

**COLLOQUIUM ON
“RESPONDING TO THE NEXUS BETWEEN ADVERSE
CHILDHOOD EXPERIENCES AND DRUG USE”**



**Organised by Society for Promotion of Youth and
Masses**

**With the support of International Society of Substance
Use Professionals & Paul Hamlyn Foundation**

April 15, 2023

**Venue: Magnolia Hall, India Habitat Centre,
Lodhi Road, New Delhi**

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EXECUTIVE SUMMARY

A colloquium on “Responding to the Nexus between Adverse Childhood Experiences and Drug Use” was held on April 15, 2023 in New Delhi, attended by 40+ participants. The colloquium was hosted and organised by the Society for Promotion of Youth and Masses (SPYM) with the support of International Society of Substance Use Professionals (ISSUP) and Paul Hamlyn Foundation (PHF).

The colloquium provided an interactive platform to various luminaries and experts to share their views on the existing issue of drug use amongst children, the impact and reasons. Research has shown that adverse childhood experiences (ACE) disrupt crucial normal stages of childhood development. Traumatic events that can occur from early childhood, including adolescence, can have wide-ranging consequences that can have long-lasting affects that can endure even throughout adulthood. ACE can result in higher risk of emotional and interpersonal difficulties that may lead to greater likelihood of seeking easily available drugs, both licit and illicit.

Professor Anju Dhawan National Drug Dependence Treatment Centre, AIIMS, Delhi outlined the Situation of Substance Use in Children in India. There was strong evidence of an increasing problem of substance use among children and adolescents. Data from a Ten City (India) Student Survey (around 6000 students) 2019-2020, found that ‘ever having used a substance’, 1 in 7 students (15%) had done so, and in the past 12 months 1 in 10 students (10%) had engaged in substance use. For the past month, substance use was 1 in 14 students (7%). The number of children using substances was 2-3 times higher than calculated based on the National Survey for most substances. A key response will be the need to introduce various prevention and early interventions to match the scale of substance use among children and adolescents.

Gary Reid, Technical Advisor, SPYM, presented findings from a survey of 80 children from three drug rehabilitation centres in Delhi examining issues of past ACE. The study found > 60%+ had experienced humiliation/insults, violence, lack of love, domestic violence against mother/step mother and family drug use. Positive life experiences were often constrained, and a sizeable number of children had engaged in self-harm. V Kalyani, consultant with SPYM, outlined a school education programme called “NAVCHETNA” adopted by Ministry of Social Justice and Empowerment to impart life skills and receive drug education about various substances. Feedback of the presentations was provided by Justice (Ms.) Mukta Gupta, Chairperson, Juvenile Justice Committees (JJC), Hon’ble High Court of Delhi and Mr. Marco Teixeira, Regional Representative, Regional Office for South Asia, UNODC. In line with the information presented, participants were split into four working groups, provided with specific topics to discuss and proceed to identify gaps and/or provide suggestions and solutions. The colloquium highlighted the scale and gravity of substance use among children in India, the extent of ACE among a select group of children affected by drug use at SPYM drug treatment centres, and highlighted the need for greater awareness and sensitization of the issues through a multi-sector approach.

1. CONTEXT OF ADVERSE CHILDHOOD EXPERIENCES

Adverse childhood experiences (ACE), are traumatic events that can occur from early childhood, including adolescence (0-17 years). The wide-ranging consequences associated with ACE can have long-lasting affects that can endure even throughout adulthood. Such adverse experiences can interfere with a person's health (physical and mental balance), social and economic opportunities, stability and functionality throughout life, including affecting future generations of people and communities. Experiencing unaddressed stress commonly results in higher risk of emotional and interpersonal difficulties which can lead to greater likelihood of seeking easily available drugs, both licit and illicit.

