

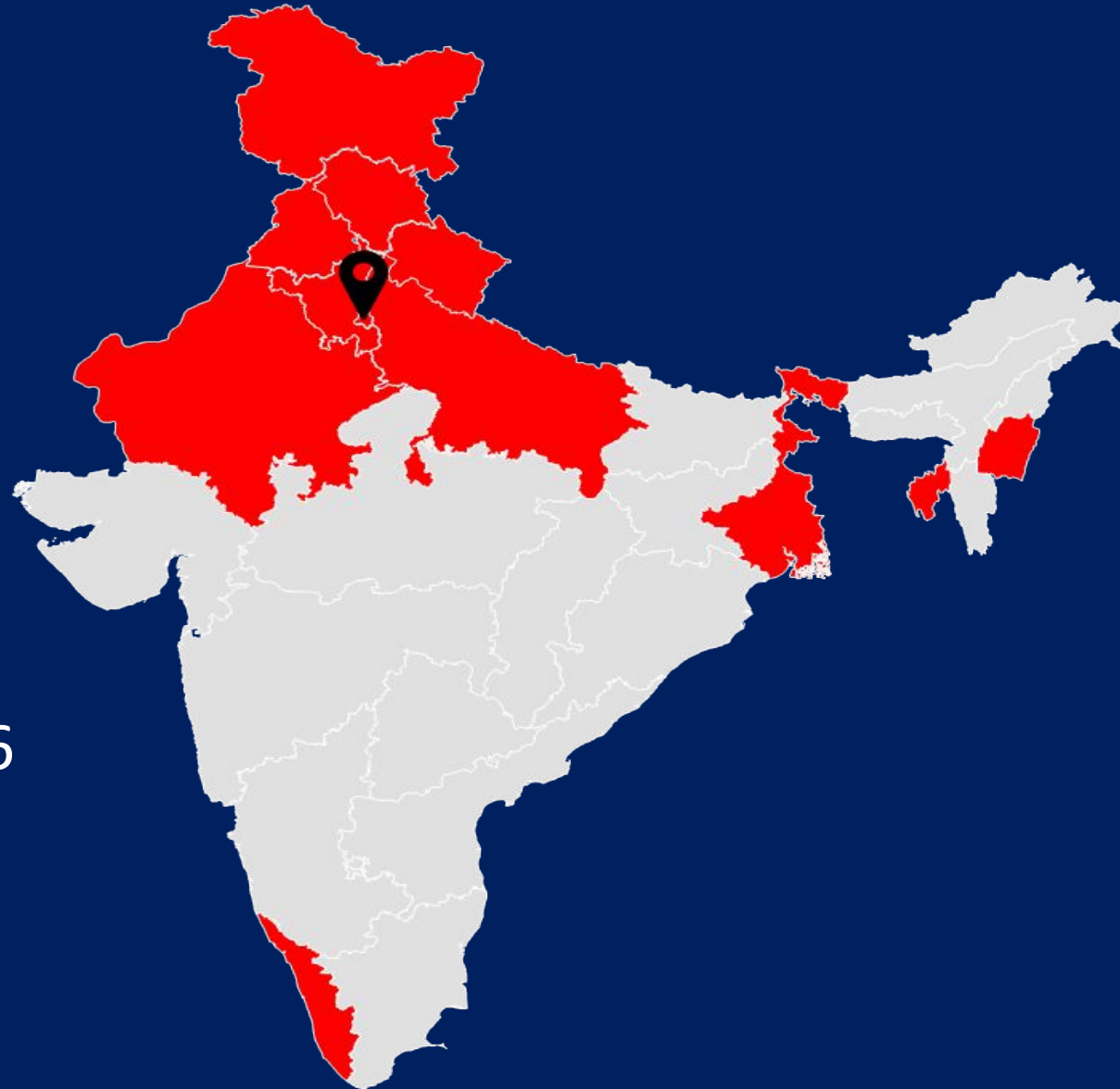


# Interventions to Prevent and Treat Children with Substance Use Problems in India





# Geographical Footprint



Established in 1986

# Partners



# Program Activities

Health Care

Capacity Building

Homeless  
Intervention

Research &  
Survey

# Situation of Substance Use among Children in India

# Substance Use among Children

*Source: National Survey on Extent and Pattern of Substance Use in India (2019)*

- ❑ Substance use prevalence (current use) among children (10-17 yrs.) is
  - ❑ Alcohol use – 1.3%
  - ❑ Cannabis use - 0.9%
  - ❑ Opioid use - 1.8% and
  - ❑ Inhalants use - 1.17%
- ❑ Number of children using substances in India: Opioid users - 40 lakh, Inhalant users - 26 lakh and Cannabis users- 20 lakh
- ❑ Ever use – 1 in 7 students (15%); Past year use – 1 in 10 students (10%); Past month use – 1 in 14 students (7%)
- ❑ High rate of continuation of use of substances: 1 in 2 ever user had used in last 1 month
- ❑ % Prevalence – Alcohol (3.8%), Opioid (2.8%) and Cannabis (2%)

*Source: Situation of substance use among children in India (2023)*

# Substance Use among Children

*Source: Situation of substance use among children in India (2023)*

