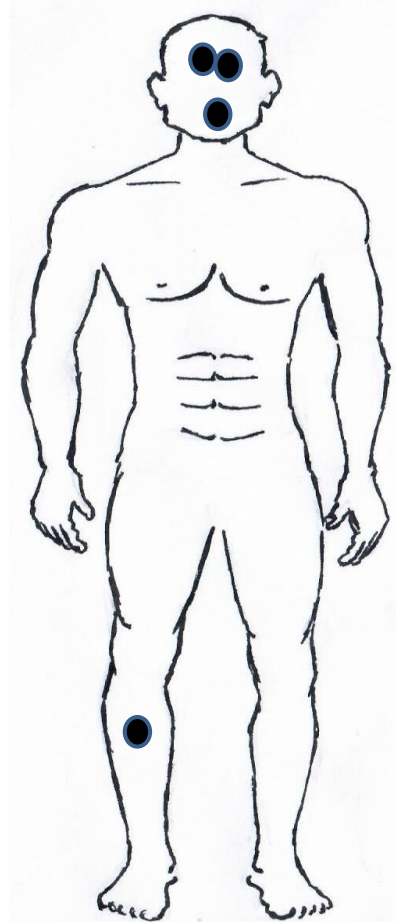
REGULAR EXCESSIVE INHALANT USE IS ASSOCIATED WITH:

- Dizziness and hallucinations, drowsiness, disorientation, blurred vision
- Flu like symptoms, sinusitis, nosebleeds
- Indigestion, stomach ulcers
- Accidents and injury
- Memory loss, confusion, depression, aggression
- Coordination difficulties, slowed reactions, hypoxia
- Delirium, seizures, coma, organ damage (heart, lungs, liver, kidneys)
- Death from heart failure



REGULAR EXCESSIVE SLEEPING PILL USE IS ASSOCIATED WITH:

- Drowsiness, dizziness and confusion
- Difficulty concentrating and remembering things
- Nausea, headaches, unsteady gait
- Sleeping problems
- Anxiety and depression
- Tolerance and dependence after a short period of use
- Severe withdrawal symptoms
- Overdose and death if used with alcohol, opioids, or other depressant drugs



STEP 3:**GIVE ADVICE ABOUT HOW TO REDUCE RISK
ASSOCIATED WITH ALCOHOL AND DRUG USE**

1. Explain to participants that cutting down or stopping their alcohol and drug use will reduce the risk of problems both now and in the future.
2. Advice should be given in a non-judgmental and factual way

“The best way you can reduce your risk of these harms happening to you is to either cutdown or stop using(alcohol,drugs).”

“Tariga al kwes kalis ta nēgīsu godur masakil taki ta muskilaat dek al gi hasil ma itafi negisu tehet aw sibu stamil (mesrisha, dawayaat).”



STEP 4:

