



ACTION PLAN
Management of
Substance use among
children

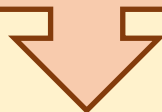


**NATIONAL DRUG DEPENDENCE TREATMENT CENTRE,
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI**



- ❑ India has a huge adolescent population
- ❑ “Age of Opportunity”
- ❑ Ever increasing problem of substance use among children and adolescents
- ❑ Use of substances hinders development & causes long term complications
- ❑ Needs are distinct from that of adults, “Adolescents are not JUST mini-adults”

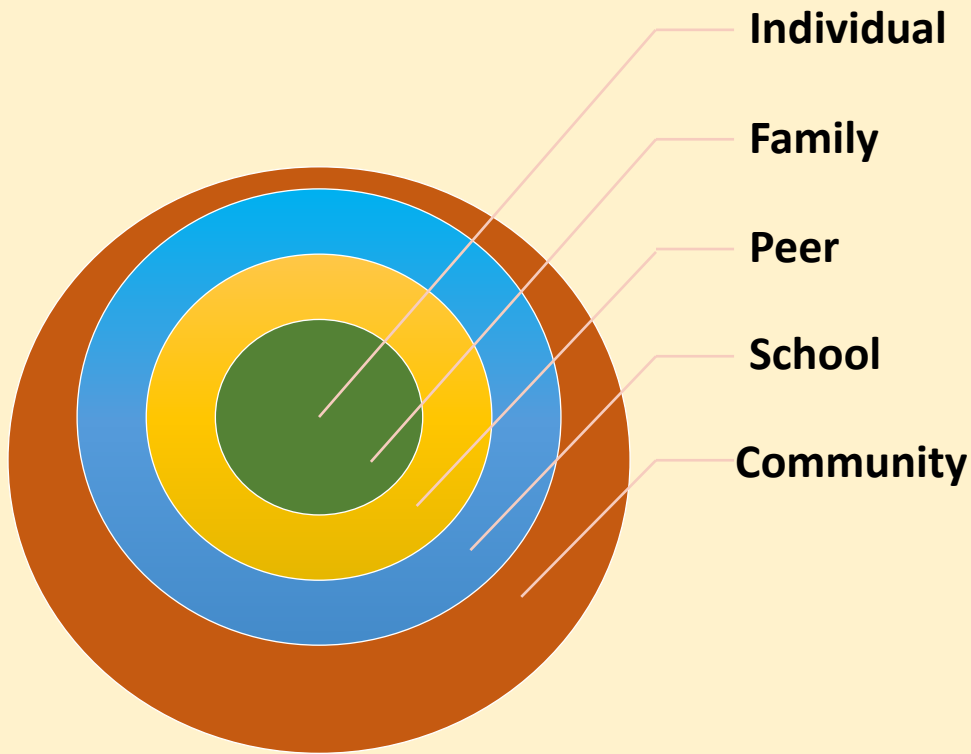
Coordinated prevention and treatment plan for managing substance use should be at *NATIONAL, STATE & LOCAL LEVELS*



Preventive and Treatment strategies have to be *AGE SPECIFIC*

Prevention & intervention should be based on scientific evidence and locally acceptable

RISK & PROTECTIVE FACTORS IN PREVENTION AND EARLY INTERVENTION



Individual

Risk factors	Protective factors
Genetic vulnerability (e.g. strong family history of alcohol dependence)	Resilient temperament
Psychological factors (e.g. sensation seeking, low self-esteem) and psychiatric co-morbidity	High social, emotional, cognitive, competence
Favorable attitude towards drugs	

Family

Risk factors	Protective factors
Favorable parental attitudes	Strong bonding to parents
Domestic violence/ Family quarrels	Lack of history of substance use
Inadequate parent-child attachment/ Low parental supervision	Secure and stable family environment

RISK & PROTECTIVE FACTORS IN PREVENTION AND EARLY INTERVENTION

Peer

Risk factors	Protective factors
Presence of deviant peer group	Engaging with non-drug using friends/peer
Peer substance use/ Peer approval	
Peer pressure	

School

Risk factors	Protective factors
Academic failure	Positive school environment
Little commitment to school	Positive orientation towards school

