WORKING FIRST

MANUAL FOR THE EMPLOYABILITY OF DRUG USERS
AND RECOMMENDATIONS FOR INTEGRATION
THROUGH PEER EDUCATION

This manual is a result of the experiences and research carried out by the project InPAR (August 2009 – July 2011), developed by **Agência Piaget para o Desenvolvimento** and co-funded by the IDT (Drugs and Drug Addiction Institute).

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*"Only work can truly help me.
It is very hard not to have work.
We start to get stuck…"
– Peer Educator.*

LIST OF ACRONYMS AND ABBREVIATIONS

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APDES – Agência Piaget para o Desenvolvimento

CEI + - Contrato Emprego-Inserção+

EAPN – European Anti-Poverty Network

PE – Peer Education/Educator

OT – Outreach Team

IDT IP - Drugs and Drug Addiction Institute – Public Institute

IOD – Intervention sur l'Offre et la Demande

PVE - Programa Vida-Emprego

HR – Harm Reduction

RSI – Rendimento Social de Inserção

SW – Sex Workers

DU – Drug Users

01 INTRODUCTION

The manual presented here aims to reflect on intervention methodologies for the work integration of people who use drugs, namely through peer education, and to give concrete guidelines to the technical staff and organizations interested in developing projects in this field of intervention. This manual is a result of the research and reflection carried out in the ambit of the InPAR project, developed by Agência Piaget para o Desenvolvimento (APDES). The project began in August 2009, lasted for 2 years and was co-funded by the IDT.

The main goal of InPAR was: to promote the social integration of 20 drug users (DU) (accompanied by outreach teams) through two main strategies: i) work integration of 8 DU in outreach teams in the Northern region of Portugal, to work as "peer educators"; ii) social/ work integration of 22 DU who were beneficiaries of GIRUGAIA (APDES) outreach team; and also act as mediator between DU and the integration responses available in the network.

The innovative dimensions of InPAR are associated with, on the one hand, the target-group defined for the intervention and on the other hand, with the methodology of the action-research implemented in the project. Regarding the target-group, InPAR's goal was to work alongside DU in low-threshold opioid substitution programs, without requiring the individuals' abstinence as the starting point of the process that would let them improve their approach to the labor market. Regarding the project's methodology, InPAR aimed to

reconcile the practical dimension of this action with a strong reflexivity concerning the adopted procedures and strategies, in order to systematize the knowledge on social reality and the available strategies of intervention. These elements made InPAR a groundbreaking project in Portugal.

In each of the chapters presented, the main goal is to promote a dialogue between the theoretical contributions and the problematization resultant of the practical and reflective components of the project.

The reflections and proposals presented here are part of contributions from several sources: assessment of the implemented methodologies, the bibliographic revision carried out, the research alongside other national and foreign integration projects, questionnaires to the individuals involved and some local actors who are part of the intervention territorial context, etc.

We would like to thank all those who participated in this journey with us: technical staff of the social projects we have contacted, outreach teams, Work Integration Offices, Parish Councils, IDT professionals. We hope we have been able to portray the life experiences of all the people involved, hoping that they can recognize themselves in the pages of this manual. Finally, we would like to thank the DU. This project existed because of them and with them – without their contributions, we could not have created this manual.

02 DRUG USERS' RELATION WITH WORLD OF WORK

To promote the work integration of people who use drugs is to implicitly assume that the use of psychoactive substances doesn't imply a rupture with the labor market and the possibility to carry out a professional activity. As the project kept going, it seemed vital to justify this notion with scientific and empirical evidences, by collecting some information about the relations established between the DU population and the labor market.

Due to the deficit of scientific studies that overlap the labor and drug use domains, we decided to complement the scarce bibliography we had access to, with a questionnaire to the fifteen users who frequent GIRUGAIA's combined therapy program and two DU who have job positions (in the ambit of InPAR). The two sources of information revealed complementary data and supported each other, thus making possible (and common) to work and use psychoactive substances at the same time.

MOTIVATION TO WORK

According to the study by Silveste (2004), even when an individual is at a state of dependence, it is possible to work. For the individuals who participated in this study, work seems to be a necessary activity, since it is a way to cover their expenses (namely those associated with drug use). It is important to highlight that this is not a specific behavior of this group, let alone exceptional, with regard to the behavior of the majority of employed individuals. During the data gathering process, the material motivation to ensure survival was one of the most common (*"have money for the daily routine"*). Other reasons, such as the individual preference for that type of activity (*"it's an art"*) and the symbolic value that a job can have for the family, were mentioned. One of the individuals accompanied by InPAR also identified this last point: work helps to rebuild a positive image of the DU amongst the family members, serving as an important incentive to the restructuring of the lost or fragile family ties (*"I already told my brother I was going to start working and he was happy (…) I have lunch with him on Sundays"*).

DRUG USE-WORK MANAGEMENT

According to the individuals, since the compatibility between the use of substances and work is possible, it is necessary to adopt procedures and strategies to adjust the needs of use to the work's requirements and conditions; this clearly represents a remarkable organizational and planning competence (Silvestre, 2004). GIRUGAIA's users also mention that the management of substances use (time, rate, quantity) is made according to working schedules and other conditions. In fact, this management process occurs during the use of illicit drugs, as well as during the methadone intake process, implying (in some cases) the awareness and collaboration of the employer (for example, the employer can facilitate the process of methadone intake, passing by the place where this action is carried out before taking the worker to his/her workplace). In some cases, these procedures occur in a (more or less) ordinary way, but in others, this management process can be more complicated, especially during a stage of aggravation or use unruliness.

WORK AS A DE (REGULATION) INSTRUMENT FOR DRUG USE

If, on the one hand, there are individuals who can limit the use according to their income (*"I use drugs when I have extra money"*), on the other hand, there are individuals who perceive their income as a way to increase the substances use (*"my income allows me to increase drug use"*). Silvestre (2004) also portrays this last point, when he states that the income variations imply variations in the use patterns, namely in terms of quantity and frequency – in other words, the amount and frequency of use don't depend only (and mainly) of the needs created by substances, but also of the money available. On the other hand, there are also individuals who mention that work can be a mechanism to discipline use (*"[working] is very helpful… even for the substances use… I don't even use drugs. I used to joke about that, you know, being at home for a long time and all of that…"*). This happens because the routine and other several ways to occupy time help to regulate use and establish priorities for other life dimensions (for example, there's an individual who says that when he's gathering scrap, he doesn't stop to use drugs; he only does it at the end of the day, when he already has some money. He also tries to save some, in order to ensure that he can eat at least two times a day). In short, work as a way to occupy time can be a way to control the use of substances; however, the income can deregulate it (Manita & Silvestre, 2008).

THE DU WORK CONFIGURATION

With regard to the characteristics of the jobs carried out by DU – and according to the data gathered –, there was a predominance of unskilled jobs (scrap gathering, plumbing, construction work, shoe repairing, gardening, ironworking, car painting, etc.). This predominance is a result of the low social, economic and educational levels of the methadone program users, not of the specificities of drugs use. The studied profiles are very different, regarding the work frequency, the work schedules and the ways of payment. Some DU keep regular jobs – working daily, with a full-time or part-time schedule – and others work more irregularly – small jobs that have variable periodicity and schedules. There are also differences with regard to payment methods: in the formal workers case (contracts and "recibos verdes")[1] they are paid on a weekly or monthly basis; in the majority of cases, the job unfolds in the informal sphere of economy and the workers are paid on an hourly/daily basis. The daily payment is vital for those who continue to use drugs (*"I have a monthly salary, but I ask my boss for money on a daily basis, to help me support my daily coke use"*). A common factor amongst the inquired individuals is the way they

got their jobs: 12 out of 14 got their jobs due to their contact network (family, friends, and neighbors). This tendency is not a characteristic of this group, in spite of being common in other unemployed individuals from Vila Nova de Gaia, who also identified the informal methods to find jobs as the most effective (Pinto, 2007).

Due to the aforementioned information, some of the interactions between the world of work and the world of drug use are made clear. These interactions are marked by diversity, thus reflecting the specific patterns of the users' populations, as well as the patterns that are common amongst workers in general. This shows how DU with different profiles can become part of the active working force: some have stable and continuous jobs, other have irregular and precarious jobs. In fact, the irregularity and precariousness of jobs is not only exclusive to the drug users' communities, or to other groups that are traditionally excluded from the labor market. Due to the evolution of labor market in current societies – always accentuating the tendency for jobs that are increasingly fragmented and temporary, without any rights – it is now becoming less possible for the majority of workers to set out their work integration in terms of stability.

[1] The official receipt system used in Portugal, generally associated with precarious work (poorly paid, insecure and without social protection).

03 FACILITATING ASPECTS AND OBSTACLES TO THE SOCIAL AND WORK INTEGRATION OF DRUG USERS

One of the main goals of InPAR is associated with the identification of facilitating factors to the processes of integration of DU, as well as the obstacles that this population can face. In the ambit of the research carried out, we define **facilitating factors and obstacles as dimensions specifically related to the adopted intervention methodology; in other words, those that are directly controlled and adapted by the technical staff.**

The identification of facilitating factors and obstacles is meant to be a contribute to future interventions regarding DU work integration, so they can be guided by concrete principles based in research processes, thus being more adequate to the fieldwork realities and the specificities of the target-group.

According to the critical reflection on the methodologies used in the field and the information gathered from several projects and participants, it was possible to identify some critical dimensions that can potentiate or hinder the process of DU work integration, depending on the way they're dealt with. We'll present them below.

APPROACH BASED ON CONCRETE WORK PROPOSALS

Taking into consideration the target-group specificities and the knowledge retrieved from the assessment process, the conventional methodologies of intervention based on the sequential logic - (i) reflection and balance about the individuals' lives trajectory, (ii) creation of a personal project, (iii) training programs/job search, (iv) work integration – are considered to be ineffective and inadequate to the DU population.

These individuals frequently seek an immediate solution to their biggest problems, and they don't perceive the creation of a personal project for employability as a true need. This means they don't have the motivation or capacity to engage in long reflection and self-analysis processes regarding the dimensions of a personal project, namely those related to job/work in its most symbolic notion: an active citizen's role. This way, it is important to work according to **short-term goals and always alongside the more concrete spheres of life** (like the resolution of social, legal and health issues). It is equally important to establish routines and create responses that fit the habits and practices already established by DU.

In this sense, we consider that the work integration of DU could be dealt with more effectively if it was done according to a more pragmatic approach, based on the **presentation of concrete proposals for small**

jobs that fit the individuals' immediate needs (related to the material sphere of life; in other words, the obtainment of income – the material value of work). Despite being unstable work experiences (small jobs, informal collaborations, temporary work), that now seem to be a trend in the current market, they will allow each individual to initiate a continuous level of habituation to the work context, to the creation of different routines, to the structuring of their schedule, to commitments, to their relation with the social and employment systems, etc. From this concrete experience – with visible and immediate setbacks, highly motivating due to the financial compensation and oriented to transform the individuals in their daily practices – it will be possible to work alongside DU, to improve their personal competences and the ability to manage their professional and personal life. The contact with the world of work leads to a series of new challenges for the individual (relation with the employer and colleagues, the need to keep up with the schedule, the importance of hygiene and personal appearance, etc.); they work as concrete motivational elements, thus making the individuals more receptive to the training of new competences and the development of their career. Therefore, it would be easier to **implement the training of competences if it was based on the needs present in actual work contexts** ("[work] *brought many things I had already lost: responsibility, wake up early and go to work"*). The training gaps begin to

be identified by the individuals themselves, thus intrinsically motivating them – not an exterior motivation – to acquire new skills (*"a skill that is truly important for me is, for example, an English language course"*). The proposal for this approach shares the main principles of the Intervention sur L'Offre et la Demande (IOD) – see box below. The jobs proposed to the DU can result from the cooperation between technical staff and local employers (local authorities, companies, civil society organizations) or they can be a result of the organization of economic activities by the entity that promotes the integration program. In some of the international studies analyzed by InPAR, the entities have one or several entrepreneurial units that are responsible for the organization of work and the management of the teams, in addition to their direct work with DU.

" The conventional integration strategies are based on the project, in order to achieve the work integration. The IOD method contradicts this strategy, because it believes that the vulnerable individuals don't have the necessary resources for its elaboration. That is why this method aims to professionally integrate the individual, so he/she can create a feasible personal project, the only project that makes sense. A project aimed at the integration before the actual process of integration, is more of a problem than a solution. Despite the Humanistic character of the personal project, its formulation "à anteriori" is more exclusive than inclusive. By trying to use unavailable resources, the deficiencies get more visible, the self-exigency increases, the intention turns into pressure and the individual profile is overlapped, thus ending this process with the employability diagnosis. This represents a second problem, not a solution. Even worse than the diagnosis – random, mobilizing prejudices according to assessment criteria that repeat themselves – is the diagnosis to which it leads, by defining levels of employability – eventually, unemployability."

In Advertising brochure of the seminar "Work Integration of Vulnerable Groups – the IOD method" promoted by EAPN – Portugal, February 15, 2011.