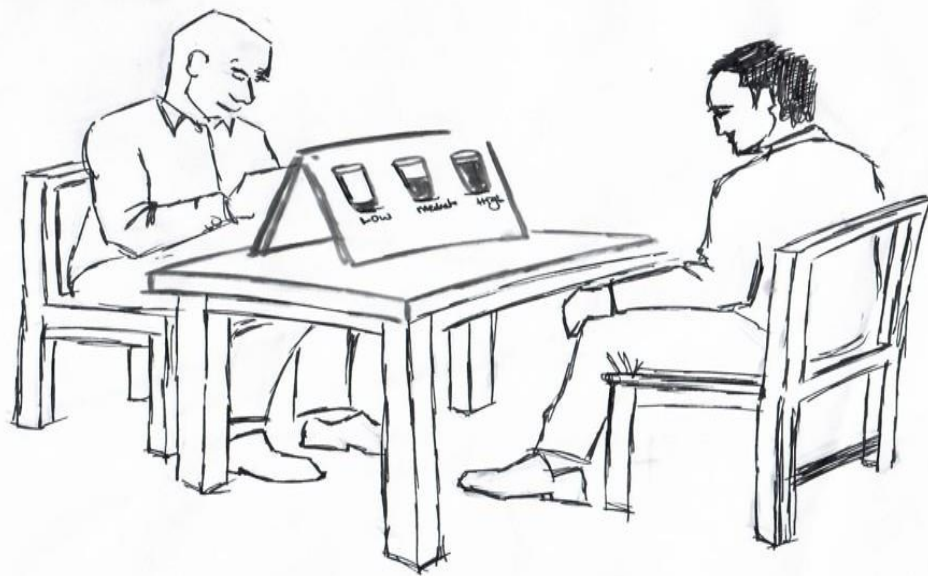
ALLOW PARTICIPANTS TO TAKE ULTIMATE RESPONSIBILITY FOR THEIR CHOICES

Explain that you are not telling them what to do; you are only informing them of their risk and explaining the associated harm.

*“What you do with this information about your ____ (alcohol, drug) use is up to you...
...I’m just letting you know the kinds of harms associated with your current pattern of use.”*

*“Haja al ita bi amulu ma kabara fogo stamil ____ (merisha, dawa) kul min ita...
....an besi der kede ita arufu sikil hajaat batal al gobut badu ma tariga al ita stamil hasa.”*

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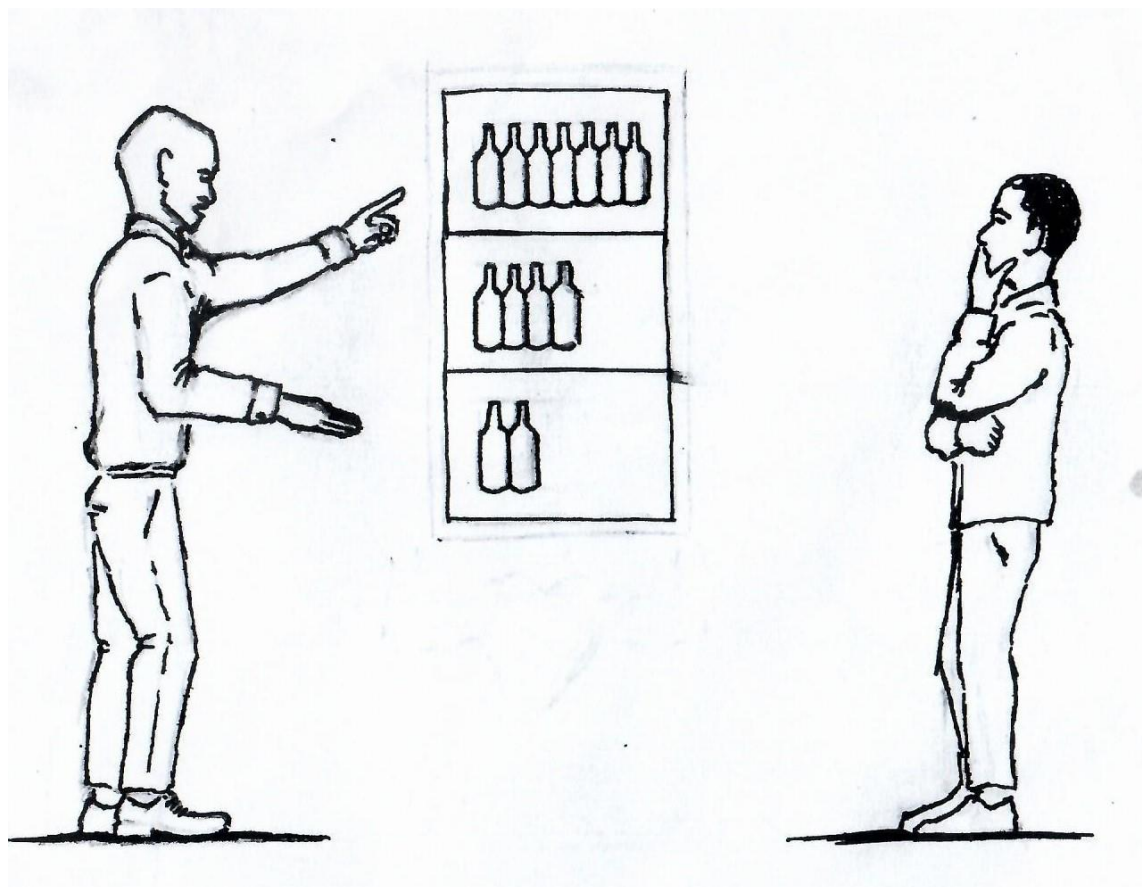
STEP 5: ASK PARTICIPANTS HOW CONCERNED THEY ARE ABOUT THEIR SCORES

