

Drug Rehabilitation Learning Report with CHETNA, India in 2015

Background:

S.A.L.V.E. International provides opportunities for children and young people (aged 6 – 25 years old) who live on the streets of Jinja, Uganda. Our aim is to build a brighter future with these young people. One of the biggest barriers faced by young people to transition off the streets of Jinja is substance addiction. The most commonly used substance is Mafuta (aeroplane fuel) which is usually poured onto a rag, placed in a plastic bottle and inhaled through the mouth. After extensive local research and consultation, S.A.L.V.E. International determined that a specialist drug rehabilitation programme is needed to meet the specific needs of the young people.

Before starting a new drug rehabilitation programme in 2016, S.A.L.V.E. is going to conduct a series of research and development visits across the world, to learn from others who are already involved in drug rehabilitation work, and to gain a deeper understanding of the scale of street-connected child drug use across Uganda as a whole. This research is funded by Comic Relief. This is a report from one of these visits, to CHETNA (Childhood Enhancement through Training and Action) in India. It is shared publically to help others who might be doing similar research and learning. The results of this report will be considered by a local panel of stakeholders in Jinja to decide which learning should be incorporated into S.A.L.V.E.'s plans for the future.

Summary of recommendations:

Activities and Education:

- The programme should be focussed on learning through activities. There should be lots of creative activities like dance and art to build the children's talents and self-confidence.
- Extra education should be offered onsite so that children who are behind can catch up before enrolling in school to avoid embarrassment.
- A child centred approach, based on individual needs, should be followed when they are ready to progress to more formal education. Some children will be more successful in vocational training rather than formal education.
- The programme needs to be busy and varied and the children should have a say in deciding the activities.



Staff:

- The staff need to be kind, gentle and patient. They need training in different counselling techniques. Beating should not be used as a punishment.
- Staff should be chosen based on their passion to help and care for the children rather than just their academic qualifications. As long as they have the passion, they can be trained by the organisation in how to do the job.
- Staff ratios - ranging from 1-5 ratio to 1-10 ratio. This should depend on the level of need in the group of children.
- Specialised staff and volunteers are needed to support the core staff team i.e. to teach art, dance or to counsel the children.
- You need both male and female staff to work with the children as they can relate to them in different ways.



Timeframe and measuring success:

- The programme needs to be flexible to the needs of different children and they should not be treated all the same. Some children will need more support and to stay in the programme longer than others. You must offer a person centred approach.
- Keep good records on each child to help to see change over time, and have a visible reward system so the children can see their progress and refer back to it.
- Work with medical professionals to evidence progress.



Risk factors:

- Peer influence can be a key factor in a young person choosing to start taking drugs, or to continue to take drugs. Your programme can be more successful if you are able to include their peers to support them.
- Availability of drugs will have a big effect on the success of a young person's rehabilitation. Ensuring your rehabilitation centre is far enough away from easy access to drugs will help to increase the success of the programme. It is also important to consider this when selecting to which family member they might be resettled long term - you may need to help the family to move away from areas with high levels of temptation.
- Lack of family support, both emotional and financial can increase the risk of a child taking drugs. Children said they were more likely to use drugs if they were working long hours and wanted to forget any loneliness or pain in their lives.
- Children using drugs often link the drug use with positive feelings of relaxation. They can believe that drugs are the only way to access these feelings and their desperation can lead them to steal or borrow money from their peers to buy the drugs. You need to work with the child so that they find an alternative way of having these good feelings. You can also work with partners like the police to help to offer mental health support.



Peer led:

- A system of peer support and mentoring should be developed with the children. They should be supporting each other to change, and help to identify new children who could benefit from the programme.
- There should be monthly meetings of a committee made up of children undergoing rehabilitation, staff and family members to help to make sure the programme is best meeting their needs. The children will elect which children they want to represent them, and their feedback needs to be listened to seriously.
- Peers should also be involved in discussing bad behaviour and agreeing the relevant punishments.



Background of CHETNA

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CHETNA was registered as a public charitable trust in Delhi, India to start its work on child empowerment on 8th March in 2002. Literally translated from Hindi, CHETNA means 'creating awareness' and it stands for 'Childhood Enhancement through Training and Action'. CHETNA believes that the best way to develop a child caring system and society is through empowering the most excluded and vulnerable children, including street and working children.

CHETNA strongly believes in the active participation of children, and has been working with them since 2002 to address key child rights issues including survival, protection, development, and participation. From the beginning, the CHETNA team and children have co-developed a range of programmes and activities to fit their needs. CHETNA lives its values, so participation underpins the whole organisation in the form of Badhte Kadam, a unique federation of street and working child members. Badhte Kadam run their own fully operational newspaper called Balaknama; the first of its kind in the world.

Background of CHETNA's Peer-to-Peer Harm Reduction Programme:

As part of CHETNA's wider programme of work with the most excluded and vulnerable children, they noticed that many street and working children were getting involved in substance abuse, including inhaling correction fluid. In 2008, CHETNA conducted exploratory research, in partnership with Hope for Children UK and the Blue Cross Society of India, to find out more about the causes, attitude towards and magnitude of drug abuse among street and working children in Delhi. This inspired a countrywide study by the National Commission for Protection of Child Rights in India in 2013, which was co-convened by CHETNA.