Community

Risk factors	Protective factors
Community disorganization	Non-availability of substances in the locality
Availability in and around home/school	
Permissive Laws and norms	Easy access to support/ treatment services

Principles of Prevention

Address risk factors and enhance protective factors

Must address all forms of drugs of abuse

Should be based on scientific evidence

Need to tailor according to the local needs and feasibility

Should be comprehensive but flexible according to setting

Should be age appropriate & based on assessment of risk

Levels of Prevention

Prevention for **ALL** (IEC, normative education, life skills, drug refusal skill) parenting education, positive school environment

Prevention for those **AT RISK**

Early identification & brief counseling for **THOSE USING SUBSTANCES**

Key components of Prevention

Information, Education, Communication (IEC) activities

Normative Education (Drug use is not a norm)

Life skills

Drug refusal skills

Focus on children who are more at risk

INTERVENTION

Principles of Intervention

Reaching out to a child for help” NOT “ Trying to ‘detect’

Based on the scientific evidence and tailored according to the local needs and feasibility

Key first step: Basic assessment by trained staff

Target all substances used by the adolescent

Matching the level of intervention with severity of substance use

Key components of Intervention

Early identification

Psychosocial interventions

Intervention for health damage and management of withdrawals

Extra treatment needs

Brief intervention

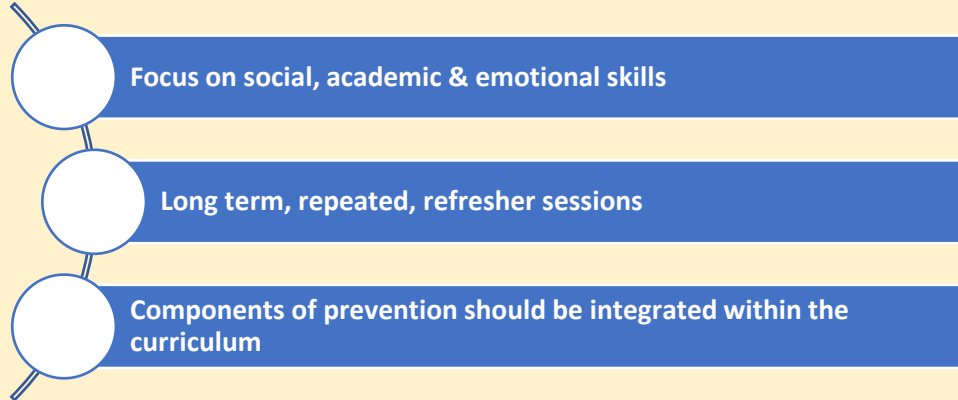
Family intervention

Relapse prevention

SERVICE IMPLEMENTATION IN VARIOUS SETTINGS

A. School Setting

Ideal setting for carrying out prevention and interventions



Intervention: Only a minor proportion of school children may have already initiated substance use for whom intervention may be required.

- **Early identification, severity assessment** and counselling (*Brief intervention*)
- Information and guidance to the family and providing *family intervention*
- **Referral** to more specialized settings as per need

Key stakeholders are:

By school
counsellors
or
mentor
teachers
(after
training)

Directorate of Education

- Formulation of universal health programme, policy related to substance use, ensure supply reduction in and around school
- Directing schools for capacity building

School Principals

- Implementing the strategies developed by the directorate
- Maintaining a stress-free, drug-free, conducive school environment, providing support to school teachers/counsellors



Medical officer/ nurse

- Screening for substance use
- General health assessment and intervention
- Referral for investigations or more intensive treatment

School teachers/counsellors

- Identification of at-risk children and those involved in substance use
- Delivering various preventive interventions: Counselling, brief intervention, family counselling
- Referral for more specialised interventions

B. Community setting



Community, here, refers to any place outside school, institutional or health care settings

Prevailing rules and regulations to **reduce the availability and supply** **Local anti-drug norms** and the support from various members **Social pressures** from peers, parents, and community and attitude **Cultural identity and beliefs**, which may/may not be favourable towards substance use

Scope of involving **multiple stakeholders**- Providing a **wide range of interventions**: preventive interventions to highly specialized treatment and rehabilitative intervention with the child, family or both

