

An Integrated Study of Children Linked with Peer to Peer Substance Abuse Harm in India: A Case Study

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Abstract

Substance abuse harm is on the rise. Innumerable studies both at national and international level have come up with adequate proof of the same. It has been found from this study that around 70% of children live without their family both in Delhi and Mathura came to station to earn some money and fell into the habit of substance abuse. Whereas only 22% children involved in substance abuse, are those who lives with their families. This study clearly indicates that very far extent family gives support to the destitute. But these children's own families still need to improve their condition as is evident from the data used in this study.

Introduction

National Studies

The National Household Survey of Drug Use in the country[1] is the first systematic effort to document the nation-wide prevalence of drug use Alcohol (21.4%) was the primary substance used (apart from tobacco) followed by cannabis (3.0%) and opioids (0.7%). Seventeen to 26% of alcohol users qualified for ICD 10 diagnosis of dependence, translating to an average prevalence of about 4%. There was a marked variation in alcohol use prevalence in different states of India (current use ranged from a low of 7% in the western state of Gujarat (officially under Prohibition) to 75% in the North-eastern state of Arunachal Pradesh.

The National Family Health Survey (NFHS)[2] provides some insights into tobacco and alcohol use. The changing trends between NFHS 2 and NFHS 3 reflect an increase in alcohol use among males since the NFHS 2, and an increase in tobacco use among women.

The Drug Abuse Monitoring System, [1] which evaluated the primary substance of abuse in inpatient treatment centres found that the major substances were alcohol (43.9%), opioids (26%) and cannabis (11.6%).

Patterns of substance use

Rapid situation assessments (RSA) are useful to study patterns of substance use. An RSA by the UNODC in 2002[3] of 4648 drug users showed that cannabis (40%), alcohol (33%) and opioids (15%) were the major substances used. A Rapid Situation and Response Assessment (RSRA) among 5800 male drug users [4] revealed that 76% of the opioid users currently injected buprenorphine, 76% injected heroin, 70% chasing and 64% using propoxyphene. Most drug users concomitantly used alcohol (80%). According to the World Drug Report, [5] of 81,802 treatment seekers in India in 2004-2005, 61.3% reported use of opioids, 15.5% cannabis, 4.1% sedatives, 1.5% cocaine, 0.2% amphetamines and 0.9% solvents.

Substance use among children

The Global Youth Tobacco Survey [6] in 2006 showed that 3.8% of students smoke and 11.9% currently used smokeless tobacco. Tobacco as a gateway to other drugs of abuse .

A study of 300 street child laborers in slums of Surat in 1993[7] showed that 135 (45%) used substances. The substances used were smoking tobacco, followed by chewable tobacco, snuff, cannabis and opioids. Injecting drug use[8] is also becoming apparent among street children as are inhalants.[9]

A study in the Andaman's[10] shows that onset of regular use of alcohol in late childhood and early adolescence is associated with the highest rates of consumption in adult life, compared to later onset of drinking.

But still the question arises is how the substance abuse harms children in different manner and the different behaviors observed (assessment of both positive and negative traits)

This study is based on the data collected CHETNA(childhood enhancement through training and action) in the year 2014.

Aims and objectives

1. Advocating the issues of children using substances
2. To do a psychological assessment of children into substance abuse through a subject specialist team
3. To plan methodical intervention for future positive improvements
 - a) To improve children's wellbeing by attending to their emotional distresses and the issues of maladjustment
 - b) To enhance their general awareness and personality development through the activities of life skill workshop, exposure visits, PHC visits, talent shows, residential workshops, etc.
4. To understand how leadership skills and awareness can be increased through workshop, talent shows etc

5. To understand the improvement of children's wellbeing by catering to their emotional distress and problems of maladjustment
6. To highlight the need for police,CWC etc to be aware of such issues pertaining to children using substances
7. To understand the urgent need for such children's accessibility to education through good schools.

Methodology

The data for the study has been taken from a detailed study done by CHETNA on assessment and profiling of children linked with peer to peer substance abuse harm reduction programme.