TRUST AND PROXIMITY BETWEEN DU AND THE TECHNICAL STAFF

A deep relationship/proximity between the technical staff and the individual are important elements for an effective integration work. A project of work integration, carried out in a harm reduction context, should be presented to DU as an internal and complementary asset, useful for the supervision already done by the harm reduction program, thus implying that the work proposals should be done according to the continuity of the daily relation already established with the DU. In practical terms, this means that **the contact with the users for the awareness/referring towards the world of work should be ensured by the health/social workers who are already part of the project**, since they have a series of vital conditions to carry out an effective integration work, such as: (i) they've already conquered a relation of trust, proximity and informality with the DU; (ii) they're familiarized with the individuals' lives, family and substance use records, etc.; (iii) they have experience in approaching and motivating DU. The social workers from some of the projects analyzed mention that this question is very important, in the ambit of the professional supervision they develop with DU:

"After some time, we already mean something to them and our authority increases."
Passo a Passo Project

(Abraço, Portugal)
"Sometimes I think it is not the commitment toward Pasaz but toward concrete person – counselor." Pasaz Project (Podané Ruce – Czech Republic)

"In this issue our fieldwork is very important (…) Because we work close to the people they know they can trust us and communicate with us without a hidden agenda." Buro Aktief Project (Free Clinic – Belgium)

To effectively develop work integration according to these patterns, it is necessary to ensure two conditions: (i) the outreach team should value and acknowledge the pertinence of this intervention dimension in the ambit of their work; (ii) their knowledge and experience regarding their relation with DU, should be supplemented by the knowledge from other professionals who are specialized in job counseling. The job counselors should be responsible for the presentation of job offers, the coordination with the important network structures (companies, local authorities and non-profit organizations) and/or the organization of the productive activities that will generate jobs, if they're indeed promoted by the institution itself.

INTERINSTITUTIONAL COORDINATION BETWEEN THE INTEGRATION PROJECT AND THE SEVERAL SOCIETY ACTORS

The coordination between different actors from the social support network and the local context is extremely important, despite not being the only relevant question for the work integration or the work alongside DU. Effective partnerships and networking are facilitating elements for the integration process in several aspects. The coordination between the social support technical staff from different institutions is important to the *management of cases*, to assess the motivation levels of the target-individuals and their current life situation, in order to conceive updated responses. At the same time, it is important for DU to receive *consistent incentives from the several actors* they contact with (public and private social economy institutions, local authorities, companies, academic institutions, local community, police forces, etc.); the integration process should aim to establish and promote contacts with the entities important for each individual, namely by seeking to establish communication and sharing updated information about every case.

On the other hand, it is also important to establish *synergies between the provision of social support and the efforts for work integration*. This means that it is important to ensure an integrated supervision (health, housing, social support, employment),

given that social support and resources are important – besides their basic purpose of ensuring human dignity and citizenship – as ways to captivate and encourage the DU performance in favor of work integration. One last important question is associated with the labor market sphere, more specifically, with the *local employers* that can grant opportunities to DU, so they can have access to the desired jobs. The coordination between the projects and those employers is an essential element, without which it would be impossible to implement a project of work integration according to the patterns presented here (based on concrete and immediate job proposals). Since it is essential, this role of coordination with the employers raises a series of challenges: it requires a large availability of human resources, it implies a critical number of workers who are immediately available, in order to attend to the identified needs of the labor force, it has to deal with an entrepreneurial context that is not keen on the integration of vulnerable groups, etc. So, it is important to contact and involve them before the project begins, namely to create a set of available jobs and to assess the real possibility of designating DU to the identified positions. As a social worker said, when inquired by InPAR, to ensure that the integration project is a valid resource for the employers and a reliable partner, it would be important to have a large number of workers to fill the labor force positions (*"it is a question of rate"* – they're *"tempting"* if they present a lot of people to designate within the corporations' deadlines).

ADVOCACY AND COMPLEMENTARITY BETWEEN TECHNICAL AND POLITICAL ACTIONS

The process of DU intervention is highly conditioned by the social representations/preconceptions and by generalized beliefs regarding the connection between DU and the world of work. As mentioned before, to develop the work integration of people who use drugs is to implicitly assume that the use of psychoactive substances doesn't imply a rupture with the labor market and the possibility to have a professional activity. This notion collides with the preconceptions of the majority of the social actors and institutions associated with the integration effort, necessarily carried out through networking and strong cooperation between all those involved. Therefore, the final facilitating element that we can define as vital for the success of the integration methodology is the continuous advocacy work alongside the several agents/institutions involved; the efforts for the reasoning and defense of the DU cause - based on studies and (preferably) on truly successful cases - are also important. It is necessary to demystify the DU figure as an excluded and powerless individual, in order to attend to the real opportunities of integration of each person. It is necessary to assume a political component of action as reinforcement to the technical quality of the integration process.

Advocacy means to present arguments for somebody's defense or cause. It means to give voice to vulnerable individuals or groups – act in order to defend their rights and have a strong sense of commitment to the defended cause. The professional who works for the integration of DU and successfully incorporates a dimension of advocacy in his/her job, is not only contributing to the resolution of the cases he/she monitors, but also to the promotion of broader social and awareness changes amongst different actors.

The facilitating elements and the obstacles identified here are associated with certain actions (directly controlled and adapted by the technical staff) that are naturally conditioned by different context variables we will now present.

In addition to the study on the facilitating factors and obstacles to the work integration of DU, another result of the research carried out was the identification of some conditioning elements to these processes. In the ambit of the developed research, we define *conditioning elements to the social/work integration the dimensions that are not directly or indirectly controlled by the technical staff, but influence the design and efficiency of the intervention methodologies.* These dimensions are associated with the individuals and the (economic, social, symbolic) context they're in.

VULNERABILITY CONDITIONS OF DU

The users involved in harm reduction programs present as a common feature a set of vulnerabilities that cause their separation from the normative dimensions of social life and crystallize the continuity of a situation of social exclusion. Regarding the access of DU to jobs, Keane (2007) presents a series of factors that characterize DU and consolidate the aforementioned vulnerable position: fear of failure, low expectations and fear of relapse, fear of stigma and lack of confidence in society; physical and mental health frailties, low levels of education, existence of a criminal record and an inconsistent and unqualified working record.

The author also identifies systemic obstacles that can make the access (to jobs) difficult, like the negative attitudes of the employers regarding DU or the fluctuating demands of the labor market in terms of competences and the potential loss of social benefits (for example, the Rendimento Social de Inserção[2] and other complementary supports), among others. According to a certain axis, we can systematize the several vulnerability conditions identified amongst the DU (that are obstacles to the process of work integration):

[2]Rendimento Social de Inserção (Guaranteed Minimum Income) is a measure of social protection created to support people and families who are in a situation of serious economic distress and at risk of social exclusion. It is composed of:
- An integration contract to facilitate their social and work integration;
- A sum of money to meet their basic needs.

• In social terms: the large periods of absence from the labor market, a cause for the lost (or dormant state) of personal and social competences associated with the loss of working routines and habits; low levels of education that cause changes in the formal knowledge, as well as in the ability to learn new things and update knowledge; low adhesion or fluctuating adhesion to the different social systems – health, family, law, economy, etc.;

• In economic terms: the low-income levels (that lead to money shortage and the constraint on the geographic mobility of the individuals (namely for job searching purposes) – *"well, I didn't have the chance to go [to the job interview]… I'm always spending money in bus tickets and all that…"*);

• In physical terms: the biologic addiction to substances, even when the DU is in an opioid substitution program, can lead to more or less uncontrolled use of substances, interfering with their daily routines. In addition, the use of drugs can originate, after some time, physical damages and infections, like HIV or viral hepatitis;

• In psychological terms: low levels of motivation that are only stimulated when there's a short-term benefit/result, low level of self-confidence and self-esteem, low frustration tolerance, impatience and inability to deal with routine changes;

• In terms of identity: belonging to a "marginalized group" (Capucha, 2005: 130) can originate a subjective deterioration of the identity, leading to (even more) exclusion and consequently, to the aggravation of the individuals' conditions of vulnerability.

SHORTAGE OF TRAINING AND JOB OFFERS

According to the trend of recent years, job and funded training offers have been decreasing, hindering the possibility to designate DU to these positions. Since the rising rate of unemployment, the insecurity in jobs and the growing difficulties in the social protection system to cover social needs, are a result of macro-structural political and economic options of the country (in the last decades), it is important to highlight that the more acute consequences are felt amongst individuals themselves, especially those who are in vulnerable conditions.
The weak dynamism of the labor market (a euphemism, since the galloping unemployment rate is over two digits) hinders not only the possibility to find a job, but also the possibility to keep a job, especially DU who found an opportunity of work integration during the project (*"No, there's no chance. I've already asked, I've already made a request, I've already spoken with several people, even those who are in charge, but there's no way. Due to the current situation, lack of job offers and all that, they don't hire anyone; (…) I'm already losing*

heart, discouraged. I was feeling good, working… but I already knew it was going to end in December").

The job offers provided by InPAR were highly motivating for the individuals and allowed them to reactivate lost or "dormant" competences during long periods of

unemployment. So, the impossibility to keep working led to a high level of frustration, as well as a collapse of expectations and the work routines created. This transition between unemployment, integration experience and confrontation with the lack of job opportunities is pictured in the following table, with DU quotes:

UNEMPLOYMENT	INPAR/INTEGRATION EXPERIENCE	LABOR MARKET
INACTIVITY	VALORIZATION OF THE ADVANTAGES OF WORKING MOTIVATION TO ACQUIRE NEW SKILLS	LACK OF JOB OPPORTUNITIES INADEQUACY OF THE PUBLIC SOCIAL AND WORK POLICIES
"The only difficulty was having been out of work for so long. (…) I was accustomed to do nothing. I've been out of work for 4 or 5 years (…) and many relapses were a result of that… tired of being at home, couldn't find any job…"	*"(working) brought many things I've lost: responsibility, wake up early and go to work"* *"(…) I'm already used to the whole rhythm, the work, the system, the people"* *"I think it would be interesting to attend an English language course"*	*"(…) I'd like to work, but I can't see into the future"* *"(the coordinator) already told me he/she would like to have me here, since he/she likes the way I work. But it's a shame they're not hiring anyone… (…) they say the Government is not hiring anyone and stuff like that…"*

REACTIVATION OF COMPETENCES   **COLLAPSE OF EXPECTATIONS AND WORK ROUTINES CREATED**

ADVERSE ENTREPRENEURIAL CONTEXT/DEVALUATION OF WORK AS A PRODUCTION RESOURCE

As mentioned before, the coordination between the integration processes and the entrepreneurial context is an essential point to revitalize the DU transition to the labor market. From the outset, companies revealed themselves not very receptive to the integration of vulnerable groups in their network of employees. The implemented hiring procedures don't relate to the work and life stories of DU, who are clearly at a stage of disadvantage regarding any other person of the increasing unemployed population. The commercial/industrial associations don't usually promote the social responsibility of the companies, like one of the inquired social workers said. Simultaneously, the lack of recognition of the value of work by the employers is clear, thus leading to the current low wage and low working conditions levels, which are not an effective encouragement to work integration (*"Due to the low wage level and the high costs – taking care of children, transportation costs and the effort implied – there's not a real encouragement for people to accept these job offers"* – Work Integration Office Worker). In fact, this reality reflects the principles of entrepreneurial management, which perceive work as any other commodity needed to improve production

(whose cost should be reduced at the lowest level possible, while retrieving the highest level of profitability from it) and other structural conditions (large rate of unemployment and the absence of collective representation of workers), thus allowing companies to act this way.

SOCIALIZATION RESOURCES

The social background the individuals are in, configure their life paths and expectations, namely in what concerns the work dimension. We consider as negative/conditioning elements the socializing forces originated from certain social contexts that don't promote the individuals' work integration. This can occur inasmuch as, in certain communities, the lack of occupation is widespread and multi-generational, and unemployment is experienced on daily basis and without being associated with any negative stigma. An example of this is stated by a professional, when he/she mentions that there are certain contexts where people are inserted (for example, the historic center of Porto) that are not favorable to employability. Since the lack of occupation is generalized and seen as something normal – "waking up early to go to work is seen as something strange". On the other extreme, there's the experience of the Contact Netz project, in Switzerland. Based in a society in which work is highly valued in symbolic and social terms, this project bets on the articulation with the family and social networks, in order to create an environment favorable to DU work integration:

"Motivational strategies are family climate and (...) some pressure from the police in the open space and especially from social welfare is important, that the users don't hang outside the whole day and go to work. They are sent to us from the social welfare."

"Good work project is only possible within a context – users that like the working place and the work, local government and the social welfare as well as police that help to put up a system that in reality is more comfortable to work then not to work"

In short, the representations of work – especially the symbolic element associated with unemployment – in effect within the social context and communities where DU are inserted, and the institutions they contact, can be conditioning elements to a larger/smaller tendency to get a job.

LIMITATIONS OF THE SOCIAL SUPPORT MEASURES/ (IN) ADEQUACY OF THE TRAINING AND EDUCATION RESPONSES

One of the essential conditioning elements of the work integration of vulnerable groups is associated with the systems of incentives created by the coordination between the social protection measures and the training/employment measures available to these groups.

WORK INTEGRATION MEASURES

One of the criticisms regarding the current policies of work integration is associated with their demands in terms of the individuals' stability levels. If we take into account the fact that these measures – like the Programa Vida-Emprego (PVE)[3] and the Contrato Emprego-Inserção + (CEI+)[4] – are aimed at the positive discrimination of marginalized groups, it doesn't make a lot of sense that only those individuals who present considerably high stability levels should be considered eligible. The PVE is the only measure specifically destined to people with a psychoactive substances use record. However, it excludes the specific profile of DU in harm reduction programs, with whom we work with, since it implies a strict criterion of abstinence that marginalizes the groups of people who still use drugs. Regarding the CEI+, destined to beneficiaries of the RSI, we've noticed that there is clear perversity in the application of this measure. In practical terms, this measure should ensure funds to the local public entities for non-temporary jobs, which should be carried out through a permanent job position that included the social protection of

[3]Programa Vida Emprego (Life Employment Program) is a state-supported nationwide program for recovering drug users. It is targeted specifically at people with addiction problems, of working age, who are in or have completed a treatment process in a therapeutic community or outpatient care, including drug users undergoing treatment in prison.
[4]Contrato Emprego-Inserção (Employment-Integration Contract) is a state-supported nationwide measure that promotes the establishment of contracts between the beneficiaries of the guaranteed minimum income and public or private nonprofit entities.

the worker. This fact was acknowledged by a DU who was in a CEI+ program (provided by the Parish Council) and saw the possibility of effective integration being obstructed:

"we don't have social security, we don't have unemployment benefits… we barely have something, only the minimum, the minimum wage and the meal allowance."