1. Show the ASSIST feedback report card to the participant so they can see their scores again.
2. First ask the participant how concerned they are by their score for alcohol use.
3. Then ask them how concerned they are by their scores for each drug where they scored moderate or high risk.

NOTE: Remember to use open-ended questions

“How concerned are you by your score for (alcohol)?”

“kef fekira taki fogo natija taki ta asurubu merisa”



**STEPS 6
AND 7:**

**WEIGHING UP THE GOOD THINGS ABOUT USING THE
SUBSTANCE AGAINST THE LESS GOOD THINGS ABOUT
USING THE SUBSTANCE**

1. First ask about the positive aspects of alcohol use.

“What are the good things for you about using (alcohol)... ?”

“Sunu fi ajat al kwes fogo stamil taki ta (merisa)...?”

2. Make sure to circle the images on the book that the participant identifies.

NOTE: If there are no corresponding images then draw or write them on the book in the boxes provided.



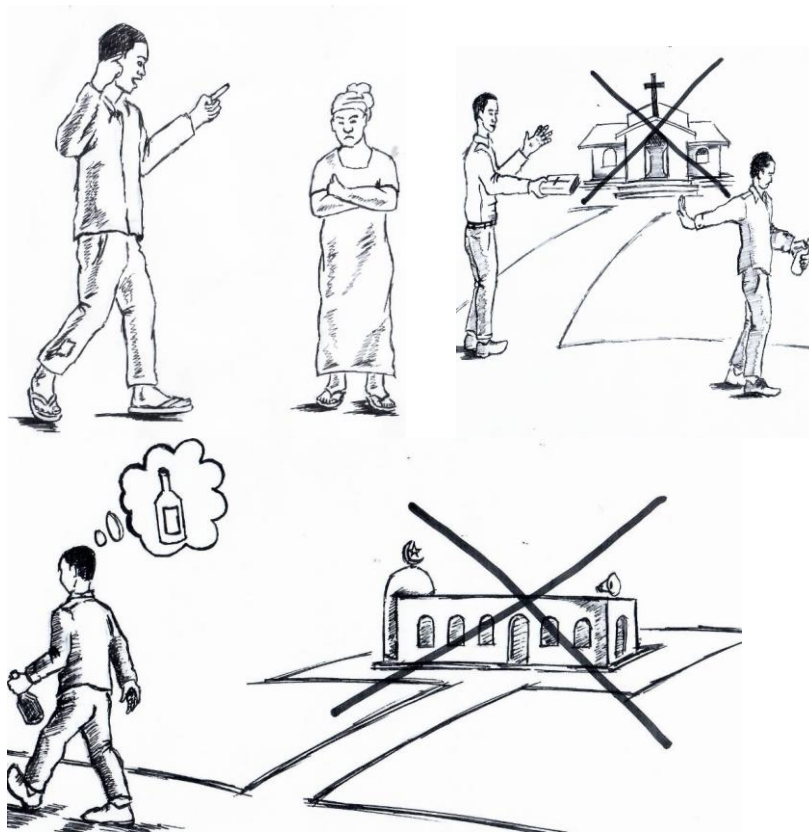
STEP 7: LESS GOOD THINGS ABOUT USING ALCOHOL

1. After participant has finishing talking about good things, ask about less positive aspects of alcohol use.

“What are some of the ‘less good things’ about using drug) for you... ?”