- ❑ Average age of starting substance use – 13 yrs., between class 8<sup>th</sup> and 11<sup>th</sup> the rate of use more than doubled
- ❑ Help seeking for substance use is minimal among current users (1%)
- ❑ 40-70% of substance use among street children in India

*Source: National Commission for Protection of Child Rights (NCPCR) study: Assessment of pattern, profile, and correlates of substance use among children in India*

- ❑ Mean age of onset of Tobacco and Inhalant use is 12.3 years followed by Cannabis & Alcohol (13.6 yrs.) and opioids (14.6 yrs.)
- ❑ Of the children living at home or on streets, about 18% and 29% respectively indulged in sexual behavior under the influence of substances, 16.9% and 20% indulged in sexual behavior in exchange for either substances or money.



# Substance Use among Children

*Source: National Commission for Protection of Child Rights (NCPCR) study*

- ❑ Majority of the substance using children (78%) are school drop outs
- ❑ Family factors associated with substance use among children:
  - ❑ Substance use in a family member (57%)
  - ❑ Single parent/broken families/living with relatives (25%)
  - ❑ Fights in the family (47%)

*Source: National Crime Records Bureau (NCRB) Report (2021)*

- ❑ Between 2017 and 2021, there is an increase of 88% in drug-related Juvenile crime in India.