"(the coordinator) already told me he/she would like to have me here, since he/she likes the way I work. But it's a shame they're not hiring anyone… (…)"

"after one year, three people are hired, so they can have jobs. Some leave, others come to their places (…). And those with the minimum income or those who are unemployed are hired."

EDUCATION AND TRAINING MEASURES

The shrinking European funds destined to training programs lead to the scarcity of available training courses, another restraint to the process of personal valorization of individuals and the consequent difficulty of integration in the labor market. In addition, there's always the DU lack of interest towards training courses: they don't provide monetary compensation or other types of short-term compensations; there's a long separation between the individuals and

school; in DU social contexts, there are no reference models that present education as the guarantee of a better life. There's also a lack of adequacy between the DU profile and the characteristics foreseen for the majority of training courses (schedules, payment, methods of payment, etc.), frequently dictating their exclusion in the access to these programs. The training activities aimed at the integration of DU need to be organized and adapted according to their characteristics, namely by implementing less training hours, daily or weekly payment, payment methods without the need of a bank account, etc.

RENDIMENTO SOCIAL DE INSERÇÃO

The social supports that ensure the minimum income threshold (namely the RSI) and make individuals' stability possible can be an obstacle for the acceptance of job offers. In the economic theory, the presupposition of the rationality of the agents means that each one of us, sometimes not very consciously, can carry out a cost-benefit analysis in situations that imply choosing (something). A rational analysis, especially those carried out by individuals who live in precarious and unfavorable situation, will privilege the continuity of a constant income (even if low), more than the acceptance of a job or a training course that only ensure temporary profit. In other words, without any type of concrete and compensatory alternatives to the RSI, no DU is willing to initiate a process of change and autonomization regarding

the RSI, since they don't want to lose the only safeguard for their survival. A good measure to contradict this situation would be the possibility to temporarily accumulate the RSI and other wages, thus leading to increasing safety and autonomization of the individuals and facilitating their "leap" to the labor market. Many individuals refuse to give an opportunity to temporary work/jobs, since it implies the immediate loss of the RSI; and when that job ends, the delay in the reattribution of the RSI forces them to spend some months without any type of income. Legally, it is not allowed to accumulate the RSI with other source of income, so the set of options these individuals face is extremely low, many times developing itself in the informal sphere of economy. At the same time, the fact that an individual earns these social benefits – a way to guarantee some stability – can work as a "preparatory" mechanism that can create the basic conditions for the individual, so he/she can enter the labor and training market. A source

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According to what has been presented, and in accordance to the point of view of the pragmatic approach that characterizes the harm reduction philosophy, it is important to create experimental and creative measures; measures that are flexible and offer an effective and fast response to the individuals' needs, instead of the set of measures covered by State programs – excessively bureaucratized, rigid and out of step with reality.

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of income, even a low one, allows a better organization of the individuals' everyday life and the suppression of their immediate needs. This way, the essential circumstances for the following step are provided.

LONG PROCESSES OF INTEGRATION, SHORT SOCIAL PROJECTS

The integration processes are dynamics that are structured on a long term basis, due to their complexity and multidimensionality, and they are not compatible with the limited duration of the projects dictated by funding mechanisms. A clear example of this long term path can be seen in the experiences of the DU who were guided during their work integration process:

"… in (the institution) (…) I had to do manual labor, guided tours and all of that…"

"… before coming here, I was enrolled in a training course, a training course there, what was it called?! A modeling course, that's it…"

"… I came here due to a training course, association management (…) when I got here, well I started to see how things really are, and I grew fond of it and… I delineated a life plan…"

"… I was enrolled in the PVE…"

This case shows the sequence of different measures in which the DU was enrolled, corresponding to programs with different levels of structure and qualification (from occupational activities, to training and employment) aiming to correspond to the DU profile specificity and the different stages of his/her personal and social structuring. If, in this case, the interinstitutional coordination and the DU own dynamism are an aid to the harmonization of these several stages, it is certain that in many cases, the projects end up having an isolated effect and its impact is spread, instead of gradually being a consistent alternative for the individuals. In fact, the integration processes should be encouraged by a gradual and continuous social work (*"it can take 3, 5 or even 8 years"*), so the exiguous durability of the funded projects seriously compromises this intention. This is also mentioned by one of the inquired social workers: *"it was at the turning point stage"*, *"where will they send us?"*, *"the majority of them will end"*.

In this chapter, we present the recommendations for the work integration of Drug Users (DU) as Peer Educators (PE) in Outreach Teams (OT)[5] . This methodology of intervention presents three unique characteristics that contribute to its success: 1) the experiences of the individual as DU are transformed into a valuable contribution for the fulfillment of a professional position; 2) the employer is the promoter of the OT, thus resulting in larger awareness and open-mindedness to collaborate in the process of work integration of individuals who aren't seen as "attractive" to the conventional labor market; 3) the educators' labor is waged, a vital condition for the participation of DU in the work integration process. For further information of the methodology implemented during the InPAR project, please check Appendix 1, available at the end of this manual.

[5] During the project, InPAR promoted research guidelines aimed to identify the facilitating factors and obstacles to the integration (training/professional) of DU, always taking into account the characteristics of the target-group and the responses/opportunities that the different social systems provide. The discussion regarding these factors was based on the analysis of data collected alongside the OT technical staff and PE – all data was gathered during the monitoring process of the integration of educators in the teams – on the perceptions/interpretation of InPAR and the comparison between the data and the selected conceptual framework.

A BRIEF NOTE ON PEER EDUCATION

The **Peer** can be seen as someone who is at the same level than the other individuals; in other words, a friend, a colleague or someone relatively strange, as long as they are involved in the same activity or context (Svenson, 2002, cit in Dias, 2006). It should be a person who identifies himself/herself as someone who belongs to the same social group, based on common characteristics or interests (Parkin & Mckeganye, 2000, cit in Dias, 2006). In regard to the profile/role of a PE, there are several options and it covers three main domains:
– Education, Support and Advocacy – despite the (sometimes) subtle boundaries between the three. **Peer education** can be defined as a set of specific teaching strategies developed and carried out by members of a subcultures, community or group of people for their peers (Goren & Wright, 2006). On the other hand, the concept of peer support is easily diluted in the concept of Education. It's all about understanding the others (empathetically) through the shared experience of emotional and physical pain, without any type of constraints and the traditional relation technical staff/user (Mead, Hilton & Curtis, 2001).

What seems to distinguish these two concepts/strategies is the intentionality character for education and promotion of change that is highlighted in peer education. The goals of Advocacy are not unanimous, but they essentially promote the rights of

individuals in vulnerable situations, by helping them express their opinions and make decisions. By exercising Advocacy, the main role of the PE is to be by the individual's side and guarantee that his/her opinions and desires are respected, without making any type of judgment (Effective Intervention Units Substance Misuse Division, 2004).

The recommendations for the integration of DU as PE in OT teams are presented below, according to the following themes: (5.1) pre-professional training; (5.2) PE selection; (5.3) PE contribution; (5.4) psychosocial counseling of PE; (5.5) integration of PE; (5.6) PE monitoring.

PEER EDUCATION

"Involvement of people from the same social class, age, social status or cultural experience who support each other (informally and formally), over several issues and specific concerns". The Centre for Harm Reduction, Burnet Institute

5.1

WHAT'S THE IMPORTANCE OF THE PRE-PROFESSIONAL TRAINING PROGRAM?

Recommendation: The training dimension is a vital starting point for the integration of DU as peer educators; it needs to be continuously reinforced as the individuals try to carry out their role as PE and it should take into account the specificities of the role, position and tasks each PE carries out in the OT.

The peer training sessions, carried out in an effective and adequate way, are a *key element* for the success of peer projects and it is important for peers to do more than distribute material and foods, thus potentiating the singular contribution of the peer in the Outreach team, as well as to increase their levels of confidence while carrying out their tasks (Mason, 2006).

PEER EDUCATOR TRAINING COURSE FOR DRUG USERS

The training activities of PE integrated by APDES through the InPAR project were carried out at a stage previous to integration and their goal was to endow a set of individuals with skills related to Peer Education and Harm Reduction associated with drug use and sex work. For more information on the training process, please check Appendix 2, available at the end of this manual.

The structure of the training process carried out by APDES is made of 13 modules:

1 • Psychoactive Substances and Phenomenon/DU Characteristics

2 • Harm Reduction (HR) Associated with Drug Use

3 • Peer Educators in HR

4 • Network of Social-Sanitary Resources

5 • Communication and Management of Conflicts with DU

6 • Organizational Communication, Team Work and Decision Making in an OT

7 • Psychopathology

8 • Infectious Diseases Associated with Drug Use and Sexuality

9 • Overdose

10 • Activism, Citizenship and Protection of DU rights

11 • Information and Communication Technologies

12 • The Role of PE in the Creation and Evaluation of HR Projects

13 • Change Management

As a complement to these training modules, we propose an Integration Support Internship, aimed to familiarize the trainees with the harm reduction work context and to consolidate the competences acquired during training, through observation, gathering and analysis of information and practical implementation of the learning results, in one or two internships.

Another complement to the training is the organization of *Discussion Groups*. The main goal is to promote the exchange of experiences and the discussion of critical issues – namely the acceptance of the life experience associated with the drug use, the constraints related to the role of the PE and the coordination between personal and professional life – that can be obstacles to the integration of PE in OT. These group sessions are carried out during the training and integration processes.

5.2

HOW TO SELECT A PEER EDUCATOR?

Recommendation: The OT should think about and discuss the several aspects of PE work (Advocacy, Peer Education and Support), with freedom of choice for their guiding principles and for the identification of PE role and function.

The task of integrating a DU in the organizational dynamics of an institution is a demanding process, due to the lack

of knowledge on the methodology and the absence of previous experiences. This fact takes us to the OT need to research and reflect upon: 1) the concept of Peer Education and its different types – Peer Education; Peer Support and Advocacy; 2) advantages of the role of PE for the OT and Harm Reduction; 3) Role of the PE and expectations of the OT. This way, the goal is to clarify and define a set of structural patterns, so the teams can guide themselves during the process of PE integration. There isn't a single conceptual framework regarding the definition of the concept, the profile of competences and the role of a "good" PE. In regard to the tasks of a PE, the bibliographic revision indicates us that they should be defined according to the needs of the community, such as what happens with the outreach teams: the services provided by the OT are dictated by the needs identified by the DU.

We'd also like to add that the role of the PE, besides being assigned by the community, is also defined by the goals and interests of the outreach teams that - despite being different from each other, due to their representation of harm reduction – work unanimously to activate a process of change in DU. For example, if the teams aren't "allowed" to observe the users' moments of use, thus being incapable of teaching safer use practices in loco, then the peer should be able to frequent those spaces and fill the team's gap.

ADVOCACY

PEER'S PROFILE

PE

TEAM'S PROFILE

EDUCATION   SUPPORT

PHENOMENON'S PROFILE
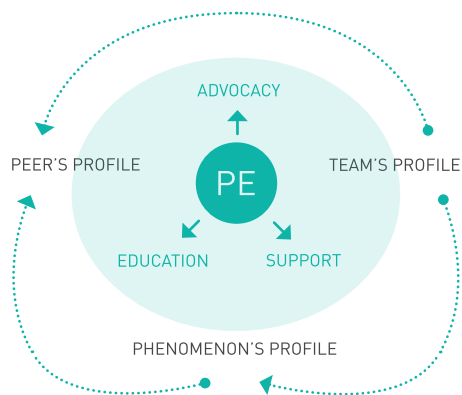
Recommendation: The expectations of the PE and the OT should be clarified, in order to be in tune with regard to the role/function of the educator.

A "good alliance" between the profile of the PE and the OT profile has positive consequences at the integration and educators' motivation levels. The teams tend to invest more in peer education and PE when their compatibility is felt and effective. For example, a OT that collaborated with APDES in the InPAR project, revealed great enthusiasm when their peer revealed to be interested in improving the sexual practices of DU, since it was a team's goal that would hardly be fulfilled by the technical staff. On the contrary, when the notion of what the role of the PE is very different from his/her function and the expectations on their contribution are discrepant (amongst educators and OT), it can be hard to create the position of PE.

"All suggestions by B. are welcome

and he wanted to develop that question of police violence (…). We had a few problems with PSP and the Institution. We told B. that, at that time, it wasn't a good idea to carry on with the inquiry". Outreach Team Worker

Consequently, the analysis of the adequacy of the person's profile cannot cease to take into consideration the OT functioning specificities, the institutional dynamics and the territory where the team acts. If, on the one hand, the essence of the PE role should be taken into account, it is also important to take into consideration the mission of each institution and to promote the adaptation of the PE profile to the dimensions that can (more easily) be valued by that entity, in order to achieve the work integration. The PE profile shouldn't be considered inadequate, but his/her profile needs to be adapted to the function expected by a certain OT or to the organizational dynamics.

On the other hand, the PE should know and be able to communicate their interests in the ambit of their role and function as educators, in order to better adapt their profile to the OT.

"In the van, she (professional) used to do my job. She handed out the material and spoke with the users. I wasn't doing anything and I felt that I should be responsible for that part".