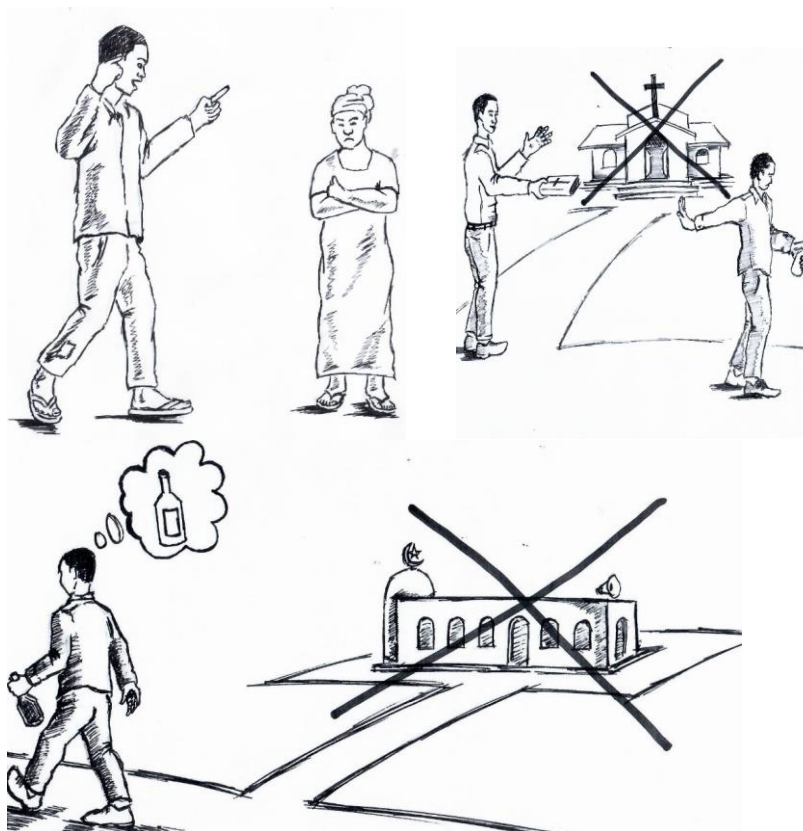
“yatu yau ajat tannin al ma muhim kalis fogo stamil -----(merisa, dawayat) le ita... ?”

2. Make sure to circle the images in the book that the participant identifies.
NOTE: If there are no corresponding images then draw or write them on the book in the boxes provided



STEP 7: LESS GOOD THINGS ABOUT USING ALCOHOL

- If a participant struggles to think of the 'less good things', prompt with answers given by the participant during the WHO-ASSIST questionnaire (see Q4).
- Or prompt with open-ended questions about:
 - **Health** – physical and mental;
 - **Social** – relationships with partner, family, friends, work colleagues;
 - **Legal** – accidents, contact with law enforcement, driving while under the influence of a substance;
 - **Financial** – impact on personal budget;
 - **Occupational** – difficulty with work, study, looking after home and family;
 - **Spiritual** – feelings of self worth, guilt, wholeness



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STEP 8:

SUMMARIZE AND REFLECT ON PARTICIPANTS' STATEMENTS ABOUT THEIR SUBSTANCE USE WITH EMPHASIS ON THE 'LESS GOOD THINGS'

1. Reflect back to participants by summarizing what they have just said about the good and less good things of their alcohol and/or drug use.

"So you like (drinking, smoking, etc.) because (e.g. it relaxes you and helps you to forget your worries), but you don't like that (e.g. you find it difficult to stop, that it causes conflict with your family and that it results in you doing things that you regret the next day).

*Asa ita rudu-----(asurubu,juzu. Ma tannin.) masala----- (masalan be saidu ita sibu fikirat)
lakin ita ma deru dak----(masalan ita be ligo uwo goi ta sibu asan uwo be jibu muskilat ma usra
takiawu de be jibu ajat al bJe jibu afkar baden)*

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STEP 9:**ASK PARTICIPANTS HOW CONCERNED THEY ARE BY
'LESS GOOD THINGS'**

1. Ask the participant how concerned they are by the less good things.
2. Make sure to follow up with an open-ended question.