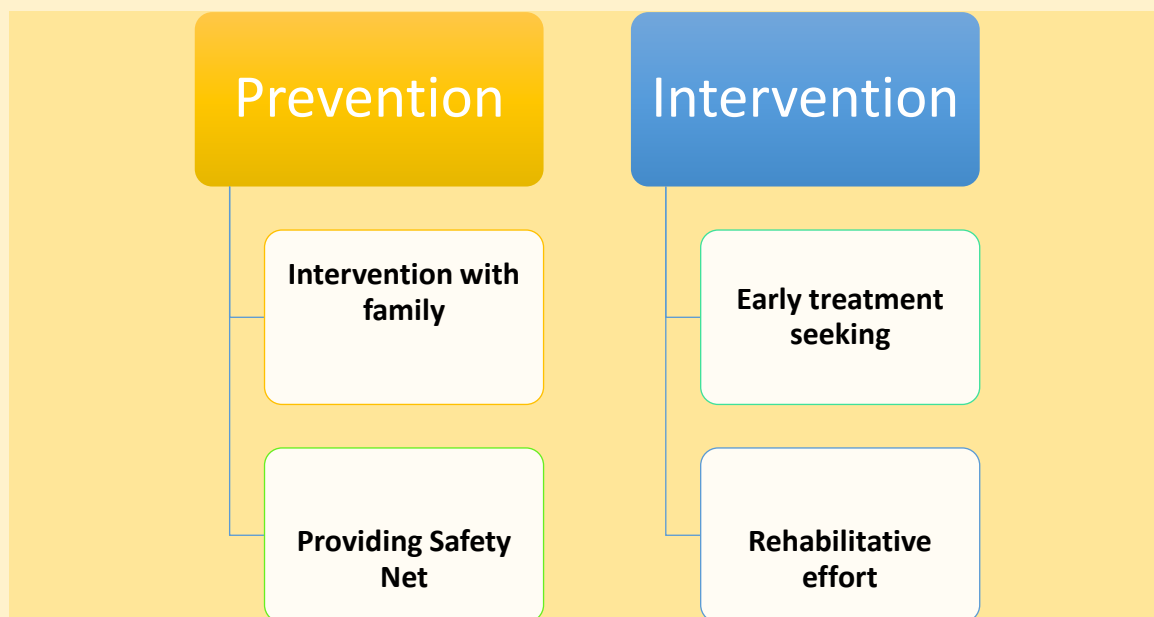
Some specific consideration while planning and implementing prevention in the community
1. Developing a concept of comprehensive community plan
2. Involving all relevant stakeholders
3. Tailored to address risks specific to population
4. Same repeated messages from all interventions through multiple sources
5. Message dissemination through mass media efforts, community-wide awareness programs, parenting education, life skills programmes, preventing school dropout
6. Effective supply reduction, development of policies or enforcement of regulations

Stakeholder	Role
NGOs working in the area of substance use	<ul style="list-style-type: none"> • Identification of children using substances in the community across various settings • Helping to reach out to school drop-out children • Assessment • Counselling to build motivation • Linkage with health care settings and drug treatment settings, if required • Treatment and rehabilitation in the community • Advocacy efforts
Key people of the community like the community leaders, local political and religious leaders	<ul style="list-style-type: none"> • Help in implementation of various efforts towards prevention and treatment of substance use • Allaying stigma • Popularize and promote substance use related intervention • Help in promotion of positive health • Advocacy
Local law enforcement agencies	<ul style="list-style-type: none"> • Supply reduction • Implementation of various laws related to substance use
Other stakeholders e.g. Local sport agencies, youth clubs	<ul style="list-style-type: none"> • Prevention • Identification and intervention

C. Street setting

India has a huge population of street children, including those who live with family on streets. **They are a highly vulnerable population** and engage in various high-risk behaviours.