2. OPENING CEREMONY

The colloquium commenced with the welcome of the dignitaries with flower bouquets followed by an introduction of our chief guests. The lighting of the lamp was done by our guests of honour. Mr. Gary Reid gave a briefing about the Agenda of the Colloquium. Guests of honour were given a token of appreciation for their participation in the colloquium. Guests of honour, were primarily: Justice (Ms.) Mukta Gupta, Chairperson, JJC, Hon'ble High Court of Delhi; Dr. Anju Dhawan, M.D Professor, NDDTC, AIIMS; Dr. Alok Aggarwal, Additional Professor, NDDTC, AIIMS; Mr. Marco Teixeira, Regional Representative, Regional Office for South Asia (ROSA), United Nations Office on Drugs & Crime and; Mr. Gary Reid, Technical Advisor, SPYM.

3. PRESENTATION 1

SPEAKER: Dr. Anju Dhawan, M.D. Professor, NDDTC AIIMS

Subject: Situation of Substance Use in Children in India

Some Key Points:

- Increasing problem of substance use among children and adolescents
- Prevention and early intervention are very important
- Treatment seeking was low and services may not be specifically available for adolescents
- Number of Children using Substances in India: Opioid users - 40 lakh: Inhalant users - 26 lakh" Cannabis users- 20 lakh
- Ten City Student Survey (MSJE) 2019-2020: Anonymous survey with total sample of almost 6000 students: government and private schools, urban/rural
- 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 substance: 1 in 2 ever user had used in last 1 month
- School Survey % Prevalence: Opioids 2.8%; Cannabis 2.0%; Alcohol 3.8%
- Number of Children using Substances 2-3 times higher than calculated based on the National Survey for most substances
- Prevalence of Opioids even higher than in adults but mostly pharmaceutical opioids while in adults, heroin is more common
- For each substance, frequency of use in last one month, most responded- occasionally but 5-10% - daily use, 25-30% - using ganja/heroin used daily
- Average age of starting substance use – 13 years
- Between class 8th and 11th, the rate of use more than doubled
- Identifying children who need psychological help and providing it becomes imperative
- Frequent conflicts in the family - 1/4th of students and drug use among family not uncommon
- Availability of drugs: 1 in 5 – bhang easily available; 1 in 10 – opioids easily available
- Help-seeking for substance use minimal among current users (1%)
- 40-70% substance use among street children in India
- Substance use higher and with earlier age of onset in more vulnerable children: those using substances ever are likely to continue use
- Prevention programmes should be multipronged
- Many children are willing to take help: counseling is mainstay of intervention

4. PRESENTATION 2

SPEAKER: Mr. Gary Reid, Technical Advisor, SPYM

Subject: ADVERSE CHILDHOOD EXPERIENCES (ACE): Kingsway Camp – Delhi Gate - Pardabagh Centre

Some Key Points:

- ACE can impact person's health (physical and mental balance), social/ economic opportunities, behaviour, stability, functionality throughout life
- ACE can increase risk for disease, early death, poor social outcomes
- Interviews conducted with 80 children from 3 centres (8 females), 62% aged 16-17 years
- 89% had experience of parent or other adult in house, often or very often, swear, insult, humiliated or afraid of being physically hurt:
- 91% had experienced parent or other adults in household often pushing, slapping, throwing something at them or hit to injure
- 14% had experienced unsafe touch by adult 5 years older than you (sexual misconduct) but among females it was 57%
- 65% often or very often felt that no one in the family loved them or felt important

- 26% had parents separated or divorced but among males at Delhi Gate it was 40%
- 69% witnessed domestic violence (often or very often) towards mother or step mother
- 69% lived with someone in the house who was problem drinker, alcoholic or using street drugs (ganga or heroin)
- 36% had a household member that had gone to prison
- 63% were not able to talk to family about feelings
- 48% did not have family to support during difficult times; 74% no support from friends
- Interest in child's welfare was commonly low and they did not feel protected in home
- 75% did not feel a sense of belonging when at school
- 70% deliberately cut their bodies
- 35% had banged head on solid object to cause bodily harm
- 54% prevented a wound from healing
- 36% had inflicting injury to cause medical intervention or need for hospital
- Of 5 ACE Questions (out of 10 Questions) > 60%+ had negative life experiences
- Many children did not have positive childhood experiences indicating unfavorable consequences of ACE more likely to arise
- Evidence based approaches to strengthen resilience exist and required to be implemented to reduce the impact of ACE