“Do the less good things concern you? How do they concern you?”

“seyi ita zekir fogo ajat al ma kwes kalis? Kef ita zekir fogo umon?”

- In case the participant says no to the first question, the facilitator should probe more by reminding the person of the examples of less good things in step 7

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STEP 10: REVIEW THE STRATEGIES THAT PARTICIPANTS CAN USE TO HELP THEM CUT DOWN OR STOP THEIR ALCOHOL USE

1. Inform them about cravings and explain that they are a common and normal chemical response.
2. Continue to the next page to review strategies for coping with cravings.

“When people (drink alcohol, use drugs) very regularly, they often experience very strong urges to (drink, use). These strong urges are called cravings. Cravings occur when the functioning of your brain changes because of regular (alcohol, drug) use. Cravings are common and normal: they are not a sign of failure. If you decide you would like to cut down or stop drinking, here are some strategies for coping with cravings.”

Kani nas.... (asurubu merisa awu istamil dawayat)daiman,umon be ligo kibiriat ta niya goyi ta(asurubu,istamil)niya al goyo de gi nadi n iya kalis .Niya al goyi de gi hasil kan istamil muk taki geru asan istamil dawayat kalis.(merisa,dawayat). Niya goi kalis maa alama ta haz Batali. Kan ita azil negesu awu sibu asharab yau agil tannin ta gen kwes ma niya al kalis.

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ANA INDI GUWA

HOW TO COPE WITH CRAVINGS

- **Delay**

Delay your use of alcohol and/or drugs for 30 minutes. The cravings should reduce, or pass, as your desire to drink also reduces.

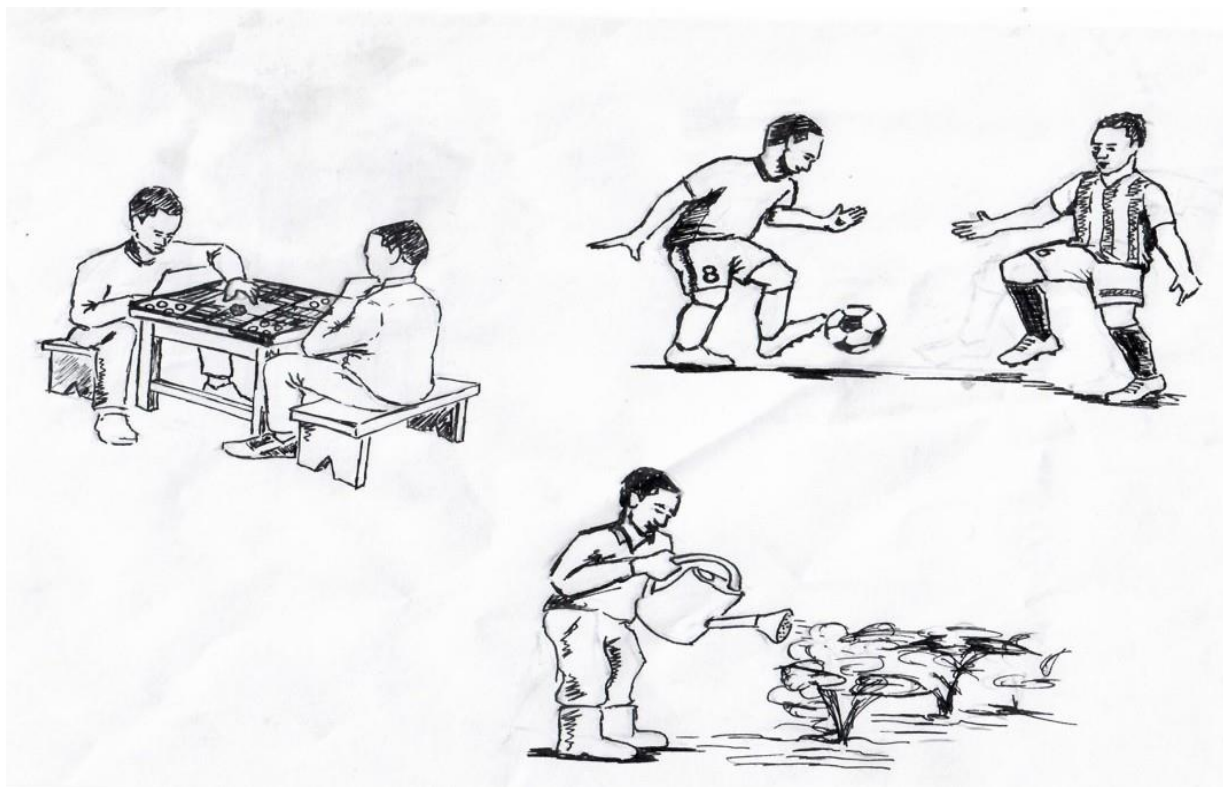
Silu zaman ta stamil ta merisa wu/awu dawayat 30 degiga.Niya keli negesu,awu futu,ze niya taki ta asurubu gi negesu kaman