Prevention and intervention can be carried out early in street/ open shelters



NGOs (working with street children)/ outreach workers/ counsellors



- Provision of basic needs such as food, shelter, clothing etc.
- Early identification and taking them to appropriate treatment facility
- Motivational Counselling
- Referral to Child Care Institutions
- Prevention related activities

Parents/guardians



- Prevention
- Bringing the child to treatment

Law enforcement agencies/ local community/trusts etc



Facilitate treatment initiation

D. Institutional setting

Observation
home

Children
home

Possible health activity:

Prevention

Detailed assessment for risk factors - psychological, family

Appropriate intervention

Intervention

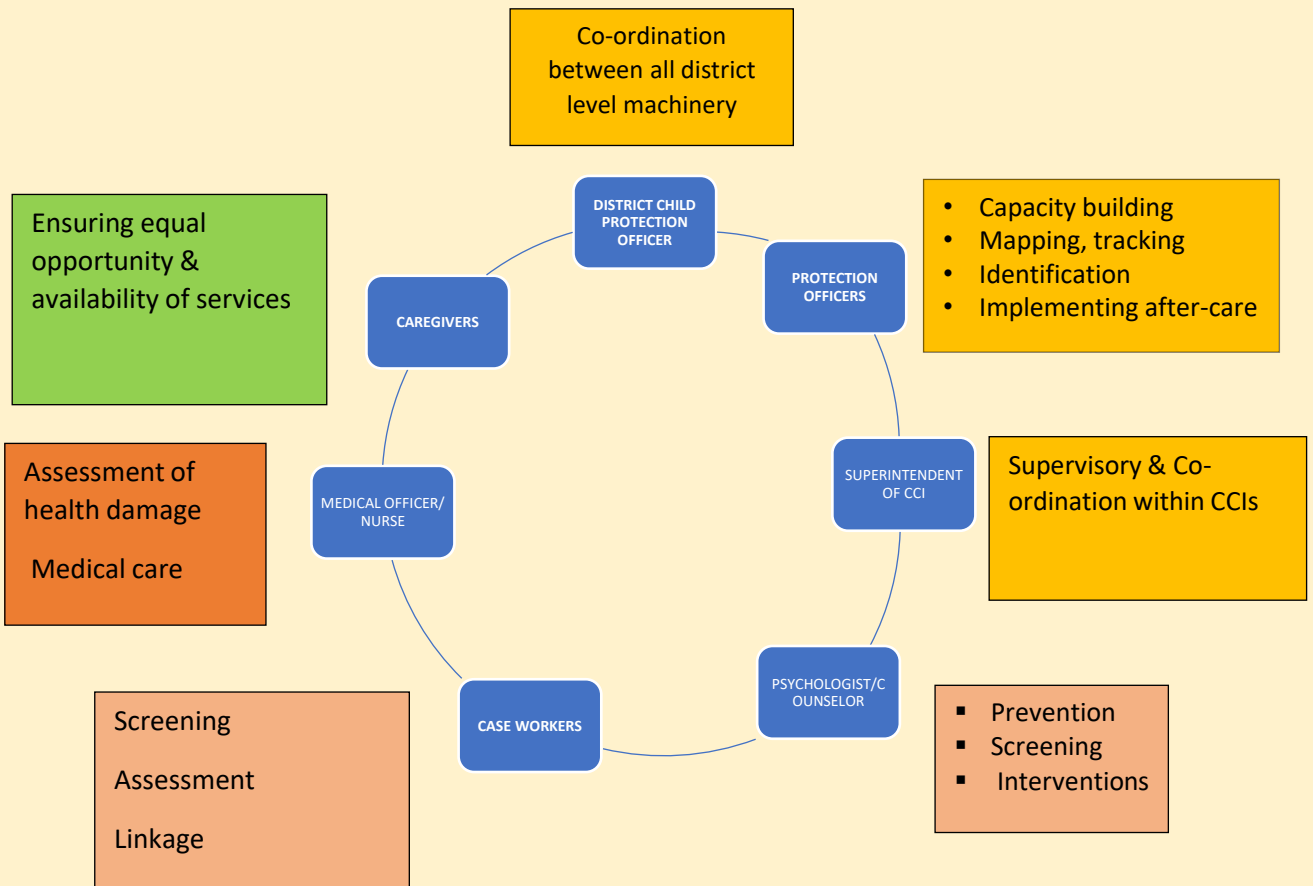
Screening

Linkage

Referral

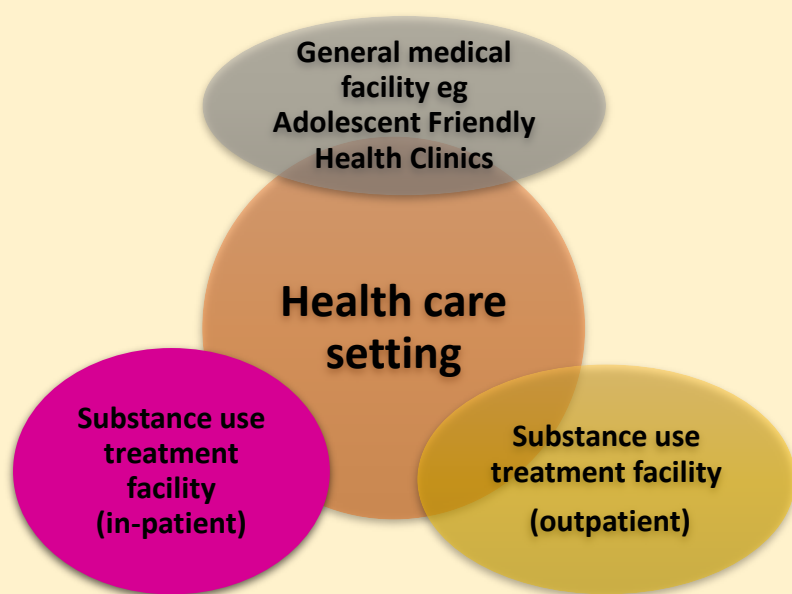
After care

Rehabilitation



E. Health care/drug treatment settings

- Children and adolescent *who need assessment of health damage or treatment of withdrawals*
- *Separate* outpatient and residential setting for adolescents
- Using adult programs is **NOT** advisable
- Appropriate referral as required