5. PRESENTATION 3

SPEAKER: Ms. V Kalyani, Consultant, SPYM

Subject: Overview of NAVCHETNA: A New Consciousness on Life Skills and Drug Education for School Children:

Some Key Points:

- Training package, specific to needs of teachers to educate school children on life skills and drugs necessary.
- Collaboration between MSJE and Ministry of Education
- Target audience: Upper Primary (Standard 6th ,7th 8th) & Secondary Schools (Standard 9th ,10th, 11th) with teaching tools of training modules and videos
- STANDARD 6th, 7th and 8th has 3 modules (2 life skills and 1 drug education)
- STANDARD 9th, 10th and 11th has 6 modules (3 life skills, 2 drug education, 1 for family members)

6. NOTE BY CHIEF GUEST

SPEAKER: Justice (Ms.) Mukta Gupta, JJC, Hon'ble High Court of Delhi

Some Key Points:

- Highlighted the magnitude of drug use in India
- Four key factors required for reducing drug use in children:
 1. Awareness
 2. Identification
 3. Treatment
 4. Rehabilitation
- Importance of the roles and responsibilities of a parent: How they should be aware of their child's mental state and give an appropriate amount of attention to him/her.
- Easy availability of drugs to children: At households through elders using tobacco, alcohol or cigarettes.
- Child surrenders to peer pressure easily when he/she is already having troubles at home.
- Importance of a sense of belonging in a child.
- Hurdles faced in identification of drug using children.
- Necessity of rigorous training and coaching of the counsellors.
- Lack of treatment centres and how at least one treatment centre shall be made available in each district of the country.
- Rehabilitation: Proper stream of education, engaging children into extra-curricular activities and sports, availability of vocational training and education to children above 16 years of age.

7. NOTE BY CHIEF GUEST

SPEAKER: Mr. Marco Teixeira Regional Representative, Regional Office for South Asia (UNODC)

Some Key Points:

- Highlighted that we live in a fast-paced world where along with access of information also comes the access of substances.
- The drug use among children is reported to be higher than ever.
- Importance of protective factors in order to avoid drug use disorders in the future and how these protective factors need to be built and empowered.

- Importance of formal education and parenting in shaping the behaviour of a child and providing social life skills.
- Reducing drug use is the collective responsibility of all the sectors of the society be it state owned or non-state owned.
- Importance of a safe and nourishing relation between a child and parent.

8. INTRODUCTION OF PARTICIPANTS

All the participants gave a brief description of themselves and shared some of their views about the issue of drug use among children and its relation with the adverse childhood experiences. Post the introductory session, the room gathered for tea.

TEA BREAK

9. QUESTION & ANSWER SESSION

The participants raised question regarding the role of parenting when the child is undergoing drug use disorders, resources available for prevention of drug use among children, resources available to respond to children experiencing ACE, importance of education at an early stage given to children about drug use, and importance of rigorous training of counsellors to better address the needs of children with ACE.

LUNCH BREAK

10. SCREENING OF “THE LOST GIRL”- VIDEO

Screening of a video titled “The Lost Girl” by Ms. V Kalyani. It captures the story of a girl in SPYM run treatment centre for girls less than 18 years. The reasons and circumstances that led a girl of mere 9 years to take drugs and get dependent on it, her struggles during recovery and her life after coming out of rehab. It emphasises that we need to protect our girl children too as they are equally vulnerable to drugs and the related consequences.

11. INTERACTIVE SESION (GROUP ACTIVITY)

FACILITATION: Dr. Alok Agrawal, MD, Associate Professor, NDDTC AIIMS

Formation of four groups and guidelines given by Mr. Gary Reid and Ms. V Kalyani.

Group 1: Child Care Institutions and their response to ACE

1. Facilities or services available for both boys and girls
2. What is the process or procedure to access these services
3. Bottlenecks to access the services
4. What services are expected from the Drug Rehabilitation Centres.