In 2010, with support from Ipartner India and Plan India, CHETNA began running a daytime centre for children who use substances, to help them to reduce on their substance intake, near an identified location of high substance use in Delhi. Due to the success of this project, this model was then replicated in Agra and Jhansi districts with the help of a Comic Relief and Hope for Children supported project called Realising Rights. The centres are designed to help staff to connect with children, by being child friendly and welcoming in their decoration and the activities they can offer. Since peer influence was recognised as being such an important factor in the children's lives this was taken into consideration and built into the programme design. Children are encouraged to support and mentor one another, and to take on responsibility for each other. Peers are also relied upon for referral to bring new children into the centre. Up to 200 children are registered to attend each centre, both boys and girls, though some children attend more regularly than others. Delhi police, inspired by CHETNA, have co-established their own education centre in the police station to discourage at risk children from using substances.

Success in a harm reduction programme is considered to be when a young person is able to look after themselves, reducing their self-harm through substances. This is a different journey for each child.

Learning visit:

CHETNA invited S.A.L.V.E. International to come and learn from their Peer-to-Peer Drug Rehabilitation Programme. This included interviewing CHETNA's director Sanjay Gupta, interviewing a former street-connected child drug user, and running a series of focus group activities with current child service users, the children's family members and the staff team at CHETNA's Peer-to-Peer Harm Reduction centre in Nizamuddin, South Delhi in 2015.

Theory of Change for CHETNA's Peer-to-Peer Harm Reduction Programme

Success: No child is addicted to harmful substances

Society doesn't accept substance abuse to happen and the government implements strong laws to stop children accessing harmful substances.

Children no longer want to abuse harmful substances.

Children who were into substance abuse are fully re-integrated into society.

Sensitisation with proper follow up in community to change societal attitude towards substance abuse.

More books/research into substance abuse and more sharing of learning to strengthen programmes.

Govt. invests more money into tackling harmful substance abuse. More Govt./ private specialist rehabilitation services are opened (and conditions in existing ones improved), linked to caring foster home system if needed.

Reduced poverty and illiteracy levels across the country.

Education in schools about substance abuse – school teachers supported to know how best to counsel and educate children on these issues.

CHETNA will work to reduce harm to children who are already addicted to harmful substances through; home counselling visits of children and families, life and leadership skills workshops, day drop in services with activities like art, sports, dance, education, vocational training, exposure visits, peer to peer support and support group/ parents meetings. CHETNA will sensitise the community through street plays/ campaigns, and Govt./ NGO meetings and trainings with child participation.

CHETNA's Peer-to-Peer Harm Reduction Programme Assumptions:

- The laws in place to stop children buying harmful substances are not being fully implemented.
- There is a lack of education/ knowledge about substance addiction.
- There are not enough specialist housing and rehab services for children abusing substances.
- There is often a relationship between the level of love and care offered to a child, and substance addiction.
- Children who abuse substances should go to government centres.
- If awareness of substance abuse issues is raised people will change behaviours slowly.
- There is a link between poverty and likelihood of entering into substance abuse.
- Street plays are one good way to raise community awareness of the issues.
- Children will attend new centres if they have interesting activities, love and care.
- Night shelters (full time care) have a higher level of rehabilitation success than day centres.
- Positive peer support helps to reduce substance abuse.
- Friendships can have both positive and negative effects on leaving substance abuse.
- Children need support to leave substance abuse.

Therapeutic Techniques

Peer led Group Counselling:

Peer influence can play a major role in a child's choice to start taking, or continue taking drugs. CHETNA believes in trying to harness this influence to become a positive one, and have a child's peers help their recovery. This includes facilitating child-led groups where they can share ideas and problems. Having the children take ownership of this group and elect their own group leaders on a rolling basis helps them to take responsibility, to feel listened to and feel useful in helping each other. Group targets can be set around drug use reduction and other positive behaviours. The children will then hold each other to account to try to achieve them. It is also valuable to give the opportunity to interact with non-drug taking peers in these forums too, to offer a different perspective on how to cope with life challenges.

Drama and Dance:

Street plays and community dance performances can help those children who still on the streets and taking drugs to build trust with workers from the organisation and channel their energy positively. It also helps the children to engage with the local community and offers a chance to challenge negative stereotypes about them.

Sports:

Team games like cricket and football are especially good to help to keep children's minds busy, healthy and away from drugs.

Art:

CHETNA believes it is important to provide creative opportunities to allow the children to express themselves and to develop their talents. The whole centre is brightly decorated by the children and their current art pieces are displayed and admired.

Media:

CHETNA tries to give the children opportunities to share their ideas with the media. This helps to increase awareness of the issues they are facing and inspires children to know that their voice is important and being heard.