- **Distract**

Do not sit in one place thinking about alcohol or drugs while you are having cravings. Get busy! Distract yourself with another activity. This could include playing games like ludo, cards, digging in the garden.

Kede ita ma geni fi mahal wahid zekir fogo merisa awu dawayat ze ita indi niya kalis ta asurubu awu stamil dawayat. Kun moksool! Kutu badu moksool ma nashataat tannin. De be kun ze alabu lifaat barau-barau ze ludo, karata, kuruju fi samba.

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- **Decide**

Remind yourself of the positives and negatives about your alcohol use to remind you of why you have chosen the goal of reduction or abstinence.

Zekir badun ma ajat kwes wu ma ajat batal fogo stamil merisa taki asan ita zekir badun malu it iktar negesu awu sibu merisa.

- **Relaxing Activities**

Activities that you find relaxing can be used to take your mind off an urge to use alcohol and/or drugs.

Nashatat al be kutu ita sibu afkar be akder silu bara niya ta stamil merisa awu dawayat min muk taki

- **Self-encouragement**

Talk to yourself out loud in a private and safer place about how cravings are destructive feelings that WILL pass with time. Talk yourself through the consequences and the problems you will have if you start drinking alcohol or using drugs again.

Wonusa le badu fi mahal al mindun nas fi mahal al kwes fogo kef niya kalis al indu shuur al batal al be futu ma zaman. Wonus le badu fogo hajaat batal al merisa gi jibu wu muskilat al ita be ligo kani ita bada asurubu merisa awu stamilu daway tani.

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HELPFUL TIPS

1. Review the list of helpful tips with participants. Point to each picture as you read out each tip.

“I will also share with you some additional tips that people often find helpful if they want to drink or use less or stop drinking or using. It can help to:

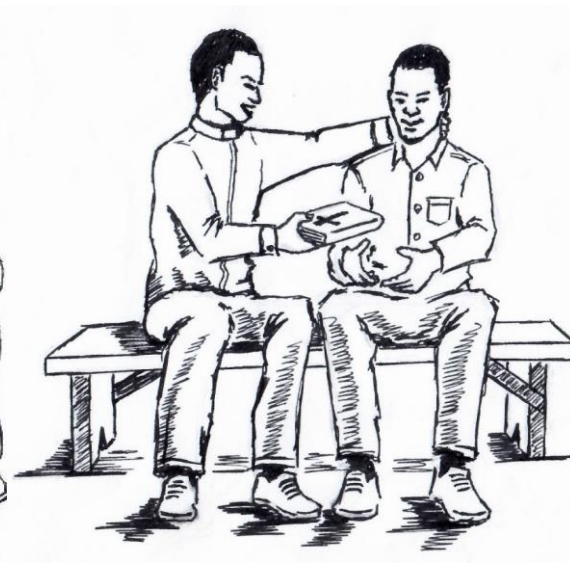
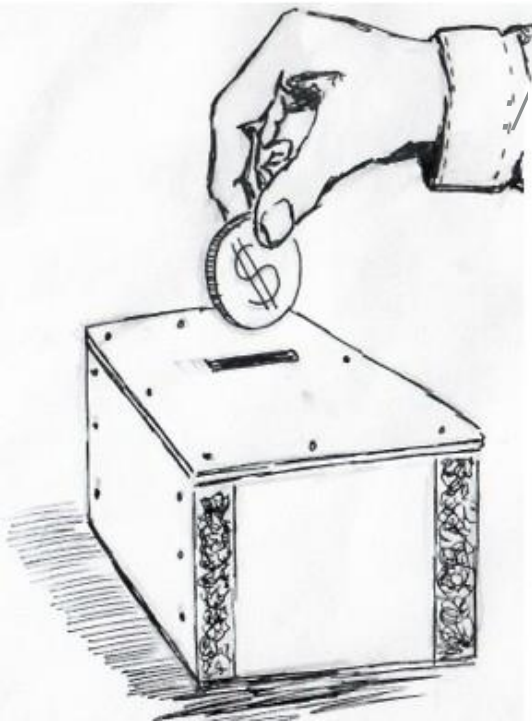
- Drink plenty of water and other non-alcoholic drinks.*
- Make non alcohol or drug using friends.*