# Drug Prevention Intervention

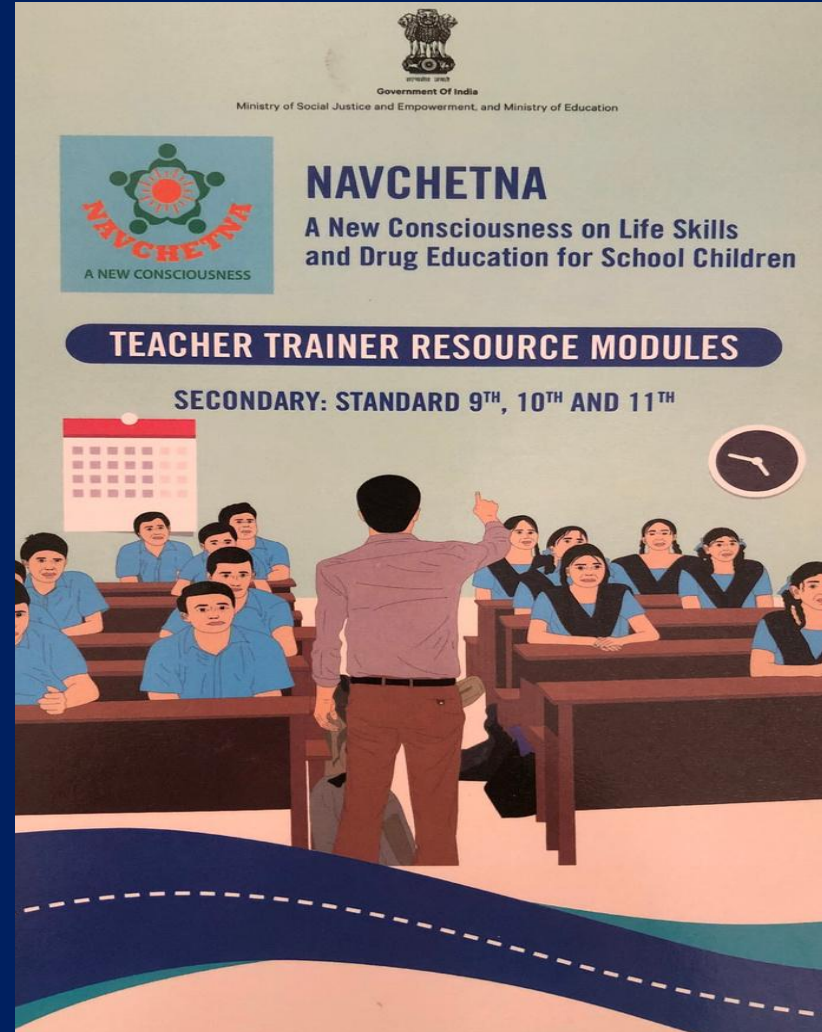
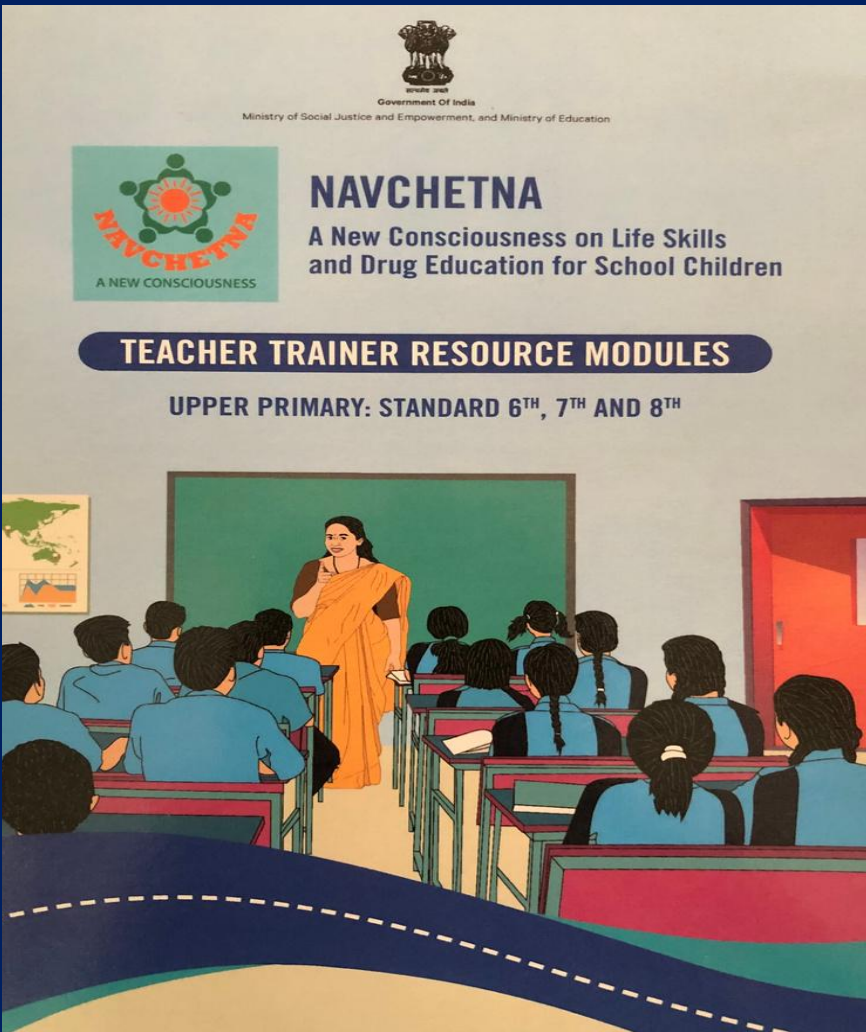
# School-Based Intervention



- ❑ "NAVCHETNA: A New Consciousness on Life Skills and Drug Education for School Children" is an evidence-based training module developed by SPYM under the aegis of the Ministry of Social Justice & Empowerment, GoI focusing on life skills and early drug prevention.