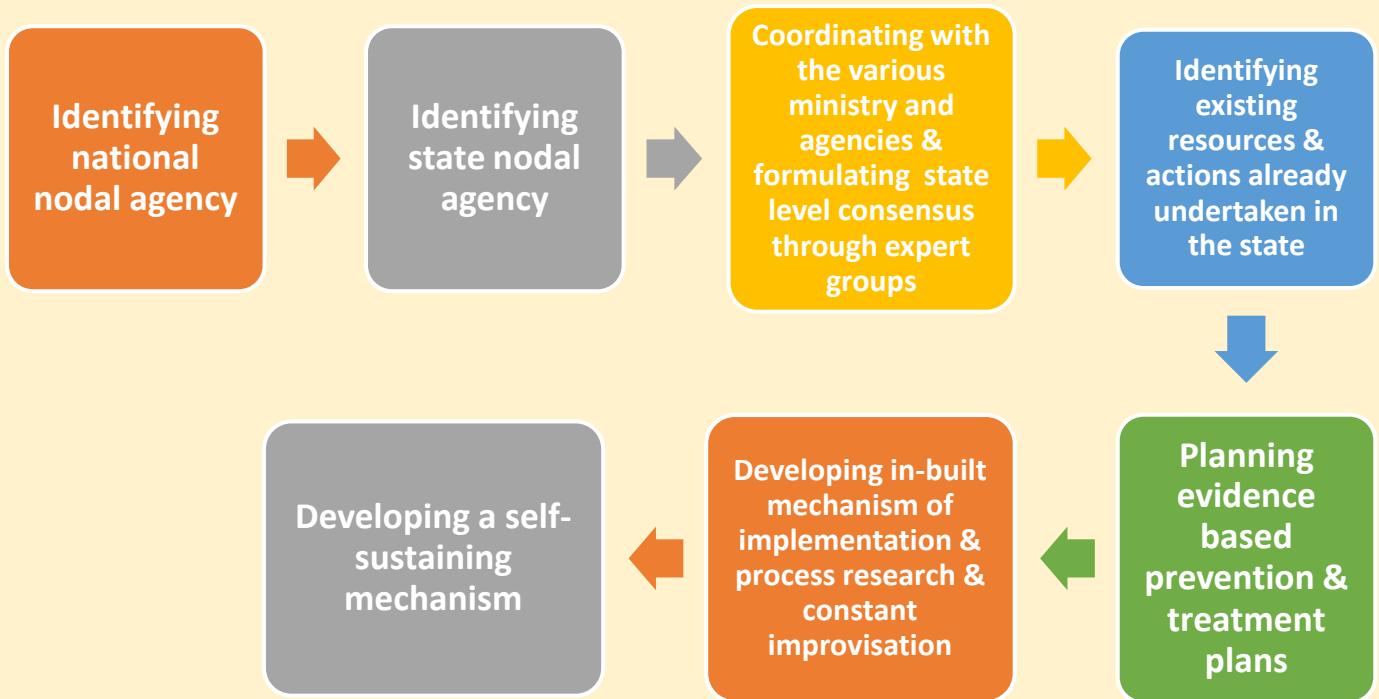


- Screening among those seeking treatment for other conditions
- Emergency care in case of overdose, etc.
- Brief psychosocial intervention among the users and harmful users
- Referral to higher centre, if required

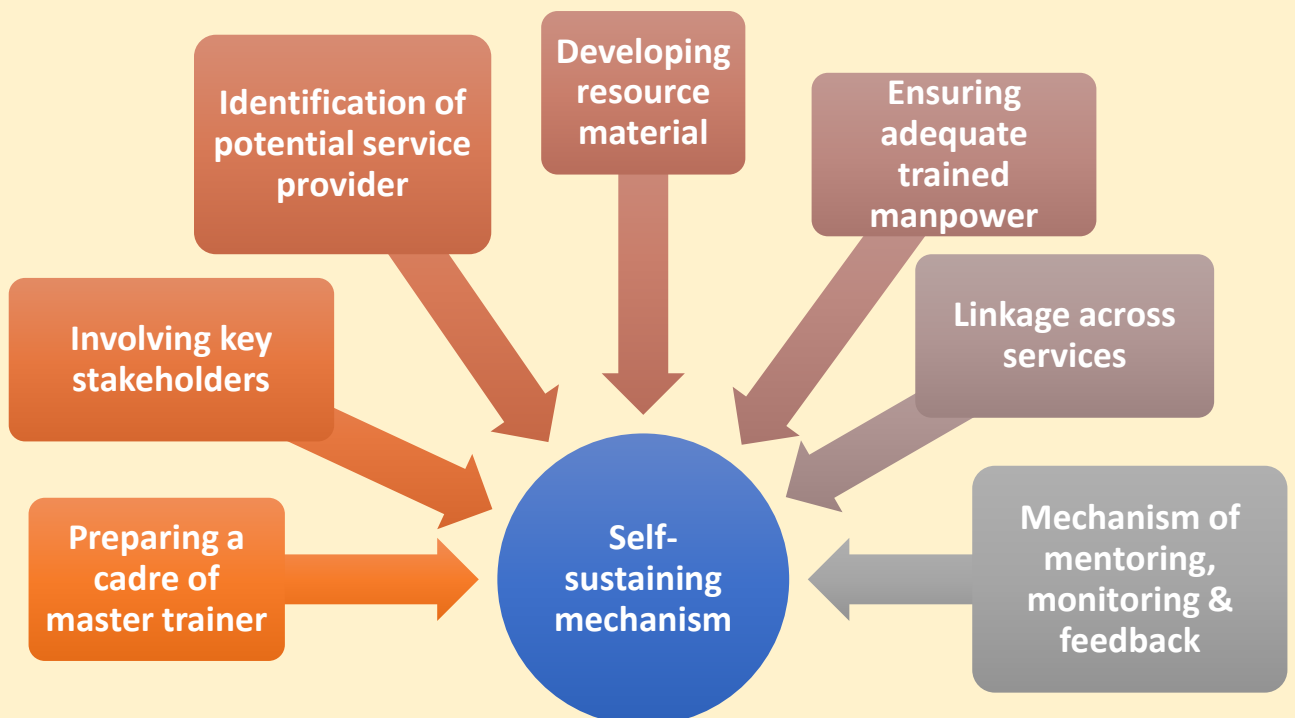
- In-patient intensive medical, psychiatric &/or psychosocial treatment

- OPD-based short-term and long-term management
- Strong linkage and liaison with local health and social agencies for medical problems and rehabilitation

Integration of services across setting



Key components for developing a self-sustaining mechanism of work



**Authors: Anju Dhawan, Biswadip Chatterjee,
Rachna Bhargava, Piyali Mandal**



Developed by :
***National Drug Dependence Treatment Centre, All India
Institute of Medical Sciences, New Delhi***