Group 2: Resources available for prevention and responding to children experiencing ACE

1. Human Resources
2. Material resources and guidelines, SOPs
3. Financial Resources

Group 3: Legal Structures-Enablers or Barriers to services to address ACE

Group 4: Psycho Social Challenges associated with ACE

1. What are the challenges
2. How to address them

GROUP ONE TOPIC: Child Care Institutions and their response to Adverse Childhood Experiences

Facilities or services available (upon admission)—for both boys and girls

CONDUCT GENERAL ASSESSMENT OF CHILD		
PSYCHOLOGICAL	EDUCATION	DRUG TESTING
<ul style="list-style-type: none"> Initial consultation General consultation Family consultation Examination of the legal cases and implications 	Determine level of education with level testing <ul style="list-style-type: none"> Literate Semi-literate Illiterate 	<ul style="list-style-type: none"> Urine test Alcohol test World Health Organisation tool of Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)

PROCESS AND PROCEDURE	
DETOXIFICATION	REHABILITATION TREATMENT
<ul style="list-style-type: none"> 15- 21 days at medical facility Two hospitals in Delhi are engaged with assisting children through detox process and conducting general medical assessments 	<ul style="list-style-type: none"> Sports therapy Just for Today Therapeutic community model Counselling Katha session Life skill sessions First aid sessions Yoga sessions Meditation sessions Art and craft therapy Music therapy Sound techniques Special education for managing hyper-active children Clay therapy for development of positive emotions

Coordination of all services

There is a need for SMC (School Management Committee) to create a single group with an overlapping ideology to include the following:

- Resident Welfare Association
- SME (Society Management Environment)

- Police
- Hospitals
- Maa Mandal (not sure what this means)
- Child care

GROUP TWO TOPIC: Resources available for prevention and responding to children experiencing Adverse Childhood Experiences

HUMAN RESOURCES	FINANANCIAL RESOURCES
<ul style="list-style-type: none"> • District child protection unit • Emergency outreach helpline (1098) • Human (machinery) available for child welfare (Child Welfare Committee) 	<ul style="list-style-type: none"> • Budget provided by government
ADDITIONAL REQUIREMENTS	ADDITIONAL REQUIREMENTS
<ul style="list-style-type: none"> • Psycho-social support: needed for availability of qualified and skilled person power at the grassroots level • Sensitization of the legal authorities towards ACE and of drug use issues at training stage • Pre-marriage counselling • Resources to be made available for parenting and emphasis on roles and responsibilities of parents 	Need for adequate budgetary provision for improving life of children at all levels <ul style="list-style-type: none"> • Panchayat • District • State • National

GROUP THREE TOPIC: Legal Structures: Enablers or barriers to services to address Adverse Childhood Experiences

ENABLERS	BARRIERS
<ul style="list-style-type: none"> • Juvenile Justice Act is a comprehensive legal act for a child's needs (State Juvenile Police Unit; State and District Bodies for Well Being of the Child and Child Welfare Committee) • Availability of various national and state counselling, deaddiction and protection helplines (1098 Childrens 	No single body to ensure connections between different agencies (intersectoral coordination) Lack of awareness about different mental health issues and the available resources Lack of experts on mental health Lack of training, sensitization and assessment of police and legal bodies Non-availability of mental health professionals in government bodies

Helpline and 1800110036 for Counselling Helpline for Drug Use • State Mental Health Authority	No holistic approach to deal with problems No proper system for capacity building No proper system for grievances redresses
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Recommendations

- Regular intersectoral meetings to review implementation of laws (ICPS)
- Different cadres of police to deal with children’s and women’s issues
- Creation of a panel of experts as provided in Juvenile Justice ACT and Protection of Children from Sexual Offences Act
- Training and awareness programs
- Developing a monitoring mechanism for the apex court to check implementation of its judgements
- Implementation of health care services and Allied Services Act may facilitate quality of services given
- Increased conversations between academics, bureaucrats and thematic experts