The development of the PE work is not done

without the interference of the values and principles assumed individually by the educators. These also dictate their action according to their interests and what they perceive as right or wrong, fair or unfair, correct or incorrect. In this sense, the PE should be capable of defining what is more adequate to his/her profile, by establishing goals, preferences or individual limits (*"I'm not capable of visiting drug consumption places"*, or *"I'd rather be distributing material instead of distributing food"*, or *"I'm interested in working with police violence"*). This aptitude is important for the construction of the so called consensus between teams and educators, regarding the role of peer education in the OT and for the creation of an environment that motivates all those involved in the fulfillment of that same role. In this case, it is important that all the teams are capable of making clear (to the PE) their areas of intervention and the main strategies and procedures (use of a mobile unit, pedestrian routes in the drug use territories, etc.), characteristics of the object and intervention territory (type of use, target-population, etc.), among other aspects that can reveal how the PE profile is adequate to the context of intervention.

Recommendation: During the selection process of PE, the OT should take into consideration the personal, social and training competences necessary for the position.

It is important to highlight that not all DU can (or are able to) be PE, so the definition

of a profile is a vital task for the selection and integration process of PE in the OT (Trautmann & Barendregt, 1995).

A *set of relatively consensual profile characteristics* that emerged in some of the OT that collaborated with APDES, is already highlighted in some scientific literature (Dhand, 2006; Brack, Millard & Shah, 2008; Mongard, Brussa & Jong, 1997; Walsh, Gibbie & Higgs, 2008; Toronto Harm Reduction Task Force, 2003; Trautmann and Barendregt, 2995). These characteristics are presented below:

CHARACTERISTICS OF THE PE PROFILE

PREREQUISITES

• Have the minimal level of biopsychosocial structure
• Know the intervention territory of the OT – DU
• Be willing/be motivated to be a peer
• Be a member of the target-group

KNOWING HOW TO BE

• Have the ability to persuade, to "excel", to be respected, to be credible, and to be influent according to a style of democratic communication
• Have the skill necessary to resolve conflicts
• Have a friendly, peaceful and sociable attitude
• Keep a good attendance record
• Be proactive, dynamic, flexible, creative and accept change
• Be available and cooperative
• Be humble, patient, tolerant, empathetic

• Have the ability to actively listen and accept the other unconditionally
• Have a sense of responsibility and commitment towards the actions carried out alongside the team and the users
• Accept and value his/her life experiences (past and present)
• Have the ability to set aside his/her life experience
• Know how to reflect about his/her prejudices, especially those associated with drug use
• Be congruent with speech and practice
• Identify oneself with the DU group
• Have the sensibility necessary to understand aspects of the phenomenon/context

KNOWING HOW TO DO

• Exercise militancy among peers for the defense of drug users' rights
• Establish horizontal relationships with DU
• Interact (in an adequate manner) with the users, even during situations of conflict
• Communicate with DU, respect their opinions, not imposing one's perspective and not judging
• Know how to take advantage of the relationship and communication moments to intervene, educate, inform
• Assertively share the interests and work goals
• Use strategies to captivate the DU, by discussing current themes
• Highlight the active listening instead of opinion making
• Provide information regarding healthcare

and safer drug use/sex practices.
• Act in situations of overdose
• Refer individuals to the social-sanitary services, in coordination with OT
• Establish a relationship of trust with the OT, integrating the limits of professional/personal relationship
• Make decisions in a participative manner and accept the co-responsibility
• Gather, systematize and transmit updated information about the intervention contexts, routines and DU practices, as well as the practices most fitted to the users, by using the proper IT tools
• The work reflects the respect for the ethic principles associated with the role
• Invest in continuous training, either through formal activities or informal/voluntary activities.

KNOWING HOW TO KNOW

• Have some sort of training In Harm Reduction and Peer Education (for more information of training, please check Appendix 2, available at the end of this manual)

Despite the importance of all of them, it seems that the PE and the OT highlight those who are in the "Knowing how to be" domain, especially the PE skill to have some prestige amongst DU, through an affirmative attitude or a peaceful/pacifying and non-conflicting attitude. Being respected by others is vital for the exercise of the role in the promotion of change amongst drug users. Being able to be heard or influence others pacifies the

relationships, resulting in less questioning by the users, regarding the DU change into the role of PE and the legitimacy to occupy that same position. This also allows the promotion of a higher trust level towards the messages of health education the PE wants to share.

Recommendation: The fact that a PE can be a "dealer" should be given less importance (regarding his/her other competences) and it shouldn't be an exclusion criterion in the DU exercise of the role of PE. The OT should reflect on this characteristic and its impact in the project.

It seems unquestionable that the profile of competences of a certain individual can lead to a set of assets that relegate the dealer quality into a secondary position, as long as the educator is capable of separating the two statuses – not being involved in drug trafficking or receiving goods while working – in order to maintain a professional attitude (Traytmann & Barendregt, 1995).

"The only thing that matters is whether one is a good PE. If he/she's a dealer or not, that is another question."
OT Professional

However, this quality is always a controversial theme for the discussion of the PE profile, due to advantages and disadvantages of this characteristic when they're associated with the exercise of the PE role. Therefore, it will always be necessary to reflect upon it:

PE Dealer

"A person who sells can always reach more people." OT Professional	*"The possibility of the PE to be a dealer raises a "moral" question, because there can be a bittersweet relationship between users and the peer/dealer." OT Professional*
ADVANTAGES	DISADVANTAGES
• Acquaintance with the majority of the DU in the area	• The required ethical behavior of the PE is not compatible with the illegality of his/her behavior
• Larger set of relational competences	• Casual dysfunctional relationships, associated with exercise of power and manipulation attitudes used with the clients
• Functional competences (time and client management skills)	• Creation of a negative image in the community, due to the association between trafficking and a harm reduction team/organization
• Act in the moments when drug trafficking is being carried out , by providing information about adulterants and promoting the "acquisition of sanitized material"	• The possibility of legal problems associated with traffic prevent the continuity of the PE work

The selection of a profile is not an easy process and all the variables should be analyzed. Above all, we should reflect upon the goals of peer education and the profile criteria that can effectively support us.

Recommendation: Hire a PE that knows the DU and/or the OT intervention territories (the context of substance use).

"(…) didn't belong to that context [x], which may be helpful to the relationship with the users, but can also difficult his/her process of getting to know other territories, since he/she must make an effort to get informed." OT Worker

One of the most valued characteristics by OT is that the PE should know the drug market dynamics, the use contexts and/or the drug users. The reason for this option is associated with the PE aptitude in getting close to the places of consumption and establishing relationships with DU (especially those who don't come closer to OT), due to their knowledge on drug use on a certain territory. Another positive factor is related to the PE possibility to extend his/her action outside working hours and the team's intervention territories. By maintaining their acquaintance routines (associated with use or not) with DU in the same territory, the PE has the possibility to provide health education services, something that an outside educator (or an educator who doesn't remain in that territory) can't fulfill. For an external PE who collaborates with a OT, these processes are

very difficult, so the PE must find a way to overcome this obstacle, something that can be complicated in the drug phenomenon case, usually spread in geographic terms and very concealed.

Recommendation: Hiring a PE who isn't part of a user-team relationship, has a positive impact at the contribution level and the integration process.

If, on the one hand, being a user of a team means that one knows (personally and thoroughly) the key actors of that context; on the other hand, the proximity relationship with the peers can be changed, due to the negative impact that the status transformation can cause amongst DU – generating conflicts that are hard to manage by the educator (DU – friend/colleague vs. PE – worker). Another variable is related to the separation between the worker status and the DU status. A PE who is also a user will find it difficult to separate the personal needs from the work context, since his/her support figure is, at the same time, his/her employee. This interference is not seen as something positive by the OT, since they try (in a very good way) to see him/her as any other worker, as any other worker who is part of the team and with whom they want to work, not to help him/her (as they do with the other users).

"Nobody sees him as a user and if Z is having difficulty knowing where he is, that can shake things up." OT Worker

Reflecting upon these two variables helps to perceive more advantages to the selection of a PE who is not a user (or who has been a user during a distant period of time), but this doesn't imply that the person who is selected from within the target-group is not capable of fulfilling their role, by overcoming the obstacles he/she faces.

Recommendation: The status of the user (active vs. abstinent) can be surpassed by other characteristics of the PE profile, and other advantages/disadvantages can be associated with both characteristics. The DU desire to participate in this activity and his/her notion of danger of relapse should be analyzed in a participative, open and reflective way by all the participants (PE, supervisor, therapist and others).

What will be more favorable for the performance of a "good" PE, who keeps using drugs or is abstinent? We highlight some of the advantages/disadvantages associated with each one of these characteristics, mentioned by some educators and teams *(table)*:
A strong concern over the risk of relapse or aggravation of the use patterns by the PE can (naturally) arise amid the OT, supposedly caused by the presence of the PE in use contexts and the direct contact with substances.

"I remember being afraid of Y's relapse and today I feel more relaxed, because it won't be a problem if it happens; although I have some affinity towards him, and I wish all the best for him, at the beginning I was more fearful than now…" OT Worker

However, the causal relationships have already been contradicted by literature (Agra, 1995), so we'd like to highlight the positive value that the process of integration in the labor market can have in restructuring identity, self-esteem and social/professional realization of individuals. Some PE mention the difficulty to remain abstinent when they're carrying out their work in the places of consumption, but others believe that working in these contexts is a way to deal with the processes of abstinence and control of use (patterns).

ACTIVE USER	
ADVANTAGES	DISADVANTAGES
• The active user is closer to the contexts of use and DU and he/she has an updated knowledge on the drug market dynamics • He/she can easily widen his/her intervention as PE, beyond the teams' schedule and intervention territories • He/she can serve as model for other DU, showing that it is possible to use drugs in a more controlled way, conciliating it with normative professional activities • Opportunity for the molding process of the safer use practices, in places of drug use (only if the peers' use ritual/profile allows it)	• Legal issues associated with drug use, thus making difficult to establish a long-term working commitment • Conflicts with the DU due to questions associated with drug use • Conflicts with DU due to change of role (user-PE) and the devaluation of the competences attributed to use continuity (reinforcement of the social representation that "use is bad") • Potential risk of disruption of the use patterns, due to the increasing presence of PE in drug use contexts while working

ABSTINENT	
ADVANTAGES	DISADVANTAGES
• More stability and willingness to work • Can serve as model, by being valued because of his/her life/abstinence history	• May be unfamiliar to the use contexts and the participation in DU daily routines • Potential risk of relapse caused by the PE presence in the use contexts in which the OT performs • There might be a tendency to get closer to the "professional" role, instead of the role of PE, due to the fact that the abstinent PE will try to keep away from the drug use contexts, as a strategy of personal defense and the OT itself, due to the risk of relapse • High risk of exaggerated morality

"Let me tell you something: if I wasn't able to get better, and I'm already (sober) for many years, I wouldn't be able to do this work... at one o'clock, it's hard to think about anything else..." PE
"(...) it's positive, I'll be a drug addict for the rest of my life and this job ends up being a way to deal with it..." PE

Above all, the most important elements are the assumption of the educator's will and the way he/she and the support technical staff assess their competences to integrate the PE and intervene alongside the DU and the drug market territories, in order to avoid negative consequences during their project.

This profile characteristic can be relegated to a less important position regarding others, related with personal and social competences and regarding the selection of a PE from within – or exterior to – the work context or the OT intervention. The main strategy for the intervention is achieved through the process of establishing a relationship of trust between the PE and the DU, namely those who are concealed. This can be achieved through an active or abstinent user, as long as the educator knows the characteristics of the drug use territory; it is also important do establish strategies, so that the educator can get close (in a safe and supported way) to the objects of intervention. In fact, the process of establishing relationships of trust seems to mainly depend on the profile of personal

and social competences of the PE and not only on the fact that he/she belongs to the target-group. The recognition of this sense of belonging by their peers is a vital condition, but it is not sufficient for the PE to earn the group's trust[6].

5.3

HOW CAN THE PEER EDUCATOR CONTRIBUTE?

According to Trautmann & Barendregt (1995), integrating a PE on an OT leads to a valorization of his/her expertise and empirical knowledge, which can be transformed into valuable contributions to the OT performance.

In the following table, we systematize the PE contributions, dividing them in two groups: those that complement the OT work and those that appear to be singular contributions by the PE:

COMPLEMENTARY TO THE OT WORK

• Support in the promotion of the team's work and tasks

• Sexual education (sessions) for the users
• Raise the users' awareness and clarify the

[6]The establishment of trustful relationships is based on the concept of social identity – the feeling of belonging to a certain group that presents emotional and cultural values that are significant to the members of that group (Wilde & Sockey, 1990, cit in Dias, 2006).

team's services

• Facilitator of the referring and monitoring processes of the most reluctant users

• Promotion of citizenship

• Adaptation of the team's strategies to the real needs/characteristics of DU

9 identified territories and 30% of the new contacts achieved were established through PE (results achieved in 15 months of collaboration between PE and OT, included in the InPAR project (promoted by APDES)

NEW CONTRIBUTIONS

• Increasing services in places/schedules that are different from those the team usually covers

• Access to new users who are more resistant to the contact with the technical staff
• Identification and access to new territories

• Updated information about the changes in the territory, regarding the phenomenon and the mobility of users (for example, information about police raids)

• Disclosure of privileged information about users

• Adaptation of the technical language (spoken and written) to a language the DU can understand more easily

• Arguments that are more credible and promote change, due to lifestyle experiences associated with drug use

• Facilitate the team's insight on the users' perspectives and the reasons to certain behaviors imperceptible to the technical staff; development of less punitive (and more humanistic) practices towards users

• Be an example of somebody who uses drugs and has an active role in society, thus serving as an encouragement to the users

• Participation and promotion of changes within the team at the planning, intervention and project assessment levels, to transmit the beneficiaries' perspective

• Factor of credibility that validates the OT procedures amongst the users (for example, the importance of testing)

The OT/Institutions have their own way to discuss and reach decisions regarding

the new actions/proposals. When faced with the PE proposals, they engage in this process in a more or less democratic way, sometimes dependent of the institution that promotes them. This process is not always made clear to the PE, whose proposal implementation can be postponed or compromised. The outcome of the decision-making can be the refusal of the contribution, so it is important to involve the educators - as much as possible (when the OT have autonomy) – in the decision-making processes, always taking into consideration their ideas, discussing them with him/her and promoting the sharing of new ideas. The frustration of the PE that could eventually arise should be taken into account and turned into motivation, so the PE could continue contributing and promoting change.

