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**- Karin Reibel
AJWS Volunteer**

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VIEWS AND VOICES

A Volunteer Feels Richly Gifted *Karin Reibel*

People often ask me 'what made you decide to come and volunteer in India'? Volunteering my time and efforts somewhere in a culture unknown to me has been a longstanding dream of mine and I was waiting to be retired from my job to make it a reality. My husband was willing to join in the adventure, and thus, in July of 2006, we applied with American Jewish World Service to become volunteers. On January 13th we arrived in Mumbai to take up placements with two different NGOs.

For the next three months Sankalp Rehabilitation Trust became my 'classroom' for an intense period of cultural and professional education. I was unable to speak a word of Hindi. Nevertheless, the staff at the Drop-in-Centre at Mumbai Central, where I was to spend most of my time, received me with open arms. This is where I received my first lessons about addiction to 'brown sugar', the too easily available, unrefined form of heroin that is the drug of choice for most of Sankalp's clients.

I had no practical experience with drug addiction, and I now got a first hand crash course about the differences between 'chasers' and 'fixers' and in understanding the ravages caused by long term drug use. I will always remember the day our outreach workers Meena, Vishwanath, Harish and Anil took me into the South City. We stopped at a street corner known as a 'hang out' for drug users. A small, highly pregnant woman sat on the pavement with her scant belongings and drug paraphernalia (a box of matches, a small cooking stove) scattered on the pavement. She had the hardened face of the addict and was experiencing withdrawal pain.

Concerned about her and the baby we offered to take her to the hospital. She wanted to come with us but was adamant that she first needed another 'chase' to stop her diarrhoea. Finally her husband arrived on the scene with a fresh supply, and the two huddled under a blanket desperately sucking in the fumes of the drug, their bodies slowly relaxing under the spreading high. Next to us crouched other addicts, unsteady, swaying, lost to this world, eyes closed, attentive only to their own inner drama.

That night I went home sick in my heart over what I had witnessed. How could this woman cope, pregnant, living in the streets of Mumbai in the grip of heroin addiction? How did the young men deal with the degradation and isolation of their habit? Many of them, I learned later, were migrants, unskilled, who had come to Mumbai with dreams of jobs, of



Karin playing Holi with trainee group

sending money home, of making something of themselves. But the city had turned a blind eye to them. Brown sugar made them forget their disappointments, their shame.

How much more I now appreciated the efforts of outreach workers and peer educators who regularly bring health education, first aid care, clean needles and condoms to the street addicts. They provide a warm smile, counseling if needed, and always a reminder that Sankalp staff is there to help them leave the drug behind.

After a two week warm-up period it was time to think about my assignment: to provide training in Basic Counseling skills for all the counselors and coordinators of Sankalp. As I prepared for my first lessons, my mind was full of doubt whether Western concepts of counseling could be successfully applied in the Indian cultural context. Would what I had to offer really be useful for my Indian students?

For 10 weeks my 12 students and I met every Saturday and explored through study and role play the ingredients of a successful counseling relationship. If advice giving was the prevalent mode of counseling before, we now practiced techniques that mobilized the client's own wisdom, which lead him to find his own solutions. We learned (as some of my students summarized it) to talk less and to listen more, and we acquired a 'whole bag of tools' to assist clients in managing their lives, most important among them the concept of relapse prevention.



Karin watches as trainees get to work on relapse prevention

I also offered individual counseling sessions to anyone who was interested. This was where the differences in culture and tradition between West and East became most apparent to me. In the West a young adult's

striving for individuation and self-realization is seen as a sign of healthy development. For them to leave their parents' home and make decisions about their own life is considered desirable behavior. My Indian clients are far more embedded in family and community, and too much independence and free thinking might be seen as an insult to the role expectations dictated by tradition. The concern for self-realization would come second to the well being of family and community. Another example is the American ideal of 'equality' of all people contrasted with the importance in India of caste and status differences. I had to slow myself down and listen extra carefully to truly understand the cultural/environmental pressures my clients were experiencing.

Cultural differences also led to numerous funny experiences and truly tried my patience as I was trying to speed up my pet project: a 'facelift' for the Drop-in-Center. Early in my stay I had asked our clients during a group session to share one thing they were proud of. We all were astounded at the breadth of skills represented in the group and decided to use all the talent to give our center a more cheerful and clean appearance. Our clients enthusiastically responded to the idea, and those who were able to, donated small sums of money to cover the cost of materials. Others offered in-kind donations. I was ecstatic with visions of a newly painted clean space with room for activities and enticements for new learning. I imagined we could all work together clients and staff, to get the work done in relatively short time. As of now, the hall is painted, the floor repaired, linoleum put down, the doors, ceiling, metal piping. We bought a new stereo. New kitchen shelves, but there's still a lot to do. (I have to chuckle as I am writing this now and I know that all of you Indian readers probably are too!)

I feel deep gratitude to the staff at Sankalp for having received me with such unselfconscious openness, for letting me be part of their everyday work life. I don't know whether I met their expectations, but I do know that I have been richly gifted during those 12 weeks. I thank everyone for their patience with my questions and I hope I was able to answer some of theirs. After all, in the end what is important may not so much be what I did, but that we all had a chance to get a little more familiar with each other.