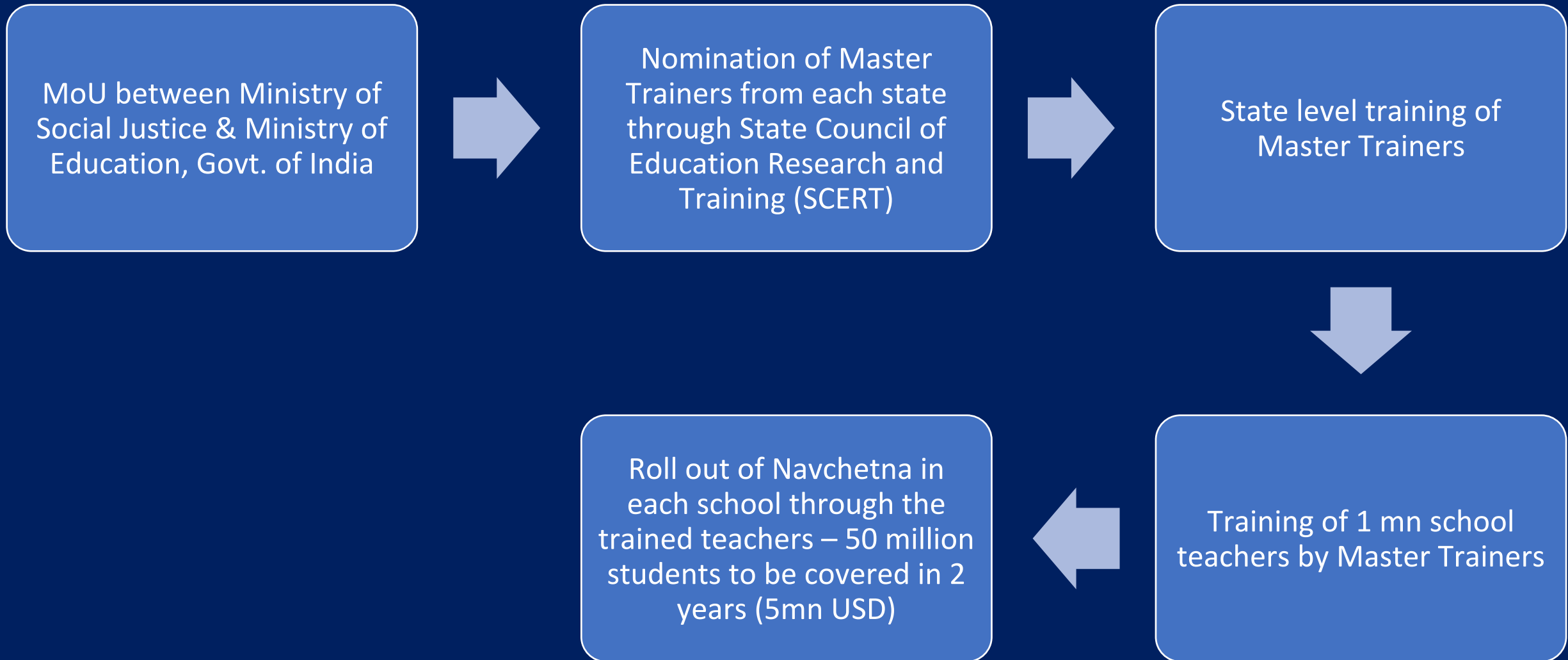
# School-Based Intervention



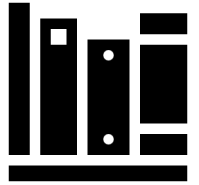
- ❑ The training modules are tailored for upper primary (6<sup>th</sup> -8<sup>th</sup> grade) and secondary school (9<sup>th</sup> - 11<sup>th</sup> grade) children
- ❑ 1 Million teachers across 28 states and 8 UTs are to be trained on the module



# Implementation Process



# Project Outcome



Module has been rolled out in 18 states of India



54609 Master Trainers have been trained so far

# Community-Based Intervention

## A. Peer-Led Intervention:

### Purpose:

- ❑ Implement early prevention education amongst children and adolescents through trained Peer Educators
- ❑ Conduct primary prevention activities through **life skills-based education sessions**
- ❑ Provide **referral and linkages** to Counseling, treatment, and rehabilitation services for drug-dependent children and adolescents identified in the community