GROUP FOUR TOPIC: Psycho social challenges associated with ACE

CHALLENGES		
FAMILY	SCHOOL	OTHERS
<ul style="list-style-type: none"> • Street and homeless children vs children with access to housing • Use of substances within the family • Violence 	<ul style="list-style-type: none"> • Unpleasant school experience (belittled, bullying and labelling) • Academic pressures • Access and availability to schooling • Post rehabilitation school experience • Achievement pressures • Peer pressure 	<ul style="list-style-type: none"> • Child marriage • Poverty • Socio-economic strata • Forced labour • Easy access to cheap drug substances • Sexual exploitation • Media influence • Laws and bribery

Recommendations as to how to address these

- Strengthening resilience and coping skills
- Community mental health services
- Sensitisation and awareness programs
- Imparting life skills

- Counsellors in schools and building their capacity
- Psycho education for parents and family strengthening
- Allowing for engagement spaces
- Awareness of legal services
- Teacher sensitization programmes
- Offering various modalities of therapy
- Rehabilitation services for parents involved in drug use
- Breaking stigma

12. CLOSING CEREMONY

Collectively there was a general thanks that the colloquium was able to be conducted successfully. The colloquium highlighted the scale and gravity of substance use among children in India, the extent of ACE among a select group of children affected by drug use at SPYM drug treatment centres, and highlighted the need for greater awareness and sensitization of the issues through a multi-sector approach. It was hoped that the various sessions were a learning experience for all the participants and that the insights provided by various speakers and experts will be of great value to the society. There was a general thanks and support to Dr. Rajesh Kumar and his team from SPYM for assisting in the implementation of this successful event.

13. PHOTO GALLERY



PHOTO GALLERY



14. ANNEX 1: ATTENDANCE

1. Justice (Ms.) Mukta Gupta, Chairperson, JJC, Hon'ble High Court of Delhi
2. Dr. Anju Dhawan, M.D Professor, NDDTC, AIIMS
3. Dr. Alok Aggarwal, Additional Professor, NDDTC, AIIMS
4. Mr. Marco Teixeira, Regional Representative, Regional Office for South Asia (ROSA), United Nations Office on Drugs & Crime
5. Mr. Gary Reid, Technical Advisor, Society for Promotion of Youth and Masses (SPYM)
6. Dr Rajesh Kumar, Executive Director of SPYM
7. Ms. Kavita Mangnani, Director: Restorative Care, HAQ
8. Mr. Shwetank, Consultant, Paul Hamlyn Foundation
9. Dr. Rajeev Seth, MD (AIIMS), FIAP, FAAP (USA), Managing Trustee, BUDS
10. Mr. Sudhir Kumar Rai, Technical Lead-PROTECT Project, Plan India
11. Mr. K Narayan, Board Member, Godhuli
12. Mr. Manpreet Singh, V.P, DLF
13. Ms. V Kalyani, Consultant, Society for Promotion of Youth & Masses (SPYM)
14. Mr. Shaleen Mitra, OSD, Delhi Government
15. Ms. Nirmala Pandey, Child Protection Specialist, UNICEF
16. Dr. Haripriya, Project Associate, Engender Health
17. Ms. Nicole, Secretary, Leher
18. Ms. Tanya Rajwedi, Gender Specialist, Dharampal Satyapal Group
19. Ms. Shivangi Tyagi, Gender Consultant, Dharampal Satyapal Group
20. Ms. Rajni Kumar, Program Manager, KATHA
21. Ms. Hema Pnadey, Country Director, CFHI
22. Mr. Sudarshan Pandey, Consultant, ILSAP
23. Ms. Aditi Banerjee, Consultant, CRY
24. Ms. Neha Bharti, Partner Outreach Coordinator, KATHA
25. Dhritishree Das, Head-Training, Butterflies
26. Mr. Vikramjeet Sinha, Founder, BOAT
27. Mr. Tirath, D-News
28. Ms. Anushka, Counsellor, IRCA, SPYM
29. Ms. Saamiksha, Intern, IRCA, SPYM
30. Ms. Tanushree, Clinical Psychologist, SPYM
31. Ms. Shravya, Counsellor, JDRC, SPYM
32. Mr. Chanchal, Project In-charge, JDRC, SPYM
33. Ms. Pinki, Social Worker, JDRC, SPYM
34. Ms. Priyanka, Communication Officer, SPYM
35. Ms. Aaditi Wahi, Research Assistant, SPYM