Chasing a dream, getting into a fix

Dr. Aslam Malik



Farman Ali at work designing new bags.

"You are like a son to me. Can I see you off drugs, even if it's just for a few days?" A few kind words of concern from our councillor with the 'Drop-in-Centre' at Mumbai Central, worked its magic on Farman Ali, a hard core drug addict, past seven years.

When Ali arrived in Mumbai from his hometown of Sangrampur in Bihar State, he was just eight years old, and like several other runaway kids, was attracted by the bright lights of the big city. He vaguely remembers his early years spent on railway platforms, begging in trains and eating at the few charity outlets in the city. A few years later he started working at odd jobs for catering contractors at marriages and parties.

Eighteenth July 1998 was a turning point in the life of young Ali. This was the day he got his first salary and also his introduction to drugs, namely brown sugar. Beginning with one or two 'pudis' (packets) per day, his intake shot up to ten per day. Each 'pudi' was made into a concoction, simmered in an aluminium foil container and the fumes inhaled. Each day he existed in a drug induced daze. Eventually he lost his job and resorted to pick-pocketing and other petty crime, to support his addiction. This led to frequent arrests, months in prison with its routine police beatings. When too weak to indulge in crime, Ali roamed the streets scavenging for paper, rags and plastic scrap, selling these to scrap dealers.

Five years ago he started injecting heroin. All this while Ali had been coming to our 'Drop in Centre' Initially it was to get treatment for the various ailments he

suffered. Later, for a fresh supply of needles and syringes under the NSEP (needle and syringe exchange programme).

During this period, about three years ago, his parents came to Mumbai looking for their long lost son. His mother broke down when she saw him for the first time after so many years. They persuaded him to return home with them, even taking along a supply of 'pudis' to keep Ali happy! Back home Ali could not change his ways. He was given a room to himself where he lived with his 'pudis', shut off from his parents and the world outside. He was a total stranger in his own home! As the supply of 'pudis' ran out, so did Ali; back to the streets of Mumbai. But this time Ali could not take it anymore. Fifteen years was a long journey for this boy from Bihar and it was one year since he had left his home. His body was ravaged by disease, malnutrition and the constant police beatings had taken its toll. Ali was now desperate he was looking for an escape from the hell-hole he had created for himself. Sankalp was the beacon he finally turned to for help. Perhaps it was his desperation, perhaps it was the encouragement and motivation from the staff at Sankalp or a combination of both that made Ali quit his habit

He was initiated into our detoxification programme and later shifted to our shelter for addicts facing a crises in health care. Ali had festering maggot ridden wounds on both hands. Malnutrition and dehydration made him look almost subhuman. He weighed under forty kilos. He was gradually nursed back to health. As his health improved, Farman Ali was assigned some ward duties. A small stipend was paid to him for his work. Later he was sent to Goa for job training under our income generation programme. Presently Ali is a member of our staff. He has become a skilled craftsman and makes 'designer' leather bags and purses.

He has been 'clean', i.e. off drugs for the past two years. He has gained more than fifteen kilos weight and is well groomed. He loves his job and his new life. Above all he loves being drug free, apparently having kicked the habit for good. His zest for life and the sparkle in his eyes says it all.

We Shall Overcome

Sankalp Drama Group presents Zindagi Ka Safar

Havovi Anklesaria

1st December 2006, World Aids Day and Sankalp Drama Group are scheduled to present 3 performances of *Zindagi Ka Safar*. 11 am, and its the first performance at the Drop in Centre, Mumbai Central; then on to St Mary's School for a second performance and the final one between 2 p.m. and 3 p.m. at the Hindustan Petroleum Refinery.

Zindagi Ka Safar is a street-play devised by Sunil Kamle, a dance instructor from Population Service International. Sankalp invited him to voice-train and direct it's potential actors. Kamle started working with the group on 17th November for a performance on World Aids Day. Rehearsals were conducted at the shelter Nivara in the evenings, for a two week period.

Kamle describes *Zindagi Ka Safar* as a play with a mythological plot: the opening scene is in heavene. Chitragupt (Santosh Dighe) has lost his *Arogyani*. They enter Mumbai in search for it, stumble upon a group of 4 young men chasing and fixing. "This particular scene came very naturally to them", says Sunil Kamle. Yamraj is shocked by the Group's irresponsibility: 'They are using one needle between them and indulging in Nasha'. Yamraj and Chitragoup approaches the group to explain the dangers of sharing needles. The dialogue from this point is full of humour and at the same time offers a strong message about the need to product oneself from addiction and lead a healthy life.

Sanjay, Ramzan and Sachin leave the scene. They are irritated by the advice of these strangers. Raj remains, Yamraj and Chitragupt explain to him the dangerous consequences of his behaviour, suggest he get his blood tested at the hospital. Raj is tested and found to be HIV positive and is frightened enough to wonder what will happen in the future with his wife, his children, his health. He is consoled by the Doctor. People don't die from HIV. People can go on living for a long time you have to eat and drink well and not exchange needles and stop using'.