The study area of the data is Delhi as well as Mathura. The primary data collected by CHETNA has been used as secondary data for the study. This study is based on a complete assessment of 60 children who are into the habit of substance abuse. CHETNA had collected these children and attached them with the programme in Delhi and Mathura.

S.NO	NAME	AGE	SEX
1	Prakash	17	Male
2	Deepak	17	Male
3	Javed	16	Male
4	Ajay	13	Male
5	Iqbal	8	Male
6	Raja	15	Male
7	Pappu	13	Male
8	Pooja	14	Female
9	Shabana	10	Female
10	Suman	15	Female
11	Ajay	17	Male
12	Rajkumar	20	Male
13	Sanju	12	Male
14	Govind	14	Male
15	Pankaj	13	Male
16	Rajesh	15	Male
17	Gopal	17	Male
18	Shejad	18	Male
19	Kishore	17	Male
20	Naveen	15	Male
21	Allah rakha	17	Male
22	Raja	18	Male
23	Baby	14	female
24	Sunil	14	Male
25	Khushi	15	Female
26	Shubbu	17	Male
27	Shainaaz	12	female
28	Shabaver	12	Male
29	Vakeel	18	Male
30	Mazeed	15	Male
31	Aftab	17	Male
32	Aarif	17	Male
33	Salim	17	Male
34	Ismail	15	Male
35	Aslam	15	Male
36	Afzal	15	Male
37	Chandan	15	Male
38	Pankaj	13	Male
39	Ramzan	14	Male
40	Aslam shaikh	15	Male
41	Rohit	11	Male
42	Faizan	11	Male
43	Vikas kumar	17	Male

S.NO	NAME	AGE	SEX
44	Vipin	14	Male
45	Satar	17	Male
46	Nezam	17	Male
47	Vikas chaudhary	17	Male
48	Dev kumar	15	Male
49	Saif	14	Male
50	Shabu Kumar	17	Male
51	Aslam	16	Male
52	Saluddin	16	Male
53	Zakir	15	Male
54	Sirraaj	15	Male
55	Sunil	16	Male
56	Smile	14	Male
57	Sunil baju	15	Male
58	Islam	15	Male
59	Sanju	11	Male
60	Mohit	13	Male
		Total kids=60	

TABLE-Demographic Details

Various types of data was collected pertaining to their behavior i.e. personality, IQ as well as physical evaluation related to BP, BMI etc.

Finally psychiatric assessment was done to diagnose psychological or behavioral disorders.

Findings and Discussion

It has been from the data pertaining to background that around 70% of children live without their family both in Delhi and Mathura came to station to earn some money and fell into the habit of substance abuse too whereas only 22% who lived with family did the same. This clearly indicates that to a very far extent family gives support but many families still need to improve their conditions as is evident from the data

	Delhi	Mathura
Living with family	22.5%	22.5%
Living without family	70%	70%

(Table 1. background)

From their **physical evaluation** the following has been discerned. It's not at all shocking to know that 58 % of children in Delhi and 90% in Mathura are underweight due to 73% of children in Delhi and 100% in Mathura are getting inadequate and imbalanced diet.

They are very poor in **physical hygiene** evident from the data collected on dental hygiene. From an analysis of their dental hygiene substance abuse was clearly visible in 85% of children both in Delhi and Mathura (stained teeth)

	Delhi	Mathura
underweight	57.57%	89.47%
Inadequate diet	72.72%	100%
Stained and pale teeth	85%	84.21%

(Table 2-Physical evaluation)

From an observation of nails hair and skin it was found that only 36% had normal hair in Delhi and only 19% in Mathura.6% had smooth skin both in Delhi and Mathura and various vitamins, protiens,mineral deficiencies was found to be the reason for the same(table3)

	Delhi	Mathura
Rough and dry hair	60%	78.94%
Smooth skin	6%	5.26%

(Table 3-Physical evaluation 2)

They were also asked various other complains such as muscle pain , joint pain ,abdomen pain, allergy and cough but among all of them the most severe was abdomen pain since around 40% of children in Delhi and 32%of children in Mathura complained of the same which was either due to worms or substance or sexual abuse.

In the next level of study various positive and negative traits of the children were assessed and from this it was found that level of participation initiation is moderate in both Delhi and Mathura centre with percentage

varying between 62-75%.