# Community-Based Intervention

- ❑ Make learning interesting
- ❑ Knowing yourself
  - ❑ Forming healthy relationships: with family, friends
  - ❑ Communicate effectively: refusal skills
  - ❑ Understand Growing up issues: body changes, preventing HIV/AIDS
  - ❑ Handling emotions and stress
- ❑ Stay healthy, eat healthy
- ❑ Drug awareness and risky behaviour
- ❑ Planning for future and Goal setting



**Modules**



# Project Outcome

- Around 4000 children vulnerable to substance use in Chandigarh were covered
- Substantial reduction in substance use-related absenteeism from school.
- Nearly two-thirds (64%) of the participants were confident that they can say 'No' to their friends now.
- 50% reduction in juveniles apprehended for petty crimes in Chandigarh
- CPLI has been adapted by the Ministry of Social Justice & Empowerment, GoI. The intervention has been replicated in **272 vulnerable districts of the country.**

# Community Based Intervention

## B. Outreach and Drop-in-Centre:

### Purpose:

- Create a safe, supportive environment for drug-using youth
- Offer support for high-risk drug users through organized and informal recreational and social activities

# Services provided in ODIC

- ❑ Counseling and therapy support.
- ❑ Non-formal education
- ❑ Art, Music and Dance Therapy
- ❑ Yoga & Meditation.
- ❑ Periodic health check-ups
- ❑ Mainstreaming in formal education
- ❑ Recreation and sports



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# Drug Treatment and Rehabilitation Centre for Drug Dependent Children



# Journey to setup DDRC for Children and Girls

Setup a Health Centre at the Railway Station to support drug using street children

Engagement with Govt. to provide Detox services in Govt. Hospitals

Set up Drug Rehabilitation Centre for Girls in 2016

Started working with Trafficked street children with support from Judicial system and Police

Orientation of Para Legal Volunteers and Police Personnel to support mobilisation of drug using children

Set up Drug Rehabilitation Centre for Boys in 2011 with the help of Judiciary

# Key Stakeholders



# Drug Treatment and Rehabilitation Centre

- First residential program of its kind for juveniles in conflict with law
- Started in 2010 at the request of the Hon'ble Delhi High Court
- Inaugurated by former Chief Justice of India on 20th April 2011
- 50 bedded facility for children in the age group of 7-18 yrs.
- Children undergo comprehensive treatment and rehabilitation program for 3 months



# Services Offered

- ❑ Initial orientation about center
- ❑ Provision of welcome kit (clothing, sleepers, shoes, socks, toiletries etc..)
- ❑ Initial Assessment including information on
  - ❑ Socio-demographic profile
  - ❑ History of drug intake
  - ❑ Involvement in crime
  - ❑ Available family support
  - ❑ Peer network





# Services Provided

- ❑ Drug assessment to establish drug use history of children and also to provide evidence based treatment
- ❑ Referral to hospitals (7) linked with Juvenile Drug Rehabilitation Centre for drug treatment
- ❑ Services provided in hospital includes
  - ❑ Clinical Assessment
  - ❑ Pathological screening
  - ❑ Screening i.e. hemoglobin, LFT, KFT,
  - ❑ HBSAG/HCV, Urine test, Lipid Profile, HIV etc.
  - ❑ Treatment provision as per the need



# Services Offered

- ❑ Psycho-social intervention
  - ❑ Individual counselling
  - ❑ Group counselling
  - ❑ Family counselling
  - ❑ Just for Today
  - ❑ Legal counselling