Raj agrees to stop using and also to tell his friends not to do so. Chitragupt and Yamraj are partially satisfied with their efforts

The play then lists 4 ways of transmission of HIV/Aids: sex without condoms, sharing needles and syringes, blood transfusions and

pregnant HIV positive woman passing it on to their children; and ends with all six actors singing on stage: 'We Shall Overcome'



Clients performing at the Drop-in-Centre

And what of the legacy of that experience? Rehearsals for two weeks and a performance at the end was wonderfully exhilarating for the six ex-addicts who had never acted before. Irfan was so overwhelmed that he had learnt the entire script all six parts and dramatized the whole play for me. 'He was clean then', he said, 'proudly and still is'. And did he experience stage fright? 'No never', it great fun. If there is another opportunity to perform this play he would be very happy to do it again. And so would Raj who was initially reluctant, because he felt that he would not remember the part. Nonetheless he went for a first training sessions. That night something in him told him to take part. He performed in front of the teacher who said that Raj was a very good actor, so he decided to participate. Perhaps acting he thought would make him a better human being: On stage I was embarrassed talking in front of so many people', he says 'and felt I would not be able to speak out but I did and felt very happy when lots, of children clapped at the end of the performance.

And for the director, Sunil Kamle, found the experience enormously satisfying: 'Initially we had apprehensions', because they were drug addicts. They were all willing and very enthusiastic Sanjay was a quick learner, so was Ramzan and Santosh Digh. He would love to work with the group again.

Perhaps World Aids 2007 will see another improvised play on the subject of Harm Reduction.

Peer Educator Assessment and Training at Arthur Road Jail

Warepam Diljit Singh

Peer Educators who are in the front line for spreading the message of drug abuse and HIV prevention, are also our foot soldiers in Arthur Road Jail.

An Assessment and Training session for Peer Educators was organised on 5th December 2006, at Arthur Road jail. There were 20 peer educators who voluntarily participated in this Programme.

Mr Eldred Tellis, Director of Sankalp Rehabilitation Trust gave the keynote talk on the link between drug abuse and HIV/AIDS. He talked about the particularly vulnerable situation in a jail environment and the lack of knowledge and skills to deal with addiction. He also stressed the harmful consequences of drug use, like overdoses, abscess, etc.

Mr. Tellis took a second session on the Responsibilities of Peer Educators. He stressed the need for behavioural change and attitude, the necessity for communication, the need to conduct N.A. meetings on a weekly basis at other barracks to spread the message. He also encouraged all Peer Educators to become role models for the inmates.

Dr. Shilpa Merchant, Director, from Population Service International talked about the transmission of HIV/AIDS and how to make inmates aware of the disease especially in jail conditions. She introduced the notion of "a window period" in which a person may show up as negative, when in fact he/she is positive.

A representative from HamSafar conducted the most interesting session on the subject of sexuality. He explained the different types and nature of physical contact which can lead to HIV/AIDS and demonstrated the proper use of condoms.

Mr Rajiv Bhole who is a member of

Narcotics Anonymous, shared his personal experiences and encouraged the participants to select a sponsor for joining Narcotics Anonymous meetings when they return to the community outside.

Mr W. Diljit Singh co-ordinator of Sankalp Rehabilitation Trust Prison Project, conducted a session on 'Open Invitation to Talk'.

The workshop was regarded as a great success ending with positive feedback from the participants.



Inmates performing a skit on World Health Day

HIV OPD on World Health Day

(On 7th April 2007) A special OPD was opened at Arthur Road Jail to take care of opportunistic Infections of HIV positive inmates who may not be a part of our Therapeutic Community. This service has been extended as there were many positive patients continuously approaching our Doctor as well as our Director for problems encountered by them in prison.

Dr. Nirupa Borges, Project Director of MDACS was the chief guest for the inauguration along with our trustees and other invitees.

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Govandi, One Year On 26th January 07

Vivek John

Sankalp's Drop-in-centre at Govandi planned a family get together programme on its first Anniversary. Families of each patient including children were invited. About 10-15 family members came. The programme was arranged in the premises of Apnalaya Youth Centre. Sankalp's Director Mr. Eldred Tellis and Ms. Karin, voluntary psychotherapist from American Jewish World Service were also present. The programme started with a National Anthem. The families and patients shared their experiences on addiction and recovery. It was more of a group therapy session, with clients and family members participating. It helped both groups to understand each others capabilities, strengths and feelings. Most of the invitees were female members of the family. After the sharing session the Director gave a speech on addiction and family responsibilities. He stressed the need for families to see that the clients come regularly to the centre and the responsibility of the addict to preserve a good relationship with the family. Games were also

organized to encourage patients and their families to get to know each other's feelings, capability and strengths. It was good to see the family members allow themselves to look vulnerable while participating in the games in the presence of the drug user. This was a positive indication of openness in the community. After the game sessions, prizes were distributed to the winners by the Director. The programme ended with refreshments.



Family member being blind folded for a game at the function

SANKALP REHABILITATION TRUST

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