Recommendation: The PE contributions are not strictly related to the mediation between DU and OT and should be promoted according to the different tasks and team strategies.

Usually, the OT believes that the true PE contributions are felt when the PE occupies other spaces and times, beyond those that are already controlled by the teams. This way, there can be a tendency for the separation between the PE and the mobile units or office, considering that the vital role of the PE is to work with the DU and in the spaces of mediation between them and the team. The cause of this separation might be the devaluation of the PE competences by the OT for the systematization of information

and the production of reports, the discussion of cases and the planning/assessment of the intervention, or the lack of autonomy to carry out these tasks. It is important to revert this process and involve the educator in different team dynamics, to which he/she can contribute, and make him/her feel part of the organization (team meetings, systematization of data gathered by the educator, etc.). This is a way to reinforce the relationship of trust and contribute to the integration and commitment towards work. On the other hand, by betting on an intervention outside the team's limits, a unique characteristic of this figure is assumed and reinforced; a characteristic no other worker has: the freedom of movement and action of the DU-PE in a context that is not always accessible to the technical staff and that demands an almost total flexibility, in order to promote an effective intervention within the drug use "scene".

The process of choosing between two types of involvement/role should occur when the PE and the teams feel ready and capable of assuming this type of tasks, since they demand the maturity of the PE role, competences and autonomy and a high level of trust regarding the educators and their potential by the team.

5.4

WHAT'S THE IMPORTANCE OF THE PSYCHOSOCIAL COUNSELING OF THE PE?

The psychosocial counseling of the PE is vital for the success of the integration process, due to the vulnerabilities of the individuals and the consequent need to facilitate his/her bio-psychosocial stability, as well as the promotion of his/her well-being in the new relation with his/her professional role and the work in general.
This process should (preferably) be carried out by an individual who is outside the team, in order to not mix up the roles between DU-client and DU-co-worker. In the eventuality of a process of integration (like in APDES/InPAR's case) this *function can be guaranteed by a tutor* (who provides technical support to the teams and a political action amongst the employers for the negotiation of a job for a PE, in addition to counseling). In the case of a OT that can autonomously decide to integrate a PE in its team, this counseling process should be ensured by a *worker/institution external to the professional relationship* (worker DU – employer OT); for example, a Drug Treatment professional, a Social Security worker, etc. If this is not possible, this function should be assumed by the team coordinator, since this element already assumes this role spontaneously – even if with a lower degree of intentionality and in a more superficial way.

Recommendation: The main aspects of the PE life should be known and the main problems that the individual wants/needs to solve should be identified.

A starting point for the PE integration is to carry out a diagnosis and assess the current situation of the individual, by defining the goals – alongside the DU/PE – that contribute to the so called bio-psychosocial stability, which should be increasingly strict and safe. This can be done according to a characterization of the DU/PE, which comprehends the following dimensions: life trajectory regarding the level of schooling, training, job experience, description of the individual in his/her daily routines and in the social relationships with different groups (family, friends, health and social services). Some common questions associated with this are, for example: to understand why there are legal problems to solve or if there's a need to conciliate the specificity of the treatment process – for example, the schedule of the methadone intake – with the process of work integration.

Recommendation: It is important that the "work" dimension can gradually achieve a central role in the PE life. The several professionals and institutions that form the social network of support to the individual should work coordinately, to promote the central role of the job and the work dimension.

The process of introducing the dimension of "work" in the individual's daily life, in

order to make it an important part of the individual's day-to-day life, is a gradual task that requires the combined support of several agents. In addition to the management of the individual's life – as it was up until the moment the individual became a PE – other challenges emerge, and the individual might need a constant support that should be jointly activated by the several health and social workers who support the DU. Some relevant points that should be improved in this sense, are related to the new demands that emerge from the work integration: relation with work, other workers, different routines and commitment and the relation with the function and tasks. An intervention in the representation of the PE regarding drug use (in the present or in the past) is also necessary, in order to positively integrate it in the individual's lifestyle, so the individual can gain control over this situation (whether he/she is an active user or a former user).

5.5

HOW TO PROMOTE THE POSITIVE INTEGRATION OF PEER EDUCATORS IN THE OUTREACH TEAMS?

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WHAT ARE THE KEY DIMENSIONS ON THE PE PROCESS OF INTEGRATION IN THE JOB?

Recommendation: The attentive welcoming process of the educator to the new work context is vital for his/her positive integration and the definition of flexible organizational rules and dynamics, negotiated and adapted to the PE, is very important.

The first step of the integration process begins with the welcoming of the DU/PE by the OT and the employer. The main goal is to integrate the individual in the most important organizational dynamics and the team he/she will work with, namely through the presentation of the institution that promotes the outreach services, the OT itself and the workers, as well as the presentation of the activities, general procedures and rules of the team and Institution. In regard to the establishment of rules, it is important that OT/institutions adopt flexibility measures towards a set of organizational procedures and rules, to promote the positive integration of individuals who demand the readaptation of the conventional employability context. However, this flexibility doesn't imply an absence of rules or organizational chaos; instead, it demands a negotiation in order to harmonize the needs and interests of the DU/PE and the universe of possibilities of the OT/institution. Taking into account the needs of the PE and the importance of the regulation of limits for the management of situation-problem occurrences, absence management, wage, smoke breaks and the relation with substances use are very important during this phase (Toronto Harm Reduction Task Force, 2003). By anticipating the occurrence of these questions, the teams are better prepared to deal with them.

Recommendation: Strategies that promote the awareness and preparation of users regarding the integration of the PE as a new team member should be considered, in order to promote his/her acceptance by the DU who already established a relation of trust with the team.

It is important that the OT prepares the admission of the DU to the role of PE, regarding the relation with the users of the team. Whether the PE is an element from that context, whether he/she is an outsider, there's a tendency for the questioning of the reasons for his/her integration by the users, as well as the questioning of his/her role and the selection criteria. However, this integration process generates more conflicts with the DU when the PE belongs to the context. In this sense, it is important to develop an awareness-raising process for the team's target-population, in which the questions aforementioned are presented, since this preparation has positive impacts in the acceptance of the PE by the DU. In addition to this awareness-raising process, the PE also assumes the function of presenting him/herself during the integration, by using explicative strategies for his/her role in the OT. After some time, the questioning and conflicts related to the PE role will disappear, depending (above all) of the PE profile and ability to establish cordial relationships with the DU.

Recommendation: The OT should clarify the role, function and tasks of the PE, in order to highlight the singularity and the contributions of his/her professional performance, by developing the notion that the integration process has several stages, each one of them with different difficulties. The function and activities carried out by the PE should be adapted to these stages, as well as to the profile of competences.

In addition to the integration of the DU/PE in their dynamic and the clarification of the role and function of their technical staff, the teams should reinforce the role and function of the PE, by clarifying and defining the expected goals, since this agreement will help the PE to adjust his/her expectations and profile of competences to the fulfillment of his/her role. Besides this, tasks that can be integrated in those that define the role of peer educator should be established.

For the definition of the PE role, it is important to reflect on the function the PE can carry out. We present the one that seems to be the most comprehensive:

Preparation and provision of services for drugs users and the community; assessment of the drug use phenomenon and the OT intervention, in cooperation with the team. According to some authors and manuals (Brack, Millard & Shah, 2008; Dhand, 2006; Mongard, Brussa & Jong, 1997; Strike, Leonard, Millson, Anstice, Berkeley & Medd, 2006; Toronto Harm Reduction Task Force, 2003) we can consider that *the function of a peer educator refers both to a more operational dimension (work in the field), as well as to pre and post dimension of all the OT projects. In other words, the PE should participate in the creation, implementation and assessment of the teams' intervention stages.* This way, the tasks that should be carried out by the PE can be very diverse, as shown in the following table:

PE TASKS

COMPONENTS OF THE FUNCTION	DESCRIPTION OF THE FUNCTION
• Preparation and provision of services for the drug users and the community	• Exchange and provide material – syringes, tin foil, paper towels, water – and condoms • Carry out cleaning tasks in the places of consumption (collect and store materials used and abandoned in public spaces, in a specific container) • Provide food and drinks to the users • Carry out health education and safer use practices sessions (prevention of infectious/contagious diseases like tuberculosis, HIV, hepatitis), sex education, etc. • Collaborate in the creation of informative material, adjusting the language and the content to the characteristics/needs of the target-groups • Provide information about the social-sanitary network (for example, the Center of Pneumological Diagnosis and the way tuberculosis testing is carried out) and refer the individuals to the healthcare and social services (e.g. inform them about places where they can eat or sleep) • Escort the users to the social-sanitary network services (e.g. Health Care Center, Loja do Cidadão (to get their ID), Drug Users Resource Center, Center of Pneumological Diagnosis, Social Security Services, places where they can take care of their personal hygiene, etc.) giving them support and many times working as an intermediary between the users and the institutions. • Provide emotional and social support
	to the users • Provide information and raise the users' awareness regarding citizenship questions • Be an intermediary between the new users and the OT • Equip the van/backpack for field intervention • Prepare the material for the field intervention, namely the drug use material (elaborate injection kits, cut tin foils) • Monitor and supply the material stock (injection kits, tin foils, food and drinks) • Register the services provided by the PE and the OT (e.g. number of users, exchanged material, among others) • Participate in training, information/awareness sessions and other forms of activism, to share the experiences as DU and PE
• Assessment of the drug use phenomenon and the OT intervention, in cooperation with the team.	• Participate in the team and supervision meetings (make suggestion to improve the OT intervention; report the users' situation and reflect on how to deal with them; present the difficulties during the professional performance; etc.) • Insert the records of the services provided by the PE and the OT in the team's database • Collect and supply updated information on the users' mobility in the territory, new territories, new users, police raids or other events to the OT • Fill questionnaires to characterize users • Collaborate in the elaboration of the OT assessment report

In regard to the definition of tasks/ activities, the DU/PE should participate in this process, as a way to motivate himself/ herself and have a successful performance; it is important to **promote the negotiation of tasks**, taking into consideration the expectations, interests and goals (as well as the DU profile characteristics) defined, not only for the individuals, but for the team as well. This process also implies the **experimentation of different tasks**, in order to establish those that are more adequate to the specificities of the individual (interests and competences), but also to the team and its principles, target-group and territory of intervention.

SINGULAR ACTIVITIES OF A PE

Those activities that contribute to the unique profile of the PE – performed only by him/her or with his/her active collaboration – since their contributions to the activities are very important and aren't easily achieved by the other technical staff.

Regarding the type and content of the tasks that should be executed by the PE, we highlight the importance of the **fair balance between singular and undifferentiated activities**. In other words, the singular activities should have a central role in the daily organization of the work and professional performance of the PE, in the same way as psychologists, social workers or nurses in the OT. We highlight

the difficulty that the OT can feel while implementing the function and the tasks that have an investigative or assessing character, as a singular activity of the educator. There are several obstacles that can hinder its exercise: firstly, the absence of resources (human and technical) in the daily activities of the OT in Portugal can make them resort to PE as a way to overcome some of the real constraints, only integrating him/her as another element of the team; then, the perception of the PE as a connecting link, with an intermediary role in the territories and as an operational executor of (his/her or the OT) actions, "pushing" them outside the technical and creative domains of the team; the PE and OT tendency to prefer or have a broader knowledge on the educators' contributions in the street context, mistaking the intervention and work contexts with the domain of the assessment function, thus hindering its realization – services are provided in the street and alongside DU, while the processes of characterization, reflection and assessment are carried out in the office; the adequacy of the profile of competences of the PE to this assessment function, taking into account the set of vulnerabilities as the low educational and professional qualifications; the teams' difficulties to create moments for PE monitoring, thus preferring to grant them a more operational function that will not benefit from the lack of supervision. This way, the OT should reflect on the realization of evaluation sessions by the PE, the different formats and the adequacy to the

context they fit in, so they can be promoted and never stop to be seen as activities.

Regarding the context of realization of activities, the PE appears to be more motivated to the tasks that involve the relation with the users and the street context, than to the office tasks, a situation that is reinforced by the OT, since they believe that the PE can contribute more when he/she moves away from the spaces occupied by the technical staff (mobile unit/contact points or office). This double ascertainment can be an obstacle to the teams during the process of defining tasks in the office context. It seems that the content of the activities and the perception of the activities as a way to generate a contribution are the elements that influence the motivation of the educator, more than the context itself. This way, the OT should start by creating occasional activities until they reach the **adapted balance between the PE and the team, between tasks alongside DU (and also field tasks) and tasks alongside the technical staff and at the office**. However, there is one activity that shouldn't be postponed: the presence and participation of the PE in the team meetings. We know that this is a private space and that the presence of the educator can be a constraint at an early stage, because the team might need a moment for them, to reflect on the PE performance, or because the relationship and contributions obtained don't guarantee the trust and value of the educator. At the same time, it is also true that this step is very important for the PE to feel that he/she

is part of the team. A proper management of this process and this precise moment should guide the teams to the consummation of the PE participation in the OT meetings.

Recommendation: The tutor/ team coordinator should carry out a set of discussions with the PE, in order to develop the PE self-esteem and self-confidence and the support in the resolution of problems associated with his/her performance and integration in the OT. On the other hand, he/ she should encourage moments for reflection in the team, in order to assess and improve their role in the PE integration process.