# Services Offered

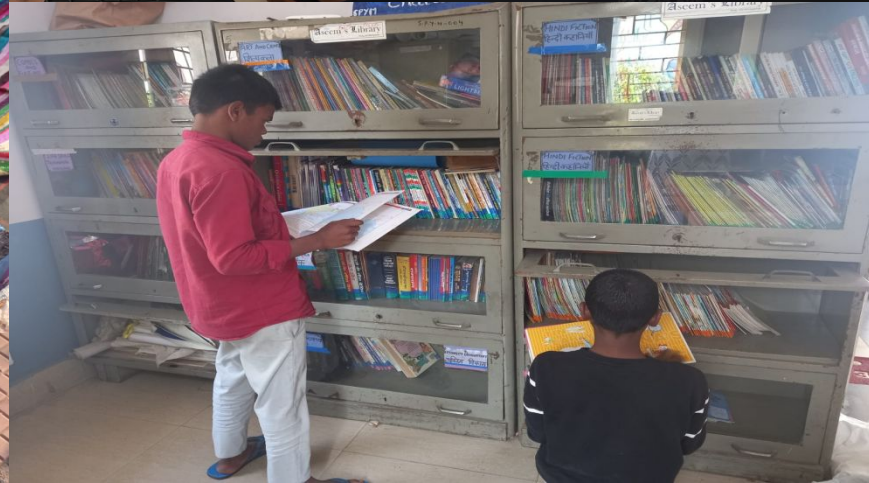
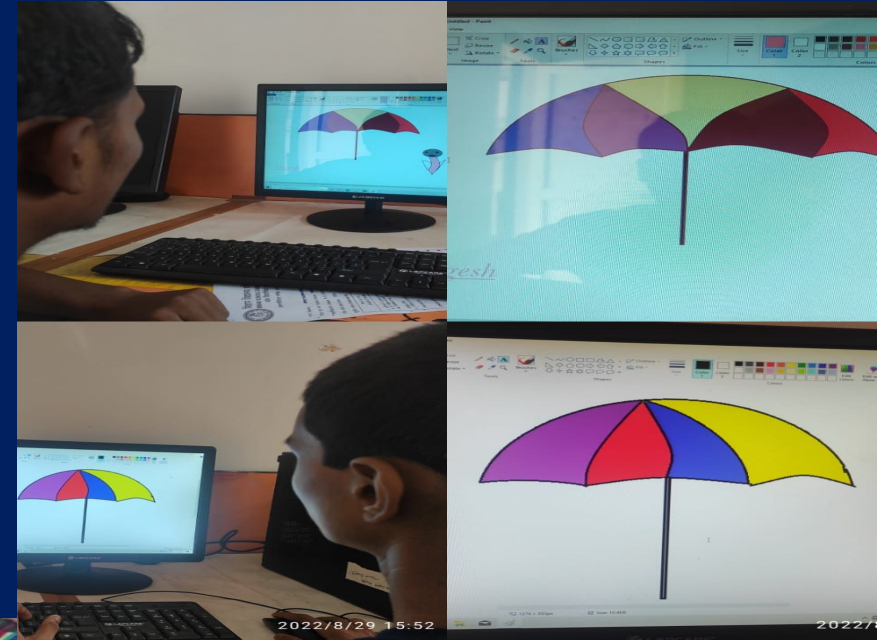
- ❑ Therapies
  - ❑ Art Therapy
  - ❑ Music Therapy
  - ❑ Dance Therapy
  - ❑ Occupational Therapy
  - ❑ Yoga and Medication
- ❑ Program based on TC model
- ❑ Indoor and outdoor games





# Services Offered

- ❑ Vocational Training
- ❑ Reeducation sessions
- ❑ Non formal education
- ❑ Library to inculcate reading habit





# Drug Treatment Centre for Girls

- ❑ Started in 2016
- ❑ 20 bedded facility for substance using women and girls between age of 7-35 years
- ❑ 90 days comprehensive evidence-based treatment program





# Drug Treatment Centre for Girls

- ❑ Child Welfare Committee and Juvenile Justice Board refers girls to the treatment facility. Referrals are also made through community-based outreach.
- ❑ More than 300 girls have been treated since the inception



# Challenges

- ❑ Policy makers overlook substance use among women and children
- ❑ Families deny the issue due to stigma
- ❑ Schools fail to address children's vulnerability, delaying treatment due to stigma.
- ❑ Inadequate funding support

# Conclusion

- ❑ Early intervention is crucial for tackling substance use among children and youth.
- ❑ Community-based outreach plays a key role in promoting treatment services and ensuring regular follow-ups to prevent relapse.
- ❑ Involving families in treatment enhances recovery outcomes for children, contrasting with street children who lack family support.
- ❑ There is a need for treatment centers specifically tailored to the needs of children and women.

# Thank you!



*...developing happy and responsible citizens  
for today and tomorrow*

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