36. Mr. Nitesh, Project Coordinator, SPYM
37. Mr. Amiya, SPYM
38. Ms. Himanshi Chandra, Counsellor, CDC, SPYM
39. Ms. Rajlaxmi, Appolo Hospital
40. Ms. Soniya Rawat, Intern, Ministry of Health
41. Ms. Taman Rehman, Intern, Ministry of Health
42. Ms. Varidhi Singh, Fundraising Specialist, SPYM
43. Mr. Santosh Kumar Mandal, SPYM

15. ANNEX 2: AGENDA

TIME	DESCRIPTION	FACILITATOR & MODERATOR
10:30-10:40	Welcome remark and Introduction of Chief Guests	Mr. Gary Reid
10:40 – 11:30	Presentation on Situation of Children and substance use in India	Dr. Anju Dhawan, NDDTC, AIIMS
	Presentation on Adverse Childhood Experiences (ACE)	Mr. Gary Reid, Technical Advisor, SPYM
	Presentation on Navchetna	Ms. V Kalyani, Consultant, SPYM
11:30-12:00	Response to the Presentations	Justice (Ms.) Mukta Gupta, Chairperson, JJC, Hon'ble High Court of India. (Confirmed) Mr. Marco Teixeira, Regional Representative, Regional Office for South Asia (ROSA), United Nations Office on Drugs & Crime (UNODC)
12:00-12:15	Tea Break	
12:15- 1:00	Interaction and discussion with participants	Dr. Atul Ambekar, NDDTC, AIIMS
1:00-1:45	Lunch	
1:45-1:50	Screening of “The Lost Girl” or “the Hidden Girl” – Video	
1:50-2:00	Formation of 4 Groups and Guidelines for Group Work	
2:00-2:45	Group 1: Child Care Institutions and their response to ACE.	
	Group 2: Resources Available for Prevention and Responding to children experiencing ACE	
	Group 3: Legal Structures – Enablers or Barriers to services to address ACE.	
	Group 4: Psycho Social Challenges associated with ACE.	
2:45 – 3:15	Presentation by Each Group	
3:15-3:45	Way Forward and Action Plan	
3:45-4:00	Tea	

16. ANNEX 3: Video links of sessions

1. An Overview of the Colloquium

Watch here: [COLLOQUIUM On "Responding to the Nexus Between Adverse Childhood Experiences & Drug Use"](#)

2. Dr. Anju Dhawan, M.D. Professor, NDDTC AIIMS

Subject: Situation of Substance Use in Children in India

Watch Here: [Drug Use Among School Children in India by Anju Dhawan, Professor, \(NDDTC\), AIIMS, New Delhi](#)
["SITUATION OF SUBSTANCE USE IN CHILDREN IN INDIA" BY PROF. ANJU DHAWAN, NDDTC, AIIMS, New Delhi](#)

3. Mr. Marco Teixeira

Subject: Addressing the issue of Adverse Childhood Experiences

Watch Here: [Mr. Marco Teixeira Addressing on ADVERSE CHILDHOOD EXPERIENCES at India Habitat Centre Meet](#)

4. Mr. Gary Reid

Subject: ADVERSE CHILDHOOD EXPERIENCES (ACE): Kingsway Camp – Delhi Gate - Pardabagh Centre

Watch Here: ["ADVERSE CHILDHOOD EXPERIENCES" by GERY REID, Technical Advisor, SPYM](#)

5. Justice (Ms.) Mukta Gupta

Subject: Addressing the issue of Adverse Childhood Experiences

Watch Here: [Hon'ble Justice Ms. Mukta Gupta Addresses on ADVERSE CHILDHOOD EXPERIENCES at India Habitat Centre](#)

6. Ms. V Kalyani

Subject: Overview of NAVCHETNA: A New Consciousness on Life Skills and Drug Education for School Children

Watch Here: [NAVCHETNA Presentation by Mrs. Kalyani on Adverse Childhood Experiences at India Habitat Centre meet](#)