The adaptation of the PE to the new role should be promoted from an early stage and throughout the entire process of work integration. It is vital for the success of the integration to discuss and question the function and tasks carried out by the PE, the relationship with the DU and the OT/technical staff and the difficulties felt – during the development of a specific activity or the process of integration in the OT/organization – in order to assess the motivation and satisfaction over time. During this process, it is also important to adopt (according to the progress of the PE integration) a freer discussion, based on the more significant contents and momentary worries of the educator. The most important thing is to work with the PE, to promote his/her autonomy in the resolution of his/her own problems, through the confrontation of ideas and proposals and the discussion of difficulties.

The creation of peers' discussion moments (whenever possible) has a positive effect in the DU/PE. While reinforcing their self-confidence – since they feel that they belong to a group – these moments are useful to share experiences, acquire new competences and knowledge, and develop strategies to solve problems, functioning as mechanisms of individual and professional growth. The discussion groups, when perceived according to a peer support point of view, work as a solidarity and comprehension context and a vehicle of information to the target-group (Mongard, Brussa & Jong, 1997).

In the following table, we systematize the main dimensions that should be taken into account during this process of discussion between the PE and the OT, regarding the peer's work integration:

DIMENSIONS OF PE MONITORING

"And I started to share my stories and speak with him, and he just looked at me… «you used to be an user?!», «of course!» and so on! And he ended up… it was a good opportunity and now we're working together." PE

i) *Conflicts generated due to the change of* the PE role amongst the peers. The change of the PE role seems to be a cause of anxiety and concern for the DU and the peers. These problems seem to be more visible when the PE is selected from a target-group (User PE), since the other DU can start perceiving the educator as a "snitch", a "traitor" or even as someone who doesn't have any legitimacy to fill the position, since he/she is equal to them. The PE ability to present his/her role and his/her argumentative skills to establish relationships with the DU as an element of the OT, play a very important role in the appeasement of these conflicts.

ii) *Diversity of the roles the PE can perform.* It is important to help educators understand the specificities of each context and each team, supporting them while they *try to establish their professional role*, inserted in the interests and conditions of each OT, its dynamics and practices. There won't be a single matrix for the professional development of the peer educator, only a set of main guidelines that prevent its misrepresentation; however, this diffuse definition can lead to anxiety at the beginning of the integration. This doesn't mean that the PE cannot perform undifferentiated tasks, a usual practice for any OT professional. However, there's a possibility that the educator can feel undervalued while executing this type of actions, thus claiming his/her suitability to perform tasks entirely associated with the relationship with the users, awareness-raising regarding substances use and supply of harm reduction material.

iii) *The integration and the establishment of trustful relationships between the PE and the OT.* The educators should be aware that they are initiating their path from a minimum level of trust and integration, and the goal is to achieve a total and effective integration. However, at an early stage, the DU can feel that it's not possible to separate from the image of drug user, thus experiencing a feeling of discrimination when he/she is faced with the establishment of vertical rules at the initial stage of the integration process – rules that aim to guarantee some safety margin regarding the occurrence of conflicts (e.g. rules for the access of information and maintain confidentiality). This verticality can be misinterpreted by the PE, so it is important that the team finds a way to balance the relation, promoting justice, access equality, opportunities and the construction of a trustful relationship.

iv) *Constraints to the exercise of the professional role.* The main concern of the PE is to "reach" the DU: establish deep relations with the DU and have access to privileged information, in order to promote their change more easily. However, they quickly realize that this is not an easy task. It is important to discuss these difficulties and reflect on the strategies used to overcome them, in order to maintain their levels of motivation and investment towards work. Therefore, it is important to help PE understand what the cause of this behavioral change is (in this case, the drug using beneficiaries), managing their expectations as vehicles of change, reinforcing the idea that this is a demanding process, extended through time, which should be adjusted to the users' current competences.

v) *Reflection on the past or present experiences of the PE as DU.* This reflection is vital for the acceptance and valorization of his/her life path and the internalization of his/her role as an educator. The stigma and discrimination they've endured, the relationships and conflicts associated with substance use, the loss of relationships and the social isolation, the negative social representations regarding substance use in the surrounding community; basically, the heavily negative experiences that characterize many of these paths are inevitably reproduced in the majority of the PE discourse. For this reason, the PE may not perceive himself/herself as a DU and may want to escape and dissociate himself/herself from the DU figure, by creating barriers that prevent him/her of being recognized by the users and identify him/her as part of a group of users. If this were to happen, it would create a paradox between theory and practice: the PE is the individual that the group identifies as a member of that same group, as a DU. This identification leads to a broader open-mindedness of the DU towards the relationship being established and change, so the PE cannot break with this identity, even if it was part of his/her past. In this sense, to support the PE in the sharing of their experiences and to help them reflect on the importance they've assumed in their "self-construction" and the establishment

of their DU status amongst the peers is vital for the assumption of their role as model/peer. Ideally, the PE should think this way: "if at some point I felt discriminated against while resorting to healthcare services (as a DU), now (as a PE) I should understand the other DU who go through the same experience and provide them support tools, so they can overcome this situation and never repeat it again; for example, I can speak to them about their rights."

vi) *Relation between PE and work.* The integration and the relationship of trust with the OT are clearly motivated by transverse factors, like the assumption of commitments by the PE, a proper attitude while working (schedule compliance, compliance with the rules), to invest and be receptive to change (being capable of accepting your own mistakes, show initiative and contribute to the OT work). This way, it is important to raise this debate amongst the educators, in order to provide them strategies to include these factors in their practices, so they can be noticed by the teams.

The teams also experience a set of challenges that require some space of internal reflection. The main questions to be considered are presented above:

REFLECTIVE DIMENSION WITHIN THE TEAMS

"He frequently arrives late, 20-30 minutes late; it is a result of the lack of competences, a characteristic of the former drug addicts".OT Professional

i) *Separation from the negative social representations of the DU.* It is necessary to promote the distance from the professionals' social representations of the DU, in order to counter an effect that is currently being noticed: the relegation of the profile of competences/individual characteristics of the individual to a secondary position, regarding the state of psychoactive substances dependence. This means that, many times, the technical staff tends to "imprison" and "reduce" the individual (and all his/her complexity) to a single quality (in this case, socially defined as negative): using (or having used) substances or be (having been) dependent on psychoactive substances, thus reinforcing, maintaining and making the process of liberation from that quality difficult[7]. This way, we believe that it's necessary to reflect on this labeling process with the teams, since it seems a sine qua non condition for an effective acceptance of the others and for the effective integration of the PE in the OT/institutions. The reproduction of representations that are established and perceive the DU as an incapable individual – the DU can't: be assiduous; show up on time; be reliable; cease to be manipulative; resist frustration; adapt to the organizational culture of the institutions; maintain professional secrecy – is an obstacle to the process of social

[7] This effect is designated by process of labeling, presented by Howard Becker (1963 – Outsiders ; 1977 – A Theory on Collective Action) or social stigma by Erving Goffman (1961 – Asylums; 1963 - Stigma: Notes on the Management of Spoiled Identity).

integration of the PE. On the other hand (both in a simultaneous and opposing way), the integration of the PE in the OT seems to develop itself in a path that begins with a stage (commonly associated with groups' life cycles) named "honeymoon". The high expectations associated with the peer education methodology and the anticipated potential of the PE and their first contributions (that are mainly based in the sharing of the knowledge acquired during his life), seem to create a state of "enamored with" this new figure. We'd like to highlight the fact that this "feeling" towards the PE and his/her potential can be replaced by a more or less turbulent stage in which the OT face and report a set of difficulties associated with individual's integration process and his/her adaptation to the role/function and professional tasks.

ii) *Establish a horizontal relationship of trust and acceptance with the PE.*
It is important to start by defining less demanding tasks and gradually move to more demanding tasks. According to Trautmann & Barendregt (1995), this is a positive procedure, since it allows assessing the set of essential competences of the PE, while maintaining the high levels of motivation and avoiding the saturation/excessive monotony of some tasks when these become "complex" (and demand a higher level of responsibility). At the same time – and by taking into consideration the separation from the labor market and the low academic qualifications of the majority of the educators – the process of

defining tasks should be guided for its high level of structure: the description of each activity should segment its process, for the high efficiency of its implementation and the success of the educator. This way, expectations regarding the peer education methodology and the more demanding contribution by the PE become essential. On the one hand, it provides a space of moratorium for the PE, thus allowing the adaptation between the activities and the PE true skills (and primary competences), something that promotes the success and contributions of his/her work. On the other hand (and taking into consideration the surmounting of tasks and the contributions by the educators), the teams are allowed to gradually thwart their own negative representations, by creating a relationship of trust capable of promoting the PE integration and his/her efficiency in the ambit of the OT intervention and harm reduction. After the integration process and the OT ascertainment of the PE profile of competences – respect the schedule and be on time; be assiduous; communicate with the team's DU/users; be influential; use his/her experience as a resource; get close to the users; share his/her opinion on the phenomenon – the necessary conditions for the promotion of a relationship of trust (and elimination of the stereotypes already mentioned) are established. This horizontality is extremely valued by the PE, so the teams must make an effort to quickly invalidate vertical attitudes and behaviors that put them in a situation of disadvantage, exposure or even inferiority.

The OT should learn how to create opportunities do establish a relationship with PE, in order to share and listen to them, without differentiating them from the other workers.

iii) *The personal needs of the PE.* The OT awareness and their perception of the individual as a whole, as well as their understanding of the individual's needs, are also important during this process. Whether the PE is a user of the OT (selected for this position) or not, certain social needs of the educators stand out and many times, the PE resorts to the OT services to cover those same needs. This places the OT in an awkward situation, because while the team tries to separate the PE from the DU, it faces the need to respond to specific issues, many of them similar to those shown by the users. This separation is not done linearly, but it will occur during the process of integration and autonomization of the PE, regarding his/her personal issues. However, the team and the technical staff should never stop to be supporting figures. This way, this must be perceived as an ongoing process, since it is an exercise that requires the constant application of strategies that couldn't be strictly defined previously and need the support of the teams' good judgment. According to Mason (2006), the team should be capable of establishing the balance between process and results; between the needs of the program and the needs of the peers; between offering a structure and constantly adapting it to the context of the users; between having control and being

able of let things happen without interfering. The team should be intrinsically dedicated, persistent and willing to commit with the PE integration process.

Recommendation: The work integration of DU as PE in the OT should contemplate (in all its stages) some type of monetary compensation for the educators, due to the costs associated with their collaboration with the outreach teams.

Since we're discussing a professional function, it's almost unnecessary to mention the obvious: the worker must be paid, according to the time and competences he dedicates to the employer. However, the Portuguese context regarding the integration of PE in OT presents some critical points:

• The promotion of the recognition of the PE professional figure is still insufficient in the Portuguese context. The continuity of the intervention regarding this issue is necessary, especially amongst professionals and political decision-makers[8];

• The financial constraints of the organizations and the rigidity of the teams' budgets don't allow the increase of the technical staff, and the hiring of an educator can lead to the dismissal of equally valuable workers: nurses, psychologists or social workers;

[8]At this level, it is important to mention that the IDP I.P (in the ambit of the InPAR project) made a commitment to evaluate the possibility of implementing a criterion of increase to the OT that integrate PE in their teams.

• The existing measures of employability promotion do not cover all the PE particular situations and are, for example, aimed at individuals with a high level of stability; Due the characteristics of this context, we highlight the importance of the PE remuneration, regardless of the bond established with the employer: occasional collaboration, internship or part-time/full-time job. This remuneration has a significant impact, not only in the DU subsistence, but also in their commitment towards work and the institution.

5.6

WHICH SPECIFICITIES SHOULD BE CONSIDERED DURING THE SUPERVISION OF THE PE WORK?

As mentioned above (when we highlighted the importance of the psychosocial counseling of the PE), the supervision function should be carried out by an element external to the team; if not, this function should be combined with the coordination, which will (in a more intentional way) guide the development of the PE professional competences.

Recommendation: The team's supervisor is a decisive figure for the success of the integration process and the orientation, monitoring and assessment of the PE should be carried out by working closely with the PE.

Guiding and monitoring someone who has little autonomy in his/her role and

needs to develop social skills and reacquire working habits, is a vital task to meet the expectations regarding the PE. The supervisor must guide and monitor the PE work, by assuming a supporting and assertive attitude, aimed at the resolution of professional programs and the promotion of reflection/discussion moments with the OT, in order to facilitate the integration of the PE and strengthen his/her contributions. The person who should assume this role within the OT is the one who coordinates the team since the function of monitoring the workers' performance is already associated with the responsibility of the coordinator. The supervisor is the first connecting figure between the PE and the OT/Institution, working as an element that establishes communication and trust relationships. In fact, the availability to listen and be open to negotiation, decisions and implementation of new strategies, seems to be very important for the PE. In other words, by feeling that someone pays attention to them, they renew their motivation to work and they feel that there's an opportunity to comply and positively contribute to their role and the OT role, without merely carrying out a less important and useful job.

Recommendation: The supervisor must ensure the integral supervision of the PE, supporting them professionally and also taking into consideration the personal issues that result from the relationship between work and other areas of the DU life.

The professional dynamics of the PE can

suffer some "interference" from personal questions throughout the integration process, since the PE have the tendency to perceive the team and the supervisor as reliable agents who support them in the resolution of individual problems, as in the case of the OT users. This fact can lead to a feeling of ambivalence by the supervisor while managing the figure of the DU and the figure of the PE. In other words, the supervisor faces the need to simultaneously respond to the DU and his/her individual needs (as the relation work-use management) and the PE and his/her professional deficiencies, thus creating a tension between the more supporting and close work of therapist and the "distant" role of coordinator. According to Trautmann and Barendregt (1995), the frontier between a more personal support and professional guidance is not clear; however, the supervisor must not "ignore" those individual needs shown by the PE. The existence of an integration tutor or a professional outside the team who facilitates the psychosocial monitoring of the individual can prevent these difficulties, ensuring the resolution of some problems in the PE life, in coordination with the social network agents/systems.