“Ana kaman be wedi le ita deresat tannin al nas gi ligo muhimu kani umon deru asurubu awu stamil awu sibu awu stamil. Be saidu be:

- Asurub moyo ketir awu sarabat al ma merisa.**



-
- *Put the money you save into a special fund to save up for something you really need or want.*
- *Keep yourself active and busy with activities that you enjoy such as football or working in the compound.*
- *Get support from friends, family, and your religious leader. Tell them of your intention to stop and ask for their support.*
- Kutu gurus al kani ita indu fi ligo fi aja aksen al be saidu ita fi aja al ita deru
- Kutu badu moksool ma nashatat al ita be hibu ze alabu kura awu stakal fi midan taki
- Ligo musada min sabian, usra, wu nas ta kenisa. Weri le umon sabab taki ta sibu merisawu asadu musada min umon.



STEP 11: GIVING PARTICIPANTS THE BOOK TO TAKE HOME TO BOLSTER THE BRIEF INTERVENTION

- Give the participant a copy of the book, which includes their ASSIST feedback report card and the strategies for reducing their substance use.

“I am going to give you this book to take home with you. It shows the information that we talked about today. People find this book useful if they’re thinking about whether or not they want to cut down on their alcohol or drug use, and if they do want to cut down, then it provides them with some useful strategies for helping them to cut down or stop.”

“Ana gi rua wedi le ita kitabu de asan ita be silu fi bait ma ita, be weri kabara al anina wonuso fogo aleila. Nas ligo kitabu de muhimu kani umon gi fikir fogo sibu merisa awu stamil dawayat al ma katifu ma dictor.wu kani umon deru negesu tehet, wu be wedi le umon agil aksen ta saidu umon negesu tehet awu sibu”



ENDING THE SESSION

- Give the participant a copy of the book, which includes their ASSIST feedback report card and the strategies for reducing their substance use.

1. Give the participant the opportunity to ask any questions

“Do you have any questions for me before we finish our session today

“Seyi ita indi iya sual le ana gubal anina kalasu deresa ta aleila”

2. End on a positive note.

“Thank you for your time. It has been a pleasure talking with you.”

“Sukran le zaman taki, uwo kani muhimu wonuso ma ita”

3. For those who will continue to SH+ sessions, remind them of this and encourage them to attend.

“We will see you again for the SH+ group sessions. During our SH+ sessions, you will learn new skills for coping with stress. Coping better with stress may also help with your substance use. We really encourage you to attend and we look forward to seeing you again.”

“Anina be ayinu ita tani fi deresa ta SH+. Fi zaman ta deresa ta SH+, ita be alim agil jedid ta kun ma afkar al sedid.kun kwes ma afkar sedid be saidu ita ma hajaat al ita gi stamil. Anina gi seja ita asan ita kun fi deresa de asan anina be ayinu ita tani mara”