Peer initiation is very high in both centers (90%)

	Delhi	Mathura
Level of participation	75%	76.19%
Initiation	62.5%	66.67%
Proactively	62.5%	90.47%
Peer interaction	90%	90.47%
Leadership	15%	50%
motivation	55%	80.95%

(Table-4 positive traits)

Whereas proactively is very high in Mathura (90%) and moderate in Delhi (62%)

Leadership and cohesiveness is average in Mathura (50-66%) whereas it is poor in Delhi (12-15%). similarly support to one another ,motivation and getting along behavior is very high in Mathura centre (more than 80%) and only 50% in Delhi.

From all this data it can be discerned that children coming from diverse background in Delhi find it difficult to develop their traits whereas in a comparatively small town like Mathura the local feeling enhances the traits. When we move on to negative traits assessment aggression and interpersonal conflict supreme's in Delhi centre(72-75%) and comparatively very less in Mathura centre (23-33%). thus irritability and lack of cooperation is on the higher side in Delhi centre (37-50%) and very low in Mathura centre(9-14%). again aloofness is high in Delhi(60%) and almost nil in Mathura centre.

	Delhi	Mathura
Aloofness/isolation	60%	0%
Interpersonal conflict	75%	33.33%
Aggression	72.5%	23.8%
Irritability	50%	14.28%
Lack of cooperation	37.5%	9.5%

(Table 5-Negative Traits)

The negative trait reinstates the fact that excessive diverseness in Delhi centre leads to development of negative traits and of course other economic factors too have their own play.

The last section deals with clinical psychiatric assessment. Here the testing was done on various disorders such as conduct disorder, drug induced anxiety, mood, psychotic disorders, substance and alcohol abuse etc

	Delhi	Mathura
Substance dependence	87.87%	19%
Conduct disorder	3.03%	-
Co morbid conditions with substance dependence	36.36%	5.26%
Drug induced mood disorder	9.09%	5.26%
Alcohol abuse	9.09%	42.1%

(Table 6-Clinical Psychiatric Assessment)

In Delhi centre, the main problem is that of substance dependence (88%) followed by co morbid conditions with substance dependence (36%) followed by suspected conduct disorder (15%) .Although alcohol abuse is less (9%) but presence itself is unfortunate.

Mathura centre on the other hand suffers from alcohol abuse (42%) followed by substance dependence (19%). Maybe this is because of availability of cheap alcohol.

On the whole both Delhi and Mathura centre children are in need of care and urgent attention.

Recommendation

It can be concluded that children who are substance dependent are in need of immediate care as their dependence on the drugs has already started to interfere in their social, emotional and physical spheres of life and that too at an alarming rate. Hence, children must undergo the interventions immediately as below mentioned:

- **Contingency management** can be used to give a fair treatment to manage difficult behavior all in order to control their interpersonal conflicts and violent outbursts. Some of the recommended techniques are:
 - Incentive Planning**
 - Goal Setting**
 - Token Economy**
- **Psychotherapy** such as **Ventilation Therapy, Supportive Therapy, Motivation Enhancement Therapy and Cognitive Behavioral Therapy** shall be given in order to tap areas of anger, anxiety and

to induce intrinsic motivation to abstain from substance use.

- **Behavioral and Emotional Management through Assertiveness Skills Training, Peer Pressure Management, Anger Management.**
- **ADL Training** (Activities of daily living) such as stop taking beedi ,alcohol, fluids, gutka, etc as they decrease appetite and injurious to health; brush twice daily, bath daily to maintain good hygienic condition
- **Constructive Scheduling of the Day** will help structure their routine to reduce high levels of distractibility
- Good balanced and nutritious diet and adequate clothing
- Education
- Moral education
- **Psychiatric Recommendation**
Further medical and biochemical investigation are recommended for specific children as part of their psychiatric evaluation
Modifying the existing objective of harm reduction to include physical as well as psychological reduction in harm.
Its highly recommended that those children assessed with severe substance abuse and those diagnosed with Substance Induced Mood Disorder should be referred for psychiatric medication or if possible formal rehabilitative management at specialized institutes
- Last but not the least they should feel **WANTED**

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