Recommendation: The supervision process is a full-time and vital commitment.

"(…) the new PE arrives, without having working routines for years. An intense socialization work (that the tutor doesn't need) is necessary. Since there's no time

to do it, the work fails to meet the expectations of the teams and the PE." OT Worker

The supervision may assume the form of individual or team meetings, both of them promoting the educator's participation and a favorable environment for the communication between the educator and the supervisor/OT, for the discussion and sharing of ideas and new contributions, for the resolution of problems, for the reflection of the difficulties and for the reinforcement of the achieved goals. The non-implementation of a formal space of supervision can lead the teams to direct its concerns regarding the general questions of intervention, limiting or absorbing the discussion on the PE theme. In addition to the lack of technical/financial resources, the demands of an outreach team or a harm reduction project seem to make difficult the realization of proper supervision moments. This way, the reformulation of the teams' meetings may be a strategy to adopt: integrate the discussion of the educator's role and the peer education methodologies into the agenda; create a democratic space, in which all the elements of the OT assess each other (and are assessed) according to their performance. However, when the process of integration of the PE is difficult or problematic, the realization of individual supervision meetings should be considered.

06 CONCLUSION

In this manual, we intend to compile empirical and research information on the methodologies suitable for the work integration of DU, taking into consideration the local and social contexts in which the processes of exclusion of these individuals occur. We also propose practical recommendations that serve as basis for the implementation of projects or actions aimed at the work integration of the DU through the figure of the PE.

According to the information gathered throughout the InPAR project and the research carried out, we conclude that the role of the strategies of DU monitoring, in terms of work integration, must be guided by concrete and operational proposals, to which the individuals can relate to (in a direct and pragmatic way): Working First. This action implies working with each person individually and (at the same time) carrying out advocacy and awareness work amongst the local actors (social support networks and employers) to promote the DU employability.

The need to increase the proximity between the individuals and the different spheres of their surrounding context is also highlighted. In this sense, the monitoring and mediation methodologies for the integration of users are aimed at the reconciliation of the individuals with the context, by creating contact elements between the DU and the social/ employment systems. By nourishing these interactions (that are fragile and occasional at the beginning), they become consistent,

lasting and autonomous relationships. The tutors/technical staff should manage these methodologies. Regarding the target-population, these professionals should know the set of vulnerabilities that caused the separation between the DU and the normative dimensions of the social/labor life. In terms of context, they must carry out the reconnaissance of the networks established between the labor market, the configurations of the Social Welfare State responses and the social representations that define strong processes of DU discrimination. Then, they should have an informed and critical opinion on the way these phenomena produce the individuals' labor exclusion. Strategies of intervention are designed based in this coordinated knowledge about individuals and contexts: mediation between the DU, their monitoring structures and the employers, thus promoting the responses and acting alongside these actors; coordination with other health and social workers, thus facilitating the process of biopsychosocial stability of the DU; monitoring of the DU and the employers during the integration process, promoting the creation of the professional position of the DU (promotion of awareness raising actions to accept the DU, by hindering the use of negative stereotypes, defining gradual and adequate plans of delegation of responsibility, collaborating with the entities in the coordinated discussion and resolution of problems associated with the integration process, etc.). It is also important to mention a condition that InPAR considers to be vital for the good performance of the intervention

methodologies: the assumption of a militant attitude and a political action by the tutors, by developing a continuous advocacy work alongside the several agents/institutions, reasoning and defending the integration of the DU and aiming to demystify the DU figure as someone incapable or permanently excluded from the labor market. Finally, it is important to mention that all the mediation and monitoring should be carried out in order to potentiate the increasing autonomy and emancipation of the DU, so the relationships between the individuals and the context can reproduce themselves without the mediation of the technical staff. This way, it is predicted that the monitoring strategies will gradually lose their pertinence and meaning throughout the integration process. In fact, this should be the motto for any social intervention methodology: contribute to make itself unnecessary.

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APPENDIX 1

METHODOLOGY FOR THE INTEGRATION OF DRUG USERS IN HARM REDUCTION PROJECTS

The methodology for the integration of drug users (DU) as peer educators (PE) in outreach teams (OT), proposed and validated by the research project InPAR (APDES) was the result of the analysis of the bibliography on work and peer education. Its goal is to enable and optimize the PE integration process in the outreach teams. It is supported by 4 tools:

METHODOLOGY – INPAR (APDES)

1 ——— Selection of the Target-Group for the Training Sessions

2 ——— Pre-Professional Training of the Target-Group

3 ——— Integration of the Peer Educators

4 ——— Definition of the Tutor -Supervisor

1 • Selection of the target-group for the training sessions

Selection of DU according to minimum criteria for the pre-professional training, aimed at the future integration as peer educators (minimal biopsychosocial structure, motivation to learn, among others) – for more information on the selection process, please check section 5.1 of this manual and the appendix 2.

2 • Pre-professional training of the target-group

Development of the pre-professional training for the promotion of peer education and harm reduction competences - for more information on training, please check section 5.1 of this manual and the appendix 2.

3 • Integration of the peer educators in harm reduction projects

Supervision, monitoring and assessment of the integration of PE in the OT, carried out by the tutor and the PE supervisor - for more information on training, please check section 5.5 of this manual.

4 • Definition of the tutor/supervisor figure

The tutor is the element of mediation between peer educators, outreach teams and the network of reference and supervision services, intervening and evaluating in order to attain the solution to the specific needs of the DU and their work integration. The tutor – in coordination with the OT and the PE - establishes moments for the development of competences and for the monitoring of the needs/obstacles, offering support for the

resolution of problems.

The supervisor is the element of the team that supervises, guides and monitors the performance of the PE and the team, supporting them during the process of work integration and facilitating the relationship between the educator and the job position, so he/she can offer his/her contribution – for more information on training, please check section 5.4 of this manual.

TUTOR

FUNCTION	TASKS
• Technic and Political Supervision of the Outreach Teams	a) Training Workshops b) Consultancy c) Debate Groups d) Advocacy Work
• Psychosocial Supervision and Professional Support to the Peer Educators	a) Training Sessions b) Individual Supervision and Institutional Mediation c) Debate groups

APPENDIX 2

PRE-PROFESSIONAL TRAINING OF PEER EDUCATORS – DRUG USE: DESIGN OF THE TRAINING PROGRAM AND THE LEARNING TRANSFER TO WORK CONTEXTS.

The training dimension is a vital element for the integration of drug users (DU) as peer educators (PE) in outreach teams (OT), always taking into account the specificities of the role, function and tasks of the PE.

The process of development of competences in peer education is a clear benefit for the drug user and his/her integration in the workplace. This benefit is a result of the development of the function of educator (based on the knowledge, attitudes and behaviors associated with the themes and procedures of harm reduction work, learned in training contexts) and also of the changes in DU representation of himself/herself. The transformation of negative past experiences into positive factors that can be used to favor a relevant work for the community and other DU (peers), will be a structuring factor for the individual, through the valorization of the way he/she perceives himself/herself, the feeling of being useful and the personal fulfillment.

The development of "professional" peer educators leads to a new employability niche that integrates and takes advantage of the competences and experiences acquired and developed throughout these individuals' life. Since the "conventional" labor market doesn't value nor profits from the skills of these individuals, their integration in the labor market (with the proper accreditation of their competences) may be achieved by the inclusion in contexts/places suitable for the profitability and optimization of their life experience, like the outreach teams (or treatment units). This idea is compatible with the recognition of the informal competences of the individuals, something very popular in the "new opportunities" era.

At a stage prior to the InPAR Project, APDES carried out 4 training programs, in the ambit of the Quadro Estratégico de Referência Nacional (QREN), Measure 6.1 - Training for the Inclusion, of the Programa Operacional de Potencial Humano (POPH). These actions were the first initiative in Portugal in the ambit of the training of specific populations – drug users and sex workers (SW) – for peer education work. It is important to mention that these programs were carried out in context characterized by the absence of training opportunities to this population, which hardly has access to the conventional training (and work) contexts, since they are established according to more normative groups. Therefore, this was a way to generate some learning opportunities in terms of health and citizenship, envisaging on the one hand, the sharing of the knowledge acquired in the informal social network of the involved DU and SW; and on the other hand, the development of

"professionals" with competences regarding peer education, harm reduction, citizenship, establishment of associations and public health (among others).

Two training programs were developed: "Competences for the Management of Drug Users and Sex Workers Associations" (396), aimed at the training of associative members, in order to provide them competences for the creation and management of DU or SW associations that could fight for these individuals' rights; and "Harm Reduction Associated with Drug Use and Sex Work" (66 hours), aimed at the training of peers, to provide them competences in the harm reduction and peer education areas, in view of the empowerment for the promotion of healthcare and harm reduction alongside drug users and sex workers. The two training programs were attended by a total of 60 participants - two editions for each course.

SELECTION PROCESS: THE APPROXIMATE DEFINITION OF THE PE PROFILE, THE MOTIVATION TO LEARN AND THE RELATION WITH THE PARTNER ORGANIZATIONS.

The training programs provide the acquisition and development of knowledge and the changes in attitudes and behaviors. However, these are not easily or deeply modified by the training processes. This way, there are very important aspects of the PE profile that aren't expected to change significantly as a result of the training intervention, especially those associated with the personal and social competences

(attitudes and behaviors). In this sense, the definition of the trainees – describing the criteria that make the learning success and the corresponding transfer to the actual work context more likely – should be achieved and opportunely clarified to the partner organizations that participate in the identification process and promote the referral of potential trainees (like the outreach teams, treatment units, integration projects, etc.). The definition of the criteria of the profile of the candidates is established according to the characteristics of the peer educator's profile, presented in this manual, in Chapter 5 – A proposal for integration through peer education – section 5.2: How to select a Peer Educator? This way, the selection of trainees should, in the first place, define as criteria for the application the same criteria that are basic requirements for the positive performance of the peer educator function: have the minimal levels of biopsychosocial stability, know the territories of intervention of the harm reduction projects, be willing/motivated to carry out the function of peer educator (regardless of being an active drug user or not). Then, it's necessary to establish criteria that focus on the "knowing how to be" component, related to the set of personal and social competences, attitudes and behaviors. For example, during the selection process, the candidates should have a critical attitude, be motivated to get involved in the defense of certain causes, be able to comply with schedules and assume responsibilities (among other criteria that are similarly defined in the profile of a peer educator who

will enter the labor market).

From all the criteria presented above, we highlight the motivation to be a peer educator as the vital factor for the success of the training program and the work integration. Therefore, it is important that all the partner organizations who refer potential trainees understand the importance of this criterion and are aware/able to present the goals and contents of the training program to the individuals, as well as what it is expected of a peer. The partner organizations should also try to understand the expectations and level of motivation of possible candidates.

On the other hand, the selection process carried out by the training organization should reinforce this criterion, clarifying again what it is expected of a peer educator in the work context and attuning the expectations and goals of the training program. It is important to mention that the training context itself and the development of the training program work as selection and assessment tools, to understand the motivation and the profile qualities necessary to the role, since this is the first contact with the knowledge and activities associated with the PE – in which the individual faces the goals of the peer educator function, combining them with his/her expectations. This way, the trainees have the opportunity - throughout the training program - to validate (or not) the reasons that initially lead them to participate. The structuring of the motivation throughout

the training process is facilitated by the clarification of the training goals at an initial stage (for example, during the selection process) and reinforced as a regular practice, ideally with the contribution of all the trainers.

The integration of the peer figure as a professional with a clear contribution to the promotion of his/her peers' health – in spite of being a practice widely portrayed in literature – is still unknown, leading to some resistance from Portuguese institutions and professionals. This way, the effort to raise awareness and establish the framework of the training program – based on scientific evidences that can support this type of investment in the peer education methodologies – is vital to motivate the involvement of the partners in the referral of individuals and to make way for the future work integration of the trainees in these entities.

ORGANIZATION AND DEVELOPMENT OF THE TRAINING PROGRAM: THE MOTIVATION TO LEARN AND THE ADHESION TO THE TRAINING PROGRAM.

Regarding the organization and development of training programs, one of the success factors is related with the creation of a qualified and cohesive group of professionals, responsible for the implementation of the training program (with all its different dimensions). This way – and regarding the ability to train peer educators in this context – the trainers should be selected according

to their proficiency at the discussed matters, but also according to their ability to adapt to the interaction with this type of population. Regarding the promotion of the relation between the trainers and the cohesion of the training program, the coordinators should: schedule meetings for the selection of candidates and the definition/clarification of the criteria and assessment tools; promote meetings with all the trainers, before the beginning of the course and during the training program, in order to present the course's objectives and the clear/effective integration of goals, contents and activities, thus defining the detailed chronogram of the sessions and the trainee's supervision. This also helps to create the necessary conditions to potentiate the trainees' adhesion, according to their specific difficulties.

The investment in the creation of a team of coordinators, as well as a team of qualified trainers, capable of implementing integrated training sessions, adapted to their organization and the needs of the trainees, is vital for the success of the training program of DU peer educators. In fact, according to our previous experience, the main reason for the training program's lack of success is absenteeism, a situation that the coordinators and the trainers should be able to solve, by adapting the organization and management of the program in order to promote the adhesion to the training process. A smaller level of assiduity or adhesion can be a result of elements related to the trainees' own life management, of a badly structured motivation for the training program or even

of both the factors combined. In fact, some vulnerability/life conditions of the trainees (like the low level of emotional structure, the unfamiliarity with basic competences and the separation from the normative education and working systems, the economic precariousness, the financial insufficiency and the fragile health conditions) can be a significant contribution to absenteeism. These can be found on a regular basis and should be evaluated during the selection process, as well as minimized by the supervision team of the training program, in order to potentiate the adhesion to the training context. It is also true that the motivation to attend the training program and carry out the role of PE – many times dependent of the individuals' specific vulnerabilities – influences the adhesion to the training program and it should be carefully evaluated during the selection process, as well as taken into consideration during the trainees' supervision process.