Education, Leadership and Aspiration:

A key tactic in helping children to commit to reducing their substance use is to encourage them to plan ahead and think of their future. CHETNA offers creative classes for the children in the centre. They will also support any child who is ready to re-enter school (in India education is free up to Year 8). CHETNA is also registered as an Open Basic Educational Institution which allows children who have missed many years of school to be able to learn together and progress through the system without the shame of re-joining a class of much younger children. Open Basic Education is also flexible, for example if a fifteen year old boy has to work in the day to support his family, he can study in the evenings. Some children don't wish to return to an academic education but want practical vocational skills and traineeships, so CHETNA also helps to arrange this kind of training.

Badthe Kadam, the federation for street and working children, gives the opportunity for children to be elected into positions of leadership and to work together on issues that matter to them. In May 2015, Badthe Kadam members challenged the government on their weakening of the Child Labour Act - they believed children should be in school rather than working. Every child who attends the centre has a right to membership and is encouraged to attend the centre meetings. The children go on to elect their leaders to represent them at the district and national level of the federation. CHETNA runs special residential camps to further develop the children's confidence and leadership skills, teaching them to lead actively and collectively for the benefit of their peers. The key learning objectives are to develop young people's skills in; confidence, communication, analysis, negotiation, awareness, collective working and vision setting for the future.



Reward system:

CHETNA has a coloured star chart to recognise positive behaviour in the children - green stars are good and red stars are bad. This helps children to have a visual record of how they are behaving in the centre and can be used to demonstrate change in an individual's behaviour.

Staffing:

CHETNA believes a ratio of five staff to one child is appropriate for children who are highly chaotic and have a high rate of substance use. For those with a lower rates of substance use, the ratio adopted is ten children to one staff. Specialist staff and volunteers are brought in with different skills to work with the children i.e. an art teacher, a dance teacher and a psychologist to do individual counselling. High staff turnover can be a problem as working with these children is challenging – it is not necessarily about the staff member's qualifications, but about the care and dedication they have for the children. CHETNA also believe it is important to have both female and male staff on the team, as the children may relate better to men or women depending on their past experiences.

Measuring change

To measure change in a group of children who attend daytime drop in services is challenging, as they won't always choose to attend regularly and it is hard to know the reality of what they are doing while not at the centre. They might tell staff that they have reduced their use of harmful substances to receive praise, even if this is not the reality. This is why the peer-to-peer element of the programme is so important. The children will observe behaviour outside of the centre, and will challenge each other if someone isn't telling the truth.

The centre staff team keep a counselling file for each child with the latest notes at the front of the file. They especially record which substances the child is using, how much the child is using and why the child identifies there has or hasn't been change. The staff also record future aspirations, and behavioural issues or improvements noticed in the centre. CHETNA also commissioned an independent study by the Fortis-Escort hospital in 2014 to try to establish whether the methodology and process being used were producing demonstrable medical benefits. The report showed there was medical evidence of benefits to the target group as a result of the programme.

Length of time in the programme:

This is a programme that is about the individual child. You can't say that after six months all children will have progressed, but you have to work with each child from where they are. This can mean that some children remain in the programme for years, rather than months.

Changes observed by family members:

In a focus group with family members of five of the children in the programme they all noted that there had been observable change as a result. The most significant changes according to the family members were a reduction in harmful substance use, changing to less harmful substances, increased self-confidence and improved hygiene and cleanliness. Family members identified that peer influence was important to help the children progress but that it could also hold them back if they choose the wrong peers. They also believed that more investment in the family to help them to earn a stable income and to be better educated so they had the time and skills to support their own children would be beneficial for the programme's future development.

Ideas from child service users for a new Programme



Commitment:

A child should be asked to commit to the idea of leaving substance use to enter the programme. They need to understand the level of expectation before coming to join the programme.

Staff:

Staff should be gentle, polite and calm. They shouldn't beat children as a punishment, but counsel them and use the peer group to help decide the right punishment. Each member

of staff should take the children for outings to build trust before they come to the centre. It is very important to show the children that they care.

Education and Activities:

There needs to be a variety of interesting activities to keep the children busy and entertained. Children should be involved in helping to choose activities and the menu of food. The education needs to be practical to help the children learn through activities and pictures, and not to focus too much on book learning. Children need to develop their talents so they have something that makes them feel proud and happy. There should be peer support group meetings, individual counselling meetings and meetings with family members at least once per month.

Responsibility and leadership:

Children should be elected onto committees and given responsibilities, but they also need monitoring by staff to make sure that some children aren't abusing their power.



This drawing was co-created by 15 child service users in Delhi to show what they think a successful rehabilitation programme in Uganda could look like. They included; a nice home with enough bedroom space so no more than four children share a room, a small medical clinic on site, a library, a hall to perform talents and display art, a TV and a place to watch movies, a swimming pool, a skate park, a sports pitch for football, badminton and cricket, a playground, a nice green environment with flowers and trees in the garden, animals for the children to care for, lessons in dance, drama, art and life skills, chance to go to school and to learn life and vocational skills.

This report was written by Nicola Sansom from S.A.L.V.E. International thanks to help from the team and young people at CHETNA in 2015. This visit was funded as part of a Comic Relief research and development grant.

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