The initial motivation – and its consolidation over the training program – is crucial not only to the learning success, but also to the work integration in a team. The analysis to the management of the training process implemented by APDES helped to identify the organizational and intersubjective obstacles associated with the training program's organization and the individuals' profiles; it also allowed to create strategies to overcome those same obstacles, in order to maximize the individual learning process, to maintain the levels of motivation and to promote the trainees' adhesion (assiduity). These obstacles to the training program management are

OBSTACLES TO THE ADHESION AND STRATEGIES TO OVERCOME THEM

ORGANIZATIONAL OBSTACLES	STRATEGIES
Inexistence of the ID of the trainee (a mandatory requirement for the funded and certified training programs, as well as for the training contract).	Referral to support services (preferably from the same entity) and supervision by the training coordinators during the regulation of the situation.
Inexistence of a bank account (a mandatory requirement for the funded and certified training programs, for the payment of the training grants and the issue of payment certificate).	Intermediation with the bank: request for an exception, so the entity that funds the training program pays by check.
Impossibility to support the initial course expenses and difficulty to manage the training grant.	Advance payment of the transportation costs value (for a week/month of training); weekly payment, at the last business day of the week, of the training grants.
Attendance of trainees in replacement therapies and difficulty to manage the scheduled agenda (associated with the treatment) and the training program (e.g. daily doses of methadone or scheduled days that interfere with the training program).	Mediation with the treatment or support unit, in order to adjust the frequency of the program with the training activities and the DU commitment (e.g. Change the scheduled days or the scheduled periods for methadone intake; transfer to a program more adequate to the du current situation).

INTERSUBJECTIVE OBSTACLES ↓	STRATEGIES ↓
Low expectations or undefined individual expectations. Conflicts within the group.	Supervision and support to the training program, in order to clarify the expectations and reinforce their connection to the objectives of the training program; promotion of the group identity as peer educators.
Diversity of trainees' profiles and vulnerabilities (difficulty to depart from their experiences; gap between the trainees and the conventional teaching methods and normative systems; difficulty to learn concepts different from their experiences).	Familiarize the trainers with the importance of the adopted teaching strategy, which should be practical and based in individuals' life experience (for example, the creation of sharing/reflection moments; realization of group dynamic activities and use of active strategies associated with the trainees experiences) and also with the valorization and the need to integrate the trainees' knowledge in the training process.
Difficulty to manage the personal agenda, the training program and other aspects associated with the trainees' vulnerable conditions (low levels of concentration; low motivation, among others).	Familiarize the trainers with the importance of the adopted teaching strategy, which should be practical and based in individuals' life experience (for example, the creation of sharing/reflection moments; realization of group dynamic activities and use of active strategies associated with the trainees experiences) and also with the valorization and the need to integrate the trainees' knowledge in the training process.

described below and can be associated with the vulnerabilities of the trainees. The training program should be able to respond to those same vulnerabilities, by adapting its normative patterns to the exceptionality of this process:

LEARNING TRANSFER TO THE WORK CONTEXT AND THE TRAINING PROGRAM DESIGN

The evaluation of the training program comprehends several levels and stages, since it is a systematic process of data (associated with the creation, implementation and results of the sessions carried out) gathering and analysis. The Kirkpatrick model (1998)[9] has four levels of evaluation:

a) reaction – evaluates the immediate perceptions and the satisfaction of the trainees, regarding the training program and the learning experience;

b) learning – measurement of the increase in knowledge and competences; or the change in attitudes – before and after the training program.

c) behavior – evaluates the extent to which the trainees applied the learned contents in the work context – evaluation of the performance / transfer of the learning acquired in training;

d) results – evaluates the impact of the learned contents in the organizational context.

In the following page, we present a table with the key moments and tools to gather data regarding the training program evaluation and its correspondence with the evaluation models mentioned above:

The transfer of learning acquired during the training program to the role that will be carried out in the work context, is an essential aspect to control and validate the training program. The evaluation of the training program and the learning transfer level provides more consistent information than the previous levels of the Kirkpatrick model (reaction and learning). Miranda (2005)[11] defines the transfer of learning to the work context as the process of applying general or specific knowledge acquired during a certain training program into new and similar situations (close transfer or near transfer) or into more general situations (distant transfer or far transfer), regarding the initial learning context.

According to Holton (1996)[12] the factors that influence the transfer of learning to the work context are divided into four categories:

• The characteristics of the trainees/ educators (competences and/or skills and personality factors);

• The **design** of the training program (inclusion of learning principles, the

[9]Kirkpatrick, D. (1998). Evaluating Training Programs – The four levels. San Francisco: Berrett-Koehler Publishers Inc.

METHODOLOGY FOR THE EVALUATION OF THE TRAINING PROGRAM (APDES)

LEVELS	MOMENTS	TOOLS		
		TRAINEES /PEER EDUCATORS	TRAINERS	OT SUPER- VISORS
Reaction _____	During and after the training program _____	• Guide of the discussion groups • Question-naire for the evaluation of the satisfaction (for each module and the training program itself) _____	• Record of the monitoring sessions and the meetings with the trainers • Questionnaire to evaluate the satisfaction (module/training program) • Questionnaire to evaluate the trainers' course _____	

LEVELS	MOMENTS	TOOLS		
		TRAINEES /PEER EDUCATORS	TRAINERS	OT SUPER- VISORS
Learning _____	Before and after the modules/ training program _____	• Evaluation of the knowledge before and after the training program (pre and post-test) • Evaluation of the knowledge acquired in each module • Guide of the discussion groups (complementary to the training program) _____	• Training program and modules' reference system • Record of the monitoring sessions and the meetings with the trainers _____	• Criteria for the selection of the peer educator's profile • Work plan and tasks of the peer educator _____

LEVELS	MOMENTS	TOOLS		
		TRAINEES /PEER EDUCATORS	TRAINERS	OT SUPER-VISORS
Behavior and results	Before and after the training program and during the work integration apprenticeship	• Guide of the discussion groups • Questionnaire for the evaluation of the satisfaction (for each module and the training program itself)	• Record of the monitoring sessions and the meetings with the trainers • Questionnaire to evaluate the satisfaction (module/training program) • Questionnaire to evaluate the trainers' course	• Questionnaire to evaluate the training program and the transfer to the working place (Adaptation of the Learning Transfer System Inventory (LTSI). Holton, et al, 2000)[10] • Guide of the discussion groups (complementary to apprenticeship)

sequence and content of the training program);

• The motivation and promptness to learn, as well as the motivation to transfer ("the intensity or persistence the trainee presents regarding his/her participation in a training program and the consequent learning of tasks before, during and after the training program" [Holton, 2006, cit in Marques, 2007 : 36][13]);

• The characteristics of the work context (outreach teams/institutions), namely regarding the supervision, the teams' support, the constraints and opportunities to apply the knowledge acquired while carrying out the role of peer educator.

The design of the training program is one of the important aspects that can explain the learning transfer (Winfred & Winston, 2003, Tannenbaum & Yulk, 1992, cit in Marques, 2007). The layout of the organization of some training programs may not favor the learning transfer (Holton, 2000, cit in Marques, 2007); in other words, "the cognitive learning may occur, however, if during the training program, that same

knowledge is not put into practice or if the way it can be applied to the work context is not explained. The learning transfer may not be clear." (Marques, 2007 : 33). Holton (2006, cit in Marques, 2007) presents two areas that can influence the transfer of learning: the design of the training program and its content.

"The design of the training program consists in the adequacy of the curricular structure of the program itself, in order to capacitate the trainees and help them transfer the learning acquired to the work context, always respecting the requirements of the function. The design comprehends the use of practical examples related to the function; teaching methods similar to the ones used in the work context, and the activities/exercises that clearly demonstrate the use of knowledge and competences necessary to the functional performance of a role" (Marques, 2007:33).

"The validity of the content is related to the way the content of the training program reflects the requirements of the function according to the trainees. It is also associated with the knowledge and competences developed throughout the program, as well as the resources, equipment and

[11]Miranda, G.L. (2005). Aprendizagem e transferência de conhecimentos. In Miranda, G. & Bahía, S. (Org.). Psicologia da Educação – Temas de Desenvolvimento, Aprendizagem e Ensino (235-262). Lisboa: Relógio D'Água Editores.
[12]Holton, E. (1996). The flawed four-level evaluation model. Human Resource Development Quarterly. Number 7, 5-21.
[13]Marques, V. (2007). A Avaliação da Formação através do Estudo da Transferência de Aprendizagens. Um caso na Força Aérea Portuguesa. Thesis for the Master's Degree in Human Resources Management, Instituto Superior de Ciências de Trabalho e da Empresa.

[10]Holton, E.; Bates, R. & Ruona, W. (2000). Development of a generalized learning transfer system inventory. Human Resource Development Quarterly. Vol. 11. Number 4, 333-360.

auxiliary elements that are similar to the ones used and necessary to the performance of certain roles" (ibidem).

The design we propose here is a result of a programmatic structure that is organized according to **three sets of modules**, largely aimed (according to their content) at the creation and empowerment of the peer educator identity and also (according to their pedagogic methodology) at the promotion of knowledge and acquisition of competences at the "knowing how to do" level – namely through the classroom simulation of realistic situations.

THREE SETS OF TRAINING MODULES

1 • Dedicated to the knowledge on the phenomenon, stereotypes (and its deconstruction), classification and reading grid. In this category, we include the following modules: "Psychoactive Substances and the Phenomenon/Characteristics of DU", "Psychopathology", "Infectious Diseases Associated with Drug Use and Sexuality".

2 • Those dedicated to the relations established and communication, aimed at the promotion of strategies to intervene, educate and inform (namely about safer practices) and the structure of conflict management skills and reflection on the intervention constraints, associated with the outreach teams dynamics and territories. In this category, we highlight: "Harm Reduction

Associated with Drug Use", Overdose", "Communication and Management of Conflicts with DU", "Organizational Communication, Teamwork and Decision Making in OT", "Creation and Evaluation of HR Projects".

3 • Finally, a third set of modules aimed at the reinforcement of the peer identity, life experience and work integration, in order to connect the personal and social development of the peer educator with the work integration sphere. In this set, we can find: "Peer Educator in OT", "Activism, Citizenship and Protection of DU Rights" and "Change Management".

Below, we present the programmatic structure of the training course, the main goals of each module and the training program's complementary dimensions.

PROGRAMMATIC STRUCTURE OF THE REFERENCE SYSTEM OF THE COURSE "PEER EDUCATOR IN DRUG USE CONTEXTS" (APDES)

MODULE	GENERAL GOALS
Psychoactive Substances and Phenomenon/Characteristics of the DU	Identify practical aspects of the phenomenon, territories and characteristics of the DU, valuing their diversity and recognizing some factors as promoters of vulnerability and obstacles to change.
Harm Reduction Associated With Drug Use	Know and apply HR principles and highlight the importance of this model for the teams' intervention, integrating it in the role of the educator as an alternative to the treatment model.
Peer Educator in OT	Identify the characteristics of the profile, function, tasks and contribution of the PE in the outreach teams, by distinguishing their performance from the ones of other professionals and valuing their experience as DU.
Network of Social-Sanitary Resources	Know the social and healthcare services available, the legal framework that regulates the DU access and know how to use global procedures as PE, by assuming the role of multi-institutional mediator, in coordination with team.

Communication and Management of Conflicts with DU	Show practical knowledge and skills for empathic communication and establishment of relations, as well as management of conflicts and emotions, especially in situations where DU are involved. Reflect upon the obstacles to the intervention associated with the outreach teams' dynamics, territories, characteristics of the DU and the role of the PE.	Activism, Citizenship and Protection of DU Rights	Actively and responsibly participate in the collective actions aimed to find the adequate responses to the problems present in the communities, through the promotion of equal opportunities and non-discrimination.
		Information and Communication Technologies	Use software tools necessary to the PE work (Word, Excel and Internet).
Organizational Communication, Team Work and Decision Making in a OT	Identify the processes and factors that influence team work (making it difficult or easy) and understand the decision-making process aimed at the adequacy of future behaviors and the coordination of the personal and social development with the work integration sphere.	The Role of PE in the Creation and Evaluation of HR Projects	Recognize the importance of the PE participation in the creation and evaluation of projects, namely in the record and analysis of important data about his/her performance as educator, but also about the phenomenon, territories and characteristics of DU.
Psychopathology	Acquire basic knowledge of psychopathology, particularly related to drug use, as well as the ethical way to act in situations that can occur in the ambit of the PE professional performance.	Change Management	Acquire practical knowledge and skills regarding change management, to help himself/herself and others at individual, behavior and organizational levels.
Infectious Diseases Associated with Drug Use and Sexuality	Know the main infectious diseases associated with drug use and sexuality and show acting skills according to the role of PE, focusing particularly on the ethical aspects associated with those situations.		
Overdose	Know and be able to apply basic health information, thus providing the basic life support to overdose victims.		

Integration Apprenticeship

Familiarize the trainees with harm reduction work contexts and consolidate the skills acquired in the training program.

Discussion Groups

Reflect upon the performance of the PE, the correlation between personal and professional life, between the life's path and the exercise of the PE function; the differentiation between the PE role and the HR technical staff and other aspects that are vital for the promotion of the PE integration in the outreach team.